

Looking after the family: a study of children looked after in kinship care in Scotland

Jane Aldgate and Miranda McIntosh

commissioned for the review of looked after children in Scotland

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1 The context of the study

I want to go to Grandma's house
Cause my mom will know where I am.
She'll say "sorry baby" and kiss my hand.
Grandma will tell her "enough is enough"
She'll know she can't smoke here
She'll get straight and do what's right.
I'm scared ... and I want to go to Grandma's house.

(Extract from poem by Chemi T. Davis quoted in Pecora et al. (2000),
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Kinship care in context

Kinship care in Scotland is not new but has been used for different purposes over time. In the 17th and 18th centuries, clans engaged in the practice of 'fostering', which was designed to reinforce ties of kinship and loyalty. By this practice, sons of chiefs or other leading clan gentry would bring up each other's children for a formative period of at least seven years, being responsible for their education. The fostered child would be entitled to similar financial support, both in childhood and adulthood, to that given to the birth children of the foster father. As Macinnes suggests, 'fostering was an economic as well as a social transaction that required a lifetime's commitment' and 'its formative influence on clan

relationships cannot be underestimated' (Macinnes 1996, pp. 13-14). In the 19th century, informal arrangements for fostering children were also known among families who came on hard times but, as the system of boarding out children with strangers within the Poor Laws became more organised, there was 'a distinct fall in the number of children boarded out with relatives in favour of a corresponding increase of foster parents who were strangers' (Aldgate 1977, p. 6). Relatives fell out of favour because of a developing philosophy of giving children 'a fresh start' away from the negative influence of their 'profligate' and unsuitable families (Aldgate 1977).

It is difficult to know just how many children today are living in informal arrangements with their kin but in 2004, there were around 1400 children in Scotland living with kin or close friends in formal placements where care is supervised by the state (Scottish Executive 2004). Certainly, the 21st century philosophy for children who cannot be with their parents, set out in the Children (Scotland) Act 1995, stresses the value of maintaining rather than severing connections between children and their families. Consequently, there has been a growing interest in the use of kinship care as a first placement option for children and young people who are formally 'looked after' by the state. However, at present, little is known about the issues arising from these formal placements for the children, their carers and social work services. Few recent research studies have been undertaken in Scotland into kinship care or 'family and friends' care, as it is sometimes known, and only a handful of studies have been undertaken in the rest of the UK. Most of the evidence which exists comes from studies which have been carried out in the USA.

A major issue in discussing kinship care is that there is no agreed definition of the term. The Child Welfare League of America includes both formal and informal arrangements in defining kinship care as:

the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child (Child Welfare League of America 1998).

Meanwhile, In the UK, The Family Rights Group has defined kinship care equally broadly as:

Children who cannot live with or be cared for by a parent and who are living with a relative or family friend who is responsible for their upbringing (Tapsfield 2003).

Within the formal child welfare system, the status of kinship carers may vary, since the relatives or friends may or may not be approved foster carers (Broad 2001).

The Children (Scotland) Act 1995 is supportive of kinship care but the legal framework within which it is situated is complex. A report from the Association of Directors of Social Work and The Fostering Network outlined that there was considerable confusion regarding family and friends as carers in Scotland. This was understandable given the complex legal provision, the range of care provisions, and the legal requirements from the children's hearing system. The report recommended that family and friends care be properly researched (Association of Directors of Social Work and The Fostering Network 2003).

Evidence from research studies indicates that related kinship carers are often older and poorer than traditional foster carers (Broad et al. 2001; Everett 1995) and that young people may be living in kinship placements because of child protection issues, the inability of the previous carer to cope, for example, due to ill health or drug or alcohol dependency, or because of the young person's problems or difficult behaviour (Broad et al. 2001; Tapsfield 2003). USA studies found that African American children were significantly more likely to be living in kinship care placements than white children (McFadden 1998; Dubowitz et al. 1994; Harden 1997) while, in the UK, the study by Broad and colleagues found that there was an over representation of black children in kinship placements in Wandsworth (Broad et al. 2001; Broad 2001).

An increase in formal kinship care in the USA and, to a lesser degree, in the UK in recent years, has been attributed to family preservation policies; a decline in the availability of traditional foster carers; the policy directive to place children with family or friends where possible; increased reporting of abuse and neglect; and an increase in parental drug misuse (Everett 1995; the Hadley Centre for adoption and foster care studies; Dubowitz et al. 1994; Child Welfare League of America 1998).

The UK has a lower percentage of looked after children living in kinship care than many other countries: 75% of looked after children in New Zealand are in kinship placements, 90% in Poland, 33% in the US and Belgium, and 25% in Sweden (Greef 1999). It has, therefore, been suggested that there may be potential for increasing the number of kinship placements, particularly as many local authorities are facing a reduction in foster care resources, and practices such as family group conferencing are becoming more common. To date, however, there has been little evidence of the effectiveness of such placements.

The benefits of kinship care have been identified in research studies as:

- children feeling loved, valued and cared for
- children being able to maintain a sense of identity, having a sense of belonging and feeling settled because they are placed with people they know
- children having more stable placements than children placed with non relative carers and being less likely to be subject to placement moves
- children being able to maintain contact with their family and friends

(Broad et al. 2001; Everett 1995; Dubowitz et al. 1994; US Department of Health and Human Services 2000; Satterfield 2000).

A number of disadvantages have also been identified, including:

- limitations to freedom for children and carers
- financial hardship
- problems for carers in having to cope with the behaviour difficulties of young people
- lack of support from child welfare agencies
- overcrowding
- ill health of carers
- less thorough assessments for kinship carers than non relative foster carers and less stringent monitoring of placements
- lower reunification rates for children and children being less likely to be adopted

(Broad et al. 2001; the Hadley Centre for adoption and foster care studies; Everett 1995; Dubowitz et al. 1994; US Department of Health and Human Services 2000).

Few studies have focused on the outcomes for children and young people who have been looked after in kinship placements. Rowe et al. (1984), however, found that children fostered by relatives seemed to be doing better in virtually all respects than those fostered by strangers, while Jackson and Thomas (1999) noted that placement with relatives was among several factors which strongly supported placement stability. Research from the USA (McFadden 1998; Everett 1995) indicates that outcomes for children in kinship care

placements are, at the very least, comparable with outcomes for children in non relative placements and, at best, provide better and more stable placements. It was in this context that the current study was developed.

The differences between kinship care and foster care

Kinship care has been described as ‘a square peg in a round hole’ in relation to other child welfare services for looked after children (Mandelbaum 1995) and commentators, in the last five or six years, have suggested that there are fundamental differences between kinship care and foster care (Greef 1999; Broad 2000; Hunt 2001; O’Brien 1999 and 2000). The differences have been summarised by O’Brien 1999, who suggests that kinship care ‘operates simultaneously in both the public domain of the state and the private domain of the family’ (O’Brien 1999, p. 26). Writing in 2000, O’Brien elaborates her thesis, asserting this dual operation distinguishes kinship care from stranger foster care in four important respects:

- **Connection to the agency** Traditional foster parents approach the agency as prospective carers; they are assessed and receive training before the child is placed. Relatives usually respond to pressing circumstances and placements will often be made without prior preparation. Many children may have been living with relatives for a considerable length of time before the agency is even approached
- **The assessment process** In stranger care a full assessment is carried out before the decision to place. In kinship foster care there will usually only be a preliminary assessment, the full assessment being completed while the child is in placement
- **Demographic profile** Relative carers tend to be older, poorer and more frequently single parents than traditional foster carers
- **The position of the agency in a network of relationships** In traditional foster care the social worker is positioned centrally in all the relationships and is engaged in exchanging information between the participants. The foster carer is separate from the birth parents. In relative care the social worker occupies a more peripheral position in a family system which shares a mutual history. The carer is aligned with both the agency and the rest of the family

(O’Brien 2000, quoted in Hunt 2001 p. 46).

The need for a different social work approach

The differences outlined by O'Brien (2000) have led to a commonly held view in the literature that kinship care needs a social work approach appropriate to its unique and complex features (McFadden 1999; Greef 1999; Hunt 2001).

Greef (1999) has usefully described the roles and skills social workers will need to support children in kinship care. He believes social work in kinship care should include the following elements:

- assessment
- family support
- negotiation and mediation
- managing contact
- care planning
- direct work with children

(Greef 1999 p. 43).

Although most of the tasks suggested are core activities in relation to any child looked after by the local authority, Greef (1999) suggests that the processes by which these roles and skills are offered is rather different from a traditional approach to looked after children. The key differences here are the introduction of negotiation and mediation skills. In Greef's model, the child and family, not the social worker, are at the centre of any arrangements.

Putting the child and family at the centre leads to assessments based on a family-led partnership model, such as that employed in family group conferencing, involving the child, the parents and the wider family (Hamilton 2004). Services need to offer a model of family support based on reinforcing and developing family strengths. There is value in employing networking and mediation skills here, to engage the whole family network, especially in issues such as managing contact with parents. Finally, there is a need for care planning and supporting children through sensitive, direct work, in recognition of the

emotional legacies of neglect, trauma or maltreatment they have brought to the placement.

Commentators are at pains to point out that placing families at the centre does not abrogate social workers from their responsibility of safeguarding children. The literature draws attention to the importance of recognising the dangers of children being exposed to negative legacies from other family members. Some writers have cautioned against a cosy view of kinship care which may assume families are 'risk free zones' (Greef 1999; Ainsworth and Maluccio 1998). Others question the ability of kinship carers to protect children from further harm (Crumbley and Little 1997). Conversely, there is a view that kinship carers have acted responsibly to rescue children from harm, which proves their ability to protect children further (Satterfield 2000).

Overall, therefore, kinship care is seen as a complex solution to serious family problems. It demands an equally sophisticated and varied response from professionals if the welfare of children in the care of relatives and friends is to be safeguarded and promoted.

Aims of the study

This study is in two parts:

- a national survey of policies and practices for children looked after in kinship care across the 32 local authorities in Scotland
- an intensive study, carried out in five local authorities, of 30 looked after children, who were living in 24 kinship care families. This sample was characterised by the fact that the majority of children were in stable long-term placements

The survey

The objectives of the survey were to explore the policies, procedures and practices of the 32 local authorities in Scotland, in relation to the provision of kinship care, where children had the status of looked after children within the legislation.

The survey explored the following areas:

- policies and procedures relating to kinship care, including written policies and publicity leaflets
- numbers of children looked after within the different legal categories of the Children (Scotland) Act 1995
- rates, rationale and arrangements for financially supporting carers
- the nature of social work and other professional support for kinship placements
- the skills and training of the workforce in this area of practice

The intensive study

The objectives of the intensive study were to interview 30 children in long-term placements, and their carers, in order to explore several key issues. These included:

- information about the characteristics of children and their families
- information about the arrangements for children's placements, including the length of the placement, future plans and social work support
- children's experiences of kinship care
- issues that affect kinship carers

Information was also gathered from children's social workers or their managers to confirm factual details, such as the length and legal status of children's placements. The opportunity was also taken to explore social work views on the pros and cons of kinship care, to supplement the material in the survey.

The methods by which the study was carried out are explained in detail in the Appendix 1. It is worth noting here that throughout this report, the names of children and their carers have been changed to preserve their anonymity.

2 Contemporary policies, numbers and trends in kinship care in Scotland

Before this study was commissioned, little was known about the provision of kinship care for looked after children in Scotland. This chapter provides a context for the main findings of the intensive study by describing the policy and legal context of kinship care in Scotland. It also draws on information from the survey of the 32 local authorities and covers the following areas:

- policy and legal context of kinship care in Scotland
- how local authorities defined kinship care
- the policies adopted by local authorities in relation to kinship care
- numbers of kinship placements
- local trends

The policy and legal context of kinship care in Scotland

The context for the study is the Children (Scotland) Act 1995. As Skinner and McCoy have pointed out, some of the key themes in the Children (Scotland) Act are as follows:

- making explicit parents' and public agencies responsibilities towards children
- improving families' access to supportive and responsive welfare services
- making public agencies more accountable in their work with families
- listening to the concerns of children and their families

(Skinner & McCoy 2000 p. 24)

The Children (Scotland) Act 1995 imposes a duty upon local authorities to provide welfare services to children in need. This gives greater emphasis to the 'positive promotion of children's welfare', rather than, as previously, the prevention of children being taken into care or referred to a children's hearing.... Help for families should be geared towards supporting the care of children in their family and community (Skinner & McCoy 2000 p. 27).

Kinship care for children fits into this philosophy by reinforcing the idea that, where possible, children should be brought up by their own families and is an option for several categories of children.

- 1) There are children in need. These children may be supported by payment of cash or kind within section 22 of the Children (Scotland) Act 1995. In these cases, the child does not have the status of being looked after.
- 2) Children may be formally looked after by the local authority if they are the subject of a supervision requirement under section 70 of the Children (Scotland) Act 1995. Such a supervision requirement may require a child:
to reside at any place or places specified in the requirement.
This could include a kinship care placement.
- 3) Children in kinship care may also be accommodated by the local authority under section 25 of the Children (Scotland) Act 1995, if their kinship carers are approved as foster carers.
- 4) It is also possible for children to be in kinship placements and be the subject of a parental responsibility order under section 11 of the Children (Scotland) Act 1995.

Where children are the subject of supervision or parental responsibility orders, the local authority may provide financial help towards their upkeep under section 50 of the 1975 Children Act. Children whose kinship carers are approved as foster carers may be paid allowances under the regulations governing foster care. These different routes by which children may be looked after in kinship care create a complex set of arrangements for local authorities.

How local authorities define kinship care

All 32 local authorities in Scotland responded to the survey. The investigation began by trying to find out whether there is a commonly held definition of kinship care among local authorities. It emerged that there is some variation. To a large extent, differences in names reflect the Children (Scotland) Act 1995 Regulations and Guidance. Authorities distinguished between foster children who were looked after and accommodated with relatives – under section 25 or were the subject of a parental responsibilities order within the Children (Scotland) Act 1995 – and the rest. Irrespective of their relationship to their carers, accommodated children were seen firmly as being in foster care. This distinction is spelt out in the Children (Scotland) Act 1995, Guidance and Regulations, vol 2, Looked After Children:

Care will need to be taken that confusion does not arise between situations where relatives or friends need to be approved as foster carers because the child is fostered with them while being provided with accommodation under section 25 or because he or she is subject to a parental responsibilities order, and where relatives or friends have been found to be suitable to care for a child who is subject to a supervision requirement but who are not approved as foster carers. This distinction is likely to be clarified by describing the latter group of carers by a term other than foster carers, for example link or family carers (Scottish Office, Social Work Services Group 1997 p. 69).

Just under two thirds of local authorities said they had developed a definition of kinship care. The rest either did not have a definition or were in the process of developing one. One or two commented that this was a gap in their procedures that they were attempting to address while one remarked that they were limited in developments by budgetary constraints.

For those who did have a definition, several commonly used terms included:

- link carers
- family and friends carers
- relative care
- non council care
- kinship care

No authorities reported they specifically used the term ‘family carers,’ as suggested by Guidance and Regulations (Scottish Office 1997), although one did refer to this term in passing in a policy document. In most cases, the name chosen reflected the legal categories under which care by relatives or friends was offered. The term ‘linked carers’ was the most popular and was generally reserved for children who were looked after within a section 70 supervision requirement. The definition, which seemed to have been first used by Strathclyde Council in 1993, was still being used by at least five authorities, who now applied it within the context of the Children (Scotland) Act 1995 section 70 supervision requirement placements.

Strathclyde had defined children needing link carers as follows:

- (i) it is no longer appropriate for the child to remain at home
- (ii) the child does not have needs requiring reception into care and placement in local authority foster home or residential establishment
- (iii) there are relatives, family friends or neighbours willing to care for the child
- (iv) the particular relatives, family friends or neighbours are assessed as being suitable to care for the child and meet the child’s needs, at least in the short-term
- (v) there is a legal basis on which the placement will be made

In every case these carers will have some significant link or relationship with the child, established before assuming the child’s care. For this reason they are called link carers.

Some local authorities defined kinship care by linking the definition to the legislation under which the provision was operating. For example, one local authority said:

Children may be placed with a relative or friend, either by means of an immediate placement, or as a result of a placement made through the children’s hearing. Such a person is known as a link or family carer.

For the purposes of the 1995 Act, a link or family carer will be a 'relevant person' as the person with whom the child lives. If the carer is not a relevant person, he or she will very soon become one.

Others took a broader definition, in one case drawing on the definitions being developed by the Department of Health in England. In the Scottish context, one local authority emphasised that, while children might be looked after, they were not accommodated in kinship care and that the placement was distinctly different from foster care:

A child is living in a family and friends placement if:

- the child cannot live with parents, and is living away from the parental home with a relative or friend
- the placement has in some way been assisted/initiated and/or is supported by social services
- the child would otherwise be with foster carers, in residential care, independent living or adopted
- children placed with family or friends by social work in circumstances whether they would otherwise be accommodated in local authority care
- kinship care refers to those circumstances when children or young people are unable to live with their parents and are looked after

Clearly, defining kinship care has presented challenges to many local authorities. The complexities were well summarised by one authority:

The term kinship care has recently been introduced to cover all of the multifarious types of caring arrangements, and has been the subject of recent interest UK-wide, resulting in research and also in at least two High Court cases in England.

It should be noted that, depending on the individual circumstances, children may fall within the provisions of the private fostering regulations, or may become subject to residence orders, or the carers may be regarded as emergency foster carers.

This is a complex area of law and regulations, which provides a challenge for local authorities in standardising a procedural response.

The information gathered by local authorities suggests that there is a need for a common definition of kinship care across Scotland.

What are the policies adopted by local authorities in relation to kinship care?

Given the range of definitions of kinship care, it is hardly surprising that there is no standardised policy across the country in relation to kinship care.

Seventeen local authorities said they had a policy and ten were in the process of developing one. The remaining authorities said they did not currently have a policy. Eleven local authorities provided documentation on kinship care.

There were considerable variations in the way that local authorities used documents to describe their operational policies and procedures in relation to kinship care. The majority of local authorities took an approach which simply described the legal categories within which children could be offered kinship care provision and spelt out eligibility criteria for financial payments.

There was a minority which stepped outside a procedural approach to add a rationale for the importance of kinship care. These referred to the principle of minimum intervention in the Children (Scotland) Act 1995 or said it was 'good practice' to consider whether extended family, neighbours or friends might be appropriate carers where parents were unable to care for a child. At least two local authorities went further, suggesting that the case for using kinship care was supported by research as well as by the legislation. One local authority had a comprehensive, overarching policy statement that located the rationale for the services in research, the legislation, and procedures. It also incorporated a definition of kinship care, in this case termed 'link' care. This policy statement also recognised that there is a continuum between occasional help with family support through facilitating informal kinship care and the need for a more regulated arrangement as specified by the legislation.

Good practice example

Research has shown that the outcomes for children who remain with their extended family are consistently better than for children who are placed outwith their family, in foster care or residential care. It also highlights that children removed from their families and looked after by the local authority can feel stigmatised and different. Placements with relatives are more stable, more successful and less likely to break down than other placements.

The Children (Scotland) Act 1995 is aimed at promoting partnership with parents and family support. One of the key principles underpinning the Act is promoting the welfare of children with minimum intervention.

Our local authority has a long tradition of supporting children to be cared for within their extended family network. Obvious benefits to the child include continuity of existing networks of support, continuation of relationships and the likelihood of the child being able to remain at the same school and neighbourhood.

Many children live temporarily, or sometimes permanently, with their family and friends without any intervention by the local authority. For other children, because they are already known to the social work department or because a parent or friend approaches the social work department for help, it may play a role, by agreement with the parents, in facilitating the arrangement. The child is not looked after by the local authority in either of the above situations and the carers need not be approved as foster or link carers.

Where, however, a child is looked after by a local authority, and is placed with a friend or relative, that person must be approved as a foster parent except where the placement is an immediate placement and lasts for less than six weeks; or where the placement is a condition of a supervision requirement made by a children's hearing.

In order to meet the needs of children in immediate placements or in placements as a condition of a supervision requirement, a link carers scheme has been developed.

One way of identifying the weight given to different aspects of local authorities' policies towards children is to look at their children's services plans.

Eight local authorities said kinship placements were mentioned in their most recent children's services plan, although, in most cases, this was only a sentence. One authority said kinship placements would be mentioned in their next plan. Local authorities gave the impression that kinship care was a growing issue that was beginning to climb up the ladder of priorities. At least two used the children's services plan to record an increase in the number of children staying with relatives as a preferred placement.

Information was sometimes presented as part of key objectives to be reviewed, such as promoting:

effective early intervention services in the community which support families to care for their own children and then identifying the need to review financial support to relatives.

One authority said that the development of policy and practice guidance for relative and friends' carers was set out as a specific target. Specific funding to resource such placements effectively was identified in the children's services budget.

Numbers of kinship placements

Local authorities were asked in January 2004, when the survey was carried out, to give a figure of how many looked after children in kinship care were known to their department in the current year, including those to whom they were offering family support under section 22 of the Children (Scotland) Act 1995. Some found it impossible to answer this but were able to recount numbers of children looked after in kinship care. These numbers reflected the official return for the number of children looked after by friends and relatives, which stood at 1,426 as of 31st March 2004 (Scottish Executive 2004). By October 2005, numbers had risen to around 1,600 (Scottish Executive 2005).

Local authorities reported that the most commonly used means of looking after children in kinship placement was through a section 70 supervision requirement. Far fewer children were accommodated under section 25 and there was minimal use of private fostering arrangements. Some children were the subject of section 11 parental responsibility orders

and had gone out of the looked after system. However, they were still counted as ‘looked after’ children in kinship care placements because local authorities were paying their carers under section 50 of the Children Act (1975).

Trends

Over two thirds (22) of local authorities said they were aware of an upward trend in the use of kinship care. Around a fifth of authorities, representing both urban and rural areas, claimed a substantial increase of 50% or more in kinship placements over the last three years, between 2001 and the beginning of 2004. The official returns to the Scottish Executive indicate that the numbers of looked after children in kinship care overall from 2000 to 2003 showed a slight increase. As suggested above, between 2004 and 2005, the national number had risen by 200, endorsing the views of the local authorities gathered half way through the 2004-05 financial year (Scottish Executive 2004 and 2005).

Some local authorities viewed any upward trend linked to an increase in parental incapacity because of substance misuse. Local authorities believed that a greater number of younger children were being looked after by relatives, sometimes for longer periods. This group included children who were not formally looked after by the local authority. An extended stay with relatives was attributed to the fact that it was harder for parents to stabilise their lifestyles sufficiently to allow them to resume care of their children.

The use of kinship care was also tied into a commitment by the local authority to maintaining children in their own families and supporting families within communities. Both the legislation and findings from research had underpinned the development of this family support approach. This was well expressed by one authority as:

an increased understanding and acknowledgement of the significance of maintaining children and young people in their own families and communities wherever possible and a commitment to this.

The next five chapters explore how that commitment has been translated into practice, through the experience of the 30 children and their families in the study.

The main points

- **there is no common definition of kinship care nationally across all 32 local authorities**
- **there are considerable variations in operational policies and procedures for kinship care across local authorities**
- **all local authorities have children looked after in kinship care**
- **it is sometimes difficult for local authorities to count children looked after in kinship placements because they are placed across different legal categories**
- **overall there has been a small upward trend between 2000 and 2004 in the use of kinship care and a larger trend between 2004 and 2005**
- **some local authorities believe that one of the main reasons for this upward trend is due to the rise in drugs and alcohol misuse by parents**
- **local authorities also say they are using kinship care to keep children within their own families**

3 The kinship children and their families

Coming to stay with my granddad is a good thing.

This chapter outlines the circumstances of the 30 children in the study, including their ages, gender and legal status. It looks at reasons why they are being looked after, how they came to their placements and how long they have been with their kinship families. The chapter outlines the circumstances, health and finances of the carer families, including the relationship of carers to the child, carers' ages and the structures of households in which children were living, and the chapter ends by looking at the well-being of children and their education. Throughout the chapter, relevant comparisons are made between the findings from this study and those from previous research.

Who are the children in the study?

The 30 children comprised 17 females and 13 males. All the children were white and had been born in the UK. They ranged from eight to 16 years of age. It is important to emphasise that the children here are not representative of all children looked after in kinship care. As will be shown below, the majority had been in their placements for a large part of their childhoods, undoubtedly something which influenced the views of both children and their carers.

Kinship children's birth families

Twenty-six children had birth mothers who were still alive. Twenty-eight children had fathers who were alive but, as Chapter 5 will show, not all were in contact with their children. Only one child had neither a mother nor a father.

Chart 3.1 Whereabouts of siblings

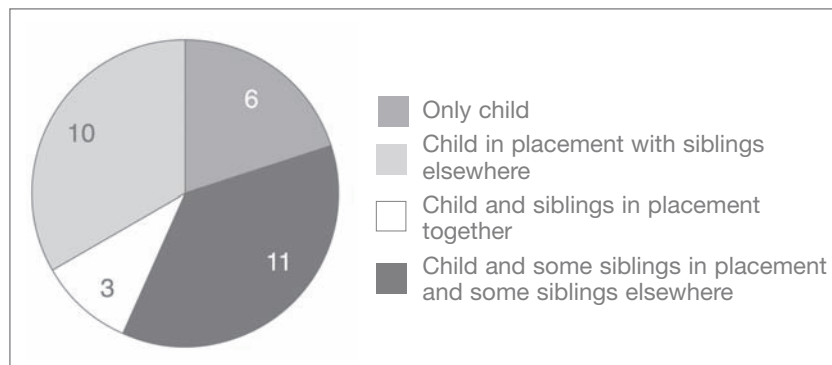


Chart 3.1 shows the whereabouts of siblings. Six of the 30 children were only children. Three children were in their placements with all their siblings. Eleven were living on their own in the placement and had siblings living elsewhere. Of these 11, four children had siblings living with their birth mother and, in three of these cases, the siblings were from new partnerships. Two children had siblings living with their step fathers. One child's sibling was in a secure unit, another child's sibling was in another kinship placement, one child had two siblings who were in foster care and awaiting adoption while the final child in this category did not know the whereabouts of his/her sibling.

Ten of the children studied were living with some of their siblings and had siblings elsewhere. Four children had siblings living with their birth mother, two of which were from new partnerships. Two children's siblings had been adopted, another two children's sibling were in a different kinship placement and two children did not know the whereabouts of their siblings

Legal status

Chart 3.2 The Legal Status of the kinship children

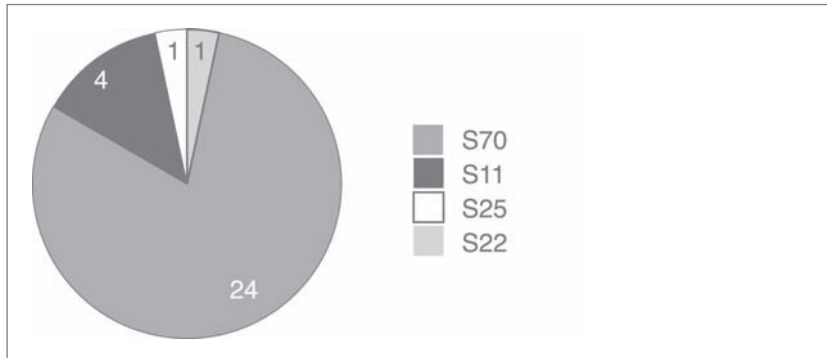
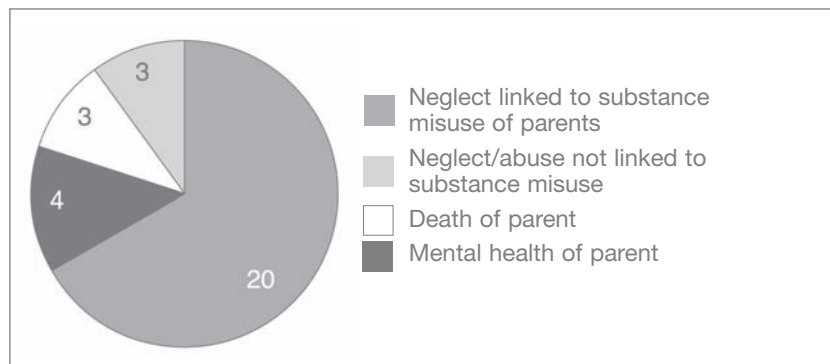


Chart 3.2 shows that, across the five local authorities, four-fifths of the children were the subject of a supervision requirement under section 70 of the Children (Scotland) Act 1995. Four children were in placements where carers held parental responsibility under section 11 of the Children (Scotland) Act 1995, one child was accommodated under section 25 of the Children (Scotland) Act 1995. One child was receiving occasional family support within section 22 of the Children (Scotland) Act but had previously been the subject of a section 70 supervision requirement within the Children (Scotland) Act 1995.

Reasons for placement

Chart 3.3 The reasons for the kinship placement



In all our cases, children had come to their placements because their parents were unable to look after them. Of the three children who had come to the placement because of the death of their mothers, two had been living in step parent households. Their stepfathers were willing to take their biological children but not the kinship child. Twenty children came to the placements primarily because of parents' substance misuse, which had resulted in their neglect. The substance misuse concerned drugs, but there were those whose functioning had been seriously affected by alcohol misuse. Several parents had been affected by both drugs and alcohol. These findings are supported by other studies (for example, Laws 2001), which also found that substance misuse of parents was a major cause of child neglect and other forms of abuse, and led to children being placed in kinship care.

Four children came to their placements because they had been physically abused or neglected by their parent, where there was no connection to substance misuse. Three children had parents with serious mental health problems, which led to children's neglect. The pattern of reasons in this study reflects that found in other studies, both in the USA and UK (see Hunt 2001).

Who initiated the placement?

There were three different routes by which children came to their placements. In the first, which occurred in eight cases, carers took emergency action because they were concerned about the child's safety. They took the initiative and removed the child from danger and took the child home with them. The majority then contacted social work services. In one case, a grandmother visited her daughter, who was incapacitated through drug abuse, and found the children dirty, neglected and exposed to an open fire. The grandmother simply told the daughter she was taking the children home with her:

The children were running about naked and there's an electric fire and there were clothes hanging on the electric fire and the wee yin had switched the fire on, so I just lifted the kids and took them. I've had them ever since.

In another case, a single parent died unexpectedly and the carer stepped in and took the child home.

In the second route, by which nine children came to their placements – usually in a crisis – social work departments had contacted carers and asked them to take the child. In one case, the social worker intervened because the child was not going to school and asked the grandmother to look after the child:

It was one day I knew she [daughter] smoked hash and everything like that but then one day she came in, she went “I've started taking heroin”, and well, that was it but then Peter was in nursery and she was never going down to pick him up. The police were having to come up here to get us to go to the nursery and collect him and until it got to the point, the social work department just said, “enough's enough”.

In another case, a mother's mental health had deteriorated to the state where she could not look after the children. The social worker approached the carer and, in the carer's words 'begged' the carer to take the children. The social worker promised substantial financial help and support, a promise which the carers felt had not been fulfilled. In a third case, a child who had been removed from his family home and placed in residential care initiated the placement by asking if he could go to his grandmother's home.

In the third route (13 cases) children's placements were arranged by mutual agreement between the child, the carer, the parents and sometimes the social worker, including five cases where parents asked carers to look after their children. Either the parents had erratic lifestyles due to substance misuse or were suffering from serious mental health problems:

... and they were going to put them into care and they did put them to care. So I said just keep them there till we get there. I decided, and my daughter agreed, I would take them because my daughter worked and I worked as well actually, and I gave up the job to take them.

... my sister phoned me in tears, she said "look, could you take him" and I said "Well, yes I can, cause I've got a spare room, but you'll have to ask the social worker obviously". So the next night, I got a phone call from Sheila, Stewart's social worker, saying was I seriously thinking of taking Stewart. "Of course", I said, he didn't want him to go back in care at all.

In two cases, carers had to actively negotiate with the social work department to persuade them that the children should come to live with them. Both these cases raised the issue of how grandparents and other relatives are not automatically seen as having any say in the child's upbringing. In one case, a child who had a serious medical problem had missed clinical appointments over a substantial period due to the neglect by the mother.

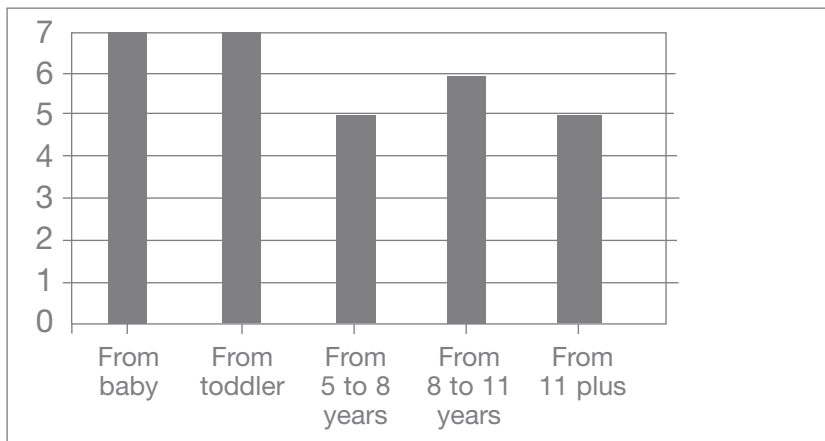
By contrast, there were examples of carefully planned placements where social workers had undertaken rigorous assessments of the carers. There was also evidence that the transition to the placement had been well planned, with children being able to have trial weekends before moving in permanently. In at least two cases, there was evidence of excellent social work practice reported by carers, where the social worker had consulted all

members of the family, including the parents. The worker had then gradually eased the children into the placement, while providing intensive support and, as the children had settled, had reduced their intervention to a level which was mutually agreed with children and carers.

The issue of how children came to their placements raises some concerns about social work practice. In emergency placements, the social worker had no time to assess the family. They were informed after the child had been placed and faced the uncomfortable decision of having to make an assessment after the event.

Length of time children had been in their placements

Chart 3.4 The length of time in placement

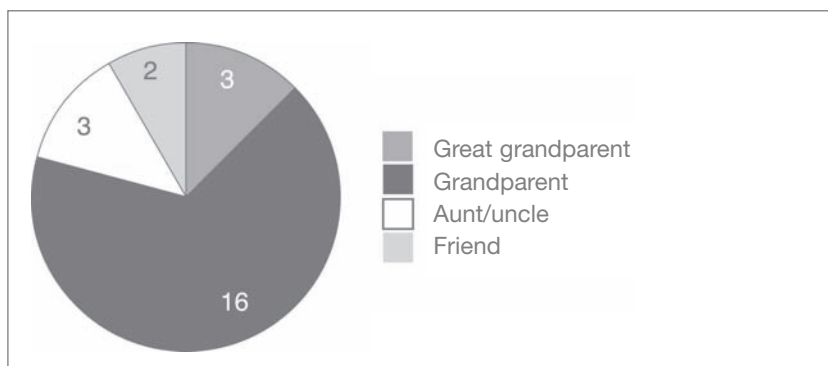


As noted earlier, the length of stay in the placement is striking. One third had been there for the greater part of their childhood, and children who had been placed at the ages of five to 11 had spent at least three years in their placement. Eleven children had had at least one previous episode in foster care and two children had had a previous episode in residential care. In one case, the carers did not initially know about the foster placement and intervened as soon as they found out.

Although some children had previous episodes of residential or foster care, only two moved to their kinship placement directly from foster care. Twenty-seven children (90%) had moved to their placement from their parents' home, and one child had lived with carers from birth.

Who are the children's carers?

Chart 3.5 The relation of the kinship carer to the child

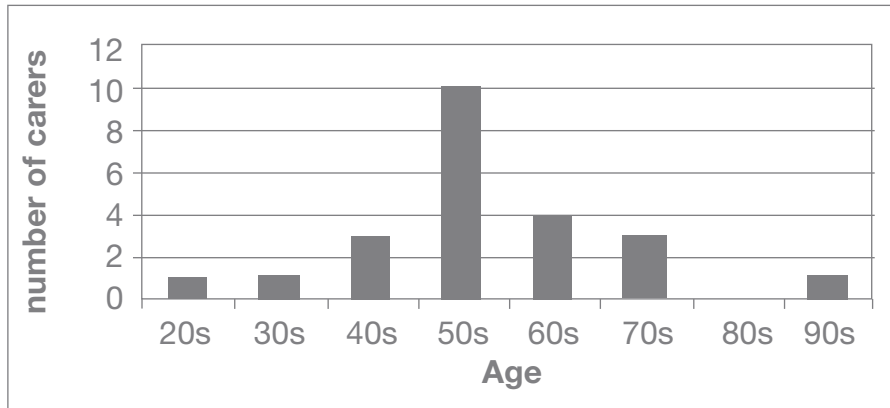


Research in the USA has found that around 50% of kinship carers tend to be grandparents and about a third are aunts (see Hunt 2001). Broad (2001) reports from his study carried out in England that, in a sample of 70 carers, 39% were grandparents, 26% were aunts and the rest were friends. The Northern Irish experience suggests that kinship children are more likely to be placed with a maternal aunt (Lernihan 2003).

In this study, the majority of carers (16) were grandparents, as Chart 3.5 shows. Three carers were great grandparents, two carers were aunts and one was an uncle. Two carers were friends of one of the children's parents. In one case, the friend was a nurse who had cared for the dying mother of the child and gave the child respite care during this time. It was the mother who asked the friend to care for her daughter.

Age of main carers

Chart 3.6 The age of the main kinship carer



Previous research in the USA and UK has suggested that kinship carers tended to be older than traditional foster carers (O'Brien 2000). As this age distribution shows, the majority of the main carers who were grandparents, were in their fifties. Aunts tended to be younger, with the youngest carer being in her twenties. In this case, the carer was barely beyond her teenage years when two kinship children were placed with her. Most of the older grandparents were lone carers, with the exception of the oldest carer in the study, who had a younger partner.

Structure of household

Half the households were headed by lone carers, two of whom were male, the other half were headed by couples. There were different household structures, some of which were complex. Children were living in a range of households, from those with only one child and the kinship carer (four families), to those where there were several adults and children spanning three generations (12 families). One family housed five of the carers' own children, three of whom were teenagers and two of whom were young adults, as well as the two teenage kinship placement children. Six of the families included an adult son, ranging from 18 to 41 years of age living with their parents or grandparents. Other households comprised carers, their infant children or grandchildren and an older kinship child.

One third of households were located in inner-city areas, with the rest split between peripheral estates and rural areas. Despite the inner-city areas being in areas of high deprivation, in all but two cases the material standard of living was reasonable, with dwellings comfortably furnished and generally well decorated. Several dwellings in two of the city areas had a similar distinctive style of interior décor, based on motifs by Charles Rennie Macintosh. There was evidence of the influence of contemporary fashions in decor, but translated into affordable furnishings. In rural areas, dwellings were more individually furnished, some in contemporary style, some more old fashioned.

Seventeen children had their own rooms. Thirteen shared a room, five of these with other children but eight shared with an adult. Of the eight sharing with an adult, three of these shared with the carer and the other five shared with an adult child of the carer. This situation would clearly not be acceptable in foster care and presented serious problems of overcrowding to the children and families involved. Exceptionally, one child chose to share a room with the carer because the child did not want to sleep alone. About a quarter of families owned their houses and these tended to be in the more rural areas.

Finance

International research suggests that kinship carers are often living on low incomes. One American study (Hegar and Scannapieco 1995) describes kinship care in the USA as 'state sanctioned poverty'. In the UK, several pieces of research have consistently found that finance is a key issue and a serious problem for many families (Flynn 1999, Laws 2001, Richards 2001). One study of grandparent carers reported that:

- 72% had experienced financial hardship as a result of taking on care
- 36% had given up work and 79% reduced their hours
- 17% said their pension rights had been affected
- 15% carried on working but this caused many problems

(Richards 2001, quoted in Hunt 2001 p. 49).

In this study, over half (14) of the 24 households had no earned income, five had one full-time wage (earned by the carer's partner) and five had one part-time wage (four single carer households and one couple household). The rest lived on benefits and pensions, in some cases supplemented by allowances from the social work department for the children. Twenty-two out of 24 families received child benefit for the children while, in one case, the parent still held the child benefit and in the other it had been deducted by the social work department. Around half the households had no consistent payment from social work departments for the kinship care children. Finance was a major issue for kinship carers, as will be shown in Chapter 6.

The subsistence level of income in some families meant the difference between surviving on a daily basis and getting into debt. Families were sometimes at the mercy of decisions made by individuals in agencies. One family, for example, had been told by an official at the social security office that they were eligible for a grant to renovate their house. As a result, the carer had rolled up the carpets and stripped off the wallpaper. When she pursued the grant application further, she was told this had been a mistake. She was left with a chaotic house and no money to proceed with the renovation. There was also an issue for families who moved from one authority to another. In one case, a family had benefited financially by moving to an authority which paid a fostering allowance to all kinship carers of looked after children. Another carer family, who had relied heavily on the financial support of a generous allowance from the social work department, had moved to another authority which offered a minimum grant. The consequences of this was that the family was accumulating debt.

Carer's health

Carers were asked to assess the state of their health. There was considerable variation here, which was not necessarily related to age with one of the youngest carers suffering from M.E. Fourteen of the 24 carers had a long-term illness or disability with diabetes, arthritis and problems associated with heart disease, such as angina, among the most common. There were also several healthy and very active over sixty year olds, however.

Children's health

Chart 3.7 The health of the children



Carers also gave an assessment of children's health. Harwins's study (2001) found that children on care orders in England in kinship placements had very few health deficits. In general, it was the same in this study. Children's physical health was reported to be very good, with 23 children being rated excellent or very good by their carer. The rest were described as reasonable to good. Two children were receiving treatment for mental health problems and one child was receiving treatment for a physical degenerative condition.

The most common problems were asthma and eczema. However, some carers specifically pointed out that children's conditions had improved since their arrival because of the smoke-free environment in which they were now living. We also asked the carers if the child had been hospitalised within the last year. One third had been to see their GP for minor medical problems and a minority of children had been to outpatients with ongoing issues such as eye problems and digestive problems. None of the children had been hospitalised in the previous year due to injuries that occurred in the placement, a finding which concurs with Benedict et al.'s study, which found that children in kinship placements were less likely to be hospitalised because of injury than those in non-related homes (Benedict et al. 1996).

Emotional and behavioural health

A number of research studies have looked at emotional and behavioural problems of children. It is difficult to compare findings, however, because studies have used different measures of 'difficulties or disturbance'. The overall position seems to be that children in kinship care are not without problems but that their problems are less than those in non related foster care (Rowe et al. 1984, Laws 2001, Harwin 2001). The American research has similar findings (Berrick et al. 1994).

In this study, emotional and behavioural development was measured by using Goodman's *Strengths and Difficulties Questionnaire* (Department of Health, Cox and Bentovim 2000; see also Appendix 1). The questionnaire was completed by 24 of the 30 children. The *Strengths and Difficulties Questionnaire* explores the emotional and behavioural state of children. The questionnaire is divided into sub sections which explore different aspects of children's emotions and behaviours (see Appendix 1 for details). The scoring has been developed so that roughly 80% of children in the community will have a low need score, indicating they do not have needs in these areas; 10% of children in the community would be expected to have some needs and 10% to have high needs.

Table 3.1 Results of the strengths and difficulties questionnaire

	Low need	Some need	High need
Total difficulties score	14	5	5
Pro-social scale	24	0	0
Hyperactivity scale	15	4	5
Emotional symptoms scale	16	1	7
Conduct problems scale	19	1	4
Peer problems scale	19	3	2

As the table shows, 14 of the 24 children (58%) had a low need on the total difficulties score while 42% of children had either some need or high need. This indicates a higher level of emotional and behavioural problems than would be expected in the general population. On the pro-social scale, all 24 children had a low need score. Cox and Bentovim 2000 suggest that a child who has few problems in relation to pro-social behaviour may be more receptive to help in other areas of their emotional and behavioural problems. The child who is considerate and helpful may also be more adaptable to different parental regimes. The children's score on the pro-social scale in this study is reflected by the positive views of carers on children's co-operative behaviour within the home (see Chapter 6).

A similar proportion of children (62%) showed they had few problems in the area of hyperactivity but there were five children whose hyperactivity indicated they had problems.

One third of children (eight) were exhibiting symptoms on the emotional symptoms scale, which indicates their levels of anxiety. Some of these children were carrying legacies of their past while there was also evidence of these children being very anxious about what was going to happen to them in the future. Four children, who were a serious worry to their carers, were receiving help from professionals (see Chapters 4 and 6).

Three of the five children who scored highly on the conduct problems scale had been in trouble at school or in the community with one child excluded from school and attending a special unit.

Almost 80% of children had low needs in the area of peer problems. This score is echoed in the findings reported in Chapter 4 where the majority of children emphasised the importance of their "pals". Nevertheless, there were five children whose scores indicated that they had needs in relation to peers. This reinforces the findings cited later that several children were experiencing bullying at school.

Children's overall state of well-being

Apart from measuring children's emotional state, carers were asked to give a broad self-assessment of how happy the child was in the placement. With two exceptions carers said that, in their view, children were happy. As Chapter 4 will show, children were also asked to self-assess how happy they were. There was only one case of discrepancy between the

carer's opinion and the child's current state of well-being. Here, the carers were acutely aware that the child had many psychological problems because of past experiences and the circumstances with which they were coping heavily influenced their view of the child's state of mind. By contrast, even though the child talked of her problems, it appeared that she was having a good day (see Chapter 4).

Education

All the children in the study were attending school or college. Thirteen children had changed schools when they came to their placements, fourteen had been in their placements since they were infants and the rest had been living sufficiently near their carers to remain at the same school. Subsequently, three children moved schools, one to go to a unit for children with special educational needs, while carers had moved the other two children because they were being bullied.

The study did not assess children's educational attainment through standardised tests but did ask carers and children to make a self-assessment of how children were getting on at school. This is a very blunt measure of educational progress which includes a degree of subjectivity, depending on both children and carer's expectations of what constitutes 'doing well' in children's attainment. Some research, for example, has suggested that kinship carers may underplay children's difficulties (Dubowich 1993; Berrick et al. 1994). Nevertheless, this broad measure does give an indication of children's progress from the perspective of their carer families.

In 22 cases, carers thought children were doing well or very well. In six households, the researchers were shown certificates by both children and carers. The latter were proud of children who were attaining well at school:

Yes, they are all doing well. They get good reports all the time. We've never had a bad report about any of them.

They are both getting very good grades and we are hoping they will go to university.

Missing school had been an issue for many children before they came to their kinship placement and continued to be an issue for four children. One child had missed a whole year of education because of their parent's inability to get the child to school. With the stability and support of the kinship placement, the child was now doing well at school. The carer reported:

She loves school, seems to be well liked and gets on with everybody. I'm pleased with her considering she missed nearly a year of school when she lived with her mum.

As carers indicated, just under a third of children were making slower progress at school. This was often because of poor concentration. This was sometimes attributed to past legacies of the experiences of living with the parents:

He has trouble concentrating. He's always behind and gets into trouble. His problem is he can't take praise.

Truancy was an issue for four children, all of whom were receiving help from schools. There was evidence of good co-operation between carers and schools, as exemplified in this case:

The school are working on him and everybody's in touch with each other. The school knows to call me if there are any problems. The Head rings me if Neil is late or there are any other problems. He's been late a lot when he stays with his mum.

Two children had been moved to special educational units, which carers and children thought helpful (see also Chapter 4). One carer highlighted the individual attention in the unit that was helping the child a lot. Another child was seeing an educational psychologist and was being taxied to school by the social work department.

Five children were being bullied at school and, in two cases, this had necessitated the children being transferred to another school. One carer told us of the horrific treatment a child had suffered, which caused her removal:

She's had nails, bits of wood with nails in it over her head. Eggs thrown at her and it's the stigma as well – "Oh! your mum's a junkie".

In all these cases, as in others where children were having school based problems, schools had been very supportive to children and their carers and were active in protecting children from bullying.

Overall, there was excellent and frequent contact between carers and schools. Carers had taken their parental responsibilities seriously and saw this as important for the children's well-being. Carers attended parents' evenings and supported their children's performances at concerts and school trips. One carer was actively involved with school and had set up a school uniform exchange; another helped establish a school board to improve governance and parent participation.

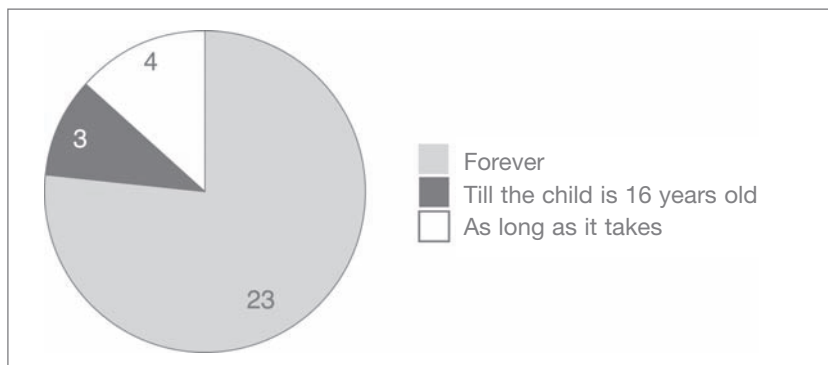
Carers were also asked about the involvement of parents in children's education. Although many parents had contact with their children and the carer, very few (one third) were involved with their children's education. The rest had occasional contact, which was encouraged by the carers. Sometimes, this depended on their physical and mental state. For example, one carer said:

Their dad is involved [at school] as long as he is off drugs.

How long children would be staying with carers

Studies on kinship care have suggested that the chances of children returning to their parents are lower in kinship care than in stranger foster care. One of the criticisms of kinship care is that there is less impetus for children to be returned or to move to a permanent adoptive home (Maluccio and Ainsworth 1999). On the other hand, kinship care does provide a better chance of permanence than foster care, even if this is by default. However, it could be argued that the long-term placements of kinship care children are a blessing rather than a failing. Kinship care can offer children 'inclusive permanence' (Aldgate 1990), whereby they can be in a continuing planned placement but also retain contact with their parents (see also Chapter 8).

Chart 3.8 Carers' views on how long the child would stay in the placement



The carers in the study were able to comment on how long they expected the children to stay with them. As Chart 3.8 shows, over two thirds of carers expected that children would stay with them into adulthood. Most of them added that they expected it to be 'forever' and the child was seen as a permanent member of their family. In the case of three children, the carers anticipated that they would be looking after the child until the child reached 16, after which the child would probably return to his or her parents. Carers of the remaining four children hoped they would eventually return home. They told us they thought the children would stay for 'as long as necessary'. It was clear that there was a long-term commitment to the children and that, in the event of carers being unable to continue, the rest of family would continue to look after the child. As Chapter 4 will show, in spite of the clear commitment of carers to the children, this had not always been communicated to the children themselves, who were left feeling uncertain about their future.

The main points

- most children had one living birth parent
- there were different legal routes by which children came to be looked after
- the majority of children came to the placements because of neglect as a result of parents' substance misuse
- there were three different ways by which children came to their placements
- one third of children had been in their placements for a greater part of their childhood
- eleven children had had at least one previous experience in foster care and two children had previous experiences in residential care
- the majority of carers were grandparents
- the average age of carers was 50
- half the households were headed by lone carers of whom two were male and the other half were headed by couples
- over half the carers were living on benefits
- one third of households were located in inner-city areas while the rest were split between peripheral estates and rural areas
- there was considerable variation in the health of the carers which was not necessarily related to age
- in general, children's physical health was reported to be good
- the total difficulties score on the *Strengths and Difficulties* test for all children indicated that the children had slightly more problems in some areas than would be expected in the general population
- all the children in the study were attending school and doing well
- truanting and bullying were issues for some children
- the majority of carers said the placements were permanent

4 Living in kinship care – the children’s views

I love nana – even when I am cheeky. I love her and I think about her.

Understanding how children feel about their lives is now firmly seen as an important part of research which aims to improve services for them and their families (see Fraser et al. 2004). Among previous studies that have looked at kinship care, a number have explored children’s perspectives on their relationships and sense of security and generally, have found these to be positive (see, for example, Rowe et al. 1984; O’Brien 1999; Altschuler 1999).

This chapter contributes to that debate by offering insights from the 30 children in the study about living in kinship care. It explores several areas:

- becoming a kinship child
- learning to live in kinship care – the differences from home
- children’s networks and connections
- perceptions of school
- how children spend their leisure time
- children’s sense of well-being
- children’s understanding of kinship care

The literature extolling the positives of kinship care suggests that it provides the context for the development of resilience (see, for example, Greef 1999; Mcfadden 1999). At its best, kinship care can remove children from adversity while minimising disruption because:

- it provides children with stability
- it provides children with warm and loving relationships
- it reinforces continuities for children both within their families and within communities

- it reinforces children’s sense of identity and self-esteem
- it allows for the preservation of links with parents

Recent writers on child development, such as Daniel et al. (1999) and Aldgate et al. (2006), take an optimistic view about children’s ability to overcome adversity, provided conditions that encourage children to flourish are present. A developmental-ecological model suggests that many factors can help children. These include sufficient family income, secure attachments to sensitive caregivers, experiences of stability and continuity, experiences of achievement and good relationships with adults and peers (Aldgate et al. 2006).

Kinship care children by definition have experienced adversity which may have included life events that posed a threat to their development and well-being, such as maltreatment, neglect and loss, although the extent of adversity will vary considerably from child to child. Children’s recovery will depend on the duration and character of adversity and on the constellation of positive circumstances that can be harnessed to safeguard and promote their development. Recovery from adversity is seen in the context of resilience, defined as ‘normal development under difficult conditions’ (Fonagy et al. 1994).

Becoming a kinship child – understanding the legacies

As shown in the last chapter, carers gave very clear accounts, speaking in great detail, about how and why children had come to live with them. One of the claims for kinship care is that it helps preserve children’s sense of continuity. Knowing how and why events have occurred in families helps children understand and come to terms with not being able to live with their parents. Asked if they knew why they had come to live with their carers, 22 of the 30 children said they knew why they were living in kinship care. Three said they did not know and five did not want to talk about it or were too young to remember. Children’s understanding went straight to the point:

’Cos of drugs. There was a lot of injecting at home. I know what drugs are now because I see it all the time – on streets, in fields. Dad takes green medicine now.

Because mum was taking bad medicine.

Because our mum was drinking and she couldn’t cope with looking after us.

If I didn't come here I was going into care.

Yes, me and my mum don't get on. We fight all the time. We're too alike and clash.

Seventeen of the 22 children who knew the reason for the placement said they also knew why they had stayed. Mainly, it was because of the continuing problems of their parents:

Our mum is not in a fit condition to look after us – she's so heavily on the drink. She's not keeping well because of her liver and is having a big operation soon.

Because there was no-one else who could look after me when my mum died.

Five out of the 22 children (all of whom knew why they came to their placements) said that they did not know why they had stayed and two said they did not want to talk about it. One child gave some clues about the confusion children might be carrying in their heads:

I'd like to know the truth about why we went into foster care. I've heard two stories – I kind of believe them both – but don't know what to believe.

Another asked:

What did actually happen to mum?

At least two thirds of children in the study had a sense of why they had come to stay with their kin and why the placement was continuing. In spite of this, the fact that almost a third had no sense of personal history about the significant transition they had experienced, often at an early age, was of concern. These findings are unexpected and contrast with those of other studies. O'Brien (1999), for example, found that most of the children in her study had a clear understanding of why they were staying with their families. Since many children were also in contact with their parents, the finding suggests that any lack of communication was omission on the part of the adults, possibly because they took it for granted children understood their circumstances precisely because they *were* living in their families. Whatever the reason, the finding raises questions about the kind of support children may need in order to understand the legacies of their past.

Learning to live in kinship care – the challenges

One of the positive features claimed for kinship care is that it minimises the shock of separation for children because they are transferring to a familiar household (Hunt 2001; Greef 1999), although this may not necessarily always be the case. This study sought to explore the impact of change on the children. As Chapter 3 showed, many of the children were very young when they came to their placements. Some were too young to remember their arrival. Additionally, placements had rarely been planned but, in at least three quarters of cases, children had known their carers well before they came to stay.

In the case of some of the older children, the changes were minimal. Staying at ‘granny’s’ or ‘auntie’s’ for short or longer periods was part of the pattern of their lives. Staying there all the time was therefore an extension of the familiar:

I used to walk in here and stay if I wanted to – it wasn’t a big difference.

Others had contact with their relatives but had never been part of their households. At least four children had moved to stay with relatives who were virtually strangers, which demanded considerable adjustment:

Aye it’s different – just ’cos it’s different people.

Children who could remember when they came to their placements identified three main challenges:

- adapting to different households
- adapting to different styles of parenting
- moving to a different area with accompanying loss of friends

Some children found it hard to adapt to different households. Moving from a small to a large multigenerational household brought difficulties of noise, lack of privacy, overcrowding and having to share resources. Five children found themselves having to share with younger siblings or cousins or, in eight cases, with adults in the households. Although some shared a room with others in their parents’ homes, at least six children experienced the loss

of privacy of their own rooms, with consequent disrupted sleep patterns. Among the worst things were:

When [my] uncle plays loud music and his alarm clock.

Not getting as much money as I used to 'cos there are more people.

Not having my own room – I don't get to sleep right for my baby sister waking up.

The second challenge was having to accept a different style of parenting. Moving in with grandparents posed particular problems. There was sometimes a heightened 'generation gap' where children felt older carers did not understand their needs and could behave in an embarrassing way:

She doesn't understand life for a teenager today. She wants to go to bed earlier so you end up having to go earlier as well.

She embarrasses me some days.

Staying in kinship care came at a cost for some older children, in having to adapt to what, from the children's point of view, were stricter regimes. This could cause friction. Coming in early at night was a major issue, as was being able to go out with friends:

She moans too much.

The third challenge was that of moving to a different area. Three children who had moved to inner city urban areas were sometimes frightened by commotions outside late at night, which left them feeling unsafe in a strange place:

I hear trouble and fighting after 11 o'clock at night in the street sometimes. I don't like that.

Conversely, four children who had moved to a more rural area complained that there was nothing to do or it was difficult to get to town to see their friends:

It's so boring here. I miss my friends.

Being in the middle of nowhere and not knowing anyone is hard.

Living in kinship care – the positive changes

Although there were some adjustments to be made, many children appreciated the positive changes that living with their kin brought. Over three quarters of the children had experienced very turbulent and chaotic lives before coming to their kinship placements. The exposure to the world of drugs and alcohol misuse had been at best, unpleasant, and at worst, unsafe. Even where substance abuse was not a problem, children might have had turbulent, even violent, relationships with parents. Several contrasted their lives at home with the sanctuary of the kinship household.

It feels better with my grandparents ... less chaotic.

At mum’s I just argued with her.

They valued the stable routines carers offered them. Some children had never known when the next meal would appear and parents had neglected getting children to school:

I eat at night.

I get fed at my gran’s. I am treated very well here.

Before we didn’t always get to school and the house was untidy. It’s better here.

It’s better going to school on time. We didn’t know it was wrong to be late. It was a big change. It’s good to be normal.

The kinship households were more child centred. The novelty of this was appreciated:

It’s good fun. We all get on and do stuff together.

Several children felt that they had regained the everyday experience of childhood. Children described the thrill of the new ‘ordinary’ environment. Taking delight in sleeping in bunk beds or watching television in bed were two examples. The enthusiasm with which some of the kinship children described the commonplace was striking. Coming to stay with their kin represented an escape from a lifestyle which offered little fun. The following examples illustrate the changes as children saw them:

It’s funny. You have fun and learn more.

I like shopping with gran. She knows the fashion.

I like everything – going out shopping with her.

Going shopping, getting groceries and that.

It's just like with mum but I laugh more here because of uncle Darren.

I like the bunk beds.

I watch TV later here. I watch it in bed.

I had to help my mum look after my brother and sister – I don't do that here. I get pocket money now.

Carers provided an environment where children could gain confidence and improve self-efficacy through achievements:

We do bags of stuff – making the football picture was good.

Gran lets me make bikes and sell them. She lets me do everything.

Most important was the relationship between the children and their carers. Carers made children feel safe. They protected them from exposure to the drugs misuse culture:

I get taken to good places. Gran doesn't take me to junkie places.

I don't like going to junkie houses. I don't like seeing that world. It annoys me.

All the children in the study felt loved, although one or two continued to struggle emotionally with the legacy of their experiences of neglect. Several children said they felt special. Some children felt spoilt. Others were able to accept that they could not always have everything they wanted but that this was a normal part of growing up in a family:

I just like it. It's good.

I'm looked after. Nana takes care of us.

If I ever want anything I just ask and get it. I’m a bit spoiled.

I wouldn’t get as petted as much if I lived with mum and dad.

I don’t get everything I want but I get some things like my new trainers.

Not surprisingly, in these positive environments, some children felt deep affection for their carers:

The best thing is being with my family and close to my gran.

The reciprocal, loving relationship that the majority of children in the study had with their carers was reflected in the fact that, when children were asked who they would turn to if they had a problem or were worried about something, 21 children said they would turn to their carer:

I always speak to my gran about anything. Grandad’s different ’cos he’s a man and he doesn’t understand as much.

I can talk to uncle Archie.

In addition to their carers, six children said they would talk to their mother too. These tended to be children who had frequent, ongoing contact with parents, although, in one case, the child had not seen her mother for several months. Other family members were also sources of support, such as cousins, uncles and aunts, irrespective of whether they lived in the household or not. Teachers were an important source to turn to in six cases while, in one or two cases, pets were also mentioned as sources of comfort:

She takes care of me when I’m not well.

I would tell the teacher. She has to know everything.

Three children said they would turn to social workers. In two cases, these were workers in specialist therapeutic groups which children were attending. No child in the study felt there were no individuals to turn to. Even the minority whose emotional well-being was shaky felt

they had at least one caring adult to whom they could turn. This was an important finding and suggested that the kinship children were, for the most part, living in households with individuals with whom they had close and trusting relationships. As writers on attachment theory have pointed out, being able to trust adults is an important part of children's development and underpins their ability to form positive attachments with their families and significant others (Aldgate and Jones 2006).

Children's networks and connections

To a large extent, children's responses about whom they would turn to reflected the individuals they saw as important in their networks. Children's connections with adults and other children both within and outwith their families are likely to have an impact on their development and well-being. While immediate family, including siblings, are clearly influential on children's emotional and social development, positive relationships with peers, teachers and other adults in children's communities are all relevant to different aspects of children's development (see Aldgate 2006). Rutter (1990), for example, suggests that belonging to a network of family relationships helps to promote children's self-esteem and self-efficacy. In kinship care, children are part of this wider network. Research on connections between children living apart from their parents in a range of circumstances has tended to suggest that remaining connected reinforces the reality of children's attachment to their immediate family (Owusu-Bempah 2006). As children grow older, positive peer contact also becomes important to children's social development. A caring adult outside children's households has been found to be a protective factor for children in adversity (Gilligan 1999; Jack and Gill 2003).

To gain a child-centred view of the daily lives of the 30 children, the study needed to explore children's networks. Who were the people children saw as important in their lives? To answer this question, the study used an ecomap based on the work of Brannen and Heptinstall (see Brannen 2001; Heptinstall et al. 2001) who looked at children's connections in different family circumstances (see Appendix 1). In kinship care, by definition, children already have complex networks between their extended kin, their parents and siblings. In this study, the ecomap was used as a mapping exercise to see where children located individuals who were important to them. Children were given a circle divided into household, relatives, other adults and friends and asked to place individuals important to them within the four quadrants.

Children had a wide range of connections. All 30 children placed the family they were living with and other non-resident family in their ecomap. Siblings and cousins were cited frequently, along with other relatives not living in the household. Most children who had living parents cited them in their networks. Four children with living parents did not place them in their maps. Mothers tended to be cited more often than fathers. This reflected the numbers of cases where children had no contact with their fathers, although there was one child who placed a father he had never seen in the map. The majority of children cited at least two friends while the average was around five or six. Older children tended to have more friends and one listed 17 friends. By contrast, one child, who had some serious emotional problems borne of a legacy of maltreatment, identified no friends. Over two thirds of children (21) cited teachers as important in their lives. Other adults, such as doctors and youth leaders, were rarely listed. Children to whom doctors were important tended to be those whose medical conditions needed frequent attention. The absence of youth leaders as key adults in children’s networks reflected the paucity of community resources for children in the areas in which they lived. Social workers were listed in ecomaps in only two cases, which was somewhat surprising since, as Chapter 7 will show, over half the children saw social workers as people who were helpful to them. There was one foster family cited, with whom children had stayed for two years. Lastly, there were four dogs and three cats, all household pets, which provided a source of play and comfort to the children.

The exercise could only give a very broad feel for children’s connections. However, it was significant in showing several trends:

- absent parents were as important as kinship carers
- siblings were equally important in children’s networks
- wider family, including children of the carers, cousins, aunts, uncles and grandparents elsewhere were included in children’s worlds. To some extent, this reflected the pattern of large families in the study. It also indicated that children perceived family beyond their immediate carers to be part of their supportive networks

- friends were extremely important to children
- teachers and other adults in the community were also a source of support
- in spite of being seen as helpful to them, social workers did not feature prominently as significant adults in children's networks

Children's views on school

School is a significant part of the lives of all children. It is well known that 'school experience can have a positive and long-lasting effect on the social as well as educational development of students' (Gilligan 1998 p. 14). Gilligan believes that 'the sheer normalcy, routine and safety of school may be powerfully therapeutic for the vulnerable child' (Gilligan 1998 p. 19). Positive experiences at school can therefore act as protective factors against adversity and promote resilience. However, not all experiences of school are positive. Bullying at school and exclusion by peer groups can do much damage to children both physically and emotionally (Dowling et al. 2006).

Continuities and discontinuities in school

Although school can be a source of stability, children who become looked after are likely to experience changes of school (Gilligan 1998). Nevertheless, there is some evidence that children becoming looked after in kinship care are less likely to change schools than children in foster care (Berridge 1997).

The study explored whether children who were of school age when they came to their placements had changed schools. Over half of this group of 16 children (10) had moved schools. Seven had lost contact with friends but three still saw friends when they went home to see parents. Children gave the impression that moving school was not a major issue. It may well be a reflection of the fact that children had moved at a younger age, when they were able to re-establish themselves more easily in a new peer group. There was also a sense of pragmatism about children's views which reflected the ability of many to see life in the round and move on, as the third comment illustrates:

I still see them when I stay at mum and dad's.

I did miss people when we moved but now it’s not a big issue missing them because I’ve got friends here.

At the time I wasn’t sure about it but I was happy when I saw the full size football pitch at the new school.

Children’s perceptions of their progress at school

As Chapter 3 showed, carers believed that children were doing well at school, with all but one child in mainstream schools. In this chapter, children talk about their progress at school, confirming the views of their carers.

Over half the children (17) thought they were getting on well or very well at school, while nine said they were doing OK. Only one child, who was described by his carer as being unable to take praise, thought that his progress was not very good, while three said they didn’t know.

School – a place to be?

Given the view that school is more than a place of academic attainment and can make a significant contribution to children’s well-being, the study explored children’s perceptions of school as a positive or negative environment. Children were asked to rate how they felt about school by using the technique of ‘smiley faces’:

Children’s rating of school



As the faces show, 18 children were enthusiastic about school, nine children thought school was OK and three children did not like school.

Reasons for their enthusiasm related to the lessons, the teachers and their friends:

The teacher is fun and the lessons are quite good.

I like my teachers and I have loads of pals.

I've got lots of friends. I share my play piece with them and they share with me. If somebody took away my friends I would cry.

Twenty-five children said that they thought it was important to get good marks at school. Only two children said that it was not very important and the rest did not have a view. This was an important finding. It was encouraging that children felt positively motivated to achieve at school. Some children linked doing well at school with their aspirations for a career. Their ambitions included becoming lawyers, beauticians, care assistants, teachers, mechanics and social workers:

After school I would like to be a social worker because I'd like to help kids who have also lost parents or someone special.

School was not always positive. As Chapter 3 showed, there were five children who had been bullied at school. Although bullying is widespread and not confined to kinship care children, it was an upsetting experience for the five children in the study. Several children drew attention to the playground politics of discrimination against those who were seen as different. Kinship children, whose parents were 'junkies' or who had no parents, were obvious targets. In two cases, children had been moved to new schools to get away from the bullying. This included a child whose mother had died and who was bullied because of this.

I was getting bullied at school. People were laughing at me because I didn't have a mum.

If we had school uniform it would stop the bullying.

Guidance teachers were particularly important for some children who were being bullied at school and took on the role of ‘minder’ in the playground. One child was worried about losing his guidance teacher the following year when he moved to another school, a view shared by his carer:

She teaches me and looks after me.

Fighting discrimination at school

Many children who are looked after away from home have told researchers of their unease about revealing their circumstances for fear of being discriminated against (see for example, Stein and Carey 1986; Aldgate and Bradley 1999). Given the positive indicators from kinship care literature – of children gaining confidence and self-esteem from feeling they belong to and are part of the wider family – the study explored how children dealt with telling other people about their situation. Children developed four main tactics: dismissing the issue; defending themselves through aggression or refusal to respond; telling a cover story or giving partial information about their circumstances.

Four children said that they would just tell people about their circumstances and this was not an issue:

I just say my mum couldn’t look after me properly and people don’t push it.

I just tell them. It’s not hard. I’ve always lived with gran.

Some children rebutted requests for information with refusal tinged with aggression:

I don’t explain why or say it’s nothing to do with you.

I just say it’s none of your business.

I would not answer or I would say my mum’s not well. I would shout at somebody.

Some children had developed a cover story or gave out carefully edited information:

So I tell a lie – or just say I live with my gran.

I’d say I didn’t want to stay with them [parents].

I hate saying it in front of a group of people. When asked about my mum, I'll say where she is but not that she's in a nursing home. I prefer it just speaking to people on their own rather than in a group.

Generally it's a difficult thing – I don't like talking about dad. If you're a boy you want to be proud of your dad and I can't be. He used to be a good footballer and sometimes I talk about that.

Two children explained how talking to their peers, who were in the same situation, helped them cope:

People did ask about it at the start. I just started crying. I told people mum and dad were junkies but I don't talk about it now. There's a wee girl along the road she also stays with her grandparents.

At the time I would have been upset because I couldn't live with my dad. Now, I am so grateful. I don't know where I would be without my nan. I used to cry a lot 'cos everyone else was fine. I felt that I was the only one in this situation – everyone else had their mum and dad. Kirsty's [friend] dad died and she was like me – just knowing it helped me.

The children's replies suggested that, although many were coping well at school and enjoying themselves, they were conscious of being 'a kinship care child' and that this marked them out from many of their peers.

Improving the experience of school

Returning to the everyday events of school, children were asked whether there was anything that would improve school for them. Some children responded in terms of their general perception of school and were content with things as they were:

No it's good right now. I am at a behaviour school. I get outdoor education.

Children who were troubled at school related their wish list to their immediate experiences. Two children wanted to 'abolish bullying'. One child thought there should be more pastoral care in schools for children like themselves who had experienced loss in their lives.

For the most part, however, children’s preoccupations were those of ‘ordinary’ children and emphasise the normal side of their daily lives. They were concerned with school regimes, personal dislikes of certain subjects and the behaviour of individual teachers. Some children queried the balance between formal and informal time at school, an issue which has been raised in studies of children’s daily activities (Ben-Arieh 2000; see Aldgate and McIntosh 2006). Others were content with things as they stood. One or two would have preferred to abandon school altogether. The following quotes give a flavour of the range of children’s wishes for change:

A sixth form common room.

Swings in the playground.

Stop the teachers shouting and let me play or draw.

If my teacher wasn’t moany.

Less classes, longer lunch hours and more time to see your friends in the day.

Less homework – I do better at school than at home. I don’t like bringing stuff home – I like being outside rather than indoors.

It’s not interesting enough.

If I didn’t have to go it would be better.

How children spend their leisure time

Children’s lives extend beyond the boundaries of school. Child development research has consistently found that children whose lives are enriched by a variety of positive experiences will be more likely to be socially skilled and feel confident about themselves (see, for example, Mussen et al. 1999; Gilligan 1998). Jack and Gill (2003) have drawn attention to the influence of positive community experiences, such as clubs and participating in group activities, on children’s lives. It is also known that children from disadvantaged backgrounds may be deprived of a range of leisure activities available to their more affluent peers (Jack and Gill 2003). Active leisure activities are increasingly being

seen as antidotes to poor health and obesity in children (Scottish Executive 2003). As part of the exploration of the experiences and daily lives of kinship children, the study obtained a snapshot of how children spend their own time. Children were given a list of 18 activities and were asked to indicate whether, and with what frequency, they undertook activities. The activities included formal events, such as music lessons and creative activities, such as art or playing a musical instrument, as well as reading and using computers. They also included social and familial activities, such as chatting with family and friends. Children could also designate community activities, such as attending places of faith or youth clubs or entertainment, such as going to the cinema or watching sport.

We found that the top ten activities were as follows:

Table 4.1 Most popular activities

Top 10 activities	
1	See my pals
2	Chat to my family
3	Watch TV
4	Listen to music
5	Have a hobby
6	Art or playing a musical instrument
7	Play-Station
8	Sport and dance
9	Read
10	Go nowhere in particular

Being with peers was the most popular way that children spent their time. All children also said they spent time every day chatting to their family. Such exchanges in communication were an important part of family life. Watching TV and listening to music were also a large part of their lives. Doing some structured activity such as having a hobby, art or playing a musical instrument, Playing Play-Station, sport, dance and reading took place most days for just over half the children. Equally popular with the other half was simply going out nowhere in particular although this, as carers report in Chapter 6, was often a source of conflict because of worries about children’s safety.

Table 4.2 Least popular activities

Bottom 5 activities	
1	Go to church
2	Go to clubs or brownies
3	Go to concerts
4	Go to cinema
5	Go to watch sports matches

The five least popular activities are shown above. Although faith has been viewed as a positive source of community resilience (Jack and Gill 2003), 27 children in the study said they never went to church. It was surprising, but understandable, that few children went to clubs. There was a singular lack of community activities for children in their localities. This was an issue reported by both carers and children. While the problems in rural areas were more those of access, the facilities for young people living in inner cities and peripheral estates were poor. Those facilities that were available were expensive. Given the income of many of the carer families, it was also no surprise that children did not go regularly to concerts and cinemas or to watch professional sport, all of which were costly. Interestingly, as Chapter 5 will show, going to the cinema was a treat that children were occasionally given by parents during contact visits.

Children's overall emotional state

As this chapter has revealed so far, children's lives were, on the whole, positive and ordinary. They felt safe and cherished by their carers. They were getting on well at school. They had friends and a social life.

In spite of these positive daily experiences, lurking in the background was the fact that children felt that being a kinship child marked them out from peers who lived with their parents. Children had developed strategies to manage their difference. Some were well on the way to overcoming their past experiences but a minority were still troubled by the past, which showed in their attitudes and behaviour and emotional state. Nevertheless, on balance, children seemed to be doing well at home and at school.

As Chapter 3 showed, the kinship carers felt that the children in their care were generally happy. In this chapter, the children's perceptions are reported. Recognising that children's responses may be influenced by the immediacy of events on any one day, we asked children how they were feeling on the day they were interviewed. Nineteen said they felt very happy on that day and eight reported they were happy. The remaining three said they were OK (all three were experiencing emotional or behavioural problems). No child said he or she was unhappy. Although this was a rather crude measure of well-being, it did suggest that the majority of children in the study were enjoying positive experiences on a daily basis:

Sometimes I feel lonely because all my friends are on holiday and sometimes I get happy just mucking about with my gran and all that.

It's going up all the time now. I fell out with some mates here where I stay but I found a good group of friends in the town. Friends are quite important but it is a hassle to get there every day.

I'm OK most days but I am grumpy when I'm not well.

The future

As suggested at the beginning of this chapter, most children knew why they had come to live with their kin. Fewer children understood why they had stayed with their carers. Only a third of the children said anyone had talked to them about how long they were going to stay in their placements. Where they had been informed, children were clear about the future:

I've been told I can stay for ever and ever. Nana told me.

I can stay for as long as I need to. Not bothered how long it takes. I might go back to mum's. Might go back to my step dad's. It doesn't really bother me as long as I've got some family.

Yes, we'll stay until we go to university.

Although one child had not been told about future plans, she felt sufficiently certain she would have control over the decision:

No. I'll stay until whenever I'm ready to go back. No-one talks about it much. I think nobody really knows.

Two other children were clearly anxious about contingency plans for their future:

What will happen to my mum? What if my gran passes away?

What might happen if gran passes away? My aunties don't always get on.

Children's uncertainty contrasts with the views of carers reported in the last chapter. In most cases, it was clearly in the minds of carers that children could stay with them permanently, although some hoped that rehabilitation with birth parents might be possible.

The fact that a third of the children in the study did not know what was going to happen to them is an important finding. It is difficult to understand exactly why no-one had talked to children about this. Carers may simply have taken it for granted that children would know they could stay. Conversely, the future may have been uncertain for many children in that there was continuing hope that they might go back to their parents. Given that most of the

children in the study were the subject of some kind of compulsory order, it was of concern that, from the point of view of some of the children, there seemed to be little overt evidence of planning. Whatever the reason, the absence of communication with the children about their futures was not in their interest. It undermines the basic thesis that children in kinship care feel secure within their families precisely because of their connections. The fact that children did not know what was going to happen to them may have contributed to the higher than general population score by seven children (of 24 who completed the scale) on the emotional state dimension on the *Strengths and Difficulties Questionnaire* (Department of Health, Cox and Bentovim 2003). This dimension measures children's worries and fears (see Appendix 1).

Children's wish list for changes to their lives

We asked children if there was anything they would want to change about their lives. Children were also told that the Scottish Executive would be interested in hearing what might help children like them. Nineteen children said there was nothing they would want to change. The answers of the remaining 11 ranged from issues they felt affected the quality of their day-to-day lives to more fundamental issues about living apart from parents.

The day-to-day issues included:

Nothing except to get the park back and make a skateboarding park. We want a slide in the park as well.

To come in later.

I'd like to be more helpful around the house.

To have my own room.

To let my gran have more money.

To have a club for children who live with their grans.

In relation to issues about living apart from parents, top of children’s wish list were issues relating to their parents. Six children wished their parents would get better and they could return home:

If only my dad wisened up. It’s too late for my mum now but it would be much easier if my dad wisened up.

If I was staying with my mum and everything was normal.

The issue that most concerned children, and top of their wish list, was to have more contact with their parents. It is an issue that is dear to the hearts of many children who are living apart from their parents, whether they are in two households following parental separation, (see, for example, Butler 2003) or those being looked after away from home (Cleaver 2000). It is a fundamental part of the life of most kinship children and one of the most important dynamics in the management of kinship care. The next chapter deals with this issue in detail but it is relevant to include this topic here. The recorded conversation between two brothers and the member of the research team who was talking to them, about what they might want to tell the Scottish Executive about their circumstances, captured the essence of kinship care and the dilemmas it presents children living between two households within the same family, when they have strong attachments to both parents and carers.

Researcher: The government would like to know – Is there anything that would make this [your placement] better?

Child 1: I sometimes feel really sad talking about it. Now I don’t want to stay with my mum because then it would be sad on my gran because I have been living with her for a long time. I still want to stay with my mum though and my gran. It’s a hard decision.

Child 2: I want to stay at my mum’s for one week and then at my gran’s.

Child 1: Yeah me too. I want to stay at my mum’s for one week and then at my gran’s for the next week. Then we could start doing that more often.

Can the First Minister sort anything out about this for us?

This chapter has recounted children’s perspectives about their daily lives in kinship care. There are several issues which arise from children’s views.

The main points

- **all the study children came to their kinship care placements with the legacies of their past**
- **two thirds of children said they understood why they were in kinship care**
- **becoming a kinship care child had brought challenges of adapting to new regimes and routines**
- **most of the study children found stability, calm and boundaries in their placements**
- **they had frequent experiences of fun and achievement**
- **there was evidence of deep reciprocal affection between children and their carers**
- **children had large elements of their lives which were ordinary and positive**
- **most children had a network of friends and normal leisure pursuits**
- **the majority of children felt they getting on well at school and valued educational attainment**
- **five children were subject to bullying at school**
- **children had developed strategies to deal with any discrimination they encountered because of their kinship status**
- **half the children were uncertain about the future of their placements**
- **contact with parents was a key issue on children's wish lists**

5 Maintaining family links with parents and siblings

I want to stay with my mum more often. We miss her, we always miss her. We all want to see our mum.

Contact and looked after children

The maintenance of family links for looked after children has been a central issue in policy research and literature for several decades. Contact between looked after children and their parents has long held to be important for three reasons. First, it prevents the breakdown of placements (Triseliotis 1989; Berridge and Cleaver 1987). Secondly, it facilitates children's return to live with their families (see, for example, Aldgate 1980; Cleaver 2000). Thirdly, it is said to enhance children's intellectual, emotional and social development, although, as Quinton et al. (1997) point out, the evidence shows no systematic relationships between contact and emotional or behavioural development or intellectual attainment' (p. 402). Cleaver (2000) has suggested that there are circumstances when contact can be detrimental to children's well-being. However, Owusu-Bempah (2006) believes that socio-genealogical connections, that is to say, knowledge of one's roots and birth family, can positively affect children's sense of attachment and, consequently, well-being.

More recently, there has been a growing interest in relation to children maintaining contact with siblings (Hunt 2001). Kosenen, for example, argues that:

Siblings are potentially a resource to each other in terms of developing identity, maintaining knowledge of self and family and providing support in shared adversity (Kosenen, cited in Hunt 2001 p. 17).

The importance of contact with families is recognised in law. Guidance and regulations for looked after children describes how section 17 of the Children (Scotland) Act 1995 asserts that:

The local authority has a duty to promote direct contact between children looked after by them and their parents or people with parental responsibilities. There is a responsibility

on a local authority not just to enable contact to happen but to actively encourage and facilitate it (Scottish Office, Social Work Services Group 1997 p. 8).

Guidance goes on to define the purpose of contact:

Contact has two primarily important purposes. Firstly to enhance the psychological and developmental progress and well-being of children who are away from their families, and secondly, to increase the likelihood, and smooth the way, for a child to return to live with his or her family where that is consistent with the child's welfare (Scottish Office, Social Work Services Group 1997, p. 9).

In general, the USA research reports that kinship care does encourage more frequent and regular contact (see Hunt 2001). In some studies, it is difficult to tell who the contact is with but there is a suggestion that fathers are 'invisible'. In her Northern Irish study, Lernihan reports a significant difference between the children in kinship care and children in foster care with nearly half the children in kinship care seeing their mother on a weekly basis compared with less than a tenth of children in foster care (Lernihan 2003 p. 160).

Research in England (for example, Rowe et al. 1984 and Cleaver 2000) suggests that it is more likely that children will only have contact with their mothers. Although Lernihan's Northern Irish study confirmed that children had less contact with their fathers, she also found that the contact that did take place was still more than the contact experienced by children in foster care. Hunt reports findings from a Swedish study that found that children maintained contact with fathers as well as mothers (Bergerhead 1995 in Hunt 2001 p. 19). UK research also suggests that kinship placements do encourage more frequent contact between parents and children. Rowe et al. (1984), for example, found that contact was three times more likely than in non-related placements. Tan (2000) found that regular contact with parents arranged informally was a feature of kinship care. Harwin (2001) found that, while kinship care helped to maintain family relationships, it also tended to decline over time. Several research studies have suggested that kinship carers have a high level of commitment to maintaining contact (see Hunt 2001).

Focus of contact in the study

It was outwith the remit of this study to evaluate the impact of contact on the return of children to their families. It can only be said, as shown in Chapter 3, that carers expected the majority of children would be staying with them for the duration of their childhood. Where carers hoped that children might return to their parents, there was a range of contact from weekly to less than once a month.

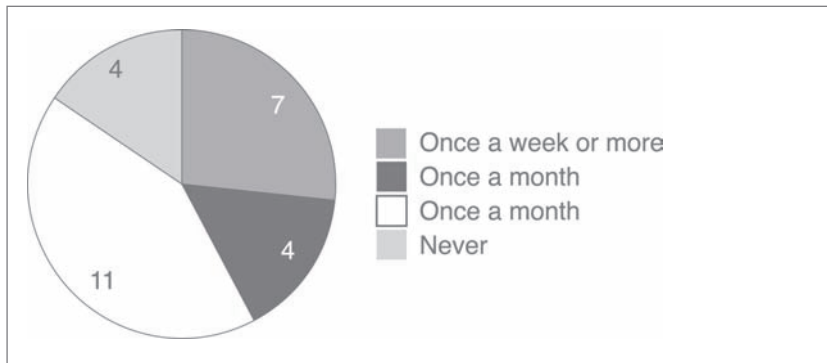
In Chapter 4, children identified seeing their parents as an important issue. This chapter looks at the frequency of contact between children and parents and the issues that the management of contact raises for children and carers.

Frequency of contact

Both children and carers were asked about contact between the children and their parents. Twenty-nine of the 30 children had at least one living parent and only five of these had contact with both birth mother and father.

Contact with mother

Chart 5.1 Children's contact with mother



As chart 5.1 shows, of the 26 children whose mothers were alive, seven saw their mothers once a week or more, four saw them once a month, 11 saw their mothers less than once a month and four children never saw their mother.

Of those who had contact, 16 wanted to see more of their mothers:

I want to stay with my mum more often. We miss her.

Six were happy with the arrangements. The four children who never saw their mothers did not express any wish to see them:

Mum couldn't look after us properly – she wasn't coping. It was never suitable for us to go back. Then we haven't wanted to go back – we don't want contact with mum.

These children had either been in the placement since they were babies or they had been severely neglected as small children. One child who did not see his mum described how upsetting it was to be left at strangers houses for days at a time:

I was crying every night.

He also spoke of 'a lot of injecting going on' at home and in other houses.

Contact with father

Chart 5.2 Children's contact with father

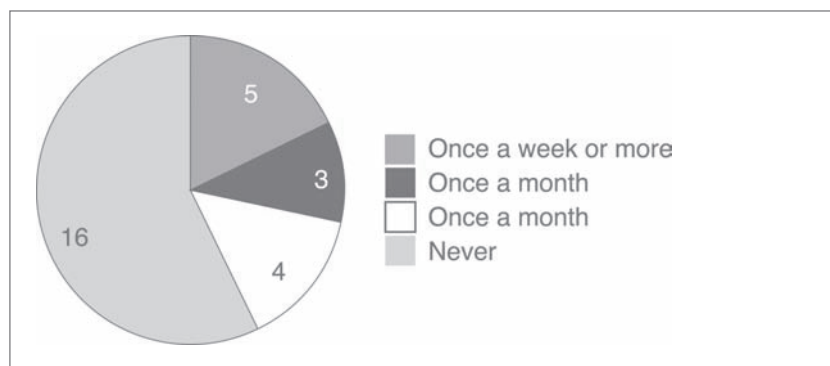


Chart 5.2 shows that, of the 28 children whose birth fathers were alive, five saw them once a week or more, three saw them once a month and four saw them less than once a month. Well over half the children never saw their fathers.

Of the 12 children who had some contact with their fathers, eight wanted to see more of them. The remaining four were content with the arrangements. Of those who never saw their fathers, only two wanted to see him:

I just want to know his name.

One of these had never known his birth father but he held in his mind an image of a father figure whom he idolised and wished to meet. The rest did not want to see their fathers:

I don't like talking about my dad.

Dynamics of contact

The evidence from a range of research on contact in kinship care suggests that, while it may happen more than in stranger foster care, it is not without problems (see Hunt 2001). A UK study by Laws (2001) found that relationships between carers, children and parents can be problematic and challenge the cosy view of kinship care. O'Brien (1999) found the presence of conflictual families in her Irish study. A New Zealand study by Smith et al. (1999) reported that carers found the relationship with parents stressful.

In this study, carers talked about the pros and cons of children seeing their parents. There was a general view that children needed to see their parents and that it was important for them to keep in touch. Sometimes carers had to manage contact with two parents separately, which could be difficult.

We asked carers what they thought about the frequency of the children's contact with their mothers. There were three patterns.

In the first pattern, which represented five cases, carers felt that children saw their mothers too often. In four of these cases, children were seeing their mothers more than once a week. All the mothers had problems with substance misuse. In the second pattern, which included over half the cases, carers were content about the frequency of children's contact

with their mothers. In the majority of these cases children saw their mothers once a month or less. Finally, there were also five cases where the children saw their mothers less than once a month and carers thought that this was not enough. Although carers had concerns about the nature of contact in all these cases, they were aware of the importance to the child of contact being maintained:

I told her I don't want to affect your relationship with your mum, so what goes on between you and your mum, it's between you and your mum. I'm no going to hate you for it.

They need to see their mum; their mum is everything.

They should see their mum more. The children tell me she was a good ma. They were her pride and joy. The children miss her.

In spite of carers feeling children should see their parents, this did not come without some reservations. These included:

- risks to the children
- letting the children down
- emotional stress
- being hurt by seeing a new family
- coming to terms with the shortcomings of their parents

The carers' reservations in this research echo the findings of research by Barnard (2003) with parents who have children placed in kinship care. Barnard (2003) has described the tensions that can exist between carers and parents. Sometimes parents feel undermined by their family taking over the care of their children.

Risks to the children

Carers felt there was a risk factor if children saw mothers in their homes and sometimes found themselves in the role of parent, having to tell their son or daughter that they could not come and visit their child when they were under the influence of drugs. Two carers

barred the door to parents whom they considered not to be in a fit state to see the children. These carers felt that children's behaviour was adversely affected by contact with parents:

It's very destructive.

Being let down

There was also concern that parents frequently let children down by not turning up when promised. This was mainly because the parents made no effort:

She keeps phoning and saying she'll come and take them out but she never appears. She keeps letting them down, so I've told her not to bother phoning if she is going to do that.

Mum promised to come at Christmas and didn't come.

She [mum] never gets in touch (or when she does) a lot of times she was half an hour late and she only gets an hour to see him.

Emotional stress

In addition there was an emotional stress as some children got upset when returning from contact visits:

It's the school that usually reports. I have communications with the school because they see quite a big difference, her concentration becomes way down.

Chloe has flaky skin which is brought on by seeing her mum, although she is dying to see her.

The main concern was that children were upset by the contact and this had an impact on their behaviour:

The school can always tell if Ian has seen his mum because his behaviour goes right down. But I think it's the fact that his mum promises him everything, awe you're going to come back and live with us, you're going to get this and you're going to get that. But he's not getting it.

Being hurt by seeing a new family

One important issue that emerged from the study was that some parents had established new households with new partners and children of the partnership. The kinship children found it upsetting to visit these new families and sometimes could not understand why they could not be part of the new family:

Ewan likes to see them [new family] but he gets sad as he cannot stay.

Callum's brother winds him up by boasting about the new family. Callum retaliates by fighting.

Coming to terms with the shortcomings of their parents

Several children were beginning to recognise the differences between the surroundings and behaviour within the kinship households and their parents' circumstances and behaviour. Visiting parents heightened the contrast between the homes. For example, one child described their parental house as:

It's a bit of a tip – quite depressing – bottles of drink, he chains-smokes and there is the mess of the cat.

Some children were irritated at what they perceived as the bizarre behaviour of their parents, induced by mental health problems or substance misuse. Children were especially embarrassed by the strange behaviour of the parents in public places:

I am happy to see mum but it annoys me 'cos I tell her something and she then asks me the same question.

I just lie on the bed as she's always not feeling well.

I sometimes feel embarrassed as she shouts and still drinks a lot.

Where does contact take place?

Generally contact was face to face but there was some telephone contact. Some children who saw their parents frequently also phoned them. Most households had a landline and some of the children had mobile phones.

Contact most frequently took place at the carer's home or at the home of one or both parents. In some cases the parent had kept the child's room:

At mum and dad's I watch videos, play Monopoly or go to my room. I like my room. It's pink and has Barbies.

There was a minority of cases where contact took place either in a nursing home or a prison. In these cases, carers made a point of ensuring that regular contact took place:

I get the hospital bus to the nursing home on a Wednesday night. We've gone every week for 11 years.

There was also a small number of cases where contact took place in a neutral venue like a café or train station. In at least two of these cases, parents used to meet children at carers' homes but had been persuaded by carers to meet outside the home. In two cases, carers had negotiated with the social work department to stop parents meeting children at their homes because of parents' behaviour:

We sometimes pick [mum] up from the train station. She sometimes comes here and stays in the bed and breakfast up the road. We sometimes go to visit her at the train station. We don't go to where she stays.

There were three cases of supervised contact. In two cases, this took place in the social work department. In one case – where arrangements were in danger of breaking down because the parent often arrived late upsetting everyone – the social work department asked the carer to take responsibility for contact arrangements, which she happily agreed to do. In fact, the carer said that the arrangements worked much better when she was able to control them rather than having to fit in with the social work department. This was a

good example of family-led services as the carers were empowered to control the arrangements and the child had more quality time with the parent. The child told us:

I see my mum at mum's house now for a good few hours at a time (6 till 10 o'clock) – with gran and granddad and not with the social worker anymore. I enjoy this a lot. Before, the visits were at the children and family centre but that wasn't good because there were other people around and it was only an hour at a time. It's much better now.

As well as carers taking control of contact, there were incidences where arrangements were improved by children feeling in control. There was an example where a child managed contact with a parent with substance misuse problems. The child had learnt to come back to the carer's home if she found her mother worse for wear. This seemed to be a good compromise for everyone concerned. The carer said:

I'll not stop her going to see her. She knows if her mum's been drinking too much or that, she just comes back home. So it's as simple as that.

This example also illustrates the reality of keeping contact going for some families. In another case, the carer left it to a very mature adolescent to write to her mother (and include a stamped address envelope) suggesting a date and time for them to meet each time she wanted to see her. The young person valued the responsibility.

Having fun with parents

Despite the tensions and disappointments, children generally valued the time they spent with parents and spoke about contact positively. Sometimes parents and children spent time together having fun and having treats. Six children told us that their parents took them swimming and ten told us that they went out to eat together. Fast food outlets were the most popular places. Shopping was one of the favourite activities, while others, which happened less frequently, were going to the cinema, cycling and bowling. Alongside these activities, over two thirds of the children who had contact specifically told us that they spent time simply talking to their parents. Just being with their parents and having this kind of communication was important, and enough for the children.

Contact with siblings

Along with keeping in touch with parents, one of the advantages claimed for kinship care is that children can be placed with their siblings more often than in foster care (Hunt 2001) and therefore maintain contact with them. For example, Hunt and McLeod (1999) found that, of 15 children in kinship care only two sets of children were separated. The research from the USA (see Hunt 2001) has suggested that relatives may be much more willing to take sibling groups than non-related foster carers, but there is some evidence contradicting this. In Lernihan's study, only two thirds of children had siblings placed with them or other members of the extended family.

The findings from this study did not support previous UK research about siblings being placed together, however. Out of the 24 children who had siblings, only three were placed with all their siblings. On the other hand, 20 of the 24 children who had siblings elsewhere were in contact with them. As Chapter 3 showed, many of the siblings were living with at least one birth parent or step parent. Most children made no distinction between siblings to whom they were related biologically and those who were step siblings. Both were equally as important to them as children talked about all of them as 'my brothers and sisters':

My baby brother's dead cute. We see him loads. He even gets to stay here sometimes. He's only got one kidney. He's not disabled or anything. He's got four teeth and some growing in. He's not allowed to have anything with sugar on it and no salt.

Only four of the 24 children who had siblings did not have any contact with them. In one case, the siblings were being placed for adoption, a situation the sibling in the kinship placement was clearly unhappy about:

I wasn't happy that my brother and sister weren't coming to stay here ... I would like to see them once a week but I don't get to see them now.

In the other cases, the children did not know the whereabouts of their siblings and had no desire to find out.

One particular child showed the complexity of contact by distinguishing between wanting to see siblings but not wanting to see parents:

I like holding my wee brother but I hate going to my mum's.

The main points

- **twenty-six children had contact with their birth mothers. The majority wanted to see more of them and the rest were happy with the contact arrangements. A minority did not want to see their mothers**
- **only 12 children had contact with their fathers. The majority of these children wanted more contact and the others were happy with the arrangements. Of the 16 who had no contact, two wanted to see their fathers**
- **carers had mixed views on the frequency of contact. Most carers understood the need for contact**
- **children and carers differed in their views on contact. Children wanted to see more of their families whereas carers were more content with arrangements**
- **carers appreciated that it was important for children to see their parents even though the management of contact presented issues for them**
- **there was a range of issues for carers about children's contact with parents, mainly deriving from carers' concerns about children being let down by parents**
- **contact mainly took place at the home of either the parent or the carer. In a few cases, contact took place at a neutral venue and, in three cases, contact was supervised in the social work department**
- **out of the 24 children who had siblings, only three children were placed with all their siblings**
- **twenty of the 24 children who had siblings elsewhere were in contact with them**

6 The rewards and challenges of being a kinship carer

The best is seeing them grow up and get a half decent life.

This chapter explores the issues important to the kinship carers of the 30 looked after children in the study. The chapter looks at the context in which carers were looking after children and it explores the personal costs and benefits of becoming a kinship carer. Some had to make considerable adjustments to their lifestyles in order to take on children. For others, it was simply an extension of what they were doing anyway. Although there were stresses, on balance, many were delighted at being given the opportunity to have young people around and enjoyed watching children blossom in their care. Finally, the chapter looks at carers' wish lists and the support they feel they need in order to provide the best care for the children they are looking after on behalf of their kin or friends.

In the study, carers had much to say about their experiences. Their views offer an insight into the challenges and rewards of becoming a kinship carer of looked after children. Many of the carers were remarkable people, robust and resilient individuals, who met life's challenges head on. Their tenacity and commitment to their kinship children were impressive. Many had their own emotional legacies and were facing problems, sometimes exacerbated by living in adversity. In spite of this, as the children themselves have revealed, the carers in this study were making a significant and positive contribution to the development of children in their care.

Keeping children in the family

All the kinship carers in the study had been motivated to take on the kinship responsibility out of a sense of obligation to the children. As Chapter 3 showed, in just under a third of cases, carers had initiated the placements and, in all cases, carers spoke of their familial obligations:

If he hadna' come to us it would have been a foster home. We couldna' have that.

It's knowing that she is safe with us and that we keep her in the family.

I'm glad he didn't have to go into a home.

It's having her here instead of being in care.

I feel very responsible for her.

When we found out they were in foster care, we were shocked. They had to come to us.

The familial obligation to children was generally accepted by other members of the household. For the most part this was done willingly, even if it meant the loss of a workroom for a husband or a son, and sons and daughters having to share bedrooms. Out of the 17 families where the arrival of children would affect other family members, carers reported overwhelmingly that children had been accepted by the whole of the household:

She's just part of the family. We all love her. She loves her aunt.

Adult sons and daughters living in the household were thought to provide positive role models and enjoyed babysitting for the children:

Uncle is like a big brother to him. It's important as he [child] can't always relate to me.

My daughter thinks of her as a sister.

He [adult son] loves the children being in the household, he is good with them and babysits.

In at least two cases, relatives of carers had died recently and had been much missed by the children because they were a source of mentorship and fun.

The support of other family members also manifested itself in other ways. First, just under half of the carers told researchers that they would turn to family first if they needed any help. Secondly, in some of the larger families, others rallied round to provide babysitting and respite care. There were two large matriarchal families in the study, headed by grandmothers whose ability to organise and look after all the children in the family was impressive. They took the view that looking after children was a family responsibility:

Our family have grown up all over the place so we are used to wee ones coming and going.

These ‘grannies’ took on the role of ‘care manager’ for the family’s children. Not only did they provide care for the kinship child but organised regimes of child care across the generations. This was helped in one case by the housing policies of the local authority who had located different generations and nuclear families in dwellings within walking distance of each other. It was clear that, as well as providing day care, sometimes the family group would plan and organise respite care for the family’s children, including the kinship care children. The essential element for all the children was that they knew where they were to be at different times. The family also managed contact with the kinship children’s parents, sometimes using different households as meeting points. It was a model of care which has been found to work in other kinship families (see Broad 2000). As Chapter 4 showed, children in this study enjoyed the excitement and support of having cousins, aunts, uncles and grandparents as part their network.

Responding to the practical demands of parenting

Looking after any child is demanding. To explore the daily demands on the kinship carers, they were asked to fill in the *Parental Daily Hassles Questionnaire* (Department of Health, Cox and Bentovim 2000, see Appendix 1). This records the range of commonly experienced parenting hassles and the frequency with which they occur. A score of above 50 on the frequency scale indicates that the caregiver has a high frequency of potentially hassling events.

In fact, the response showed a very individual and varied pattern of hassles. This, in turn, reflected the range of circumstances and the different ages of children. There was only one carer in the study who scored very highly on the questionnaire. This carer was looking after eight children of varying ages on her own, so the score might be seen as reflecting the reality of her situation.

Although getting children to school or negotiating bedtimes were not serious issues for the majority of carers, looking after kinship children was often described as ‘hard work’. Two of the most frequently cited hassles were having to nag children to do things or that children did not always listen to carers. Twenty carers said that this happened ‘sometimes’ or ‘more frequently’. It resulted, among other things, from normal family occurrences, such as untidy rooms, washing up not being done and a messy house. The personal hygiene of adolescents

was also an issue for some. It resonated with older children's everyday 'complaints' about some carers being 'moany'. In return, carers had their day-to-day 'moans' about the demands of child care.

It can be demanding being a taxi service for the children but that is normal.

I just wish he would leave the bathroom clean and flush the toilet.

Some of the hassles also reflected carers' real concerns about the safety of children, especially those who were in or approaching adolescence, as will be shown below. Overall, the findings from the *Daily Hassles Questionnaire* reinforced the impression given by the study children that, in spite of some ordinary daily confrontations, carers were able to create a day-to-day environment which was safe, had routines and set appropriate boundaries. In other words, for the most part, they appeared to be providing confident and consistent parenting.

Overcrowding

Overcrowding is an issue which has been identified in previous research on kinship care as a stress factor for families (see Hunt 2001). In this study seventeen children had their own rooms, although five shared with other children and eight with adults (see Chapter 3).

Although, in 19 households, carers said that they had enough space, in the other five households, carers said that they were overcrowded and that this did create tensions:

My cupboards are bulging.

There's crowding of everyone.

It's been difficult. We had to make adjustments in terms of space.

However, the definition of 'having enough space' was sometimes subjective, and varied between families. For instance, one family in a three bedroomed house said they had enough space. This was a family where two young children were sharing a room, the carer's husband – who had just returned from hospital – was sleeping in another room, and the carer was sharing with a two year old baby. There was a fourth child who stayed every

weekend and during the holidays. For many, this would seem overcrowded but this family took it in their stride. Another family, who had a large house where children had their own rooms, felt overcrowded as they had just acquired a bereaved member of the older generation and were in the process of building an annexe. A further two families were building extensions to house the enlarged family.

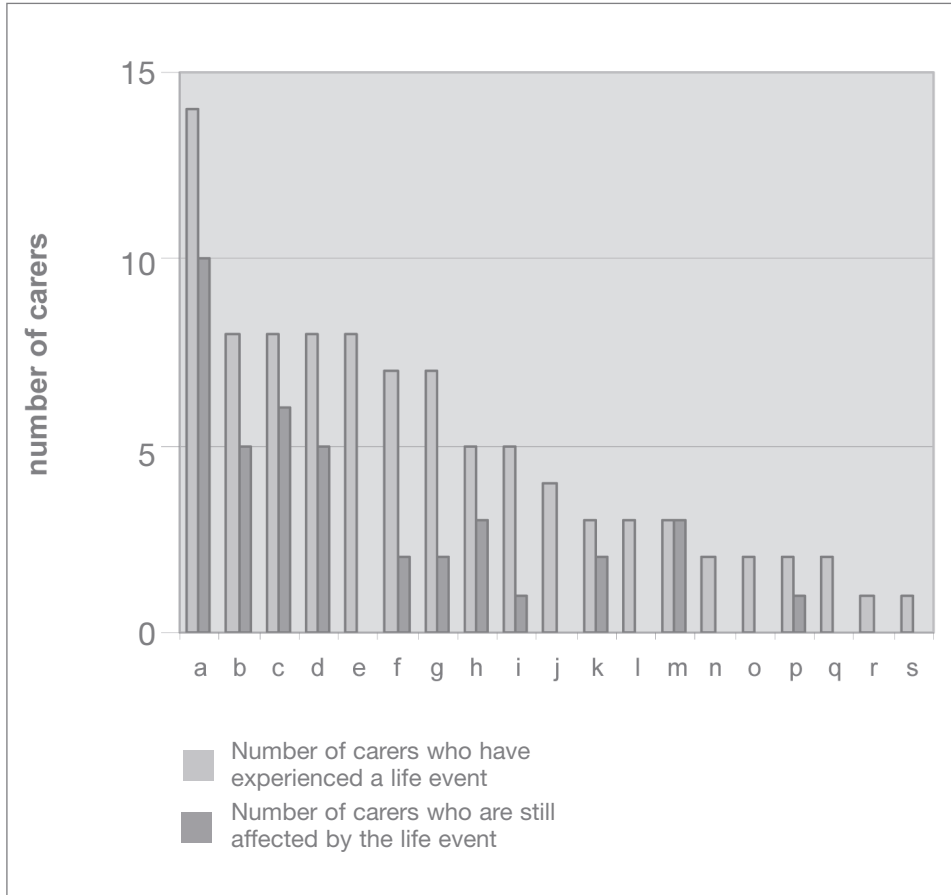
In a minority of cases, as children had also recounted, space was a source of friction between family members. At least two families were waiting to be rehoused. In one case, an adult was using the spare bedroom in a two bedroom flat as an office while the carer and kinship child shared a room. There were particular tensions between late adolescent children of the carers sharing with younger children, with the older children increasingly resenting not having privacy. In large families, where the culture was for children to visit overnight, there were lots of instances of children sharing rooms on a temporary basis.

Coping with legacies – life events

In spite of the fact that carers were managing their children's daily lives well and were generally living in adequate material circumstances, their lives had not been without challenges. Indeed, all had experienced some demanding life events and had taken on children, sometimes at great personal cost to themselves.

In order to gain some context of significant events in carers' lives, the *Recent Life Events Questionnaire* (Department of Health, Cox and Bentovim 2000) adapted over a longer time scale, was filled in by carers (see Appendix 1).

Chart 6.1 Life Events



Key to Chart 6.1

	Life event
a	Have any of your immediate family died?
b	Have you had a serious illness or been seriously injured?
c	Has one of your immediate family been seriously ill or injured?
d	Have any of your other close relatives or close friends died?
e	Have you moved house (through choice)?
f	Have you or your partner been unemployed or seeking work for more than one month?
g	Have you had any major financial difficulties (e.g. debts, difficulty paying bills)?
h	Have any of your close friends or other close relatives been seriously ill or injured?
i	Have you, or an immediate family member had any Police contact or been in a court appearance?
j	Have you separated from your partner (not including death)?
k	Have you had any serious problem with a close friend, neighbour or relative?
l	Have you, or another individual who lives with you, given birth?
m	Have you had any housing difficulties?
n	Have you or an immediate family member been subject to any abuse, attack, threat – perhaps due to you or someone close to you having a disability of any kind (i.e a mental health problem, a learning disability or a physical problem)?
o	Have you, or an immediate family member been subject to any other form of serious abuse, attack or threat?
p	Have you or your partner been sacked from your job or made redundant?
q	Have you moved house (not through choice)?
r	Have you or an immediate member of your family been burgled or mugged?
s	Have you or another individual who lives with you suffered from a miscarriage or had a stillbirth?

All the carer families had been affected by at least one life event. Eighteen carers said they were still affected by a negative event that occurred in the past. The number of life events that still affected them ranged between one and ten, with the average being four. The life event which had affected and 'continued to affect' carers most was the death of immediate family and close relative. More than half the families (14 of 24) had experienced the loss of an immediate family member at some point and ten of these said they were still affected by the event, although it might have happened several years ago. In one case, the cumulative effect of death and separation was most poignant. Having lost a child, been divorced, then having buried mother, father and sister in the space of one year, one carer was struggling valiantly to maintain a supportive home for her own children and a bereaved kinship child.

There were two instances where carers were carrying the legacy of losing their partners. In three families, carers continued to be deeply affected by the past deaths of their own children, which had occurred several years ago. One small child had been killed in a road accident and there was a big photo of this child in the carers' living room. In another family, two adult sons had died tragically. In this family, the carer attributed the onset of her medical problems to the death of the older son. She also said her daughter, who was the kinship child's parent, had gone downhill since the first brother died.

The death of a close relative, whether it was a parent, child, partner or sibling, had a continuing impact on all the family. Some carers were visibly moved when talking about these issues:

It all started when he died, my daughter's problems, my epilepsy.

He's an angry wee boy. Takes it out on other kids. I sometimes worry what's going on in his head. There's times he looks really sad and I know he's missing his mum.

As Chart 6.1 shows, apart from death, serious illness or injury within the family was an equally important life event which had a continuing impact on family members. This was particularly associated with the early retirement of carers on grounds of disability. The accompanying loss of income and change in lifestyle which resulted from these changes had 'set families back'. Taking on the kinship child had added to the financial worries in some cases, as will be shown later in the chapter. On the other hand, there were instances

when the presence of the kinship child had 'livened up the house' and had helped carers divert their attention away from the tragedies they had experienced.

Coping with legacies – the children's parents

Apart from the legacies of personal life events, carers had three further worries in relation to parents. They worried about the part their relationship might have played in causing parents' problem and there was a particular problem for carers whose sons or daughters engaged in substance misuse with the resulting inability of these parents to look after the children leading to the kinship placement. There was a pattern in these families of one adult son or daughter engaging in substance abuse, a trait out of character with the behaviour of other siblings. Some carers drew comparisons between the 'wayward child' and the rest, who had 'done well'. This was an issue which weighed heavily on some carers. One or two commented they had felt they might be to blame and had searched within themselves for an explanation of how their own parenting behaviour had contributed to this adult child 'going astray'. Generally, they had decided that this was nobody's fault. As one grandparent said:

Makes you wonder why. What went wrong, what did you do wrong, you know what I mean?
And you know in the end, you didn't do anything wrong, it's just the way it turned out.

The second legacy was a continuing anxiety about the health and well-being of parents. This was heightened in relation to parents who were misusing drugs or alcohol:

I have to watch things with my daughter. I wish things would be OK.

At the moment he's clean. I hope it will stay like that.

For three or four carers, there was the constant, lingering anxiety that parents could reclaim children at any point. This was heightened where children were the subject of a section 70 supervision requirement and anxiety would mount as the time for the children's hearing approached (see also Chapter 7):

We all get worked up when the hearing is coming. She [child] cries and says, “Don’t let them take me away nana”. After it’s over, it’s a relief. You know she will be staying for another year.

I only worry that her mum will come and claim her.

Children in foster care have long-term stability. I worry that Paul will suddenly go back to his mum.

The anxieties of the carers mirror the children’s anxieties about the future, reported in Chapter 4. The findings indicate that there is a place for clearer decision-making and care planning for kinship children (see also Chapter 9) so that plans for reunification or permanence with kinship carers can be part of the family’s agenda.

Apart from these issues, there were some important consequences and costs for carers of bringing up the children.

The impact of stress on health

As Chapter 3 showed, the kinship carers were a diverse group of individuals. At the time of interview they ranged in age from 27 to 95, although the majority were in their fifties and sixties. There was considerable variation in the health of the carers which was not necessarily related to age, as shown in Chapter 3.

Ten carers said they had experienced a deterioration of their health since the beginning of the child’s placement, although half pointed out that this was due to natural ageing and not because of the demands of parenting:

I seem to be more tired these days and the ironing is piling up.

Five carers did relate their frail mental health to the stress of being a kinship carer which had brought accompanying financial pressures. Four of these carers had also experienced the losses described above. The strain of looking after children had taken its toll:

My man and I were a lot closer before. There’s been so much going on.

We are not as happy as we used to be. Looking after Carole has put a great strain on us. We don't go out at all and find it really difficult.

At least two families, who were beset by financial difficulties, were trying to keep going for the children:

We're trying to manage without letting the children know about all our problems.

The financial impact of looking after children

Chart 6.2 Financial impact on 24 families

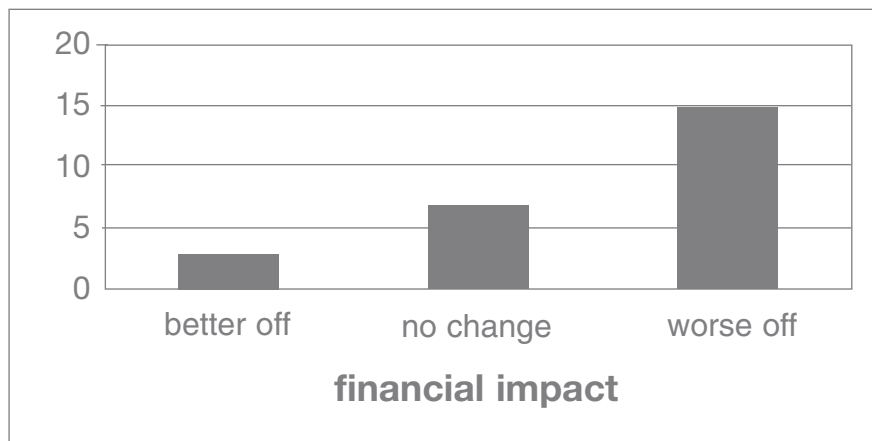


Chart 6.2 shows that only two carers, both looking after children on their own, said they were better off since becoming kinship carers. One was a grandfather caring for a single child. He had previously been living on the basic state pension and the allowances from the social work department virtually doubled his income. This grandfather proudly showed the researcher savings accounts for all his grandchildren, including the kinship child. His pleasure at being able to provide for the children in this way was evident. The second carer was an uncle who had taken on two nephews and given up a professional career to do so. One child had special needs and, to care for this child, the carer had trained for, and had

been given, the status of foster carer. The social work department also paid a generous allowance for the other child.

Seven carers said their financial situation had not been affected by becoming a kinship carer. These carers came from large families, such as those headed by the 'care manager grannies' described earlier. The family not only took on child care but shared the financial burden of the children:

They don't want for anything. I still work part-time. All the rest of the family also work.

There's no financial hardship. Everyone just accepted the children as part of the family.

The biggest group, 15 carers, felt that looking after kinship children had adversely effected their financial situation. As discussed in Chapter 3, many children arrived at their kinship carers' homes in an emergency, with nothing but the clothes they were wearing. This meant that, from the outset, the carer had to spend substantial sums on clothes and bedding. Some carers were reimbursed, partially by the social work department, while others footed the bill themselves. These outlays were particularly hard on carers living on pensions, as they were spending their savings on the needs of the children:

We had savings ... and it's all been depleted ... we take Kathy to dancing lessons, gymnastics, skating. Again, I'm saying this, not vindictively but because it's a fact. See, if Kathy was with foster parents, that would all be paid for.

The government keep telling us to save up for our old age, as I was in a pension plan. I used to put away so much every week. That's away down. I've got hardly any money left ... I feel as if I'm giving all my savings back to the government and doing that for the privilege of looking after my grandchild.

At the beginning it was bad because they didn't have any clothes – they came here without a stitch. They came here with nothing, just the vests and nappies that they had on.

I am struggling as he needs teenage things – trainers and football shirts.

We're in debt and feel let down by the social work department and we have found it a struggle to feed and clothe the family.

Children in their teenage years became more expensive to provide for. Carers felt under pressure to buy teenagers fashionable clothing so that they could fit in with their peers. Teenagers also tended to consume a lot of food:

I have to buy everything for school. I can't make her feel different from other bairns round about. She has to have confidence and feel good.

It's amazing if one person goes away, you don't spend half the amount on food. Incredibly really, so yes, if Jessica is not around we actually are a lot better off financially.

The consequence of these demands was that some families found that they were denied their normal little treats:

All our money went on doing up this flat for our retirement. My husband and I used to have steak regularly. Now I can't afford to buy it.

I was in a band but I can't always do that now. Sometimes I take the children but you can't take children into pubs.

Changes in lifestyle

Apart from any financial issues, studies on grandparents who become kinship carers have suggested that one source of stress derives from the fact that they are taking on children at a time when they might be expecting to take life a little easier (see Hunt 2001). In this study, one of the consequences of becoming a kinship carer – not only for grandparents but also for uncles and aunts – were the sacrifices the task demanded. The biggest losses were the freedom to socialise when one wanted, and having no holidays:

I can't go away on a Saga holiday any more. I've got to go away on holiday at peak times.

We've no social life. Mary can be demanding.

We are tied down quite a bit now so we don't socialise now.

I really miss not being able to go and do the things I'd like to be able to do such as holidays or going to watch something at the cinema that isn't for children or visit friends at night. I can't do car boot sales any more. My son wanted me to go to Australia for ten days but I couldn't go because of the kids.

It can turn your life upside down and, in some cases, leave you with a house that's not actually the same as when the child arrived.

Worries about the children now and in the future

Carers had several specific worries about children's present and future safety and well-being. There were three themes:

- children's continuing serious emotional problems
- anxieties about the teenage years
- worries about children's care in the event of their incapacity or death

The minority of carers who were looking after troubled children were seriously worried about them:

We are worried about her at school and also the fact she is so unhappy.

He's got attachment problems but we don't know how far back that goes. Emotionally he is a long way from being grown up.

A pressing concern for the carers looking after middle years children was that they could see trouble ahead as children turned into teenagers. Children ignoring boundaries and bad behaviour were the main sources of worry. There tended to be different worries about girls or boys. The main worry about girls was 'boyfriends,' while the fear was that boys would 'get into trouble' through delinquent acts, as indeed at least two had already done. Three carers indicated their worry that children would follow in the footsteps of their parents:

I've the normal worries about teenagers when they go out – getting into trouble.

That's what I'm frightened of, when she goes to high school, this is when it all starts, you know what I mean.

When she starts seeing the boys, I'll have them in the house to keep an eye on them.

We worry about the boys. We have a few rows about staying out.

He hangs around the street. We worry he'll get into trouble.

I worry about the girl (one of three). I worry she will take after her mum.

At least two carers told us that they had seriously thought about the future and had made the sacrifice of giving up holidays and other luxuries to either open savings accounts or purchase their house in order to safeguard the children's future. Two others spoke of contingency plans where other family members would take the children in the event of their death. One carer worried about the future for a child who had a degenerative condition and would need lifelong care in the future. One elderly grandmother hoped she would just be around for long enough:

We can't afford to go on holiday – we have ventured into buying the house to make sure that they have got security when anything happens to us.

My daughter and I have spoken. I have an informal arrangement with her to take him if anything happens to me.

Hopefully, I'll be here when she's 16.

In spite of the concerns, 19 carers out of the 24 spoke very positively about the advantages of becoming a kinship carer. Overwhelmingly, there was satisfaction from seeing children blossom:

It's good to see him doing so well.

It's good doing fun things and knowing that they are making progress.

We love them. We wouldn't part with them. I think the best thing is seeing them coming on. They are great sleepers.

For both grandparents and other carers, whose children were living elsewhere, taking the kinship children represented the opportunity to experience having a family all over again. One or two felt that kinship children would benefit from their previous parenting experiences:

I've more time for my grandchild than I had for my own.

It's like having a second chance.

Good company

One of the perks for kinship carers was the reciprocity of the kinship relationship by which, in return for being looked after, the child provided a source of good company for the carer. This was in no sense exploitative but merely a recognition that the benefits of kinship care did not have to be all one way:

It's like having a family all over again. He's excellent company.

She's really good company. We sit and blether. I love it when she makes me a cup of tea.

She's just like one more daughter really.

He can be a good friend.

She is just a joy. She fits in with us. It's lovely to see her and Kirsty (carer's own child) together. They are like sisters.

He's taking some of the workload off me, helping to make beds and doing some vacuuming or dusting. He offers to do it.

Keeping them young and fit

Finally, in the pay off for all the hard work of looking after their kinship children, a positive outcome for at least nine grandparents in the study was that the children kept them active and fit. These grandparents all said children had a positive effect on their health:

She just keeps me young. I know all the pop groups and I know all the music that's in and all that. It keeps me away from watching Coronation Street and going to the bingo.

He is such an amusing boy and he keeps you on the move.

They keep you young. They have made me get up and do things I would not have done otherwise.

It keeps me fit. I have to get up to see him to school.

It keeps me fit with young ones around. I'm very busy now.

The main points

- **carers had been motivated to take children through familial obligation**
- **children were accepted by carers and other family members**
- **carers coped well with the demands of parenting**
- **carers were coping with the legacy of their own children's problems**
- **stress had an impact on health**
- **looking after children had an impact on lifestyles and finances, often for the worse**
- **most kinship carers felt they had enough space but a minority said they were overcrowded**
- **carers worried about the future**
- **for the most part, in spite of the worries, looking after kinship children brought many satisfactions, such as seeing children do well and keeping carers active**

7 Children, kinship carers and social work

A social worker is someone who talks to you, explains things.

Social work support and kinship care in the study

Chapters 8 and 9 look at the organisation of kinship care services in the 32 local authorities across Scotland, including the organisation of financial support to children and carers. Most of the material in these chapters is drawn from the survey data, supplemented with some comments from practising social workers who were working with some of the 30 children and their families. Meanwhile, to provide a context for the survey findings and their implications, this chapter describes how the 30 children and their carers saw the role of social workers and the services social work offers. Both children and carers in the study had much to say about the services they experienced and those they felt should have been on offer.

Kinship care as a unique service for looked after children

It is important to find out what children and carers think of the services they have received because kinship care is unique within the range of arrangements for looked after children. On the one hand, it mainly stands outwith the services for accommodated children precisely because children are looked after by their families. Conversely, supporting children who are looked after in kinship care demands more than family support for children in need because the local authority has been concerned enough about children's welfare to make them looked after children.

Some researchers have highlighted the ambiguity and confusion that kinship care evokes in the social work response to supporting families. Kinship care is complex because children are living in their families but they are also being supervised by the local authority. One UK

study represents the consensus of findings in the international research about the muddled thinking among professionals:

There is a lack of clear policy and practice and what appears to be ambiguity and great variation in the way carers are assessed, supported, trained and paid by local authorities (Waterhouse and Brocklesby 1999, in Hunt 2001, p. 39).

Several studies report considerable variation in services and support offered to kinship carers, which Hunt summarises as ‘the impressively assiduous to the disgracefully negligent’ (Hunt 2001 p. 65). The variability of services to kinship carers is contrasted with the more regular and trenchant support and training given to approved foster carers. Some research studies have also indicated that kinship carers value and make good use of a wide range of services when they are available.

Services for children

In this study, both children’s and carers’ perceptions of social workers and services they offered were explored. Children were asked about:

- the process of consulting them about their wishes and feelings
- their understanding of the role of a social worker
- how they rated their own social worker
- the services they had found helpful or unhelpful

Consulting children about their views

Section 16 of the Children (Scotland) Act 1995 states that any child appearing before a hearing should be given the opportunity to express his or her views. Just over a third of the children in this study said that they had been consulted by social workers or the children’s hearing, while a third said that no-one had asked them how they felt at any point. The rest could not remember. It was heartening that at least a third of children felt they had been consulted but also discouraging that so many felt that no professional had talked to them. The children’s views in this chapter confirm those in Chapter 4, where it was reported that around one third of children in the study did not know what was going to happen to them

in the future. The constraints of the study made it impossible to verify with the adults concerned whether or not they had consulted children. However, such verification is less important here than the children's perspectives on consultation.

All the children in the study had attended a children's hearing at some time. Those who were the subject of a supervision requirement made annual visits to the hearing. Children had useful things to say about children's hearings. As suggested in Chapter 6, carers reported that children generally worried about hearings, seeing them as events which could change the whole course of their lives. The level of anxiety reinforces the findings reported in Chapters 3 and 4 in relation to children's responses in the *Strengths and Difficulties Questionnaire* (Department of Health, Cox and Bentovim 2000) and their lack of understanding of their future. In going to a hearing, children were being asked to step out of their everyday lives and face up to the fact they were different from their peers. The hearing was also a tangible reminder of the legal impermanence of their status as a kinship care child.

Children had a mixed response to hearings. On the positive side, at least six children felt that panel members listened to their views and respected them:

I felt that people listened to us.

I felt listened to.

Children were pleased to hear that they could legally stay in their placements:

They said I could stay with my gran – I was pleased.

Not all experiences of hearings were positive. Some children felt intimidated when confronted by strangers. Other children reported that their views were ignored and, in one case, a child did not fully understand what was expected of her. When parents were present at the hearing, this raised one child's anxieties that he might have to return home. Another child clearly felt he was being put in a position where his loyalties to both sides were being tested. Perhaps the most significant issue was that hearings were seen not as part of the whole 'looked after' process but as 'one-off' events. Children's experiences raise issues about the need to integrate the hearings into any planning or process of intervention so that children may see them as confirming rather than intimidating events.

What is a social worker? – the children’s view

Children in the study were asked about their understanding of the role of a social worker. Twenty-four reckoned they thought they knew what a social worker was while, of the remaining six, four thought they did not have a social worker and the others did not know. At least one third of the children gave very thoughtful responses. Twenty children ascribed to social workers a positive role and were able to articulate what they thought social workers offered.

Most commonly, children thought that social workers were people who helped you, supported you and look after you in some way:

Someone who helps you with any problems you have.

Someone who is there to make sure everything is OK or if there’s anything needed done.

A person who helps with family problems.

Social workers had a role to protect children from harm and were sensitive to children’s needs:

They help families where children are getting abused or neglected.

Someone who comes over, watches out for you. If there is anything bad, they’ll help you.

They help you if you are getting bullied or you’ve lost someone or you are not coping very well or have problems.

A social worker sees how you are feeling sometimes.

Social workers could have an empowering role, both through giving information and helping children express their feelings:

They help children say what they think about their family situation.

A social worker is someone who talks to you, explains things.

Someone that tells you stuff about your mum and dad.

One young person was able to reflect on the social worker's positive use of authority within the helping role:

Somebody that helps families work things out. They take measures that people don't like but is best for the people ... when I wasn't allowed to see my mum I was a bit down but I look back and it was the right thing.

However, there were four children who dissented from the generally positive views and saw social workers as unhelpful. Their experiences had shaped their views. In particular, social workers who timed their visits to miss children when they were at school were not appreciated:

I don't know [what the social worker does]. She always comes when I'm at school.

Rating social workers

It was difficult to work out the frequency with which children's social workers visited the kinship home. Much seemed to depend on the child's needs at any one time and, therefore, sometimes children could be seeing their social workers once a week. At other times, several months could elapse between meetings. In some cases, this might well have been appropriate but, in others, children felt it did not help communication. Children did not distinguish between generic and specialist workers within a therapeutic setting – they were all social workers. This applied to the social workers who came to visit the family from the social work department and those who worked for a voluntary agency and provided specialist direct work. The children saw the help provided by social workers as a seamless service, irrespective of whether it was provided by the statutory or voluntary services.

Overall, social workers got a positive vote from children in the study. Two thirds of children rated social workers as OK or better. Ten children rated social workers as good or very good. This was an important finding and suggests that social workers are able to offer children a positive and helpful service. The children were able to elaborate on the features of such a service, as they saw them. As the findings show, they were talking about what the professionals might call child-centred, direct work with children.

Child-centred direct work

Children particularly appreciated social workers who had a child-centred approach towards them, irrespective of whether they were specialist or generic workers. Setting any communication in the context of activities was one way social workers earned recognition from children. Another way was to show they related well to children's carers:

They are good. Yesterday was when I saw her. I see her every three weeks and I meet up with a resource worker every Tuesday. I play pool with the social worker.

She stays for half an hour. We sit on the settee and chat. She has a cuppa and so does my gran.

Four children were attending specialist groups organised by a voluntary agency. These groups had been set up to help children understand and come to terms with separation from parents and the transitions into new families. In some cases, workers were also helping children in a one to one relationship. Both carers and children spoke warmly about the child centred approach of the workers and the positive impact on their well-being of the individual direct work sessions or group work:

I talk to my worker. She comes round to see how I'm doing. It's all about me. We play games and that's what helps me talk.

The importance of communicating with children in a child-friendly way was exemplified by two children who talked about the unhelpfulness of social workers. One remarked:

She always asks me the same question: "How are you?".

Social work with children is an essential part of the looked after service. The comments of children in this study reinforce the need for the development of a child-centred social work service, with workers who are skilled in communicating with children, listening to their wishes and acting appropriately upon them.

Carers and social workers

We also asked carers about the services they had received from social workers. It was encouraging that over half the carers (14) rated the social work services they had been

given as satisfactory or better. Ten of the carers thought the social work service was good or very good. The remaining ten rated the service as not good.

There were several issues by which carers evaluated the merits of the social work service. Some of these have much in common with findings from previous research on family support (see Quinton 2004). They suggest that social workers can be most effective when they provide a combination of emotional support and practical help.

Valued services provided by social workers

International research has identified that carers may be assisted by a wide range of services related to their roles and tasks as a kinship carer. These include:

- practical help and information
- help in accessing services
- support groups
- child care
- mentoring
- mediation and family counselling
- counselling
- help in renewing parenting skills
- help in managing children's behaviour or other issues
- respite services

(see Hunt 2001 p. 64)

In this study, the principal services valued by carers were:

- providing timely help
- offering a psycho-social casework service
- supporting carers in their contact with parents
- workers being accessible and reliable
- the facilitation of community-based support groups
- providing appropriate help over time

Providing timely help

The first criteria by which social workers were judged was that they had provided the help that carers needed when they needed it. A good example of this was responding to the financial hardship at the beginning of the placement which resulted from the length of time the UK benefit agency took to transfer the child benefit to carers. Social work departments stepped in and were able to authorise emergency payments in lieu of child benefit, a service much appreciated by carers. There were also occasions when children had arrived with no clothing and the social work departments intervened to provide emergency grants for bedding and clothing:

It was five weeks before I got any beds even though they knew I was getting the children from July. It took 12 weeks to get me a second hand chest of drawers. They had to sleep in my bed for five weeks. I slept on the sofa. The social work department made me a grant.

They were very good and paid me the child benefit until the book got transferred to me.

Offering a casework service

Setting aside practical help, there were several families who had experienced turbulent life events. In two cases social workers were offering regular counselling to carers related to issues of loss or tensions in the family. For example, one carer had lost both parents and her sister in the same year and had taken in her nephew. The overwhelming emotional pressure that this succession of deaths had caused had naturally affected her emotional

health. As well as organising necessary resources for the kinship child, the social worker had taken on a counselling role for the kinship carer, which was highly appreciated:

My social worker is my rock. I look forward to her coming. I feel under so much pressure all the time. I can't wait till she comes. I wish she would come more.

In another family, the social worker was working hard to maintain the kinship placement where the carer was suffering emotionally from the effects of a very turbulent history of loss and change. The kinship child had also been deeply affected by many changes and by spending her early years with substance misusing parents. The social worker was providing support directly to the carer but was also helping the carer to manage the behaviour of the child, who was regularly engaging in self-harm. This included linking the carer with a self-help group from which she had gained a great deal of support and arranging for the child to have specialist help from a voluntary agency, as well as arranging respite care. According to the carer, the social worker had done everything that she possibly could within the limitations of resources available. In both these cases, social workers were visiting at least every fortnight.

Being accessible and reliable

Carers appreciated social workers who were accessible and reliable. Social workers who were on the end of the phone or would ring back promptly to discuss carers' issues were especially important. Carers also appreciated social workers who kept their promises and carried out actions quickly and efficiently. Carers needed to feel social workers were on their side:

Social workers have backed me from the beginning. I never had any problems, everything was straightforward.

Conversely, when social workers were inaccessible or departments had no systems for emergency help, carers were critical. Complaints mainly centred on the lack of clear information about who was their social worker and how he or she might be contacted in an emergency. It was a particular concern in one authority where families simply did not know to whom they might turn:

Social workers don't tell you nothing, they don't keep you informed.

Supporting carers in their contact with parents

One key issue that arose from the carer role was the management of contact with parents. This has been described in some depth in Chapter 5, but it is relevant to raise it here again because it was an issue connected with social work support. Where social workers had supported carers to organise and manage contact in the way carers thought would work best, the outcome was satisfactory for everyone. The key factor was that social workers were responsive to children and carers' judgements about the situation (see Chapter 5) and could support carers to change arrangements which were not working.

Facilitating community-based support groups

Seven carers were members of a local community support group for kinship carers, organised and funded by the social work department (see also Chapter 8). None of the other four social work departments offered a similar service. Two carers who lived in a neighbouring authority wished such a group existed in their area. Carers who lived within the 'postcode lottery' that gave them eligibility to join the group valued their membership highly and all the carers interviewed who were involved in the group had nothing but praise for the experience. They had found it both informative and empowering:

I get a lot of help from the group. You learn from each other. There should be one in every area. It shouldn't be a lottery what you get.

Providing appropriate help over time

There were examples of good social work practice over time. These tended to occur when there had been time to plan placements. In three cases, there had been lengthy discussions between the social workers and the carers about the roles that they were taking on. There had been weekend stays arranged before the children moved into the placement. One carer described how one social worker had put in frequent visits and been very responsive by, for example, organising contact and making sure that children had settled at school. As time went on the social work contact, though still on a planned basis, became less frequent as carers became more confident. The hallmark of this arrangement was that carers thought that they could get in touch with social workers when they needed and knew that there would be a positive response.

The shortcomings of services provided by social work

By contrast, carers had much to say about the shortcomings of social work services. There were four main areas:

- the problem of a high turnover of social workers
- the unhelpfulness of infrequent or inappropriate contact
- carers being put under pressure to take children
- lack of clear eligibility criteria for practical and financial help

The problem of a high turnover of social workers

At least two carers in each of the five authorities cited the turnover of social workers as a problem. The changes of social workers were particularly noticeable in one of the city authorities and were mentioned by eight of the carers interviewed. Related to the issue of infrequent social work visits was the concern that social workers changed regularly so that there was a constant need to retell their story:

They are always leaving or going off sick. New ones don't know the history. You have to tell them over again.

The unhelpfulness of infrequent or inappropriate contact

In at least one quarter of cases, carers reported that social workers visited infrequently. This resulted in contact that was superficial. At least four carers highlighted that, in their experience, social workers rarely visited throughout the year but, as one carer put it, 'miraculously' appeared two weeks before the children's hearing to gather material for their annual report to the hearing. As the four children in these families had reported, these social workers spent little time with the children themselves. Carers found it deeply offensive when workers wrote reports without consulting them:

When a hearing is coming up they get in touch.

They come once a year when a report for the hearing is due.

They said they would send someone to see us because the panel would want to know, said they would send me a letter and tell me the name of my social worker. Nothing happened. Then the worker came a week before the hearing. She didn't even meet Sandra. She was telling the panel all about Sandra. I said, "Excuse me, you have never seen her. How do you know that?" I haven't seen anyone since.

While at least thirteen carers thought that this superficial contact was not very helpful, at the same time, three others made it quite clear that they would not wish social workers to be in regular contact. These three said they wanted financial support but without the regular intrusion of social workers:

I wouldn't want them continually coming round to see me.

This ambivalence has been found in other studies. O'Brien (2000) found that carers welcomed lower levels of contact after they had been through an initial assessment.

Carers being put under pressure to look after children

In Chapter 3, it was suggested that nine children came to their placements through the initiative of the social work department. Five of these carer families felt strongly that they had been put under considerable pressure to take children in an emergency, to which they had agreed for the sake of the children. Such requests had come with promises of financial and practical help which did not materialise. Families felt abandoned and extremely let down when social workers seemed to disappear shortly after the placement had begun. In one case, a young aunt and her husband had been asked to care for two children. In spite of their misgivings about taking on two school age children, they were persuaded to do so. She described about becoming a young parent and feeling completely de-skilled:

You don't have children until you can afford them but we suddenly had children without preparing, without having a collection of things for them. We had no resources. We had no experience of getting them enrolled but they seemed quite confident that I should cope.

A grandmother had already taken two children and was put under pressure by the social work department to take their siblings when the situation at home deteriorated. This carer was also caring for an adult son with a severe disability. She felt very guilty when she had to refuse:

I said I can't take another two, another two grandchildren. I said I can't take a seven year old and a three year old. I think she [daughter] really believed that I would take all her children and that was really, really hard for me to say to social work department "Please don't bring her child to me because if you bring it I'll no be able to – no. Don't even let me see the baby because I'll be going, oh yes, please".

Lack of clear eligibility criteria for practical and financial help

As Chapter 6 revealed, many carers' families were under considerable financial pressure. The biggest complaint about social work departments was where carers were not able to get the continuing financial support that they felt they needed:

I got £50 for school uniform. I went back a year later for the same. It was quite a struggle.

A major issue for carers was a lack of transparency about services that might be on offer while a related issue was that of not knowing what criteria underpinned financial help:

I find it a bit secretive, social workers are a secret society. Well, you don't know what you're entitled to.

In the view of at least one quarter of the study's carers, the system was not transparent and depended on the decisions of individuals. Consequently, it was seen as being inequitable and unfair. This was exemplified by two amusing stories from carers themselves: *the tale of two grannies* and *the tale of the social worker and the bed*. These accounts were given from the perspectives of carers. The first story was told to the researcher independently by both grandmothers. The stories serve to illustrate carers' perceptions of unfairness of the social work system and the perceived power of individual social workers.

There were two grandmothers, who were best friends and who lived across the street from each other. Both had very low incomes and each looked after a kinship child. One had approached the local social work department about help to repair a broken washing machine and was given a section 22 payment towards the cost of repair. Soon afterwards the second grandmother had the same problem and, on the advice of her friend, went to the same office of the same social work department to get help. She cited the case of her friend but was told that no such help was available and she would have to pay for any repairs. The grandmother was outraged but added that she had probably made the situation worse by shouting at the social worker!

Another kinship carer, who was looking after three children, had been asking for help to get an extra bed for one of the children for six years! One day last year, a social worker visited the family, sat on one of the children's beds and broke it. A voucher for a replacement bed and another one arrived the following week. The grandmother commented: "I've never seen help come that quick. I'll have to invite more of them over to sit on my other beds!"

Carers' wish lists about social work and support

One of the aims of the study was to gather information about what would improve life for carers in their role of being a kinship carer. Each carer was asked to give the research team a wish list. Some carers had already touched on the services they appreciated and those they would have liked. Asking them for a 'blue skies' wish list gave them a further opportunity to expand their views. The major items on the wish lists were:

- adequate financial support
- acknowledgement and recognition for their role
- having access to the same services as foster carers
- improved information and transparent criteria for services

Adequate financial support

Inadequate financial support was one of the major issues raised by carers that they wished to see changed. As shown in Chapter 6, many carers said that they were financially worse off having taken a kinship child. Not surprisingly, therefore, top of carers' wish lists was the issue of financial help. Eighteen of the 24 carers specifically said they would like more financial help. Some carers compared themselves unfavourably to foster carers and thought it unjust that they were looking after children with inadequate support whereas foster carers were paid much more. Others felt that their role was different from that of foster carers and they might not be entitled to such a large payment. However, the consistent and overwhelming view from the study was that family obligation should be rewarded financially in some way:

How can you give kids the best if you don't have the money to back it up? All kids need lots of things, new clothes, food, basics and also the extras, you know like a bike, things to play with, holidays – and grandparents and other family members are expected to pay for that. When they are in foster care they get money for that.

I know foster parents get £240 per week per child. I don't have that kind of money coming into my house every week. Even if they gave us £40 a week, I think the majority would be happy. But as it stands, we get nothing.

They could give us something. If the children had been taken into care it would cost a lot more.

I don't see myself any different from a foster parent. We get nothing. There were three [children] which was bad enough – now there's four. Maybe we shouldn't get as much as foster parents but we need enough to give children good things. I get nothing for him. What I get just barely covers food. He needs things. It's not fair on him.

Acknowledgement and recognition for their role

Adequate financial support represented more than a way to ease financial burdens. It was also seen by carers as recognition of their commitment to the kinship children:

It's obvious we're not doing this for financial reasons because we get none and we're not doing it to get a halo over our heads because there's no-one out there saying, "Oh thank you for doing this and that". It's just that I think that all grandparents should now be setting out the same because society's changed so much that lots of grandparents are now being left with grandchildren and I think you should be out there stating that the government has to change their views on how grandparents are treated.

Five carers used the word 'recognition' when asked what would make looking after their children better for them:

We need recognition from the government who just allows us to be used. Everybody's using us: parents, social workers and the government.

If the government would just acknowledge us that's all. We want to be recognised for what we do.

We are not asking for the world, all we want is a wee bit of recognition and to be treated as equal to other people who are doing the same job as us.

I think the government should be supporting us, recognising grandparents because no-one seems to realise what we're taking on.

Having access to the same services as foster carers

Alongside financial support and recognition, six carers wanted to see changes in the organisation of kinship care so that services would be more supportive to kinship carers. This would include advice on the management of children's behaviour. Three carer families who had received such advice had found it helpful. They were of the view that kinship carers should have access to the same supports as foster carers:

They've been very good, especially over Stephen's problems. I got good advice. I think more of this should be available.

The social work department have neglected us. There should be changes in the way of working with families to be more supportive. Kinship carers should be part of a fostering network and have the same supports that they have.

One carer fostered one child and looked after another as a kinship carer. His view was that many kinship carers would not welcome the rigour of the fostering assessment but, having been through the procedures and training, he was able to compare the support he received in his two roles. The foster care support was, in his view, far more trenchant and responsive.

Alongside the individual and group support, carers identified several different practical services which would help them. These included respite care, holidays and holiday clubs for the children:

Clubs for kids to give us a break especially in the school holidays.

A holiday – a break away from them because it's like being a lone parent with them isn't it?

Finally, there was a strongly held view that there should be clear information given about services on offer. The main reason for this was that carers could then decide what help they might need. Nine carers identified a need for more information:

No-one tells you what you are entitled to. If you manage OK the social work department thinks you do not need any help. They should be helping you by telling you what you are entitled to.

You have to make sure that you get everything in writing from the social work department so you know what you can get. We were very naïve and trusted the social workers. My advice to others would be not to do anything unless it is written down.

One carer summed up the reason for supporting kinship carers. This family had received an excellent social work service. The carer made important connections between social work support the family had received and a positive outcome for the kinship children:

If every family got the support that we had they would be just fine. There needs to be more awareness of children's needs for stable homes and for contact with their families.

The main points

- **only one third of children said they had been consulted about their placements by professionals**
- **where children had been consulted in children's hearings, they valued adults listening to their views**
- **over two thirds of children saw social workers as people who were helpful to them**
- **carers valued social workers who offered timely practical help, especially at the beginning of placements**
- **helpful social work services from individual workers included casework and help with managing contact with parents**
- **community based groups were an important source of social work support**
- **superficial, infrequent contact and changes of social workers were unhelpful**
- **carers wanted clearer eligibility criteria for services**
- **carers wanted better financial support, recognition for the job they were doing and a wider range of practical services**

8 Providing social work services for kinship care

Kinship care – a square peg in a round hole (Mandelbaum 1995).

In the last chapter, children and their carers gave their views on the social work services they found helpful and the changes they wanted to see to improve kinship care. This chapter looks at kinship care from the point of view of social work services. Most of the information in this and the next chapter is derived from the survey of the 32 local authorities.

This chapter examines the key roles and tasks in providing kinship care, as seen from the perspective of the local authorities and catalogues the range of services local authorities say they provide directly, or facilitate others to provide, for children and their carers.

The main areas explored are:

- assessment of placements
- decision-making in kinship care
- services provided for kinship care
- training and support for social workers

The literature and research on assessing kinship care

How kinship carers are assessed is at the heart of where the threshold lies between family obligations and state intervention. In normal circumstances, families would be expected to care for their children, with appropriate help from universal and other services as the need arises. In kinship care, the desire to avoid intrusion into family life can clash with issues of safeguarding and promoting welfare.

Unlike many traditional foster carers, kinship carers have come to their role unexpectedly rather than choosing to look after children as an occupation. Many kinship carers, as earlier chapters have shown, may already have their own health or housing needs, which require services from a range of agencies. These carers may also be service users. Social workers will therefore find themselves not only assessing the child's needs and seeking to reassure themselves the placement is safe but may also be asked to respond to the service needs of the carers and other members of the family.

Another major issue, elaborated in Chapter 3, is that the family may often initiate the kinship placement. As O'Brien's study showed, social workers experienced major role confusion between their assessment and support roles and were uncomfortable with many aspects of the assessment process that the relatives had to contend with. Additionally, relatives did not understand the process of assessment and found it intrusive (O'Brien 2000).

As Chapter 7 indicated, intrusion was not an issue for the majority of carers in this study, although a minority did worry that any extra funding from the social work department might come with attached strings of more visits from social workers. More commonly, families were aggrieved because of the dearth of help at the outset of the placement and the lack of transparency in criteria for services. The issue for the kinship carers was frustration, where they had identified the solutions but the help they needed to achieve them was not available.

The research suggests that the sources of difficulty for social workers in kinship care centre on three factors:

- they are trained to analyse the problems of their clients, in particular the individuals who causes the problem and come up with solutions
- the social worker in traditional fostering is seen as the expert who decides whether traditional foster carers are suitable
- the social worker holds a central power position in traditional foster care, being in control of information by deciding what the child, parents and carers are told about each other

In kinship care, it is the family who are central. The family are both the problem and the solution. One part of the family – i.e. the parents – may have caused the need for care but another part of the family – the carers – provide the solution. Often, if a child is placed before social work services become involved, the worker is presented with a *fait accompli* about who is a suitable carer from the family's perspective.

Given the different dynamics in the relationship between social workers and kinship care families, it is not surprising that the literature suggests a systemic and network-centred approach to assessment and decision-making in kinship care, working in partnership with families and helping them to find their own solutions. This model, it is argued, plays to family strengths and encourages inclusive decision-making (O'Brien 1999; Ryburn 1993 and 1996; Portergeren and van der Neut 1999). The model has been supported in practice through using techniques of family group conferencing (see, for example, Hamilton 2004).

Family owned decision-making is not confined to the adults in the family. At the centre of any assessment and decision-making about kinship care are the children who are to be looked after, who have a right to be consulted about their wishes and feelings. Although consultation with children is firmly embedded in the Children (Scotland) Act 1995, as Chapter 7 showed, there was considerable variation in the extent to which children had been consulted about the placement. Though, in some cases, their age at placement would have influenced the nature of the discussion, the fact that this was not a normal part of the decision-making process is a serious omission.

Assessment and the legal requirements

Assessment and decision-making about the suitability of a placement for a particular child are required areas of social work practice for any child looked after by the local authority away from home. No matter the route by which children have become looked after, local authorities have the same duties in respect of all looked after children (section 17 Children (Scotland) Act 1995).

The Children (Scotland) Act 1995 guidance and regulations also makes no distinction between legal categories in relation to assessment of children's needs:

The gathering of information is the first step in assessing the need for a child to be looked after and is the foundation for future action. Assessment aims to identify the needs and problems which face the child and other members of the family and their potential for relief, reduction or change. It should highlight ways in which the problems can be addressed, needs can be met and strengths can be built upon (Scottish Office, Social Work Services Group 1997, *The Children (Scotland) Act 1995 Guidance and Regulations, Vol 2 Children Looked After by Local Authorities*, p. 2).

The guidance goes on to say that information gathered in assessment forms the basis for the care plan which is required for each looked after child (Regulation 3). Guidance is clear about the purpose of assessment:

The information collected should be evaluated to assess:

- the specific needs or difficulties which gave grounds for concern, or which are revealed as a result of the assessment process. The assessment should focus on the nature of the needs or difficulties; the possible reasons for them, and the likelihood of improving the child's situation or behaviour either through looking after the child or any alternative forms of action
- the availability of care, support and guidance for the child and family including the extended family which should be considered along, where applicable, with the family's willingness and ability to change
- the level and extent of the risk involved for the child (and, where offending is a factor, the risk to others) of remaining in his or her current home or moving to a different placement

(Scottish Office, Social Work Services Group 1997, *The Children (Scotland) Act 1995 Guidance and Regulations, Vol 2 Children Looked After by Local Authorities*, p. 3).

The minimum content of information for assessment of any looked after child is contained in Schedule 1, Regulation 3(2)(a), (The Arrangements to Look After Children (Scotland) Regulations 1996).

Assessing kinship care in the 32 local authorities

The survey revealed that, for the main part, there was a traditional approach to assessment across the 32 local authorities with the social worker at the centre of the process. There was an emphasis on safeguarding and meeting minimum requirements in Schedule 1 of *Guidance and Regulations* (Scottish Office, Social Work Services Group 1997), tailoring these to the different parts of the legislation under which children were placed. Traditional methods of assessing and approving foster carers were applied to kinship carers where children were accommodated. The survey also revealed the beginnings of a shift in methods of assessment, with a third of local authorities moving towards using family group conferencing for decision-making and care planning, although only eight said they were fully using such an approach at the time of the survey (January 2004).

A varying range of assessments

There was a complex, varied range of assessments or checks, which were largely based on an individual local authority's operational policies and procedures in relation to supporting kinship placements. In just under one third of cases, separate procedures for assessment of kinship care had been developed where the authority mainly used kinship care in relation to supervision orders. At least six local authorities said they were in the process of reviewing their procedures and were working towards a more standardised system for kinship carers.

There were varying attitudes towards the use of assessment for children looked after in kinship care. Three authorities held the view that children looked after in kinship placements had the full status of looked after children and therefore should be treated in the same way as all other looked after children, irrespective of any different sections of the legislation by which they had come to be looked after.

The most common position adopted by the majority (25) was to relate assessment to the legal categories for looked after children and follow the minimum requirements demanded for each category within Regulations and Guidance of the Children (Scotland) Act 1995. In emergency placements, for example, there were fairly standardised system of ‘checks’ which followed the requirements in Regulations 14 of the Children (Scotland) Act 1995, *Regulations and Guidance Vol 2, Looked After Children* (Scottish Office, Social Work Services Group 1997). If there were issues about immediate financial support of families, the assessment could include recommendations for using section 22 budgets to support families on a temporary basis.

At least one authority referred explicitly to trying to implement ‘no order’ and ‘minimum intervention’ principles in relation to assessment, applying a light touch and making it as least intrusive as possible, provided the minimum requirements of the legislation were met. This seemed to be a misunderstanding of the minimum intervention principle. As McRae suggests, ‘minimum’ is not the same as ‘minimal’. The spirit of the legislation allows for the provision of appropriate preventive action consistent with a proactive family support ‘to help parents discharge their parental responsibilities and rights effectively’ (McRae 2006, p. 101). As Chapter 6 showed, kinship carers were clear that the most effective help for them was financial help, or a combination of adequate financial support and casework or groupwork services.

There were four local authorities who thought that, over and above meeting the minimum requirements, there should be a ‘sliding scale’ of information gathered within an assessment, based on how long children would be staying with carers or on the complexity of children’s problems.

Assessment or checks?

The different procedures adopted by the local authorities to reflect the letter of the law also showed that the term ‘assessment’ is interpreted in different ways. Some authorities used what they called ‘checks’ required both for emergency and section 70 supervision requirement placements under Regulations 14 and 15 of the Children (Scotland) Act 1995. These local authorities were following the Guidance, which states that assessment for supervision requirement placements can use the same criteria as that required for

emergency placements (see Scottish Office, Social Work Services Group 1997, *The Children (Scotland) Act 1995 Guidance and Regulations, Vol 2 Children Looked After by Local Authorities*, p. 69).

In these authorities, the term 'assessment' would be reserved for a full foster placement assessment of the carer under Regulation 7 of the *Fostering of Children Regulations 1996*. Others variously described using 'mini-assessments' or basic assessments for other types of placements in kinship care, to distinguish them from Regulation 7 requirements for fostering placements.

The complexity of this distinction between 'checks' and 'assessments' could be altered by other factors. In at least two local authorities, the minimum Schedule 1 checks for section 70 placements were not considered enough by local children's hearings. The two authorities said their children's panels demanded that a full fostering assessment be carried out. One authority also commented on the tension between the respective powers of social work departments and children's hearings. The assessment of a kinship placement was presented to the fostering panel who made a decision internal to the social work department. The final decision to place the child rested with the children's hearing, which could overturn the decision of the fostering panel.

In all 32 cases, authorities said they carried out basic checks. These are the same as checks required for an emergency placement within Children (Scotland) Act 1995 requirements (see Scottish Office, Social Work Services Group 1997, p. 131). At least five authorities specified that such checks would include police checks through Disclosure Scotland, health checks on the carers, and ascertaining the child's views about the placement.

Two examples of assessment practice for section 70 cases follow, both of which demonstrate that assessment was very much seen as procedural, with the social worker acting as assessor and decision-maker. In both cases there was no emphasis on the needs and strengths of the family or the child. The first example is characterised by an absence of information on the children's parents and consultation with the child. The focus is very much on risk assessment, procedural checks and compliance with the minimum requirements in law.

Practice example 1

Prior to placing a child in an immediate placement the social worker must:

- **interview the proposed carer(s), obtain information on details of members of the household, including dates of birth, etc. Obtain permission for Scottish Criminal Records Office and health checks to be undertaken. Obtain details of two personal referees and obtain permission to contact**
- **confirm that the person is a friend or relative, see birth certificate(s) and marriage certificate, if not readily available arrange to see at a future date**
- **inspect the accommodation, including proposed sleeping arrangements**
- **obtain any information about any other persons living in the household (family composition)**
- **reach a written agreement with the proposed carer(s)**
- **obtain information regarding their family circumstances**

What this example does not do is to specify that the child should be interviewed, although it is possible that instructions to gather such information might have been located elsewhere. The second example is not so clear in its instructions but does emphasise the child's perspective. It links assessment of the placement to assessment of finances in order to ascertain whether financial hardship may occur. This was important to this local authority, which had adopted a policy to provide payments which they said were not designed to recompense carers for all the costs involved.

Practice example 2

A social work assessment must be undertaken prior to placement where consideration is being given to placing a child with relatives or family friends and a link carer's payment is being requested, in order to collate the following criteria:

- **the social worker requires to confirm that it is no longer appropriate for the child or young person to remain at home and that the child would otherwise require to be looked after/accommodated by the local authority in either a residential unit or foster home**
- **the social worker should interview the proposed carers who may be relatives or family friends and confirm they are willing to care for the child or young person and assess whether they are suitable to meet the needs of the child or young person, at least in the short-term. The social worker should also inspect the accommodation to ensure it is appropriate**
- **the social worker should confirm that the proposed carers have some significant link or relationship with the child or young person prior to placing the child**
- **the social worker should interview the child in order to ascertain his/her opinion and acceptance of the proposed placement and the child's perspective of the nature of the relationship**
- **the social worker should obtain information about any other person living in the household and where the person is over sixteen years, police checks should be undertaken**
- **the social worker should make a written agreement with the proposed carer. This is the same agreement as for an emergency placement. See Regulation 13**
- **the social worker will make enquiries as to whether or not financial hardship may occur**

Several local authorities did say they would adapt any assessment beyond basic checks to take account of children's individual circumstances. Where permanence was intended, a fuller assessment was likely to be made. It was also clear that the depth of assessment could be driven by whether the local authority might have to make financial payments. Documentation from two authorities suggested that the depth of assessment was linked to whether financial support, in the form of a link carer's allowance, was requested by the family.

At least six local authorities commented on their use of section 50 of the Children Act (1975). This section indicates that local authorities can provide financial help to any adults who have custody of a child, other than the parent of the child:

Without prejudice to any existing powers and duties to make payments in respect of the maintenance of children, where custody of the child has been rewarded to a person other than a parent of the child any local authority may make to that person payments for or toward the maintenance of the child.

Section 50 was most commonly used where local authorities were trying to hand over parental responsibility to carers on a permanent basis.

Different standards for kinship care

Apart from not being required to carry out a full foster care assessment with kinship carers, at the heart of the debate for some authorities was the issue of whether carers would pass 'the rigorous test' of a fostering assessment. Accordingly, over half the local authorities adopted a 'fit for purpose' approach to assessing the placement for each individual child. It was difficult to tease out from the survey data just what the concerns about carers might be. In follow-up interviews with some of the social workers of the children in the study, however, it became clear that concerns related to three issues:

- the standard of basic care in the carer household
- the ability of the carers to deal with the management of children's behaviour and emotions
- tensions in the social work role between supervision and support

The following examples give a flavour of these issues:

It's really difficult. You have to weigh the least harmful option. Jenny (carer) would not pass the fostering panel for her standards of care but the alternative is the child going to a foster home.

Gran is very fragile herself. She's needed a lot of help. There is a real generation gap too.

You cross your fingers sometimes and hope it is alright. The MacKay family are that kind of family that won't let you into what is going on. I can't get close to them. I suppose they are worried about losing the children. It's very awkward.

Social workers' comments raise the issue of how they make a judgement about what constitutes a 'good enough' placement for any looked after child. One tension for local authorities in making these assessments was the extent to which they should demand the same standards from kinship carers as they would for stranger foster carers. This is clearly an issue which needs further consideration.

Models of decision-making

As the level of information on which assessments was based varied, so did the process of decision-making. There were several different operational models reported. These may not represent the whole range of operational models, as not every local authority provided detailed documentation. The information supplied provides exemplars of the varied models of decision-making. It was clear that, in all cases, the burden of decision-making rested with the social work department. There was little evidence of families or children being actively involved in the actual decision-making, in spite of the fact that a third of local authorities said they were developing a family group conference approach.

In the most common model, adopted by at least one third of local authorities, decisions were made by a social worker at local level and confirmed by a social work manager, possibly with financial confirmation made at HQ. An alternative to this was for the social worker's assessment to be scrutinised by a resource panel or screening group, then signed off by a social work manager. In one case, a carers' panel scrutinised all applications by

carers, including kinship carers for children. As the following example shows, decision-making, like assessment, related not only to the welfare needs of the child but also to accountability for financial payments:

Families/carers who receive link carers' allowance have been through a number of checks, namely, Disclosure (Scotland); area health board and departmental enquiries are made as well as an assessment of the link carers' circumstances and suitability to provide care. The child's care plan and assessed needs are linked to what the link carer can provide. Allowances are paid when the care plan can be met through placement with a link carer. The assessment is completed using the link carers' procedures and criteria. A planning meeting with the family would recommend that an allowance be paid. This recommendation is then scrutinised by a resource screening group and if possible signed off by a manager.

A less common model, but one operated by at least three authorities, was for an assessment by a social worker to be presented to the foster panel for approval in all cases. This was done in recognition of the need to protect and safeguard each looked after child irrespective of the route by which he or she had come to the placement:

We believe all children in a placement deserve the same level of protection and support. Due to this we assess kinship carers and present them to our foster panel and agency decision-maker. We assess using Form F2 (BAAF) and present this to the fostering panel and agency decision-maker.

Decision-making for a placement under section 25 or section 86

Where children were with kinship carers on the basis of being accommodated under section 25 or were the subject of section 86 parental responsibility orders, in all cases local authorities said they assessed children fully, often using a competency-based method of assessment of carers, such as that developed by British Agencies for Adoption and Fostering (BAAF). In every case, as demanded by the regulations, the social worker brought the assessment to a foster panel. Across the 32 authorities, it was suggested that only a minority of children were accommodated with kinship carers in this way, a view that was borne out by the fact that only one child was accommodated in the study (see Chapter 3).

Decision-making for other children living with their family or friends, including private fostering

Very few children in the survey were the subject of private fostering arrangements, which perhaps reflects the small number of children living in households of friends as opposed to kin.

A second group which came within local authority assessment were children who were, or were about to become, the subject of section 11 orders. There were four children who had this status. Though not looked after, local authorities said they had a number of these children living with relatives. Local authorities included them in their information on kinship care for two reasons. Firstly, local authorities were in the process of helping relatives to gain parental responsibility orders and were assessing whether they might help with legal fees. Secondly, those holding parental responsibility orders might be seeking financial support within section 50 of the Children Act (1975) (see Chapter 9). In these cases, local authorities would apply the same criteria to assessing families as they would for kinship carers seeking financial support, within the possibilities afforded them where children were the subject of a section 70 supervision requirement.

The development of family group conferencing

Although the processes of decision-making were centrally located within social work services or children's hearings, around one third of local authorities said they were exploring the use of family group conferencing as a technique for assessment and decision-making in kinship care. There was evidence of considerable enthusiasm for this model of practice, which was actively being developed in at least six authorities, although one had abandoned the service after a low take-up. One had given priority to the service in its children's services plan. Family group conferences were regarded highly as a means of developing 'family-owned' solutions. Such an approach was seen as highly appropriate in the context of kinship care. Most often, family group conferencing was offered in partnership with one of the large voluntary agencies.

Summarising the ‘guddle’

The routes by which children come to kinship care are varied. As the findings from the intensive study data have shown, children in kinship placements may have similar needs but social work responses to these are driven by current legal requirements for assessment of kinship care:

- where children become looked after in kinship care as foster children they and their carers are assessed fully, as the Fostering of Children (Scotland) Regulations 1996 require.
- where children become looked after in kinship care as the result of a section 70 supervision requirement, there is no requirement for a full assessment to address the longer term needs of children and their families, although a care plan will be required by the children’s hearing. A basic risk assessment, as outlined in Schedule 1, Regulation 3(2)(a), (The Arrangements to Look After Children (Scotland) Regulations 1996) is required. It is very much left to the discretion of local authorities how this is interpreted, although the Guidance and Regulations suggest that this information will be the minimum required (Scottish Office, Social Work Services Group 1997, p. 2). The requirement is for the same checks to be carried out as those in any emergency placement.
- when children become the subject of a section 11 parental responsibility order, the local authority may elect to support the family financially within section 50 of the 1975 Children Act. Assessment and decision-making in these cases are related to financial assessment.

A presumption of kinship care being short-term

There seems to be a presumption in official guidance (see Scottish Office, Social Work Services Group 1997) that kinship placements will be short-term. The findings of this study show that this is not the case. The majority of children in this study had spent the greater part of their childhood in kinship care. Where children are looked after because they are the subject of a section 70 supervision requirement, the current requirements do not address the need for long-term planning.

Care plans

Once an assessment has been undertaken, there is a requirement to make a care plan for each looked after child. It was outwith the scope of this study to examine the content of care planning in detail. It was, however, heartening that social work departments in the study confirmed that all children with the status of looked after children in kinship care would have a care plan. Where children were the subject of a supervision requirement, the children's hearing would also require a plan. It was clear that the information asked for by children's hearings varies considerably. Some demand a full fostering assessment of children in kinship care. Others do not. Although care plans existed for the children, the evidence from the carers interviewed in the study suggests that plans may be very variable. Further, carers suggested they seldom had a part in shaping plans (see Chapter 7). The findings seem to point to the need for some consistency of approach to care plans for all children looked after in kinship placements, irrespective of their route to becoming looked after.

The range of services on offer

Much of the research has tended to suggest that there is 'a critical gap between needs and services, with many carers falling through the cracks' (see Hunt 2001 p. 62). There are a range of services, which were listed in Chapter 7, that kinship carers identified as being useful. Hunt suggests that there is a need for specific services as well as for a more holistic approach:

In addition to specific service needs identified, the literature suggests that service provision needs to meet a number of cross-cutting requirements. It should, for instance, be customised – tailored not only to the unique needs of kinship families in general but to the needs of the individual family, not just the child or the carers. The aim should be to develop wrap-around services, which address the whole range of need. It should be culturally attuned.... Finally, it should be enabling, building on family's strengths (Hunt 2001 p. 67).

As Chapter 7 showed, both children and carers in the study had much to say about the services they had been given and those they felt should have been on offer. This chapter now describes the services that local authorities provide for children and their kinship carers.

Services available to children and families

In the survey part of the study, local authorities were asked to detail any services they made available to kinship carers and their children. The most common source of support for kinship carers was the allocation of a social worker, whose role was seen as the execution of the care plan in cases where children were the subject of an order or a supervision requirement. Authorities suggested that social work support would be offered in several ways. This included:

- meeting statutory obligations
- direct general support from the child's social worker
- facilitating access to other social workers or services within the local authority's children's services
- advising on and facilitating access to other support services within the local authority
- referring to and arranging services with the voluntary and private sectors
- offering or facilitating support groups for kinship carers
- offering training

Meeting statutory obligations

As a minimum provision, statutory social work involvement was needed when children were the subject of a supervision requirement, or an order, or were accommodated. This mainly involved the child's social worker constructing a care plan, as well as co-ordinating and arranging any services that were needed to meet the care plan. It also included reviews and reports to children's hearings. In terms of understanding their statutory requirements, local authorities seemed clear about their minimum role. In practice, across at least one third of the authorities, it was the child's social worker, undertaking the statutory enquiries, who most often would be the pivotal individual for any other social work activity.

Three authorities made a point of saying that the full array of services for children in need and looked after children would be available for children looked after by kinship carers, accessed through the social worker. This was expected where there was a care plan. For example:

Kinship carers have access to the same council services as carers of their own or other children. If the child is looked after they will receive support and supervision according to the care plan for the child.

Direct general support from the child's social worker

Within the scope of the survey, it was not possible to identify the frequency or depth of either social work support or additional services across the 32 authorities. All the survey could do was to indicate the range of provision on offer but, as Chapter 7 has shown, social workers did provide a range of services directly. One authority in the survey identified as a good practice example, that every foster or kinship carer would have a minimum of monthly contact from a link worker for the family, as well as contact with the child's social worker.

The more common pattern was that social work involvement was offered as a response to demand on an individual basis, with social workers taking the role of responding to individual need at any one time. Several social workers said they located services for kinship families within their general policy of responding to all children in need. Kinship families would be offered help as they needed it, as this example shows:

It would be fair to say that, whilst there are not currently set policies and procedures in relation to other supports to relative and friends carers, they would be provided with appropriate services and supports as relevant to their circumstances and the needs of the child placed with them, either by, or negotiated by, the child's social worker. Not all these services would be in place automatically at this point in time and it may be a matter of carers requesting something specific or when a particular issue or problem arises that something is provided. For instance, while respite might not be built into the placement initially, it may arise as a need at a later point. It could be provided by other family and friends or through the formal looked after system.

The three authorities who did not distinguish between the support services for foster carers and kinship carers were at pains to point out that services were offered according to the child's needs and status as a 'looked after' child. This, they said, was an example of good practice. It was clear that, where children were fostered with kin, the full range of support available to all foster carers would be on offer. This included a wide range of individual and group support.

Facilitating access to other social workers or services within the local authority's children's services

Alongside any direct support, the child's social worker often acted as a facilitator of other services, a role that was confirmed by both children and families in the intensive study (see Chapter 7). In total, just under half the authorities gave details of other services available within their own local authority children's services. Not all authorities offered all the services cited but details do give an indication of the range of services that might be on offer. These included:

- family support workers
- advocacy services
- childminders
- day nurseries
- respite care
- school social work
- transport
- holiday play schemes

There was also evidence of working with youth justice services, both in the statutory and voluntary sectors. Where they were available, social workers facilitated access to mental health support for young people. Accessing services for children with disabilities was also seen as important for kinship carers.

The survey revealed that there was a degree of lateral thinking within social work departments about pulling together services that would address situations where children had several different needs simultaneously. Evidence of the value of this was revealed in the intensive study, where a child might be getting help from a social worker, who would be looking after the child's and family's general welfare. They might also be getting help at school from a school counsellor or guidance teacher. Some children had access to specialist services from a voluntary agency to address issues of loss and change.

Advising on and facilitating access to other support services for adults within the local authority

The same lateral thinking was brought to services for adults in several instances. Just under half the authorities gave examples of helping kinship families to access specialist advice from adults' services, especially in relation to how to deal with individuals with drugs and alcohol misuse – a familiar issue to many of the kinship carers in the intensive study. Several local authorities thought specialist services might be more acceptable to families than mainstream child welfare services, which were sometimes associated with child protection. It was argued that grandparents who had the care of children as a result of parents' drugs and alcohol misuse sometimes felt stigmatised and, at times, isolated from mainstream child welfare services. As a result, they often felt more comfortable receiving support from specialist local authority family support addiction services. It has to be said that this view was not borne out by our intensive study, where carers were generally happy to receive services from the social work department.

At least five authorities said they recognised that kinship carers who are grandparents may have health needs or require social services in their own right. One authority stressed that many older carers would be undertaking several roles simultaneously, in relation to different family members, including the care of their parents. Social work services believed that respite care was a valued service they could offer to families in these circumstances.

Good practice examples

- one good practice example of facilitating other services was the funding by a large city authority of 14 family support workers in local addiction services, through the community care support fund
- a second was the development of a flexible respite service, which included a sitter service, and the provision of 'overnights' and longer breaks to meet the needs of grandparent kinship carers, whose families had been specifically affected by addiction. The specification was being drawn up in collaboration with a local association of family support groups (see below). It hosted a link worker and allowed grandparents to have a choice between statutory respite services and the new association family support service

Offering or facilitating support groups for kinship carers

As might be expected, those who were assessed as foster carers had regular access to support groups for carers within the authority. At least five authorities said these were exclusively for carers approved as foster carers. Only two authorities said they opened these groups to kinship carers and made no distinction between them. Three authorities, in large rural areas or island authorities, said they had difficulties running support groups because of geography. Two had abandoned groups because of poor attendance while one authority suggested that continuity was difficult. Consequently, they had adopted a policy of 'one-off' group meetings.

There was evidence of successful use of support groups run by the voluntary sector, especially in large urban areas. Two authorities funded support groups. In one case, the group had become important in providing a viable alternative source of support to statutory social work.

Good practice example

- In one case, the social work department had given £71,000 to a local association of family support groups from community care funding, to assist them to act as an umbrella group for a network of local family support groups. Part of the money was also to employ a counsellor to support families affected by drugs and/or alcohol. The authority reported that, over time, a significant number of the members of these groups had assumed the care of grandchildren where the child's parents had serious problems with substance misuse.

Referring to, and arranging services with, the voluntary and private sectors

The use of the voluntary sector was seen by social work departments as being a very positive way of supplementing statutory child welfare services. Over one third of authorities specified that they used voluntary sector services for children. Not all had access to every service but the range included specialist voluntary sector prevention of youth crime services, youth drugs services and intensive support programmes. This confirmed the carers' views in the intensive study, as reported in Chapter 7. Additionally, some local authorities said they helped families access benefits advice, family contact and conciliation services, family mediation and specialist alcohol services.

Offering training to kinship carers

The issue of offering training to kinship carers is complex. It has been suggested that there may be tensions in offering conventional foster care training to kinship carers, who may not see this as relevant to their needs (see Greef 1999). Carers may need a different approach which builds on their strengths and addresses the issues that they feel are important. The Association of Directors of Social Work and the Fostering Network (2003) have suggested that preparation for becoming a carer may be a more appropriate way of describing the support kinship carers may need. This would incorporate the following areas:

- what is abuse? – safer caring
- child development
- empowering young people

Across the local authorities it was found that, unless kinship carers were assessed as foster carers, it was rare for them to be offered formal training as a matter of course. A more informal method of preparation was often used, which seemed to be appropriate and worked well. The general expectation was that the child's social worker would offer any 'informal' training on child care issues. Some carers who attended support groups had access to 'one off' sessions from specialist workers, such as those from the addictions service. One authority commented that, though they had offered kinship carers access to foster care training groups, there had been a low take-up. They attributed this to kinship carers not seeing their role as 'professionals' but being more motivated by wanting to keep children out of the care system.

The need for sensitivity about offering services

It was clear from the responses of the local authorities that there was awareness that kinship care presented a challenge to them in terms of which services might be appropriately offered. There was clearly a tension between wanting to offer kinship families the services they might need but believing that any services should acknowledge kinship carers' family obligations. On the one hand, kinship carers should have access to any family support services that other families could receive. On the other hand, it was felt that offering services might somehow stigmatise families, (a view not shared by families in the intensive study, as reported in Chapter 7). Services from the voluntary sector were seen as a preferred option. The situation was well summed up by the response from one authority:

Services to relative and friends carers and children should be needs led and therefore provided on the basis of assessed need. This should encompass statutory, voluntary and independent services as appropriate to the needs of the situation. They should not be disadvantaged by virtue of their status in terms of the provision of supports and services. However, the emphasis needs to be on the promotion of family-owned solutions, maintaining children in their own families and communities without the need for the involvement of statutory services wherever possible. Some families find it intrusive and stigmatising to work with the social work service and may be reluctant to put themselves forward or engage with statutory services, thereby denying opportunities for a potentially positive placement or for support when caring for a child. To this end, some families find working or accessing support from the independent and voluntary organisations more acceptable.

The findings point to the need for further debate about the most effective services for kinship care. This debate needs to be grounded in the evidence from research of what works for kinship carers.

Organising and training the professionals to support kinship care

The picture emerges of some confusion about where kinship care lies within services for looked after children. In spite of the fact that children were coming to their placements with a history of parental neglect and other problems, serious enough to warrant the status of becoming a looked after child, local authorities were unsure where to pitch services. They were also unclear about whether kinship care warranted specialist training, such as that given to workers supporting foster families.

Kinship care was not seen by most local authorities as a specialist area of practice that demanded additional training on the needs of kinship carers. Only one local authority had a post dedicated to kinship care. The generally agreed view was that support for kinship carers would be seen as a normal part of children's social work. Training on the procedures for making financial assessments was included in induction training for social workers and others working with families. One authority said they were developing training in this area.

There was a divided view about whether the lead role of supporting kinship carers should rest exclusively with social workers. Most authorities said that they would expect trained social workers to take on this task but around a third also said that kinship care teams would include other experienced workers, such as groupworkers. At least three authorities indicated that experience and skills might be the most important criteria.

These issues were summed up by one local authority:

Although a social work qualification would not necessarily be essential for every member of a team supporting kinship carers, it would be essential that staff have experience and demonstrate skills in working with vulnerable children and/or families in crisis. A good understanding of child care and child development issues would be essential as would skills in relating to children and their carers. Within support teams, some staff should have experience of working with groups of carers as well as providing individual counselling and support. Knowledge and understanding of addiction issues would be a high priority. What is needed is a broader range of skills and experience relevant to providing training and support to kinship, including mediation, anger management techniques, negotiating skills, etc.

The main points

- there were a range of policies for assessment from a minimal approach to one which assessed all looked after children fully
- many authorities had a basic standard which they adapted for each child
- the depth of assessment varied according to the legislation under which they were made with children who were the subject of supervision requirements receiving a more basic assessment than accommodated children in most cases
- sometimes the depth of assessment was linked to the expected length of placement
- the process of decision-making was as varied as the information upon which assessments were made
- there were some developments of a family-led model of decision-making using family group conferencing
- children had care plans but these had not always be developed in consultation with children and families
- the most common source of support for kinship carers was an allocated social worker
- the majority of local authorities distinguished between carers approved as foster carers and the rest. Foster carers had access to a much wider range of supports
- many local authorities provided access for kinship carers to a wide range of services, such as day care and child minding
- there was evidence of lateral thinking about using children's and adults' services for kinship carers
- offering or facilitating support groups for kinship carers is seen as helpful and non-stigmatising
- informal preparation of kinship carers is seen as preferable to formal training in most cases

- **there was clearly a tension between wanting to offer kinship families the services they might need but believing that any services should acknowledge kinship carers' family obligations**
- **only one local authority had a post dedicated to supporting kinship care. For the most part, social workers were expected to work with kinship families as part of their normal duties**
- **not all lead staff in kinship care would be social workers but all would require skills in working with children in need and their families**

9 Resourcing kinship care

How kinship care is supported financially is a theme that has permeated the international research and literature on this area of child welfare. A clear distinction is made in the literature between three groups:

- foster carers
- kinship carers who are looking after children where there is some kind of order
- informal kinship carers who are looking after children without any state intervention

Research from the USA, for example, has reported consistently that kinship carers have lower incomes than foster carers but are also paid less money for looking after their kinship children (see Lernihan 2003 p. 189). The consensus from England, Northern and Southern Ireland is that formal kinship carers are generally paid less than the standard boarding out allowance for foster carers but at a rate above that to families on income support (Lernihan 2003; O'Brien 1999; Waterhouse and Brocklesby 1999; Laws 2001; Broad 2001). Broad, for example, found in one London borough that payments were made at around two and a half times above income support level, although, in special circumstances, amounts were higher (Broad, 2001, p. 39).

Experience in parts of the UK outwith Scotland also suggests that, while there is provision for allowances to be paid to kinship carers outside the benefits system, when relatives have legal responsibility for a child through a residence order, the allowance given may be means tested by local authorities or may be taken into account in calculating income support. This is unlike the fostering allowance payments made to foster carers on behalf of a foster child. These allowances are deemed to be for direct provision of clothing and for everyday care for the child. Some English authorities have circumvented the anomalies by making payments to families under the section of legislation which allows for one-off payments in cash or in kind to support children in need (Richards 2001).

The anomalies and muddle that are reported in the literature relate to the central dilemma surrounding kinship care. Along with the domain of assessing kinship carers, which was discussed in the previous chapter, deciding whether kinship families should be financially supported raises complex issues about where the boundary should lie between family obligations and state support. In the USA, justification for paying limited allowances to kinship carers has been linked to concern that generous allowances would act as a perverse incentive to parents to leave their children with carers in the long-term (Berrick et al. 1994; Link 1996). In this study, the head of children's services in one local authority told us that potential misuse of the system had occurred in the past in their local authority. As a result of this, they had abandoned their link carers' allowance scheme because it had led to false claims of residence and exploitation of the system by some families (verbal communication with the head of children's services). It must be stressed that there was no evidence whatsoever of this occurring among the 24 families interviewed in our study. On the contrary, as demonstrated in Chapter 6, carers were often continuing to care for children out of commitment to their long-term welfare at substantial financial costs to themselves.

A further issue identified in previous research, especially that from the USA, is whether any allowance should be time-limited, in order to ensure children are directed either towards reunification with their parents or towards permanent adoptive placements. Positive arguments have been put forward that such stringent permanency planning in kinship care is in the interests of children's well-being (Ainsworth and Maluccio 1998). The position reported in the UK is more flexible with different routes to permanence, with or without financial support (Thoburn 1994; Quality Protects 2001). There is evidence from at least two UK studies that the primary motive in transferring parental responsibility to kinship carers is to get families 'off the books' (Richards 2001; Hunt and Macleod 1999). This approach can create tensions between families and agencies, especially if any allowances are seen as an essential part of income required by a family in order to continue supporting the child (Hunt 2001).

Financial support of kinship care in the study and the survey

There is little known about the policies and practices of financial support of kinship care across Scotland. The five local authorities in the intensive study had five very different patterns of financial support for looked after kinship care children. These varied from:

- carers being paid a basic fostering allowance that would be paid to stranger foster carers, supplemented by any one-off payments for special needs
- carers being paid an allowance considerably less than the basic fostering allowance
- carer's being given a one-off payment on demand

In the last case, as two of the grandparent kinship carers reported in Chapter 7, this could vary even within the same postcode area. In the one case, where the carer was approved as a foster carer, the family was supported at a higher level than the rest of the families in the study.

The survey showed that variation in patterns of financial support to kinship carers in the study was replicated across the country.

Within the 32 local authorities, two main routes to payment were reported with considerable variation within each. These were:

- where carers are assessed and approved as foster carers
- where carers are not approved as foster carers

Where carers are assessed and approved as foster carers

Kinship carers may be assessed as foster carers, which occurs normally if children are accommodated and placed within section 25 or 86 of the Children (Scotland) Act 1995 or are in emergency placements. Five authorities said they paid kinship carers the same allowance for the child as stranger foster carers would get. Although all but one deducted child benefit from their allowance. Two local authorities said they actively supported carers to claim child benefit.

Where kinship carers are not approved as foster carers

As shown in Chapter 2, the majority of children in kinship care are not accommodated but may be the subject of a supervision requirement with condition of residence with relatives. Or they may be on a section 11 parental responsibility order. There were two distinct rationales for the payment of kinship carers in this category. One related to the **status of the carer**, the other to the **status of the child**. The arguments *against* paying kinship carers the same as foster carers were more focused on the status of the carers.

Where the status of the carer was the basis of payment, a clear distinction was made between the roles and tasks of stranger foster carers and kinship carers. This was summarised by one authority as follows:

The task of caring for a child who is a relative or friend is different from that of resource foster carers who are caring for other people's children. Apart from the bonds created by blood and family relationships, related carers are not required to have the diverse skills required of foster carers who look after a variety of children with widely varying needs. Nor are they required to be involved in other tasks demanded of resource foster carers such as training, assessment, report writing and reviews.

It was argued by this authority and others that, because children were not looked after and accommodated, this meant that children were unlikely to make many special demands on their carers. Had they had really serious concerns about children, the local authority would have placed them with trained foster carers. This seemed a curious argument since clearly children were with their kin precisely because the state believed they were at risk of harm and needed to live away from their parents. A further argument was that kinship carers might not wish to be regarded as foster carers because they saw their task as one of family obligation. Consequently, they would not wish to be engaged in the full range of training and partnership working demanded of foster carers. It was also argued that many kinship carers might not meet the rigorous required standards for foster carers, which were 'exacting in terms of health, age and background'.

The alternative approach tended to be more focused on the status of the child but also argued for supporting the tough circumstances in which carers might find themselves.

First, there was a case, made by at least three local authorities, for natural justice. Parity between accommodated foster children and kinship care children placed on supervision orders was justified by the legal status of the children concerned. In both cases, these were 'looked after' children, clearly defined as such in the legislation. In both cases, there was statutory intervention which had led to the looked after status. In the case of the kinship care children, the social work department had been sufficiently concerned to intervene and seek a supervision order.

The second argument related to the first. While these were looked after children, without kinship care they might have become foster children. Some local authorities believed that locating children with kinship carers actively fulfilled the principle of 'minimum intervention' and prevented children from being formally accommodated. While many kinship carers would not wish to see their role as foster carers, many children might have similar needs to 'accommodated' children because of the experiences which had necessitated kinship care in the first place. Payments were given by these local authorities in recognition of this fact.

The third argument acknowledged that looking after children within extended families was not necessarily without its challenges, especially where residence had been transferred formally to extended family. Managing family relationships in order to promote children's welfare brought its own demands, which warranted recognition.

These three arguments were typified by one authority, who suggested:

Research indicates that kinship carers are a difficult group to define, and that their needs and attitudes towards intervention by social work services cannot be generalised. There is ambivalence about being regarded as foster carers and many do not accept that term to describe their role. In spite of this there is a recognised need to provide support, and not just on a financial basis, to families who are often coping with disturbed behaviour, disagreements within the family, and disputes over contact arrangements.

As might be expected, given the different rationales, there were complex patterns of payments to kinship carers both between and within local authorities.

Payments to kinship carers

Broadly, the payments of kinship carers fell into three categories which reflected the legislation under which children were placed. These were:

- carers assessed as foster carers and paid the same range of allowances as foster carers
- kinship carers paid the same basic fostering allowance as foster carers in all circumstances where children were looked after
- kinship carers paid at a different rate from foster carers

Carers assessed and paid the same allowance as foster carers

As shown earlier, only a minority of carers had the status of foster carers. In the majority of these cases, although the authorities brought the assessments of kinship carers to fostering panels, the carers would not be expected to fulfil the same stringent criteria. With one exception, all local authorities where carers were assessed as foster carers were paid on the same basis as stranger foster carers. One exception made an interesting distinction between care by families and that by friends. Friends would be assessed, approved and paid as stranger foster carers but family were paid at a lower rate, which was twice the rate of income support. This decision had its origins historically in an attempt to make a stretched budget go further. One authority had just moved from a position of paying kinship carers 'approved as foster carers' 50% less than foster carers to an interim policy of paying both groups the same rate.

Kinship carers paid the same rate as foster carers in all circumstances where children were looked after

Twelve local authorities said they paid kinship carers the same basic fostering allowances as foster carers, irrespective of the legal route by which the child had become looked after. Five mentioned that they deducted child benefit or any other allowances to which stranger foster carers would not be entitled. Two authorities within this group said they had moved from a traditional position of paying kinship carers a lower, standard allowance. One authority had previously set this at one third of the fostering rate but had been influenced by a recent court case in England to change its policies.

Kinship carers paid a different rate from foster carers

Ten local authorities paid kinship carers a regular allowance at a rate that was different from the fostering allowance for children accommodated with their approved foster carers. This varied from 80% of the basic fostering allowance in one case to the most popular figure of around one third of the fostering allowance, mentioned by six local authorities. At least two authorities subtracted child benefit from this amount. Examples of what a payment of one third of the fostering allowance meant were provided by at least three authorities and two are included here. Payments tended to be defined by the age of the child. It can be seen that, were child benefit to be subtracted, the payment would be rather small. However, most authorities which operated within these parameters were also prepared to provide 'one-off payments' under section 22 of the Children (Scotland) Act 1995 for specific purposes, such as the purchase of bedding or additional clothing. The variation between these two authorities reflects variations that occur across Scotland.

Rates paid to kinship carers at one third rate of foster care at January 2004:

	Authority A	Authority B
Child 1-4 yrs	£21.46	£24.80
Child 5-10 yrs	£26.63	£30.78
Child 11-15 yrs	£33.15	£38.32
Child 16+ yrs	£42.92	no figure given

The issue of benefits legislation

Financial support to kinship carers is complicated considerably by the UK national system of transfer of child benefit from parents to kinship carers. This is an important issue that was identified by the Association of Directors of Social Work and The Fostering Network working group in 2003 (Association of Directors of Social Work and The Fostering Network 2003). It is an issue that has emerged as a source of stress and financial hardship in the intensive study. Not only does the system cause huge delays for carers waiting to receive transfer of child benefit, but it also puts strain on social work department budgets. Some resented being forced to take on the mantle of a benefits agency, even temporarily. This was an issue to which local authorities drew attention in the survey, and the following comment speaks for the majority:

The current state benefit system operates in a way that is often detrimental to kinship carers and places significant financial burdens on social work departments. At present, friends and family who offer to care for a child often have to wait eight weeks or more before they can claim child benefit or income support. This is further complicated and protracted if the birth parent is continuing to claim these benefits fraudulently. The social work department is often left to support the placement financially while these matters are resolved. A quicker mechanism for transferring entitlement to benefits and dealing with applications would be hugely beneficial.

A customised system of financial support

In just over half the authorities, what might be termed a customised model of financial support existed. This was based on a mixture of assessed need and requests for support from the placement. Payments to relatives and friends appear to vary considerably and include the following range, according to the legal categories of the kinship children:

- full fostering allowance less child benefit (for accommodated children)
- weekly guardianship allowance (for section 11 children)
- weekly/monthly payments at a lower rate than fostering allowance plus additional payments for specific items, e.g. clothing (for children who were the subject of a supervision requirement)
- no financial support (for children not looked after)

A minority of three authorities said their current position was not to make any regular payments to kinship carers for looked after children but to respond with occasional or one-off section 22 payments if carers approached them for help. In these cases, the justification for payment was that children were assessed as in need under section 22 of the Children (Scotland) Act. Typically, one authority said:

Financial assistance is not automatically paid to relative carers. Payments are made if the social worker is made aware that the relatives are needing assistance. If an allowance is required this is usually 80% of the fostering allowance minus the amount of child benefit. In other situations, one-off payments may be made to meet specific needs.

Another authority noted there could be considerable variation in the extent to which carers approached the authority for help. Furthermore, each claim was dependent on identified need as assessed individually by social workers. Clearly, access to payments might be serendipitous.

Nevertheless many authorities, irrespective of whether they used section 22 as a sole means of support for kinship carers or to supplement other regular payments, attempted to use payments creatively. This included help with essentials such as school uniforms as well as several large payments for items such as bedroom furniture. Payments were also used for after-school care, school trips and towards holidays.

In addition to cash, financial payments could be made in kind. One authority also had relaxed its service criteria 'to ensure that family, friends caring for children can access family centre and day care places that previously would not have been available to them'.

Budgets for financial support for kinship carers

Although regulations and guidance for the Children (Scotland) Act 1995 (Scottish Office, Social Work Services Inspectorate 1997) suggests section 22 is used for one-off purposes, one authority made it clear that all their kinship placements were supported from the section 22 budget, including those who were paid a regular allowance.

As shown in Chapters 2 and 8, the majority of local authorities used section 50 of the 1975 Children Act, which allows for the support of a wide range of children looked after by adults

other than their parents. It therefore, can be used to take children out of the looked after system. By far the majority of kinship care occurred where there was a supervision requirement or a residence order. In these cases, the supervision order was ended and often replaced with a section 11 parental responsibility order. The family continued to be supported from section 50 budget. In some cases, local authorities also paid legal fees for kinship carers to apply for a parental responsibility order. The source for this was unclear.

The need for some standardisation of supporting kinship care financially

The responses to the survey suggest that grappling with financial support for kinship carers is a major preoccupation among local authorities across Scotland. As the kinship carers we interviewed clearly articulated, the outcome of a system which, in many authorities attempts to pay kinship carers as little as possible, was having a major effect on their ability to give the best to their family's children. The minority, who received a reasonable allowance commensurate with that given to foster carers were markedly better off (see Chapter 6).

There seems to be a real dilemma as to whether kinship carers should be treated as other families with children in need or whether they should have some defined status because of taking on a looked after child. Local authorities were clearly asking for guidance on how to effect reasonable financial arrangements. The view of this authority represents others who were grappling with the issues:

A key issue is the need to establish systems to ensure that relative and friends care is resourced appropriately and that carers in this position and children living with them are not disadvantaged because of their status. There is an increased need to encourage and effectively support these placements because of the known advantages of maintaining children and young people in their own families and communities as opposed to them being accommodated elsewhere. Consideration needs to be given, at a national level, as to what strategies could be put in place to promote these placements and provide them with relevant supports (financial and otherwise) without the necessity of social work intervention beyond the point it is required. Notwithstanding this, support services should be accessible on an equal basis to other children who need to be 'looked after' away from home.

The dilemma poses the following questions:

1. Should kinship carers be paid a basic standardised allowance which is commensurate with the basic fostering allowance?
2. How and when should section 50 (Children Act 1975) payments be used in kinship care?
3. When should section 22 (Children (Scotland) Act 1995) payments be used?
4. Should the UK benefits system be allowed to include kinship carers as carers irrespective of whether or not the child is looked after?

The main points

- **supporting kinship carers financially is a major issue for local authorities**
- **there is considerable variation in the rates kinship carers are paid**
- **kinship carers are often paid a lower rate than foster carers**
- **there were two contrasting approaches to finance: one based on the status of the carer and the other on the status of the child**
- **benefits legislation is unhelpful for new kinship carers**
- **several different budgets are used to provide financial support for kinship carers**
- **many authorities operate a customised system of financial support**
- **there is need for some standardisation of financial support for kinship care placements**

10 Implications for policy and practice

The accumulated wisdom of centuries of social history tells us that children and young people are most likely to be well cared for in the kinship groups to which they were born.... It is the family networks we were born to that are most likely to offer us committed life-long relationships, a sense of belonging and identity, help and assistance in the face of adversity and the love and nurture that we need (Ryburn 1998).

This study has provided a fascinating snapshot of kinship care from the perspectives of 30 kinship children and their carers in five local authorities. It has also given an account of policies, provision and delivery of social work services for looked after kinship care children across the 32 local authorities. This chapter explores the implications for policy and practice.

Looking after children in kinship care

The issues surrounding the development of a model for supporting kinship care are challenging and complex but, given the steady increase in numbers of children who are growing up for short or longer periods in kinship care, they are issues that will not go away. The complexity comes from the fact that kinship placements are, in themselves, diverse, ranging from respite care to permanent placements. They can be supported within a range of equally diverse legal options, all of which are influential in determining how kinship carers are financially supported.

It is beyond the scope of this study to examine in detail the arrangements for the large numbers of children who live in informal arrangements with their kin and have no contact with social work services. This study has explored the issues confronting children, their carers and social work services where the state has intervened because of its concerns about the children. These concerns have led to the children becoming formally looked after by the local authority, which has taken responsibility for ensuring children are protected and attention is paid to their welfare. Giving a child a 'looked after' status is a serious step to

take in relation to any child and family because it questions the capacity of the child's parents to look after the child to a standard which is acceptable to the state. Equally, if the state intervenes in this way, it too has a responsibility to ensure that the child is safeguarded and placed in an environment which it considers acceptable. It also has a responsibility to address any problems which led to the child being looked after in the first place.

The findings from this study suggest that kinship care has an important role to play in the range of services for looked after children. It is unique in allowing children to be safeguarded away from their parents but still remain within their own families, thus ensuring continuity with the past and, in most cases, retaining connections with parents, siblings and other members of the family. It is precisely because kinship is unique in keeping children within their families but under the watchful eye of social work services, that the service needs a distinctive model of organisation and delivery.

The need for a new category of 'looked after in kinship care'

Kinship care is unique. It is not foster care. At the same time it is more than family support. Children looked after by local authorities in kinship care need the same safeguards as any other looked after child but their carers will need a model of support which recognises the child, parents and kinship carers as part of a family system with its own strengths, networks and needs.

Given the muddle the study uncovered about where to locate kinship care in the continuum of social work services for children and families, there is a strong case for redefining kinship care as a separate category of looked after children. This would not preclude children entering kinship care through different legal routes but it would ensure that recognition is given to the fact that the state is delegating the care of a kinship child back to its family because it has sufficient confidence in that family's ability to safeguard and promote the development and welfare of the child. This would be a major step forward in recognising the commitment of kinship carers to the child they have taken into their care.

Creating a new category of *looked after in kinship care* would lead to a common definition which could be used consistently across Scotland. A definition could be as follows:

A child being looked after in kinship care is defined as a child being cared for by a close friend or relative where a legal order has been made, including a residence order, or where the child has been accommodated.

This definition recognises that responsibility for the parenting of a child is shared between the state and the child's kin (defined broadly to include friends of the family in some cases).

With the establishment of a new category, it would be possible to offer regulations and guidance for the assessment and support of all children who come under the definition, irrespective of the route by which they have become kinship children. This would not preclude a child being placed with friends or extended family through other legal routes where this is deemed to be necessary and in the child's best interests.

A new category would recognise that there are differences between kinship carers and stranger foster carers. Kinship care is a unique form of care where private and public domains meet. For this reason, kinship care needs to be seen as similar but different from both family support and foster care, with its own set of regulations and guidance. Children in kinship care will need the same safeguards as foster children but their carers will need a model of support that acknowledges children, parents and kinship carers as part of a family system with its own strengths, networks and needs.

Unlike most foster carers, kinship carers have not been assessed and trained to take up a quasi-professional role as agent of the social work department. Kinship carers take on the role of parenting in relation to specific children to help out their kin. They are strongly motivated to keep children out of stranger care and, in many cases, equally motivated by moral obligation and filial ties to support the parents of the child by the tangible act of caring for their children. In both types of care, the child is the centre of concern but in kinship care, parents will also be a source of concern for the family.

A new category of *looked after in kinship care* would recognise that the main motivation of kinship carers is a commitment to the individual child, based on a large degree of *familial obligation* to that child, even if they do not have parental responsibilities. As McRae (2006) suggests, providing formal recognition would be in line with other aspects of Scottish family and child welfare law. Under the Family Law (Scotland) Act 1985, section 1 (1) (d) a person, other than a foster carer, may acquire an obligation to financially maintain a child if they accept the child into their family. Such relatives come into the category of ‘*any person over 16 who has charge or control over a child under 16 years of age is required to do what is reasonable in the circumstances to safeguard and promote a child’s health, development and welfare*’. This duty implies that a person with charge and control but without parental responsibilities has a right to act in such a way as to fulfil that responsibility. Such a person, for example a grandparent, may be a ‘relevant person’ for the purposes of children’s hearings and other legal proceedings. What this means in practice is that, where a relative or any other person is providing substantial care and support to the child, he or she is both required and entitled to be fully informed and participate in legal decision-making processes about the need for compulsory measures of supervision and what form these might take (see McRae 2006).

There would seem to be scope to build on existing family law and give kinship carers the status and recognition that their familial obligation deserves, at the same time recognising the contribution they are making to keeping the children from more intrusive interventions within the context of child welfare law. It would also give a mandate for social work services, specifically, to help kinship carers carry out their familial obligations to the best of their ability.

Improving social work support for kinship care

The findings of the study suggest that there are two areas where improvements could be made for children looked after by the local authority in kinship care and their families. These are:

- looking at a more consistent way of financially supporting kinship families
- developing a model of social work support appropriate for kinship care

Improving the financial support has two strands. The first is taking steps to improve the UK benefits system. The second and most immediate step that can be taken is to ensure there is a fair and equitable financial support for all children looked after in kinship care in Scotland, using the current powers available to local authorities.

Improving the UK benefits system

Many commentators have suggested that there is a case for improving the UK benefits system for kinship carers. In the study, carers reported considerable difficulties and delays in transfers of child benefit books. Social work departments in the survey also drew attention to this issue and resented having to adopt a role, however briefly, of becoming a benefits agency.

Some research commentators go further and recommend a separation of the links between financial support and social supervision and support of families. This would create a new system whereby kinship carers would be supported through a carer's allowance or credit, payable through the tax or benefit system. Such a system has been advocated by UK researchers such as Broad (2001) and Richards (2001) on the grounds that it would give recognition to carers. We suggest that the merits of paying kinship carers of looked after children in Scotland an allowance through the tax and benefits system should be explored.

A basic fostering allowance for kinship children

As Chapter 9 showed, local authorities across Scotland support kinship care placements in different ways. The findings of the study suggest that local authorities should adopt a common system of paying an allowance to carers on behalf of the child. In our view this should be at the same level as the fostering allowance for children accommodated in foster care.

The basic fostering allowance paid to foster carers is given to cover the cost of bringing up a child. It is not a payment to foster carers for their expertise and services. It seems iniquitous that one group of looked after children (where being looked after away from home is the only alternative) may be given financial support at a level deemed to be just enough to cover basic expenses of clothing, food and other material outlays required to

promote the welfare of the child. By contrast, another group of looked after children away from home, who have the same basic day-to-day needs, are given less. However, the duty to safeguard and promote the welfare applies to both these groups of looked after children (section 17 Children (Scotland) Act 1995).

Such an allowance would not preclude local authorities from accommodating children in kinship care, and assessing and approving their carers as foster carers, if they felt this was the best way to safeguard and promote the welfare of an individual child.

The arguments for paying a standardised basic fostering allowance to kinship carers on behalf of the kinship child derive from two perspectives:

- the status of the child
- the status of the carer

Both perspectives are relevant to the development of any model for financially supporting kinship care.

Some local authorities in the study had reached the position we now propose by focusing firmly on arguments related to the status of the child. It was argued that there should be equity of basic allowances between children looked after in kinship care and foster children because both have the status of looked after children.

In seeking to bring the child in kinship care under the supervisory and protective eye of the local authority, a clear statement has been made about the child's welfare. The decision has been made that this child requires more than family support services as a child in need under section 22 of the Children (Scotland) Act 1995. In most cases, children have been made the subject of a supervision requirement with residence with their kin. To take the step whereby children have to live away from home is a serious step. It recognises the need to safeguard the welfare of the child.

Perhaps one of the strongest arguments for a standardised fostering allowance rests on the relationship between the duty of a local authority to promote children's welfare and the research on factors influencing outcomes for children. Fein and Maluccio, for example, who tracked outcomes for a range of children in foster and kinship placements found that

'higher carer incomes were associated with better child outcomes across the placement groups' (see Hunt 2001, p. 33). Scottish studies on children growing up in poverty have also stressed the impact this can have on health and educational attainment (see, for example, Hill and Iwaniec 2001). An Australian study which looked at the impact of increasing financial support on kinship care children found that the children were more contented knowing they were less of a financial burden to their carers (Freedman and Stark 1996, quoted in Hunt 2001, p.50).

Looking at the outcome of kinship care also provides part of the rationale for including the status of the carers in any debate about financially supporting looked after kinship children. As suggested in Chapter 5, the main motivation for kinship carers in the study was commitment to the individual child, a strong desire to keep children out of stranger care and an obligation to the parents of the child. In the case where the carers were relatives, there was a large degree of *familial* obligation. In the case of friends care, the driver was *personal* obligation out of respect for the wishes of the parent.

Unlike foster carers, who have chosen the role of looking after other people's children, kinship carers generally find themselves unexpectedly in their role through a humane response to a crisis. Often 'it is not a role they have chosen but is one they have accepted' (Hunt 2001, p. 72). On the other hand, in taking on the care of children, kinship carers have made a moral choice when faced with the alternative of children being accommodated by the state.

The logic of this argument is that 'familial obligation' is different from parental responsibility. Relatives who do not have parental responsibility but who take on the care of children out of familial obligation should be entitled to 'special recognition' (Hunt 2001, p. 46). As shown earlier, this was a view strongly articulated by kinship carers in the study. Kinship carers are taking on care which would otherwise have to be provided by the state. They therefore deserve symbolic recognition for the moral choice they have made.

An argument against recognising this moral choice in relation to supporting the child financially is the one cited earlier in USA literature that, if an allowance is paid to the carers on behalf of the child in kinship care, this will be a perverse incentive for the child not to return home. Certainly, there was no evidence of this in the study. Hunt (2001) asks us to

reflect upon the question of how many foster carers would take a child if they were not paid at least enough to cover their expenses.

There is a deeper moral issue about paying kinship carers, which has its roots in Scottish social history. The children in kinship care are often the children of families living in poverty sometimes, it could be argued, of parents' own making caused by their substance misuse. Parents are not behaving as responsible citizens towards their children, which is why the state has to intervene. In the days of the Poor Laws prior to 1948, such families would have been seen as less eligible for help because of their behaviour and to be people who deserved to be socially excluded from any parish support.

The shift after 1948 to a child-centred approach to supporting children in voluntary or compulsory care dismantled this system but the legacy of the 'undeserving poor' sometimes lingers on. Certainly, one or two of the grandparent kinship carers in the study felt they were being penalised for the sins of their offspring. Such an attitude denies giving symbolic recognition to the sacrifice and dedication of kinship carers of looked after children and subjecting them to 'a policy of penalty' (Hunt 2001 p. 54). As Hunt points out, surely it is morally wrong to justify a policy of paying lower rates to kinship carers which keep the children in poverty, on the grounds that 'if they were living with their parents, they would be living in poverty anyway' (Hunt 2001, p. 53).

Such an attitude also permeated the debate among the 32 local authorities in relation to the level of payment which kinship carers should receive. The evidence from some authorities that they paid kinship carers less than other carers on the grounds they were 'family' is evidence of this confused view and smacks of the legacy of 'less eligibility' described above. It was an attitude that led children and carers to feel different and socially excluded. Some children in the study were bullied because, as kinship children, they were 'different'.

Difference can be defined in many ways. In contemporary society, conformity in fashion is often an issue for young people. Gill (2001) found in his research that children were deeply affected by not looking the same as their peers. In the kinship care study, some of the children and their carers saw themselves as different because their carers could not afford to dress the children in similar clothes to their peers. The kinship carers in the study also struggled hard to ensure children were not deprived of school trips or proper school

uniform. Some carers in this study felt they were constantly fighting to minimise that visible signs of difference.

Their struggle resonates with the attitude of poor law inspectors in Scotland in the 19th century, who fought and won the battle to ensure boarded out children did not wear poorhouse clothes so that they could become indistinguishable from children in the communities in which they lived (Aldgate 1977). That one group of looked after children in 21st-century Scotland might be exposed again to discrimination because of the status of their clothing is not justifiable. As McRae (2006) points out, the principle of ‘minimum intervention’ does not mean the principle of ‘minimal’ support.

Improving arrangements for children looked after in kinship care

The evidence from this study leads to the recommendation that a national framework for organising and supporting kinship care should be created. This includes the following:

1. A national definition of kinship care, as outlined on p. 146:

A child being looked after in kinship care is defined as a child being cared for by a close friend or relative where a legal order has been made, including a residence order, or where the child has been accommodated.

2. There should be a separate category of children looked after in kinship care that recognises the unique characteristics of kinship care.
3. We believe that there is a need for an urgent review of the benefits system across the UK, which will include kinship carers as a category of carers.
4. Summing up the case for a basic fostering allowance: we argue that children looked after in kinship care have the same status as other children looked after away from home. In these circumstances, kinship carers should be paid a basic allowance equal to the basic fostering allowance, in recognition of the child’s status. This payment also symbolically acknowledges the positive choice kinship carers have made to keep children within the family.

Implications of the study's findings for an appropriate social work service for kinship children and families

The second way in which kinship care for looked after children can be improved is through providing appropriate social work services for both children and their families. Much can be learnt about appropriate services for kinship care from the views of children and families in the study. In particular, there are implications for:

- assessment
- care planning
- direct social work services

A consistent, family-owned approach to assessment of kinship care

The findings from the survey, along with the comments made by individual social workers, suggest that there is a need for a radical rethink of the assessment and decision-making process in kinship care. Current practice tends to equate assessment (for all except kinship children who are also foster children) with a risk assessment approach linked to child protection concerns at the expense of any collaborative information gathering and decision-making between children, families and social workers. There are however, signs of change. Some local authorities said they had begun to experiment with family-owned approaches and were working with some enthusiasm, sometimes in partnership with voluntary agencies, to develop these further.

Kinship care, therefore, needs a model of assessment and support which builds on the strength of the kinship system and empowers individual family members to share the responsibility for safeguarding and promoting the welfare of children. This does not mean that families can sidestep important issues such as safety and basic care of children. Nor does it mean that social workers have to make judgements about these matters alone. It not only entails social workers putting the issues about which the state needs to be reassured to each family member but also asking them to find the solutions and identify the help they need. In other words, the role of the social worker becomes that of ally with families, accountable for children's safety but not having to be responsible for this alone. The carers share that responsibility because they are kin. The social worker's role is still

concerned with how and when the best occurs for children. The means by which the best is brought about is owned and delivered by the family with appropriate support and services from the state.

Fundamental to such a system is that children are given every opportunity to express their feelings and wishes about the decisions being made about where they are to live, contact with their parents and any issues that will affect their day-to-day lives. There was mixed evidence from the study about consulting children. Where children were consulted by professionals, this was valued by children, families and professionals.

There is a strong case for adopting an approach to consultation and decision-making that shifts from an individual, investigative model which focuses on *identifying problems* to one in which children, families and social workers jointly identify *issues to be resolved*. Such a model:

- identifies the kinship child as part of the system. The strengths of the whole family system can be harnessed to support the child
- gives children the opportunity to share their wishes with the family, as well as to social workers, as part of the assessment
- allows the views of the children's parents to be taken into account by the family as to how relationships can be maintained and managed by the family
- helps children, parents and carers to set their own goals and identify the help they need to reach those goals. Care plans will therefore be more likely to be jointly owned by families, child and social worker

Taking forward a network approach to assessment

Excellent examples of how to develop a model of assessment in kinship care, which is inclusive of families, can be found in Greef (1999), especially reference to the work by Portengen and van der Neut in the Netherlands, as well as the creative application of the unique, fifth province model of assessing networks developed by O'Brien in the Republic of Ireland (O'Brien 2000). Additionally, the work of Crumbley and Lake (1997) is useful in its inclusion of therapeutic factors which need to be taken into account. Within the Scottish

context, the Association of Directors of Social Work and The Fostering Network have indicated the elements they see as important in assessment of kinship carers (Association of Directors of Social Work and The Fostering Network 2003).

As Chapter 3 showed, there was evidence from the study that kinship carers are often capable of organising themselves and their families. The family allocate roles to each other in order to provide safe and positive care for children. Children's positive relationships with their cousins, aunts and uncles in the household and other key adults in their lives point to the value of an approach which draws on the family network.

Given that it is often difficult to avoid an emergency placement, it may be helpful to build on the current requirements by seeing the information gathering in two stages:

- **Stage 1** Carrying out assessment in partnership with the child, parents and family to address immediate issues concerned with safeguarding and well-being such as those in Schedule 1 (see Scottish Office, Social Work Services Group 1997)
- **Stage 2** Undertaking further assessment with the child, parents and family to address issues which emerge as central to the kinship care placement

The issues to be addressed by the family and social worker in kinship care assessment can be identified from the law, theory, research and practice. The contribution of this study is to highlight some of the most important. These are:

- the issue of loss for both adult and child family members
- contact with parents, an issue dear to the hearts of children in the study
- assessing how long children are likely to stay, and to acknowledge this may change over time
- discussing strategies to ensure children are aware of plans and identifying who will take responsibility for communicating these to children
- discussing contingency plans with the rest of the family to support the main carer, in case alternative arrangements need to be made at any point

Satterfield (2000) argues that workers need to become culturally competent, respecting and working with the family in that context. Taking trouble to understand and accept the family's perspective is a necessary investment by the worker to secure a successful outcome. The worker needs to win the trust of the family. As Satterfield suggests, 'When the family is part of the decision-making process, they tend to buy into the plan because they have been part of the process' (Satterfield 2000, p. 4).

It would be helpful if family-led decision-making methods such as family group conferencing became a standard part of decision-making for kinship placements. Research within Scotland on the use of family group conferencing in other settings indicates that it can be a powerful tool in empowering child and family-led decision-making (Hamilton 2004).

Developing effective care planning in partnership with children and families

Although social work departments reported that children in kinship care all had care plans, there was little evidence that these plans were used effectively. A major finding from the study was that a third of the children were uncertain about what the plan was for their future while two thirds had not been consulted about plans for them or about any decisions that had been made. Where children had the opportunity to air their views – for example, to a children's hearing – this was valued greatly. These findings raise questions about the support given to children to manage the experience of kinship care. They suggest the need for a sensitive, professional response to help children understand their situation and manage the present and future complexities of being in kinship care.

A major recommendation for practice from the study is that both children and carers should be involved in discussions which lead to transparent, clear plans for children. These will need to be reviewed from time to time, and in line with any legal requirements, but children in kinship care should know why they have come to the placement and what is going to happen to them. Given the significance of contact with parents for children in the study, plans should include arrangements for contact and the management of any problems in relation to contact.

Overwhelmingly, in the study, children wanted to see more of their parents. Whether this was appropriate was difficult to judge. What does emerge from the findings is the need for discussion and clarification with children of arrangements for contact with parents, taking into account children's views.

Conversely, care plans are just as relevant for carers. One of the major issues for carers was their fear that a social worker or children's hearing would demand that children left their care, or that children's parents would wish them to return at very short notice. There was a lack of clarity about what carers might expect from parents, which sometimes left them anxious. Carers were generally left to manage contact arrangements without the support of social workers. Though they did this well for the most part, it could have been potentially difficult for grandparents to manage the behaviour of their own adult children without support. The study, therefore, supports the use of clear planning for contact, agreed through family group conferencing, which involves all family members, including children's parents, and which is implemented with the support of social workers.

Planning for long-term stability and permanence

The majority of children in the study had been in their placements for several years. While the children in this study do not represent all children looked after in kinship care, those who remain with their carers long-term are a group who need stability. The findings from the study point strongly to the need for local authorities to address the issue of how children may acquire a feeling of permanency in long-term kinship care placements. While any planning for permanency has to be on a case by case basis, the study suggests that it may be inappropriate for many long-term kinship care children to be adopted by their carers because of the continuing strong links with their parents.

The Scottish Executive's review of adoption policy grappled with issues on how to create permanency when full adoption is not possible or desirable (Adoption policy review group 2005). The proposed introduction of permanency orders for some children (Adoption and Children (Scotland) Bill) could be very appropriate for those in kinship care.

Relevant to this issue is the fact that, generally, it would seem inappropriate for children to be looked after for a long period of time simply on the grounds that this is the only way to continue to support them financially.

The situation in the study was that a minority of local authorities had grasped the issue of trying to move children out of the looked after system whilst retaining a stable placement for them. This was achieved by supporting carers financially and practically to acquire a section 11 parental responsibility order. Some local authorities used budgets from section 50 of the 1975 Children Act to continue to support families.

In other cases, the section 70 supervision requirement was retained, inappropriately, because it was the only way an authority thought they could maintain the placement. Increasingly, in these circumstances, children and carers found the annual visit to the children's hearing a source of anxiety.

The findings suggest that local authorities need to address permanence within kinship care in four main areas:

1. We urge local authorities to be more robust in their long-term planning for looked after kinship care children. Plans for children's return to their parents were vague. It was difficult to tell whether these were realistic. There needs to be more systematic long-term planning. This planning will include contingency plans if carers are unable to continue to care for children. This was a huge burden for carers which, generally, they carried alone, although some had engaged in informal discussions with their families.
2. The second issue is the need to address how appropriate it is for children to retain their looked after status for many years. The retention, over several years, of supervision orders for children who cannot return to their parents but who are doing well in their kinship care placements, simply on the grounds of financial support, needs to be urgently reviewed.

3. Thirdly, there is an issue of how best to support families to make the transition to permanence without penalising them financially. This will apply to circumstances where it is agreed by all that it is in the child's best interests to remain with kinship carers. The findings strongly point towards local authorities addressing this issue within the flexibility of the law by supporting families to gain a section 11 parental responsibility order.
4. Where it is agreed by all that such an order is the action of first choice, and it is in the interests of the child to continue financial support, local authorities should use section 50 orders to provide continuing support in order to create a permanent placement within the family.

The provision of effective social work support

Apart from the absence of long-term planning, children's experiences of social work in the study suggest that many children are being helped appropriately by social workers to manage living in kinship care. Children value this help, especially when it is child-centred and gives them the opportunity to express their views and concerns. The study reveals social workers have several key roles to play in relation to children:

- Children in the study saw social workers as people who helped them sort out any problems in relation to their parents, their carers and, where appropriate, school. The role of the social worker is pivotal in acting as a professional who can assess and understand the whole child and who organises and facilitates support and services from others to promote children's welfare, as well as providing direct social work support.
- There is a place for working directly with children in a more specialist way and offering them a social work service that helps them come to terms with the legacies of the past. Social workers are trained to see direct work as an appropriate part of their work with children but many feel they do not have sufficient time to put these skills into practice, a view endorsed by the Scottish Executive's social work review team (Social work review team 2005).
- In addition, children valued the use of specialist groups for children who had experienced loss and changes in their lives. These groups, run by voluntary agencies provided a valuable service, not only to the kinship care children who attended them but also to other children whose parents had died or separated.

The need for other services from health and education which address different aspects of children's lives

A minority of children were carrying serious emotional legacies which continued to affect their lives. Although some were receiving intensive mental health services, there was a noticeable shortage of such services in different parts of the country. There is an urgent need to address the issue of expanding provision of mental health services for seriously troubled children and young people.

The majority of children in the study were attending school and the majority were doing well, given the legacies of their earlier experiences. Some of the kinship care children were experiencing problems at school. These were related to children's ability to concentrate, their behaviour and the behaviour of others towards them. The study shows the significance of the part guidance teachers play within schools, the need for interdisciplinary services between education and social work, and the importance of good liaison between carers and schools. Where children were having problems at school, the study shows the importance of attending to children's lives at school and putting in appropriate interdisciplinary help.

Social workers supporting kinship carers and parents

Carers value social work support that is not intrusive but which can be responsive to their needs. There is a diversity of need for social work support among kinship carers and the findings suggest that a one-size-fits-all approach to social work support is inappropriate. Some families did not need help. Others needed an intensive casework service from time to time. The best examples in this study indicate there is a place for social workers who can use their knowledge and skills to work directly and effectively with children and families at any point when they are in need. Social workers can also facilitate respite care, and access to other services, such as support groups.

A major issue for some families was that they had little information from social work departments about services that might be on offer. There needs to be a kinship care support framework in each local authority, which allows social workers to offer a transparent, coherent and consistent model of support in partnership with families, and

which is responsive to their needs at any one time. A post dedicated to the organisation and provision of kinship care for looked after children could be helpful.

Carers greatly valued the support of informal groups of others in similar situations. This is a cost effective way of supporting and empowering kinship carers. There is a strong case for developing a national support network for kinship carers. Support groups for kinship carers need to be developed across the country, wherever possible, as a way of supporting kinship placements.

Although detailed examination of the services to children's parents was outwith the scope of the study, it was clear that parents were receiving ongoing help from social work, from specialist services – such as addiction services – and from the health services. The management of relationships with children's parents was an important issue for children and families. The study showed there is a need for social workers and other professionals to work in parallel with children's parents in recognition of the important place parents hold in children's lives.

The need for a framework to support the kinship carers' understanding of, and transition to, their role

Part of the support framework needs to address the issue of preparing carers for their role. The findings show that kinship carers and social workers do not generally feel that training on a par with that offered to foster carers is appropriate. At least one local authority had invited kinship carers to join foster care training but this, generally, had not been successful. Nevertheless, the issues which children bring to their placements are similar to those which face children accommodated in foster care. They call for understanding and skills. The findings suggest there is a need to develop a framework in which kinship carers can be better prepared for their role. Any support needs to be offered in partnership with families, allowing them to take a major role in defining their needs.

Strengthening knowledge about kinship care in social work training

If services to children in kinship care, and their families, are to improve and be effective, it is important that kinship care is seen as an area of social work practice in its own right. The study points to the need to place kinship care on the agenda of social work training at the qualifying and post qualifying levels. There is an urgent need to revisit the development of skills in direct work with children. Social workers also need to develop skills in networking, mediation and groupwork and a model of practice that plays to families' strengths and works in partnership with them. There should also be teaching about methods which recognise and promote families' strengths.

Conclusion

This study has shown that kinship care has an important part to play in social work services for looked after children in Scotland. It can be a placement of choice for many children, ensuing they are safe, nurtured and retain strong connections with their roots. The carers in the study showed how children can blossom with positive care and adults who will champion their cause. The findings challenge social work services to support children in kinship care, along with their carers, so that being looked after by the extended family provides the opportunities and experiences which will help children have a fulfilled childhood to equip them for a positive and successful life in adulthood.

Appendix 1 – Methodology

The methodology used in the study is described below.

The survey

A postal questionnaire was sent to all 32 local authorities. The questionnaire also provided the opportunity for local authorities to give their opinions on how they organised and provided kinship care. The advantages of this methodology was that it was possible to gain information on the rationale, priorities and tensions that underpinned the provision of kinship care. In this respect it gives a fascinating insight into why and how kinship care is organised. What the study cannot do is provide accurate survey data on all aspects of the organisation and delivery of kinship care. It does, however, provide a foundation for understanding the kinship care service in Scotland and identifying issues that need to be taken forward.

The intensive study

The sample of 30 children was drawn from five local authorities chosen to represent different geographical areas and different ways of organising and delivering kinship care. The sample was selected in collaboration with the local authorities. The social work department identified children who had been in placements for more than six months and who were over the age of eight. The identity of children was not revealed to the research team at this point to preserve children's anonymity. The research team selected a purposive sample of children, taking into account a range of ages, gender, ethnicity and legal status. Because of the size of the sample, caution has to be exercised in any generalisations in relation to the whole population of children looked after in kinship care in Scotland. However, because the sample was confined to children who were in long-term kinship care across five local authorities, conclusions can be drawn for this group of children. The study

can report on the experiences of 30 children in similar long-term placements across Scotland. The qualitative nature of the study allows for issues and trends to be identified.

Once children had been selected, the research team asked local authorities to distribute a letter of invitation to participate, and leaflets explaining the study, to both carers and children. The researchers tailored the leaflets to take into account children's ages. Consequently, there was a leaflet for children under twelve and one for children aged twelve and over. These leaflets informed children and families about the study, assured them about independence from social work services and confidentiality, and sought their participation. If families indicated to social workers that they were willing to participate, the social workers sent the names and addresses of the families to the research team who then made arrangements to visit children and families in their own homes.

Interviews with children were conducted by personnel from two voluntary organisations with considerable experience of working with children and young people. They organised and undertook interviews with children on our behalf. The children's carers were interviewed by the research team. Social workers or their managers were interviewed over the phone.

Informed consent

Carers of children under 12 were asked to give consent for the children and themselves to participate in the study. In line with the Children (Scotland) Act 1995 Chapter 6 it was assumed that children over 12 would give their own consent.

6.-(1) A person shall, in reaching any major decision which involves –

- a. his fulfilling a parental responsibility or the responsibility mentioned in section 5 (1) of this Act; or
- b. his exercising a parental right or giving consent by virtue of that section, have regard so far as practicable to the views (if he wishes to express them) of the child concerned, taking account of the child's age and maturity, and to those of any other person who has parental responsibilities or parental rights in relation to the child (and wishes to express those views); and without prejudice to the generality of this subsection a child twelve years of age or more shall be presumed to be of sufficient age and maturity to form a view.

Carers and children were given the opportunity to opt out of the study at the initial point of contact. The research team were aware that children might agree to be involved not knowing to what they were agreeing. Throughout the whole procedure special recognition was given to ensuring children were comfortable and agreed to take part in the study. To do this the research team employed the Barnardo's ethical protocol (Barnardo's). This included ensuring that children could opt out at the beginning of the interview and at any point throughout. Red cards were given to the children so that they had control over what questions they answered. The interview schedules were child focused and used friendly props such as charts with smiley faces to rate attitudinal data and stickers and drawing pens.

Carers gave verbal permission for the research team to approach the social workers.

Research instruments

The research instruments for children included:

1. Interview schedules.

These covered:

- children's understanding of the placement
- children's well-being
- educational progress and views on school
- contact with birth family
- experience and understanding of social workers
- advantages and disadvantages of being in kinship care

2. **Ecomaps** We gave children ecomaps which were adapted from the work of Brannen and Heptinstall (see Heptinstall et al. 2001; Brannen 2001). These were designed to map the people children thought were significant to them. This map was divided into four sections: households, relatives, friends and others. Children were asked to complete the map themselves, writing the names of people in the relevant domains who were important to them. Because of time constraints, children were not asked to rank the importance of individuals as suggested by Heptinstall et al. (2001). The ecomap was used to give a broad overview of children's connections with their families, peers, parents and others significant to them.

3. **Goodman's Strengths and Difficulties Questionnaire** These scales are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents – the Rutter A+ B scales for parents and teachers. Although similar to Rutter's, the Strengths and Difficulties Questionnaire's wording was re-framed to focus on a child's emotional and behavioural strengths as well as difficulties. The actual questionnaire incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems and peer problems (see Department of Health, Cox and Bentovim 2000).
4. **Activities Questionnaire** This was devised by the research team drawing on the work of Ben-Arieh (2000). This work stresses how children's daily activities, including their leisure activities, contribute to the quality of their lives.

The research instruments for carers included:

1. **Interview schedule**

This covered:

- household structure
- the nature of the placement
- accommodation
- employment
- finance
- support from social work
- contact with the child's birth family
- health
- child's health
- child's education
- advantages and disadvantages of the placement

2. **Parenting Daily Hassles Questionnaire** This scale aims to assess the frequency and intensity/impact of 20 potential parenting ‘daily hassles’ experienced by adults caring for children. It has been used in a wide variety of research studies concerned with children and families – particularly families and young children. It has been found that parents (or caregivers) generally like filling it out, because it touches on many aspects of being a parent that are important to them (see Department of Health, Cox and Bentovim 2000).
3. **Life Events Questionnaire** This scale focuses on recent life events (i.e those occurring in the last 12 months) but could be used for a longer time scale. It is intended to assist in the compilation of a social history. Respondents are asked to identify which of the events still affects them. It is intended that use of the scale will:
 - result in a fuller picture of the family’s history and contribute to greater contextual understanding of the family’s current situation
 - help practitioners explore how particular recent life events have affected the carer and the family
 - in some situations, identify life events which family members have reported earlier(See Department of Health, Cox and Bentovim 2000).

The telephone interview for social workers was based on a very brief interview schedule, which aimed to confirm children’s length of stay in the placement and their legal status. It also canvassed the opinions of social workers on the pros and cons of kinship care and its organisation.

Remuneration children and carers

To acknowledge the contribution of children to the study each child was given a voucher to spend. Carers were given small tokens of appreciation in the form of confectionery.

Analysis of data

Quantitative data from all research instruments was analysed by using an Excel programme. Qualitative data from the interview schedules was analysed using qualitative methods such as those suggested by Aldgate and Bradley (1999). The quantitative created a basis on which to test the relative qualitative comments. Using both qualitative and quantitative data provided a richer and more reliable basis from which to develop the findings.

The survey and the study make no apology for a strong emphasis on the perspectives of children and their families. As users of services, children and their kinship families 'have much to contribute to the refining and development of services from the observations of the fit between agency activity and the meeting of their needs' (Aldgate and Bradley 1999 p. 37).

In the study, where quotes are used, the study names of all those interviewed have been changed to preserve their anonymity.

Appendix 2 – Bibliography

Adoption Policy Review Group (2005) *Report of Phase Two Secure and Safe Homes for Our Most Vulnerable Children Scottish Executive Proposals for Action: A Consultation Paper*, June 2005, Scottish Executive

Ainsworth, F. & Maluccio, A. N. (1998) 'Kinship Care: False Dawn or New Hope?' *Australian Social Work*, 51, pp 3-8

Aldgate, J. (1977) 'Factors Influencing Children's Length of Stay in Care', *Ph.D.thesis* University of Edinburgh

Aldgate, J. (1980) 'Factors Influencing Children's Length of Stay in Care', in Triseliotis, J. (Ed.) *New Developments in Foster Care and Adoption*, London, Routledge and Kegan Paul

Aldgate, J. (1990) 'Foster children at school: success or failure?' *Adoption and Fostering*, 14, pp 38-49

Aldgate, J. & Bradley, M. (1999) *Supporting Families Through Short Term Fostering*, London, The Stationery Office

Aldgate, J., Jones, D.P.H., Rose, W. & Jeffery, C. (2006) (Eds.) *The Developing World of the Child*, London, Jessica Kingsley

Aldgate, J. & Jones, D.P.H. (2006) 'The place of attachment in children's development', in *ibid*

Aldgate, J. & McIntosh, M. (2006) *Time well spent: a study of wellbeing and children's daily activities*, Edinburgh, Social Work Inspection Agency

Altshuler, S. J. (1999) 'Children in Kinship Foster Care Speak Out "We think we're doing fine"', *Child and Adolescent Social Work Journal*, 16

Association Of Directors Of Social Work (ADSW) & The Fostering Network (TFN) (2003) *Family and Friends as Carers, report from the ADSW and TFN Working Group*, Glasgow, ADSW and TFN

Barnard, M. (2003) 'Between a rock and a hard place: the role of relatives in protecting children from the effects of parental drug problems,' *Child and Family Social Work*, 8, pp 291-299

Barnardo's (undated), *Ethical Protocol for Research*, Essex, Barnardo's

Ben-Arieh, A. (2002) 'Evaluating the Outcomes of Programs versus Monitoring Wellbeing A Child Centred Approach', in Vecchiato, T., Maluccio, A. N. & Canali, C.(Eds.) *Evaluating in Child and Family Service*, New York, Aldine de Gruyter

Benedict, M., Zuravin, S. & Stallings, R. (1996) 'Adult functioning of children who lived with kin versus non-relative family foster homes', *Child Welfare*, 75, pp 529-549

Bergerhead, E. (1995) 'Kinship and Network Care in Sweden' in Thelen, H. (Ed.) *Foster Children in a Changing World. Documentation of the 1994 European IFCO conference, Berlin 1994, Arbeitskreis Zur Forderung Von Pflegekinder*

Berrick, J., Barth, R. & Needall, B. (1994) 'A comparison of kinship foster homes and foster family homes: Implications for kinship care as family preservation', *Children and Youth Services Review*, 16, pp 33-63

Berridge, D. (1997) *Foster Care: a research review*, London, The Stationery Office

Berridge, D. & Cleaver, H. (1987) *Foster Home Breakdown*, Oxford, Blackwell

Brannen, J. (2001), *Connecting Children: care and family life*, London, Falmer: Routledge

Broad, B. (2001) *Kinship Care: The Placement Choice for Children and Young People*, Dorset, Russell House Publishing

Broad, B., Hayes, R. & Rushforth, C. (2001) *Kith and Kinship Care for Vulnerable Young People*, London, National Children's Bureau

Butler, I., Scanlon, L., Robinson, M., Douglas, G. & Murch, M. (2003) *Divorcing Children*, London, Jessica Kingsley

- Child Welfare League Of America (1998) Fact Sheet. New York, CWLA
- Cleaver, H. (2000) *Fostering Family Contact*, London, The Stationery Office
- Department Of Health, Cox, A. & Bentovim, A. (2000) 'The Family Pack of Questionnaires and Scales', *Department of Health: Framework for the Assessment of Children in Need and their Families*, London, The Stationery Office
- Dowling, M., Gupta, A. and Aldgate, J. (2006) 'The Developing Child: The Impact of External Circumstances', in Aldgate, J. et al. (2006) op.cit
- Dubowitz, H., Feigleman, S., Harrington, D., Starr, T., Zuravin, S. & Sawyer, R. (1994) 'Children in kinship care: How do they fare?' *Children and Youth Services Review*, 16, pp 85-106
- Dubowitz, H., Feigleman, S. & Zuravin, S. (1993) 'A Profile of Kinship Care', *Child Welfare*, 122, pp 153-169
- Everett, J. (1995) 'Relative foster care: An emerging trend in foster care placement policy and practice', *Smith College Studies in Social Work*, 63, pp 239-254
- Flynn, R. (2000) Kinship Foster Care. *Highlight No. 179*, London, National Children's Bureau
- Fonagy, P., Steele, P., Steele, M., Higgitt, A. & Target, M. (1994) 'The Theory and Practice of Resilience', *Journal of Child Psychology and Psychiatry*, 35, pp 231-257
- Gilligan, R. (1998) 'The Importance of Schools and Teachers in Child Welfare', *Child and Family Social Work*, 3, pp 13-25
- Greef, R. (Ed.) (1999) *Fostering Kinship: An International Perspective on Kinship Foster Care*, Aldershot, Ashgate
- Hamilton, A. (2004) *Rewarding the Family*, Edinburgh, Children First
- Harden, A. W. (1997) *Formal and Informal Kinship Care*, Washington D.C., US Department for Health and Human Services
- Harwin, J., Owen, M., R, L. & Forrester, D. (2003) *Making Care Orders Work: A Study of Care Plans and their Implementation*, London, The Stationery Office

- Hegar, R. & Scannapieco, M. (1995) 'From family duty to family policy: The evolution of kinship care', *Child Welfare*, 75, pp 200-216
- Heptinstall, E., Bhopal, K. & Brannen, J. (2001) 'Adjusting to a Foster Family', *Adoption and Fostering*, 25, pp 6-16
- Hunt, J. (2001) *Friends and Family Care – A scoping paper for the Department of Health*, London, The Stationery Office
- Hunt, J. & Macleod, A. (1999) *The Best-Laid Plans: Outcomes of judicial Decisions in Child Protection Cases*, London, The Stationery Office
- Jack, G. & Gill, O. (2003) *The Missing Side of the Triangle: Assessing the Importance of Family and Environmental Factors in the Lives of Children*, Barkingside, Barnardo's
- Jackson, S. & Thomas, N. (1999) *What works in creating stability for looked after children*, Barkingside, Barnardo's
- Jackson, S. M. (1996) 'The kinship triad: a service delivery model', *Child Welfare*, 75, p 583
- Laws, S. (2001) 'Looking after Children within the extended family', in Broad, B. (Ed.) op.cit
- Lernihan, U. (2003) 'Kinship Foster Care – Equal but Different Challenges for Policy and Practice', *Ph.D.* Queen's University Belfast
- Mcfadden, E. J. (1998) Kinship Care in the United States, *Adoption and Fostering*, 22, pp 7-15
- Macinnes, A.I. (1996) *Clanship, Commerce and the House of Stuart, 1603-1788*, East Linton, Tuckwell Press
- McRae, J. (2006) *Children looked after by local authorities: the legal framework*, Edinburgh, Social Work Inspection Agency
- Maluccio, A. N., Abramczyk, L. A. & Tomlinson, A. (1986) 'Reunification of Children in Foster Home Care: Research Perspectives', *Youth Services Review*, 18, pp 287-305

- Millham, S., Bullock, R., Hosie, K. & Haak, K. (1986) *Lost in Care*, Avebury, Ashgate.
- O'Brien, V. (1999) Evolving Networks in Relative Care, in Greef, R. (Ed.) *op.cit.*
- O'Brien, V. (2000) 'Relative Care: A different type of foster care: implications for practice', in Kelly, G. & Gilligan, R. (Eds.) *Issues in Foster Care: Policy Practice and Research*. London, Jessica Kingsley
- O'Brien, V. (2001) 'Family Fostering: Children's Experiences of Care with Relatives', in Cleary, A., Phadraig, M. & Quin, S. (Eds.) *Understanding Children, Vol. 2: Changing Experiences and Family Forms*, Cork, Oak Tree Press
- Owusu-Bempah, K. (2006) 'Socio-Genealogical Connectedness: Knowledge and Identity'. in Aldgate, J. et al. (2006) *op.cit*
- Pecora, P. J., Whittaker, J. K., Malluccio, A. N., Barth, R. P. & Plotnick, R. D. (2000) *The Child Welfare Challenge Policy, Practice, and Research*, New York, Aldine De Gruyter
- Pitcher, D. (2002) 'Placement with Grandparents: The Issues for Grandparents Who Care for Their Grandchildren', *Adoption and Fostering*, 26, pp 6-14
- Richards, A. (2001) *Second Time Around: A Survey of Grandparents Raising Their Grandchildren*, London, Family Rights Group
- Rowe, J., Cain, H., Hundleby, M. & Keane, A. (1984) *Long Term Foster Care*, London, Batsford
- Satterfield, M. (2000) *Assessment and Kinship Care: Making the Best Decisions for Children*, Michigan, School of Social Work, Michigan State University
- Scottish Executive (2003) *Improving Health in Scotland – The Challenge*, Edinburgh, Scottish Executive
- Scottish Executive (2004) *Statistics Publication Notice – Health and Social Care Series: Children's Social Work Statistics, 2003-4*, children@scotland.gsi.gov.uk

- Scottish Executive (2005) *Statistics Publication Notice – Health and Social Care Series: Children’s Social Work Statistics, 2004-5*, children@scotland.gsi.gov.uk
- Scottish Office, Social Work Services Group (1997) *Children Looked After by Local Authorities. Scotland’s Children: Children (Scotland) Act 1995, Regulations and Guidance*, volume 2
- Skinner, A. & McCoy, K. (2000) ‘The Legal and Policy Context for Children’s Services in Scotland and Northern Ireland’, in Ilwaniac, D. & Hill, M. (Eds.) *Child Welfare, Policy and Practice: Lessons Emerging from Current Research*, London, Jessica Kingsley
- Smith, A., Gollop, M., Taylor, N. & Atwood, N. (1999) *Children in Kinship and Foster Care. Research Report*, Dunedin Children’s Issues Centre. New Zealand, University of Otaga
- Social Work Review Team, (2005) *21st Century Social Work Review – interim report*, April 2005, Edinburgh, Scottish Executive
- Stein, M. & Carey, K. (1986) *Leaving Care*, Oxford, Basil Blackwell
- Tan, S. (2000) *Friends and Relative Care: the neglected carers*, PQ Award dissertation Brunel University
- Tapsfield, R. (2003) ‘Promoting Kinship Care as a Placement Option – The Implications’, *Conference presentation*
- The Hadley Centre For Adoption And Foster Care Studies (undated) *Kinship Care – Research Summary*, Bristol, University of Bristol
- Thoburn, J. (2002) *Adoption and Permanence for Children who Cannot Live Safely with Parents or Relatives – Quality Protects Briefing*, London, Department of Health/Research in Practice/Making Research Count
- Triseliotis, J. (1989) ‘Foster Care Outcomes: A Review of Key Research Findings’, *Adoption and Fostering*, 13, pp 5-17
- US Department For Health And Human Services (2000) *Report to the Congress on Kinship Foster Care*, Washington DC, US Department for Health and Human Services

Looking after the family: a study of children looked after in kinship care in Scotland

This study was commissioned by the Social Work Services Inspectorate, now the Social Work Inspection Agency. It is published as one of several supporting documents for a wider review of services and outcomes for looked after children in Scotland, the main report of which is entitled *Extraordinary Lives*.

The last five years has seen a significant rise in the number of children looked after by local authorities in Scotland who are placed with close friends or family. This study aims to provide a fuller picture of how local authorities across the country are supporting kinship care placements, and to increase our understanding of the particular benefits which such placements can bring.

The key messages of this study are that being looked after in kinship care is the most appropriate and helpful arrangement for some children who are unable to live with their parents. Kinship care placements can provide stability, a sense of belonging and identity, and the chance to maintain meaningful relationships with important family members. Currently, the level and nature of the support provided for kinship care placements varies across the country. If we are to achieve good outcomes for all of our looked after children, we must make sure that children are enabled to grow up within their extended families, where this is appropriate, and that kinship care placements are adequately, and consistently, supported.

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Publication - Independent report. Looking after the family: a study of children looked after in kinship care in Scotland. Published: 14 Sep 2006. DirectorateÂ This chapter contributes to that debate by offering insights from the 30 children in the study about living in kinship care. It explores several areas: becoming a kinship child. learning to live in kinship care - the differences from home. children's networks and connections. perceptions of school. how children spend their leisure time. children's sense of well-being. children's understanding of kinship care. The literature extolling the positives of kinship care suggests that it provides the context for the development of resilience (see, for example, Greef 1999; Mcfadden 1999)