Growing Up in Kinship Care

Experiences as Adolescents and Outcomes in Young Adulthood

Executive Summary

Sarah Wellard, Sarah Meakings, Elaine Farmer and Joan Hunt

Grandparents Plus 2017
Foreword

Grandparents Plus has long been at the forefront of fighting for better support for kinship carers, so that they can provide the best homes possible for children. Over the last 16 years, we’ve gathered a huge amount of knowledge on the subject, especially on what it is to be a kinship carer and the many challenges they face. As the first research in the UK focussed on the unique experience and outcomes of young people who’ve grown up in kinship care, this report is the missing piece of the puzzle, and shines a light on a group of young people that has been too invisible to policy makers and service providers especially.

We’re immensely grateful to the young people and kinship carers who shared their experiences with us, to the Paul Hamlyn Foundation for supporting the study and the authors of this report – Sarah Wellard, Sarah Meakings, Elaine Farmer and Joan Hunt – for the huge amount of effort that’s gone into it. Thanks also go to the local authority teams who worked with us to find participants and to everyone who gave their time and expertise in commenting on various drafts of the report.

Grandparents Plus is committed to transforming kinship care. The findings will influence our work as a charity, and we hope they will stimulate a step change in the understanding of and support for children in kinship care and their carers.

Lucy Peake
Chief Executive, Grandparents Plus
Whilst there is a considerable literature on the difficulties faced by young people leaving local authority care, much less is known about how children who have been brought up in kinship care get on as they reach their late teens and early adulthood. Do they do better or worse than care leavers and how do they compare with young people in the general population? Answers to these questions are important since kinship care (where children are brought up by members of their extended family or friends) is the most common form of permanence for those who cannot live with their parents.

This is the first study in the UK to address these issues and was funded by the Paul Hamlyn Foundation and undertaken by Grandparents Plus. It examined the experiences and outcomes of young adults (aged 16-26) who had lived, or continued to live, in kinship care and compared these with the progress of care leavers and their peers in the general population. Since there have been concerns about the young age at which care leavers move to independent living, the study also considered the young people’s experience of transition to independence, or whether they remained living with kinship carers into early adulthood.

The research was based on a sample of young people known to three local authority Children’s Services departments (42% of the sample) or to Grandparents Plus, through their support network or other support groups (52%) or the Relative Experience project (6%). As in many kinship care studies, the sample over-represents grandparent carers and under-represents sibling carers and young people from ethnic minorities. Since it was difficult to recruit young people who were not in touch with their carers, it is likely to be biased in favour of more successful kinship care arrangements.

The 53 young people who were interviewed were aged 16-26 and had lived in kinship care for at least two years: 26 were male and 27 female. In addition, 43 kinship carers were interviewed, of whom 38 had brought up one or more of the young people we interviewed. (In 10 kinship families two siblings were interviewed). Standardised measures were used to determine the young people’s psychosocial functioning (the General Health Questionnaire or GHQ) and the parenting they felt they had received from their kinship carers (the Parental Bonding Instrument or PBI).

1 The Relative Experience kinship care support programme is delivered by Grandparents Plus and Family Lives in 12 local authority areas in north east England and 6 local authorities in London.

Key findings

1. The young people and their kinship carers

Most of the young people had experienced similar multiple major adversities to those who are in the care system, and would have been in unrelated care if their relative had not stepped in. Two thirds (66%) of the children had been abused and/or neglected when with their parents and 61% had moved to kinship care because of this. Other reasons for entering kinship care included parental misuse of drugs and/or alcohol (68%), domestic violence (37%), parental mental illness (26%) and the death of a parent (26%). Some children had lived in neglectful and/or abusive situations for a considerable time before leaving their parents’ homes.

Over a third of the young people (36%) were under five when they joined the kinship family, (including almost a quarter who were under 12 months), whilst (28%) were aged 12 or more when they moved. One in five of the young people had some kind of disability, which is comparable to rates of disability amongst looked after children.

Whilst 68% of the young people moved directly from their parents into kinship care, 42% had experienced more instability, having previously lived with this or another relative or been in local authority care. A few young people had moved back and forth between their kinship carers and parents, experiencing instability and sometimes a conflict of loyalties. Most young people (88%) had lived with their carer under a formal legal arrangement, mostly Residence Orders2 and some Special Guardianship Orders3. A quarter had been in kinship foster care, so they had looked after status and were eligible to receive leaving care services. More than two thirds of the kinship carers were grandparents, one in five were aunts and uncles, whilst five young people had been brought up by older siblings or friends. Four fifths went to maternal relatives and a third (32%) of the kinship carers were caring alone. As teenagers, half were living with carers who were aged 60 or more.

2. Continuity, stability and closeness

Continuity

Kinship care provided continuity to young people, most of whom already had established relationships with the kinship carers and had been supported by them whilst living with their parents. Two-thirds of the carers had initiated the move, most saw their prior relationship with the child as very close and many young people (63%) had wanted to live with the kinship carer. These prior bonds are likely to have considerably reduced the disruption of the move into kinship care and contributed to the stability of the arrangement.

In addition, over two-thirds of the young people (68%) went into kinship care with at least one sibling and sometimes others joined them later. Most young people had close relationships with these siblings, often strengthened by having shared difficult times and being able to talk to them about experiences they would not discuss with friends.

As teenagers, all but one young person had contact with other members of their extended family and many greatly appreciated being part

2 Now Child Arrangements Orders

3 Special Guardianship was implemented in December 2005 and would not have been an option when many of these Residence Orders were made. It is probable that a similar sample now would include considerably more young people on Special Guardianship Orders.

1 The Relative Experience kinship care support programme is delivered by Grandparents Plus and Family Lives in 12 local authority areas in north east England and 6 local authorities in London.

2 Now Child Arrangements Orders

3 Special Guardianship was implemented in December 2005 and would not have been an option when many of these Residence Orders were made. It is probable that a similar sample now would include considerably more young people on Special Guardianship Orders.
However, a minority (20.5%) had received ‘optimal parenting’ according to the PBI and of young people received ‘optimal parenting’ according to the PBI.

Placement stability

The kinship placements in the study had generally provided stability, with almost three quarters (72%) of the young people aged 18 or more having lived continuously in the kinship home until they reached independence. Such placement stability is in contrast to the experiences of many looked after children.

The closeness of relationships with carers

Most (84%) of the young people said that, as teenagers, their kinship carer (70%) or their carer’s partner (14%) was the person (or one of the people) they were closest to, and most of the others named an older sibling, aunt or uncle who had shared the home. Also, 73% of the young people said that, as teenagers, they felt closest with a sibling where contact was only occasional.

Separation from siblings

Siblings were very important to the young people in the study and three quarters had been separated from a sibling at some point. Most had some contact with at least one separated sibling, especially when siblings lived with a parent or relative, but less so when they were in unrelated foster care or had been adopted. However, a fifth (20.5%) had been shown ‘affectionate constraint’.

Some young people felt continuing concern for siblings after separation. If a younger sibling was harmed by their parents or placed for adoption, the young people often felt they should have prevented this happening and felt guilty. At the same time, feelings of rejection could be heightened when a sibling was living with their parents, who they could not trust. These strong feelings sometimes led to difficulties in the kinship home or at school.

Kinship carers were not always aware of the depth of the young people’s feelings about their siblings such as loss, self-blame or feeling rejected. They may need advice about how to help young people talk about these feelings, as well as assistance in maintaining contact with siblings, whenever possible.

Relationships with birth parents

During the teenage years, more than half of the carers had serious concerns about the harmful effects on young people of maternal (64%) or paternal contact (66%). Persistently difficult contact often involved parents who were unreliable at keeping in touch, frequently let young people down or who had lifestyles that exposed young people to inappropriate or risky situations. Parents’ behaviour during contact could vary widely, especially for those with drugs and/or alcohol misuse difficulties.

The young people who had had difficult contact with their mothers had a greater tendency than those whose contact was not considered difficult to have poor mental health as young adults (47% vs. 37%, as evidenced by the GHQ). On the other hand, young people who had not had any contact with their mothers as teenagers (because of death or estrangement) much less often had poor mental health as young adults, than those with maternal contact of any quality (12% vs. 42%). Although the numbers in the study were small, these findings suggest that teenage contact with mothers, especially when difficult, can have a continuing impact on young people into adulthood.

Death of birth parents

Whilst just over a quarter of the young people had gone into kinship care because a parent had died, by the interviews as many as 38% had lost one or both parents, often as the culmination of long-term alcohol and/or drugs misuse.

4. The teenage years

Given the adversities in their backgrounds, it is not surprising that, as teenagers, the young people’s emotional and behavioural wellbeing, concerned their carers. All but four carers had had such worries – often about multiple aspects of the young people’s wellbeing. Many had concerns about the young people’s low self-esteem (66%), anxiety (61%) and anger and aggression (63%). Carers also worried about the young people’s use of drugs (32%) or alcohol (24%). During adolescence just over half (63%) of the young people had truanted, 30% had been excluded at some point and a quarter had missed a lot of school.

More than a third (35%) of the carers said that there had been moderate levels of conflict or major battles with the young people as adolescents (major battles meant conflict that occurred regularly, involving shouting, running off and violence). Often, the young people described having felt very angry as teenagers, with some saying that this was related to feeling ‘different’ to their peers because they were in kinship care. Over a third (38%) had been bullied at school, sometimes because they did not live with their parents or because of their parents’ chaotic lifestyles. Some young people linked feelings of anger or sadness to experiencing divided loyalties between their parents and carers, others to carers imposing age-appropriate boundaries about times for coming home and acceptable behaviour which the young people had not experienced in the parental home.
“I was worried about my mum, I still used to feel like I had to look after her. I was worried... what she’d think of me, that she didn’t like me.”

In contrast, a fifth of the young people had needed to grow up very quickly and missed out on typical teenage experiences since they carried considerable day to day responsibility for caring for their younger siblings.

5. Staying put or moving out

Twenty-nine (55%) of the young people in the study were still living with their carer at the time of the interview and they generally felt confident that they could remain in the kinship home as long as they wished to. This is very different from the historical situation of many care leavers who, before measures were introduced to extend their placements, had often left care between the ages of 16 and 18. It is clear that kinship care often provides for extended transitions from home, as is the common experience of young people in the community.

Two thirds of the young people who had left the kinship family to live independently had done so for positive reasons, for example, to live with a partner, or to go to university. Most had felt ready to do so at the time, although with hindsight some (35%) now saw the move as premature. However, a third (8) of the young people had moved following conflict with the carers (6 of these had been under the age of 18 at the time). These young people had left because they were dissatisfied or their carer had told them to go, usually because of their challenging or violent behaviour.

The carers generally provided emotional, financial and practical support during the young people’s transition to independence and afterwards. Most carers were still actively involved in the young people’s lives and many of the young people relied on them, with all but two having a consistent close relationship with their carer by the time of the interview. A few young people had also had support from other relatives when they moved out. These findings are in contrast to the situation of care leavers who may lack support from their families and who in the past have often lost contact with their previous carers.

How the young people who had moved out were faring

Nearly half (45%, 24) of the young people had moved out of the kinship home by the time of the interviews, 12 of whom had been under 18 at the time, representing 23% of the whole sample. Some who had moved out had close relationships with partners, family members and friends and were involved in further/higher education or were in employment. However, as a group, the young people who had left the kinship home gave cause for concern. More than two thirds reported feeling prone to anxiety and depression, nearly half (48%) of those who completed the GHQ had scores suggestive of psychological distress, one in four reported their physical health to be less than ‘good’ and over half (54%) had offended. In addition, two fifths (42%) of the young people who had moved out were not in education, employment or training (NEET) at the time of the interview, three of whom were bringing up children full-time. These findings are broadly in line with research which shows that young people with more complex needs tend to be among those who move on early from foster care (Munro et al 2011 and 2012), meaning that ‘those who are least able and prepared to leave care successfully tend to be the ones to do so first’ (Wade 2014, p. 244).

It appeared that the continuing support of the kinship carers could not counteract the difficulties these young people faced. It is therefore very important that when young people do leave kinship care, especially at a young age, they are able to access help from advice, employment and counselling services.
to reduce the risk of them becoming NEET and, when needed, to support them in developing independent living skills.

6. Comparison of outcomes with young people in the general population and in other types of care

Their outcomes were generally better than for young people in non-kinship care

Scores on the GHQ showed that the kinship young people had similar levels of probable mental health disorders (22%) as care leavers (25%). There was also little difference in the proportion of those with learning difficulties (60% vs. 68% of looked after children) or who became teenage mothers (26% vs. 22% of care leavers).

However, in terms of physical health, educational achievement, whether they were NEET and offending, the outcomes for the young people were better than for those in local authority non-kinship care. At school, 37% of the young people in this study achieved the national target of at least five grades A to C at GCSE (including English and Maths) compared to only 12% of those in the care system. Sixteen per cent of those aged 18 and above had gone to university, compared to 6% of care leavers.

Not surprisingly, the young people with special educational needs were much less likely than others to have done well in their GCSEs. Nonetheless, most (88%) went on to Further Education and spoke very positively of their carers’ active support with their education.

KINSHIP care also nurtured educational aspirations: 40% of those aged at least 18 had either been to university or said they intended to go.

At interview, 28% of the young people were NEET, which is substantially fewer than the 41% reported for 19 year old care leavers. The proportion who had committed offences in the 12 months before the interview (9%) was also much lower than for care leavers (36%).

Their outcomes were not as good as in the general population

Although, as a group the young people were generally doing better than those in non-kinship care, they were not doing as well as their peers in the general population. A higher proportion (44% vs 20%) reported being prone to anxiety or depression and the proportion achieving the national target at GCSE was lower (37% vs 59%). They were also less likely to have gone to university (6% compared to a third) and more likely to be NEET (28% vs 15%). Teenage motherhood, which is associated with negative outcomes for some young people, was also considerably more common (26% compared to 8%).

These differences are not surprising, given the adversities and maltreatment the young people had experienced before they entered kinship care. Particular attention needs to be given to young people who have poor outcomes in multiple areas of their lives: a third had not achieved any GCSE passes at level C or above, 96% had GHQ scores suggestive of psychological distress, 28% were NEET, more than a third (36%) had offended and 17% reported heavy drinking or extensive use of illicit drugs. Clearly, these young people - and their carers - need more help.

4 It is possible that our sample underestimates the rate of mental health problems among young people in kinship care, since several did not participate in the study for this reason.

7. Risk and protective factors

Psychological well-being

Most of the 16 young people with raised GHQ scores were struggling in many areas of their lives. Four had experienced a deterioration in their mental health following the death of a parent. Several were unhappy with their living arrangements, especially those in hostels. Although six were managing to hold down jobs, engage in higher education and cope with independent living, low mood or anxiety were part of their lives.

Educational Progress

Young people with poorer educational outcomes (i.e. who had not achieved any GCSE passes at Grade C or above or any passes at all) had more often had difficulties with learning, had missed much more school (42% vs. 19%) than others and had more often been excluded (60% vs. 27%).

Teenage pregnancy or the death of a parent or other close relative had also negatively affected school progress for some.

Factors relating to these outcomes

Moves prior to kinship care and not living there continuously were both strongly related to poorer mental health on the GHQ and poor educational progress. In contrast, young people who had moved to their kinship carers before the age of one had much better mental health and educational outcomes than others. In addition, leaving kinship care before the age of 18 was strongly related to poor educational outcomes and becoming NEET.

Lack of closeness to carers, not being able to confide in the people they felt closest to and rating the carers’ parenting unfavourably were also related to poorer mental health. Slightly more young people with poor mental health had experienced difficult contact with their mother as teenagers.

NEET (Not in education, training or employment)

Poorer mental health, low educational attainment and leaving kinship care at an early age were strongly linked to young people becoming NEET. These young people much more often had GHQ scores indicative of psychological difficulties (54% compared to 28%) and had been slightly older at entry to kinship care (mean 8.3 years compared to 6.3). Half of those who had left kinship care before the age of 18 were NEET, compared to 17% of those who still lived in the kinship home. Only one young person who was NEET (of the 14 where data were available) had achieved five passes at A* to C (including English and Maths). Four had recently offended and four of the six young women in this group became pregnant in their teens.

Overall outcomes

When the young people’s outcomes were considered across the key domains of educational achievement at 16, psychological well-being, offending, substance use, NEET status and teenage parenthood, 52% had had entirely (18%) or mostly good (34%) overall outcomes. However, 48% had outcomes that were mixed (34%) or predominantly poor (14%).

It appears then that experiences both prior to going into kinship care and whilst there make an important contribution to young people’s outcomes. The actions of local authority Children’s Services before children enter kinship care were mixed.
care are crucial if children are not to be exposed to adverse circumstances for lengthy periods before they leave their parents and are to avoid delays in being placed in kinship care.

8. Support and services

Kinship carers often took on the children’s care at a point of crisis and had not been prepared for this seismic shift in their lives and the multiple challenges which followed. Hence both the young people and their carers were likely to need assistance at the outset, during the teenage years and, for some, during and after the transition to independence. However, while some young people and carers felt supported, many did not.

The carers’ support for the young people

Most kinship carers had actively supported the young people’s education. They helped with and ensured homework was completed, paid for private tuition, advocated for assistance within the school or sought to tackle poor school attendance or bullying. Occasionally they described themselves as having to ‘fight’ for better educational support or to get a diagnosis of the young person’s difficulties. Most of the carers stood by the young people through of the young person’s difficulties. Most of the young people and their carers were likely to need assistance at the outset, during the teenage years and, for some, during and after the transition to independence. However, while some young people and carers felt supported, many did not.

The carers’ support for the young people

Most kinship carers had actively supported the young people’s education. They helped with and ensured homework was completed, paid for private tuition, advocated for assistance within the school or sought to tackle poor school attendance or bullying. Occasionally they described themselves as having to ‘fight’ for better educational support or to get a diagnosis of the young person’s difficulties. Most of the carers stood by the young people through of the young person’s difficulties. Most of the young people and their carers were likely to need assistance at the outset, during the teenage years and, for some, during and after the transition to independence. However, while some young people and carers felt supported, many did not.

Professional support for the young people

More than half (56%) of the young people said that, as teenagers, they had received help usually from a therapist, counsellor or social worker. Some had valued this but a third thought that the assistance had been insufficient or not timely enough. Some had not been ready or willing to engage. More than two thirds of the 15 young people with high GHQ scores had, at some point, been offered professional support. However, only three said that this had been useful.

Most of the carers did not think that the interventions provided had been helpful. Several carers had felt very frustrated by the lack of therapeutic intervention available to support young people whose lives they saw as being blighted by their difficult early life experiences and some had tried time and again to get the assessment or support they thought the young people needed.

Several young people had particularly valued the support shown by teachers who had gone out of their way to help them. However, others had found that teachers were unaware of their needs arising from not living with their birth parents. The young people were generally positive about their experience of social work support, with nearly two thirds (62%) saying it had helped them, although some had found frequent changes of social worker difficult.

A few of the young people who had received support from Children’s Services as part of a leaving care package had received good support, but others were less positive. However, six of the 15 young people who had looked after status when they turned 18 said that they had not received any help. All but one of these six young people were currently NEET. This raises questions about how local authorities interpret their responsibilities to young people who are in kinship foster care, particularly during the transition to independence.

Overall, the high rates of young people not engaging with CAMHS or other support at the time it was offered, or finding it unhelpful, indicates the importance of flexibility in terms of timing and choice of provider so that young people can access help at a time and in the form that is right for them, including in adulthood. The consequences of failure to provide support and treatment for this vulnerable group are likely to be poor psychological, social and economic outcomes for young people.

Support for carers

Whilst there were rewards in providing kinship care there were also negative impacts such as loss of freedom and disruption of life plans, loss of employment, financial constraints, emotional strain; coping with challenging teenagers, and the considerable impact on wider family relationships, social life and friendships.

Children’s Services were involved with most (84%) of the families at the time the move was made but in spite of this, 60% of the carers said that they had not been well supported at the outset. Far more (two thirds) of the carers who made but in spite of this, 60% of the carers said that they had not been well supported at the outset. Far more (two thirds) of the carers who were taking children who were looked after said that Children’s Services had been helpful, as compared to those with children without looked after status (21%). Those who had not found Children’s Services helpful spoke of long delays before help was forthcoming and being pressured to take out a private law order.

Over a quarter (26%) of the carers mentioned help from professionals such as GPs, Health Visitors and teachers and a third (34%) spoke of help from support groups and voluntary organisations. However, the help that was most widely used (58%) was from other family members or friends. Those who had access to such informal support were much more likely than others to feel that overall they were well supported at the time of the move. Only just over a quarter of the carers (26%) said that they had received all the support they needed, whilst over two-thirds identified unmet needs.

9. The young people’s and kinship carers’ views about their needs

Young people made a range of suggestions about how young people in kinship care could be better supported. They wanted more awareness of their unique position; services attuned to their needs; the opportunity to meet with their peers; greater continuity of social workers who communicated honestly with them and better support for the transition into independent living.

The carers emphasised the need for equality of treatment with young people in local authority non-kinship care. While financial support was undoubtedly very important, carers also identified the need for emotional support; information and advice about available services; help in managing and coping with children’s difficult behaviour and assistance with parental stress; coping with challenging teenagers, and the considerable impact on wider family relationships, social life and friendships.

The carers emphasised the need for equality of treatment with young people in local authority non-kinship care. While financial support was undoubtedly very important, carers also identified the need for emotional support; information and advice about available services; help in managing and coping with children’s difficult behaviour and assistance with parental stress; coping with challenging teenagers, and the considerable impact on wider family relationships, social life and friendships.
Conclusions

This study provides new knowledge about the progress of young people who grow up in kinship care and, for the first time in the UK, how they fare as young adults. It confirms the findings of previous research about the value of this form of care.

Most young people rated the care they had received favourably. Just over half (52%) had entirely or predominantly good overall outcomes. Across a range of domains for which comparisons were available, outcomes were in the main considerably better than for those in non-kinship local authority care. Kinship care also typically offered young people security and on-going support; many were still living in the kinship home and were confident that they could stay there for as long as they wanted, whilst those who had moved out were usually still supported by the kinship carers and often also by their wider family.

Despite these positive findings, however, there are grounds for concern. This is first, because, as would be expected given their prior experiences, outcomes were not as good as for young people in the general population, indicating that, without additional help, the life chances of those brought up in kinship care are likely to be poorer. Secondly, almost half (48%) of the young people were still struggling with multiple aspects of their lives, including education, psychological well-being, use of substances, offending behaviour and access to the labour market, leaving a worrying proportion not in education, training or employment (NEET).

Looked at overall, the young people doing least well often had a history of previous moves and poor educational experiences. Some, as teenagers, had not had a close and confiding relationship with their kinship carers.

The outcomes for young people who had left the kinship home under the age of 18 were a particular cause for concern. It also appears that teenage contact with mothers, especially when difficult, can have a continuing impact on young people into adulthood.

Whilst many of these kinship arrangements were made some time ago and the use of Special Guardianship Orders and the support attached to them has increased, at the same time more recent changes in the welfare system have eroded the finances of many carers (Gautier et al. 2016). At present there continues to be a lottery as to which young people and kinship carers receive financial help and other support. The findings point to an urgent need for increased multi-agency support for some of the most vulnerable children and young people whilst they grow up in kinship care and in their transition to independence and beyond, particularly those with mental health or educational difficulties and those who leave the kinship home under the age of 18. It is clear that more help is needed for some kinship carers, especially those without extended family support, and that they have particular needs in relation to accessing services for young people, managing their behaviour and dealing with contact with parents.

The recommendations that follow consider some of the implications for policy and practice that arise from this study.

Recommendations

1. **Kinship care should have the same status as other routes to permanence.**

   Children and young people in kinship care experience very similar disadvantages to those who are looked after in the care system but they do not receive equivalent support. Whilst their outcomes are better than for other children in care, they are considerably worse than for young people in the general population. Without additional help, the life chances of some of these young people will remain compromised.

   1. **Permanent kinship care** should have the same status as other permanence arrangements, where it is now recognised, for example, that adopted children are likely to continue to need support (including therapeutic help) as they grow up, as their needs change and especially in adolescence.

   2. Irrespective of their legal status or the local authority’s involvement in the original arrangement, children in kinship care should be entitled to request an assessment of their support needs from the local authority at any time. The local authority should then be required to carry out a thorough assessment of their support needs and set out how these are to be met, by whom, over what time period and the plan reviewed regularly.

   3. Help for young people living in kinship care should include access to assistance in their transition to independence when it is needed, as is provided for all looked after children. This is particularly important for vulnerable ‘early leavers’ (see later).

2. **There needs to be a greater awareness of the situation of young people in kinship care.**

   Education, health, social care and family justice professionals need to be more aware of the needs and experiences of young people in kinship care. Young people’s needs will only be better met if key professionals in a range of agencies, including in the voluntary sector, work together to provide an integrated response to the challenges they face.

   6 There is also current concern that kinship care households have not been exempted from welfare reforms such as the benefit cap, the two child limit on child tax credit and the under occupancy penalty.

   7 Children being raised by family and friends carers for more than 28 days (where there is court, local authority or professional evidence that they cannot live with their parents).
1. Kinship care is the main route to permanence for children who cannot live with their parents. Policy developments on permanence should therefore always include kinship care as a key permanence option, since it provides high levels of stability and enduring support into young adulthood.

2. Ofsted should explicitly include family and friends care in their inspections and ensure that they inspect across the different legal dispositions.

3. Given the lack of basic data about children in kinship care and their progress, local authorities need to collect information about all the arrangements known to them (not just looked after children in kinship foster care but also those on Special Guardianship Orders and Child Arrangement Orders, including those who were not previously looked after) for publication by central government. It should then be made possible to link this to data collected by schools. This would help to inform the development of national and local policy and the planning of support services for children and young people in kinship care.

4. Local authorities in England should comply with statutory guidance on family and friends care (DfE, 2013), including having in place a local policy that reflects the needs of local children in kinship care and their families.

5. Basic and post-professional training for social workers, teachers, health care professionals, parent educators and those involved in the family justice system, should always include education about the situation and needs of kinship carers and the young people they bring up.

The recommendations which follow are not just for government and local authorities but for voluntary organisations and everyone who works with children and/or kinship carers.

3. Transitions into kinship care

Relatives and friends need access to free, independent legal advice and representation at the outset, in order to make informed decisions. They also need independent support as they become kinship carers, including information about the kinds of challenges they may meet and the services available in the local authority, health, education and voluntary sector to help them. Such preparation is likely to help to forestall later problems.

1. Local authorities should engage wider family members early where a child is at risk, to activate support for the parents and to avoid delay in identifying a potential kinship placement, if the child cannot remain at home. The study found that younger age at entry to kinship care (which usually also means less exposure to harm) was related to better outcomes in young adulthood. In contrast, a complex care history prior to joining the kinship family was related to poorer outcomes.

2. When kinship carers have not initiated the placement or do not already have an established relationship with a child, it is very important that the assessment process is rigorous in considering the ability of the family to meet the child’s needs and also examines how much additional help might be required to make this possible. The study found a link between arrangements made at the request of the local authority and young people being less well parented.

3. Assessments need to address a range of issues that are unique to kinship families, including allowing time for prospective kinship carers to consider and fully understand the children’s support needs and what their own needs would be as a new family; the challenges of managing ongoing family relationships and contact with birth parents and the higher support needs of carers without strong support from their wider family. A realistic assessment of financial and other needs is required so that kinship carers are not pushed into poverty, so reducing their ability to provide optimal care for children.

4. Some (though not all) older young people enter kinship care with a range of difficulties. Plans for support should to be made from the outset and reflect this.

5. A support plan should be put in place for kinship carers, including independent, tailored support from voluntary organisations and peer support. Peer support from other kinship carers arranged by local authorities or voluntary agencies can provide important help at this early stage as well as later. Some voluntary agencies are providing this service (for example the Relative Experience programme) and local authorities in partnership with voluntary agencies should seek to address this need.

6. At the outset kinship carers and young people should be given information about how to access (and re-access) help from Children’s Services whenever they may need to do so without needing to go through the duty team or being made to feel as if they are failing. Newsletters, support groups and named members of staff in kinship or permanence teams would all make this easier.

4. Parental contact and family relationships

The study shows the difficulties that contact with parents can present. The research findings suggest that contact (particularly difficult maternal contact) can be harmful for children and young people and can have a lasting impact during the teenage years and into young adulthood. Although, given the small numbers in the analyses, these findings need to be replicated in a larger study, they do accord with the findings of other studies.

1. When kinship arrangements are first made, realistic contact plans, in the form of a court order or informal agreement, need to be negotiated. These should take account of changing relationships over time and ensure that the child and carer’s voice about contact is heard.

2. From the outset kinship carers need access to training to help them in dealing with contact and responding to children’s feelings about their parents. There is also a need for support for parents to adjust to and accept their new situation.

3. Support for kinship carers in relation to contact should be equivalent to that available for looked after children.

4. Carers need to have someone they can consult when contact becomes difficult or harmful to children, such as a specialist kinship worker or access to independent support or peer-to-peer support. When relationships are difficult, mediation services could also be useful as could a telephone helpline operated by local authority kinship workers for a couple of hours a week.

5. Family justice professionals, social workers and other professionals need access to information about the impact of contact, as well as training to support them in making decisions about contact that will be in the child’s best interests.

5. Contact with brothers and sisters

1. Contact with separated siblings should be considered from the outset, with an emphasis on
Grandparents Plus – Growing Up in Kinship Care 19

Educating young people in kinship care

by relationships with individual teachers and counselling services in schools were also important. Some young people were greatly helped with support for special needs and mentoring or counselling for those with emotional or behavioural difficulties.

Further and higher education

Some young people in kinship care were unable to make the most of school or succeed in exams because of the lasting impact of their previous (and sometimes current) experiences of difficulties within the birth family. Further Education provides an opportunity to retake exams or undertake vocational training.

School

Only 37% of the young people in the study achieved the national target of five GCSE passes at Grade C and above, including English and Maths. As many as three fifths had some difficulties with learning, over half had truanted, almost a third had been excluded at some point, a quarter had missed a lot of school and over a third had been bullied. Some young people were greatly helped by relationships with individual teachers and counselling services in schools were also important.

Education

It is helpful that priority on school admissions, Pupil Premium Plus, the role of the virtual school head and help from a designated teacher to promote educational attainment have been extended from covering looked after children to include previously looked after children (who are subsequently on Special Guardianship Orders or Child Arrangement Orders). Eligibility for priority should be widened to cover all young people in kinship care, since legal status is not related to need. This would help schools to reduce the current level of underachievement and disengagement of young people in kinship care, who may need targeted support for special needs and mentoring or counselling for those with emotional or behavioural difficulties.

Schools need to become more kinship care-aware. For example, policies on bullying need to ensure that all staff are aware that children and young people in kinship care may be targeted.

A practical briefing for kinship carers and young people on their entitlements to additional help at school would be useful.

Further and higher education

Some young people in kinship care were unable to make the most of school or succeed in exams because of the lasting impact of their previous (and sometimes current) experiences of difficulties within the birth family. Further Education provides an opportunity to retake exams or undertake vocational training.

1. It is vital that young people are assisted to take second or even third chances to access Further Education if they are to maximise their potential.

2. All young people in kinship care should be eligible for the 16-19 Bursary Fund for vulnerable students which is currently available for looked after children and care leavers.

3. Given that a fifth of all the young people in the study dropped out of Further Education, providers need to identify early on those with a need for additional support and link them to appropriate support services.

4. Looked after young people can receive assistance with funding to enable them to attend university. The situation is much less straightforward for kinship young people. More advice and help is needed to improve their situation, particularly since it is known that many kinship carers live in poverty (Nandy et al 2011, Wijedasa 2015, Wijedasa in press).

7. Transitions out of kinship care and avoiding young people becoming unemployed or excluded from education or training

The Children and Social Work Act 2017 has extended local authority support to care leavers up to the age of 25 and clarified expectations about the services to be provided.12 This welcome focus on care leavers needs to be extended so that, irrespective of their legal status, the most vulnerable groups of young people in kinship care are identified and given support for the transition into independent living.

1. The young people who moved out of kinship care under the age of 18 (‘early leavers’) often had emotional and behavioural difficulties and were at high risk of having poor outcomes and of ending up not in education, training or employment (NEET). Local authorities need to take steps to identify and help these early leavers. They were not unknown; most had been looked after by the local authority at some point.

2. These young people and their carers should be entitled to request help, equivalent to that provided by Leaving Care teams, irrespective of their legal status. They are likely to require advice, employment and counselling services to reduce the risk of them becoming NEET and some need help to access supported accommodation.

3. Consideration should be given to extending the duty of Children’s Services to provide assistance in the transition to independence to young people in kinship care who leave before the age of 18.

4. Young people’s difficulties need to be identified as early as possible by schools to ensure that multi-agency services are provided to reduce the risk of later poor outcomes. The poor mental health, low educational attainment and poor school attendance of the ‘early leavers’ had generally been evident for a considerable time.

5. Children’s Services need to review how they are interpreting their duty to provide assistance to looked after children in kinship care in their transition to independence. Two fifths of the young people in the study who were entitled to this help received none and most of these young people ended up NEET.

6. Young people who are NEET need access to a person, comparable to Personal Advisers for care leavers, who will provide targeted support to help them to overcome their difficulties and enable them to enter Further Education, training and employment. In some cases they are likely to require intensive support to prevent them becoming permanently detached from the labour market.

7. ADCS should convene a working group to consider how the outcomes of the most vulnerable young people in kinship care can be improved.

8. Supporting young people’s emotional and psychological wellbeing

Intervening early with children and young people with mental health problems has been shown to reduce health costs and to realise larger savings, such as improved educational outcomes and reduced unemployment and crime (CAMHS 2008). The current review of children and young people’s mental health services (COC 2017) shows, however, that services are variable and many young people are unable to access timely and appropriate support.

1. CAMHS teams have to give looked after children priority. Kinship care should be included as

Under the Act local authorities in England must publish information about services which the local authority offers for care leavers in including those relating to health and well-being; relationships; education and training; employment; accommodation and participation in society. Services include the provision of Personal Advisers; assessment of the needs of former relevant children and preparation of a Pathway Plan.

12
2. The high rates of young people not engaging with counselling or other support at the time it was offered, or not finding it helpful, shows the importance of flexibility in terms of timing, choice of provider and venue so that young people can access support at a time and in the form that is right for them, including in adulthood. In order to do so, young people (and their carers) need to have information about the whole range of counselling services on offer.

3. Young people would be likely to benefit from access to a range of support, including via social media and virtual peer support groups. Some would welcome the opportunity to meet other young people growing up in kinship care or to join a local support group. Such opportunities could be facilitated by schools, local authorities and voluntary organisations.

4. More than a third of the young people experienced the death of one or both parents either before they entered kinship care or as they grew up. This is an issue that has not received much attention but had a major detrimental impact on some young people. It is important that these young people and their carers are linked to bereavement services.

5. Some young people need Life Story Work to enable them to make better sense of their lives and move on from their past experiences.

9. **Improving support for kinship carers**

Having adequate finances to care for the young people is a major issue for kinship carers. All kinship carers need to have a financial allowance that is related to their financial circumstances and the needs of the children. This is not the case at present. Carers also need to be able to access support from Children’s Services whenever they require it, which may be some years after the child joins their family. The importance of help with contact was covered earlier. Other needs are noted below.

1. Kinship carers need to be able to access help in managing difficult behaviour during the teenage years when there may be high levels of conflict, anger and aggression, substance abuse, truanting and offending. Training tailored to their needs, such as that offered to local authority foster carers may be appropriate; others might benefit from individual guidance from a professional; while sometimes more specialist input may be necessary.

2. Specialist courses on parenting kinship children have been developed and provided by voluntary organisations13 and these should be extended more widely.

3. Voluntary organisations have a key part to play in providing emotional support to kinship carers through peer support groups, peer-to-peer support (for example by experienced kinship carers)14, helplines, and signposting carers to online forums. Funding needs to be available for peer support and information about these resources should be made widely available, for example in local authority welcome packs for new kinship carers.

4. Support and advice for kinship carers is important, so that they can help young people to cope better with the range of challenges they face. This may include dealing with parents’ continuing failure to meet their needs; parental rejection; conflicts of loyalty; complex feelings associated with parental death and feelings of guilt, self-blame and loss of their siblings.

**The full report is available online at www.grandparentsplus.org.uk.**

---

13 Examples include the Raising Kinship Children programme developed by Grandparents Plus and PAC-UK

14 An example is the Grandparents Plus ‘Someone Like Me’ peer programme which enables experienced kinship carers to provide 1-1 telephone support.

---

References


Care Quality Commission (October 2017) Review of Children and Young People’s Mental Health Services, Phase One report. London, CQC.


Wijedasa, D. (in press) The prevalence and characteristics of children growing up with relatives in the UK (Briefing paper 2): Characteristics of children living with relatives in Wales, University of Bristol.
