

Jean Stogdon
Founder/Chair Grandparents Plus

Presentation to Community Care Children & Families Live

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‘Is all fair in kinship care?’

I am grateful that community care continues to include me in these discussions.

95% of voices in the media are under fifty – so it is a real privilege to be invited at my advanced age to be given a voice. Some of you may say ‘quite right too’ as so much about kinship care involves grandparents, mostly grandmothers and of the 14 million of us half are over 65. Many of course are great grandparents.

My credentials – so to have some credibility with you – is that I have forty years experience of mostly front line social work in children and families, I am still registered with the General Social Work Council. My family, 3 sons, 2 daughters in law and my self tot up 150 years of public service and I have been a grandmother for 28 years.

Even though my identity is with you as social workers I have been listening to kinship carers’ views for over ten years now.

After meeting the great Michael Young in 1997 who had been involved in kinship care in the 50’s and 60’s, we founded Grandparents Plus. His seminal book, ‘Families and Kinship in East London’ (1957) showed how families helped each other before the Welfare State. We wondered if such interdependence was still there or could ever return if it wasn’t. Now with the shortage of affordable child care and a growing older population, reciprocity is back with us. There is an old Ghanaian proverb which states, ‘if your elders take care of you while cutting your teeth, you must in turn take care of them while they are losing theirs’.

Amongst the broader population involved with their grandchildren there were grandparents substantially involved with their grandchildren and some raising them full time. In 1999 I went to the US on a Winston Churchill Fellowship. They were ten years ahead of us in kinship care development. I brought that knowledge back to this country. Interestingly the authorities in New York had been dragged into responding to kinship care in the 1980’s by black and minority ethnic grandmothers during the crack cocaine epidemic. Their message had been ‘we look after our own in these situations.’ As there was a shortage of foster carers in New York at that time the authorities decided to work collaboratively with this group and it developed from there. We are also short of foster carers.

Now that I've told you a bit about myself and how I came to found Grandparents Plus can you bear with me for a few moments to find out who is in the room and a bit about your attitudes:

- Any grandparents or step grandparents born before 1948?
- Any grandparents or step grandparents born after 1948?
- Are there any grandparents or other relatives here who are full time carers for their grandchildren or children in their family who are not their own?
- For those of you who are grandparent carers you'll know about what I am going to say.
- Chat to the person next to you for a minute or two and decide who you would choose if your own child or a child in your family network had to be looked after if their parent couldn't.

(The audience were asked to raise their hands in response)

Of course all is not fair in kinship care!!!

How could it be when our system was conceived and devised for the recruitment of strangers to care for non related children.

Considering Section 23(6) 1989 Children Act said we must look to the child's extended family **first**, why has it taken so long to develop a discrete policy and practice framework for kinship care?????

You will know that this work is very complex. Otherwise it may have happened sooner. You and other practitioners are used to working with decision making models informed by us as professionals. One of my first requests would be for Family Group Conferences to be mandatory. I was recently on the Family Commission which has called for all families to have a legal entitlement to an FGC if concerns are raised that children are at risk. FRG has led on this campaign for years and we hear that the new minister, Tim Loughton is also enthusiastic about their use. I think that is the first tool for collaborative working. But there is far more.....

A discrete kinship care service would help the extended family rival state care. It would become the dominant family support service to strengthen the extended family network to make them as pro-active as state systems. State systems on the other hand should only be used in the absence of kinship care alternatives. A discrete kinship care service will need its own body of knowledge and evidence base with a distinct policy and service framework that delivers more appropriate assessment and practice as well as support arrangements specifically tailored to kinship care. The use of systemic interventions to help kin families would be integral to the practice framework for kinship care. Social Work training would change radically.

A pre-requisite to all of this would be to challenge ageism and develop a greater understanding of intergenerational issues.

Another matter I feel very strongly about is splitting up sibling groups which happens all too often in our present system of care. The Care Leavers Association claim that 75% of siblings are split up in the care system – another complex area. I am reminded of the stories of children sent to Australia and other countries by Barnados – interviews with people in their 70's and 80's who were still crying about being split from their siblings on arrival many years before. A friend of mine, a Children's Guardian asked a child in foster care to name the most important people in her life. She named the postal worker who brought letters from her siblings. Other research shows that people search for their siblings more than their birth parents – may be because they will possibly have forty years of life with them. A developed kinship service with resources may do better.

Why all is not fair in kinship care is easy:

- It is not fair for children, carers or indeed professionals

- **Children** tend to see growing up with relatives as more natural, more akin to living with parents. Their identity and positive self image are generally well supported in kin placements. Kinship care can also provide the best cultural placement for children. Except where there is serious abuse it is never a good thing for a child to experience people being cut out of their lives.

- **Carers** – as we speak a national association of kinship carers is being formed. They want to speak up for **themselves**. They want recognition by society that it is now absolutely dependent on kinship care for the safe nurturing of many hundreds of thousands of children. They want specialised support for themselves and for the children they care for – many of whom would be in state care if they hadn't stepped in. The list of their needs is lengthy – too long to recite here. But there are two important features:
 1. It may be more difficult for grandparents to seek support and
 2. Most importantly the support must be defined by them – 'If it doesn't feel like support it isn't'. Support is as good as it feels, support offered with good intentions by the giver is not supportive if the receiver finds it unhelpful. Social work can feel intrusive if you think you are being watched or like a reliable lifeline if it is built on trust.

We all know that families know more about their family than any professional can possibly know so it is vital that professionals integrate this in to their decision making for the child. Families must be heard, valued and respected. Existing services tend to discriminate against kinship placements and kin carers are often treated as second class carers.

- **Professionals:** Grandparents Plus has facilitated an open meeting since 2003 of professionals working with kinship care. It is free and open to all and meets quarterly in Islington Town Hall. We have speakers but what social workers find most helpful is hearing about what other authorities do – all of them acknowledge that it is a post code lottery, different allowances, different panels, different philosophies. It appears to me that not only the children and the carers struggle and suffer by the present system but workers also perceive that all is not fair in kinship care. **It is like fitting a square peg into a round hole.**