



First Contact Clinical

“Nobody was listening”

A peer research project exploring the experiences of kinship carers in Gateshead and South Tyneside and their recommendations to overcome unmet need.

**Policy&Representation
Partnership**



**Conducted by Peer Based Researchers supported
by First Contact Clinical CIC leaders and trainers**

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Contents

1	Executive Summary	5
1.1	Research findings	5
1.1.1	Main findings	5
1.1.2	Recommendations	5
1.2	Peer Based Research (PBR) training	6
1.3	Acknowledgements	6
2	Introduction	6
2.1	Introduction	6
2.2	Background	6
2.3	Summary of literature	8
2.4	Policy and Legal Context	9
2.4.1	Policy in Gateshead	10
2.4.2	Policy in South Tyneside	11
3	Training Programme	11
3.1	Recruitment	11
3.2	Content	11
3.3	Delivery	12
3.4	Learning by PBRs	12
3.5	Learning by trainers	13
4	The research	13
4.1	Sampling	13
4.2	Interviews	14
4.3	Analysis	14
4.4	Findings from research participants (RPs) interviews	14
4.4.1	Becoming a kinship carer creates dramatic life changes and the role involves dealing with a range of difficult and complex situations on a day to day basis.	14
4.4.2	Financial issues and hardship are a major cause of concern for kinship carers	17
4.4.3	The kinship care role impacts upon family relationships and the emotional health of kinship carers themselves	20
4.4.4	There is a lack of support, value and recognition for kinship carers	22

4.4.5	Kinship carers report little support from statutory agencies with some finding support mainly from voluntary agencies or informally via family, neighbours or other kinship carers.....	24
4.4.6	Kinship carers and the children in their care require a whole range of supports.	25
	Focus Group findings.....	26
4.5	Conclusions	28
4.6	Recommendations	29
	Recommendation 1: More public and professional awareness and understanding is required of the role and needs of kinship carers and children.....	29
	Recommendation 2: Training needed for all relevant statutory and third sector organisations.	29
	Recommendation 3: A whole range of financial, practical and emotional supports are needed.....	29
	Recommendation 4: Developing and implementing a multi-agency action plan is essential.	29
4.7	Discussion.....	29
4.7.1	Limitations of the research	29
4.7.2	How many kinship carers are there in the sample area?.....	30
4.7.3	Next steps	30
5	Future PBR.....	31
6	First Contact Clinical – who are we?.....	32
	Bibliography and references.....	33
	Appendix 1 Distribution list	36
	Appendix 2 Interview questions	41
	Appendix 3 Supports available (South Tyneside)	42

1 Executive Summary

1.1 Research findings

1.1.1 Main findings

There are **six main themes** identified from the research:

1. Becoming a kinship carer creates dramatic life changes and the role involves dealing with a range of difficult and complex situations on a day to day basis.
2. Financial issues and hardship are a major cause of concern for kinship carers.
3. The kinship care role impacts upon family relationships and the emotional health of kinship carers themselves.
4. There is a lack of support, value and recognition for kinship carers
5. Kinship carers report little support from statutory agencies with some finding support mainly from voluntary agencies or informally via family, neighbours or other kinship carers.
6. Kinship carers and the children in their care need a whole range of supports, in particular:
 - a. More awareness and understanding of what being a kinship carer means and the availability of any statutory or voluntary help/support.
 - b. Financial, emotional and practical supports for both the Kinship carer and children.
 - c. Opportunities to meet and talk with others in similar situations as themselves.

1.1.2 Recommendations

- **Recommendation 1:** More public and professional awareness and understanding of the role and needs of kinship carers and children living in kinship care arrangements is required. The impact upon the dynamics and relationship of the whole family must be fully appreciated and understood.
- **Recommendation 2:** All relevant statutory and third sector organisations need training and awareness of kinship care needs at all levels including front-line service delivery, commissioning and policy/strategy levels so they can provide appropriate support.
- **Recommendation 3:** A whole range of financial, practical and emotional supports are needed for kinship carers, children living in kinship care arrangements and wider family members. Within this, the opportunity for kinship carers to access peer support networks and groups is critical.

- **Recommendation 4:** Developing and implementing a multi-agency action plan is essential. It is not just a social services issue and using these findings alongside a multi-agency partnership approach is vital in order to respond effectively and comprehensively to the needs of Kinship carers.

1.2 Peer Based Research (PBR) training

This report describes an eight session Peer Based Research training programme and subsequent research with feedback from the researchers and trainers.

1.3 Acknowledgements

We'd like to thank The Big Lottery and VONNE for commissioning and supporting this project.

We'd also like to thank the five PBRs who completed the training and recruited people to the research. Particular recognition goes to Lesley Fontaine and Margaret Connor who conducted all the interviews, the analysis and made recommendations from the research findings along with Lead Peer Based Researcher Sue Robson who also supported the training delivery.

The First Contact Clinical training team were Dr Morris Gallagher, Mark Joyce, Lindsay Henderson and Bill Lindsay. The transcribing was completed by Leigh Craig.

2 Introduction

2.1 Introduction

This report describes a Peer Based Research training programme and research project led by First Contact Clinical (FCC) which was conducted during the winter and spring of 2012-13.

The focus of the research was specifically peer based to enable the voice and experiences of Kinship Carers in Gateshead and South Tyneside to be heard and documented. Those interviewed had diverse care arrangements and varied experience of accessing support. We requested the Family and Friends Care Policies from each local authority to inform the study but did not interview any professionals regarding specific locality practice issues.

The project was funded by The Big Lottery as part of VONNE's Policy and Representation Partnership. The funding aims to help organisations influence Local Authority policy (Family and Friends Care Policies in Gateshead and South Tyneside) and affect change to support and highlight, in this case, kinship care.

2.2 Background

Kinship carers for the purposes of this research are described as people who raise the children of relatives or friends due to their parents' substance misuse. This Peer Based Research project was borne out of previous

research conducted in Sunderland during 2010 that identified the complex nature of kinship care arrangements and the types of support that would most benefit those providing kinship care (Conqueror and Robson, 2011). Often the role kinship carers take on and the support they provide was not fully recognised by the carer themselves or the agencies involved in either supporting the child or the parent with substance misuse issues.

In addition to this local research there is an increasing amount of national research in this field namely:

- Hunt J and Waterhouse S (2013) It's Just Not Fair! Support, need and legal status in family and friends care (FRG/Oxford University Centre for Family Law and Policy) - reports the findings of a 3 year study on family and friends carers who are raising children unable to live with their parents. Conducted with Family Rights Group and funded by the Big Lottery, the study explores the link between the child's needs, support and legal status. It finds conclusively that support bears little relationships to need, but is primarily determined by whether a child is in the care system or not, regardless of the difficulties and adversities they may have experienced.¹
- Selwyn, JT, Farmer, E, Meakings, SJ & Vaisey, P 2013, 'The Poor Relations? Children and Informal Kinship Carers Speak Out: A Summary Research Report'. School for Policy Studies, University of Bristol - the largest authoritative report to date in the UK to look at both children's perspectives of living in an informal kinship care setting and the views of their carers. It provides insights into how well, both emotionally and academically, these children are doing, how this compares with children in the formal care system and what impact such arrangements have on both children and carers.²

Internationally there has been a growth in Peer Based Researchers (PBR). A PBR is someone who has a lived experience of the area being researched and is trained to do research in their community. A notable example of a PBR network is Toronto in Canada where PBRs regularly conduct research to identify the needs of service users i.e. young people and homelessness people. In the UK there are four university based training programmes for PBRs none of which include drug users.

This is the second PBR project FCC has supported, a third is close to commencing in spring 2013 and was therefore believed to be very suited to researching Kinship Care issues.

The funders for the PBR project were keen to find out what the needs and experiences of Kinship Carers were in Gateshead and South Tyneside to help influence the Family and Friends Care policy in each participating area.

¹ <http://www.frg.org.uk/involving-families/family-and-friends-carers-e-publications-and-studies>

² <http://www.bristol.ac.uk/sps/people/elaine-r-farmer/pub/9049015>

FCC recruited and trained five PBRs with kinship carer/carer experience and supported them to conduct research into this group.

2.3 Summary of literature

Research shows that kinship carers provide the highest quality of care and the most secure placements for children in difficult circumstances with little cost to the state, yet for kinship carers the financial, emotional and physical costs are high (Farmer and Moyers 2009, Family Rights Group, 2012). It is estimated that if all the children being cared for by friends or relatives were in the care system it would cost the government an estimated £12 billion each year (Grandparents Plus 2010). Yet, kinship carers are likely to be particularly vulnerable to changes in the welfare benefit system, such as changes to tax credit thresholds, housing benefit changes and benefit caps and changes to Legal Aid, particularly in relation to family law and private children's matters (FRG, 2009, Grandparents Plus 2010).

The findings of the research in Sunderland (Conqueror and Robson, 2011) resonate with other research carried out with kin-carers in the UK and across the European Union (e.g. Farmer and Moyers, 2009, Wellard, S., Wheatley W., 2010, Mentor UK, 2010). Most of those involved in the research were uncertain about theirs and their children's future e.g. retirement, managing teenagers as elderly parents, care of children if the grandparent kinship carers become very ill or die. The research identified that the barriers and difficulties facing grandparent kinship carers are complex and multidimensional. They are often also caring for an elderly parent or a sick or disabled partner as a result their own health needs are completely neglected. The multi-dimensional issues faced by grandparent kinship carers in Sunderland were compounded by a lack of support, knowledge and information and for almost all, a deep mistrust of Children's Services and as a result grandparent kinship carers often found themselves in a vicious circle of barriers and difficulties.

Research carried out by Grandparents Plus (2011) found that Grandparents and other family and friends carers who have stepped in to bring up children as a result of parental drug and alcohol abuse were struggling financially and suffering high levels of stress. A continuing source of stress and difficulty for the carer was from the relationship with the drug or alcohol misusing parent and the kinship-carer is providing emotional, practical or financial support to the parent (note that many grandparent kinship carers are also likely to be carers of older relatives). Children of substance misusing parents are likely to have had very difficult experiences before they moved in with the carer as reflected in these statistics from the research and there is a particularly high incidence of children with special needs, disabilities and emotional and behavioural problems (Grandparents Plus 2011).

The need for specialist support services for grandparent kinship carers across South Tyneside was first noted in other research carried out by the NHS (Hull, 2010). The Sunderland research (Conqueror and Robson, 2011) identified a range of supports needed to address the multidimensional

difficulties and barriers faced by grandparent kinship carers. This also resonates with the findings of other research (Farmer, 2009, FRG 2009, Grandparents Plus, 2011).

Findings from two significant research projects reveal wide variations on services provided to kinship carers and their children. Grandparents Plus (2011) high levels of dissatisfaction with the support received from social services from Grandparents and other family and friends carers who have stepped in to bring up children as a result of parental drug and alcohol. Research carried out as part of the Economic and Social Research Council's (ESRC) Qualitative Longitudinal Initiative identified that 'when grandparents with residential care of their grandchildren are most vulnerable, they are most invisible to services.' This was attributed to them not knowing how to access services, or them worrying about the consequences of getting service professional involvement in the private life of their family, Findings from two other major studies reveal wide variations on services provided to kinship carers and their children, More recent research by Family Rights Group in partnership with the University of Oxford (Hunt and Waterhouse, 2012), found kinship carers (and children) to be generally disadvantaged by local authorities practices.

2.4 Policy and Legal Context

There are a range of different legal arrangements for kinship carers in England:

- **Residence order** – This is a court order granting residence and parental responsibility. It lasts until the child turns 18, unless the court says something different.
- **Special Guardianship Order** - This is a court order granting residence and parental responsibility. It is usually in force until the child turns 18, and is harder to overturn than a residence order.
- **Kinship Foster Care** – Kinship carers may be looking after a child on a short term or permanent basis and these arrangements can be made directly between parents and their relatives or friends or the local authority may be involved. When this occurs local authorities often (and indeed should) find out whether there are any relatives or friends who can take on the care of the child. If they place a child with a relative or friend for longer than 6 weeks, that person must be approved as a local authority foster carer.
- **Adoption** – This is a permanent legal order, revoking all legal rights of the birth parents. Once adopted, the child is legally a member of the adoptive family.
- **Private Fostering** - If a parent places a child with someone who is not closely related to him or her for more than 28 days, either continuously or over the course of a year, the placement becomes a private fostering arrangement. It is a legal requirement for either the parent, or the person having parental responsibility, and the person

providing the care, to contact the Local Authority and inform them of the arrangement.

The value of kinship care was highlighted in the **Children Act 1989**, in 2009 Family Rights Group found 70% of local authorities lacked an overall written policy on kinship care (FRG 2009). In March 2011, the Department of Education issued statutory guidance for kinship care, "**Family and Friends Care: Statutory Guidance for Local Authorities.**" The guidance covers the implementation of the duties in the Children Act 1989 in respect of children and young people being brought up by members of their extended families, friends or other connected people. By 30th September 2011 each local authority in England should have published a policy setting out its approach towards promoting and supporting the needs of children living with family and friends carers. The policy must be produced in collaboration with local partners (including the voluntary and community organisations and groups). Research shows that 45% of English local authorities have not published a policy on family and friends care (Ashley, Roth, Aziz and Lindley, 2012). Three quarters of policies analysed did not state that they have sought local demographic and needs data or collaborated with local partner agencies to develop the policy. The research, conducted by Family Rights Group notes the in the North East the only apparent evidence of robust consultation is within Sunderland Local Authority which came about by using independent research to lobby Children's services Conqueror and Robson (2011). It was this research that led to the peer-based research being carried out in South Tyneside and Gateshead.

The Children and Families Bill (2013) is the most far-reaching child welfare legislation to be considered by Parliament for decades and has particular implications for kinship carers. The specific reforms in the Bill are part of a more extensive programme of reforms to local authority and judicial decision-making processes.³

2.4.1 Policy in Gateshead

Gateshead Council produced a Family and Friends and Connected Person's Carer Policy⁴ in 2011. It defines Family and Friends and Connected Person's Carers as:

"A relative, friend or other person with a prior connection with somebody else's child who is caring for that child full time. An individual who is a 'connected person' to a looked after child may also be a family and friend carer. A child who is cared for by a family and friends carer may or may not be looked after by the local authority."

³ For more information go to <http://www.frg.org.uk/the-children-and-families-bill-2013>

⁴ <http://www.gateshead.gov.uk/DocumentLibrary/council/strategy/Friends-Family-and-Connected-Person-Carers-Policy-2011-v2.pdf>

The Policy States that *'relevant service users and stakeholders have been consulted about this policy and will be consulted with when the policy is reviewed.'* However, there is no further evidence that Gateshead Council have sought local demographic and needs data or collaborated with local partner agencies to develop the policy. There is an appendix titled, *'Family and friends Care: Research evidence and Children's Views'*, but this is drawn from UK-wide studies and research from the USA.

2.4.2 Policy in South Tyneside

Children's Families and Adults Services in South Tyneside have provided the researchers with a *Family and Friends Care Policy* and Guidelines for Placements with Connected Person under Regulation 24, Assessment and Approval of Foster Carers, which states.

This procedure applies to all those who enquire about becoming foster carers for the local authority whether they live within or outside the county. This includes carers who are applying to foster under Regulation 24 or Kinship Care. See Placement with Connected Person Procedure.

There is no evidence in the policy of any service user or stakeholder consultations, local or national demographic and needs data.

3 Training Programme

3.1 Recruitment

The PBR training was advertised to agencies who are members of the Carers' Drug and Alcohol Network across South Tyneside, Gateshead and Sunderland. Interested applicants were invited to an informal lunch where an outline of the training was presented and people were able to ask questions. Applicants were interviewed at this lunch by the FCC research team.

Five people with kinship carer/carer experience were recruited to the PBR training which they all completed. Two of the five PBRs went on to conduct the interviews and analysis. This was due to one participant not being ready to interview who supported the publicity of the research instead. One person was unable to continue due to family issues and one person could not continue due to family illness and specific issues arising from her Kinship care role. This person's views around Kinship care were included in the report.

3.2 Content

The aim of this training programme was to equip the PBRs to be able to do research. It covered all the stages of planning a research project. Overleaf is an outline of the complete training programme.

<p>Session 1: Introduction to Peer Based Research</p> <p>Session 2: ‘Research is organised ‘finding out’’</p> <p>Session 3: ‘Picking and choosing’ in research</p> <p>Session 4: ‘Measuring and recording’ - Interviews</p> <p>Session 5: ‘Measuring and recording’ – More interviews</p> <p>Session 6: ‘Making sense’ – analysis</p> <p>Session 7: ‘Making sense’ – sharing findings</p> <p>Session 8: Planning the research project</p>

Session 2, for example, covered the ‘shape’ of a research project, jargon busting about research language, what a PBR is and how to be a ‘safe researcher.’

3.3 Delivery

The training was delivered over eight sessions comprising a one and half hour introductory session and seven three hour sessions. The methods were tailored to people who were not used to being in a learning environment.

It was a mixture of learning facts and new skills. It was small group work with lots of breaks. We also used quizzes, videos, games and other ways to make the learning fun. Here are some comments by the PBRs about their training – they interviewed each other about their experiences:

3.4 Learning by PBRs

Here are some comments from the PBRs who completed the training:

“It has been great to reflect on what I thought research was and what I now realise it is. I really enjoyed seeing everything we have worked towards coming together.”

“Makes you think ‘out of the box’.”

“I think the group bonded together and the information passed was excellent.”

“Great variety, there was always things to do – hands on!”

“Excellent training – not boring it was fun!”

“For me as the lead peer researcher - it cleared my mind of theoretical baggage and took me back to the practical basics of conducting and analysing research. This was refreshing and amazingly put together. I will keep these tools with me for future research projects.”

3.5 Learning by trainers

Here are some comments by the trainers about delivering the training:

“I really enjoyed delivering the sessions. It was good fun working with people keen to be here and it was easy to deliver due to the input and support from the group. That’s what made it enjoyable - a great experience!”

“The training was excellent in terms of breaking down and completely demystifying the research process for those who had no experience of research.”

“It was a fantastic group and everyone was so enthusiastic! It was brilliant seeing everyone’s confidence grow as their skills increased and they got to know each other more.”

4 The research

4.1 Sampling

This is a difficult group of people to reach and all five PBRs were involved in producing ideas about how to reach our sample group (kinship carers from South Tyneside and Sunderland).

The PBRs developed their own flyer and started by distributing flyers in locations including local shops and community centres. Targeted emails and flyer drops were made by First Contact Clinical and Sue Robson in both areas to key Health and social care teams, Adult and Children’s Services, Treatment agencies, members of the Carers’ Drug and Alcohol Network and Carer strategy groups, Police and Probation services, Young Carer projects, GPs, and Pharmacists. See Appendix 2 This was also supported by press and radio promotion by Sue Robson and VONNE put a call for research participants on their website.

We offered travel expenses to the research participants and 12 people in total booked appointments. 12 people were interviewed. 4 participants lived in Gateshead and 8 in South Tyneside. All but 2 were Grandparents, the number of kinship children they looked after ranged from 1 to 3 and the length of time in their kinship role ranged from less than 1 year to more than 10 years.

9 of the sample group were signposted by voluntary agencies via our existing Carers’ Drug and Alcohol Network contacts, 1 by the fostering service, 1 via a flyer and 1 person heard the radio interview.

One person’s interview content was not used as it became evident during the interview that she was not a Kinship carer.

2 Focus groups were held; one in Gateshead where 3 three people attended (1 kinship carer and 2 social work staff) and one in South Tyneside (3 kinship carers attended). The Gateshead kinship carer and one of the South Tyneside attendees had been interviewed by a Peer Based Researcher

prior to coming to the groups. The other 2 South Tyneside attendees were signposted via our existing Carers' Drug and Alcohol Network contacts already known to the lead researcher.

4.2 Interviews

Interviews were conducted at mutually agreed locations across South Tyneside and Gateshead. See Appendix 1 for interview questions. Venues used included Gateshead Carers Association, and in South Shields Tedco Business Works (FCC Head Office) and Streetlevel. The Focus groups were held at Tedco Business works and another at Gateshead Carers Association. All interviews were audio recorded and transcribed then used in the analysis sessions.

4.3 Analysis

The analysis was performed by 2 PBRs and Lead Researcher Sue Robson using principles learnt during their training. Briefly, the interview transcriptions were printed out. The printouts were examined for interesting comments which were cut out, to give only the information that answered the research question. These comments were given descriptive or conceptual labels. The comments were then ordered into themes which were then used to tell the story of the support needs of the kinship carers interviewed. Summary conclusions and recommendations were also made by the PBRs.

4.4 Findings from research participants (RPs) interviews

4.4.1 Becoming a kinship carer creates dramatic life changes and the role involves dealing with a range of difficult and complex situations on a day to day basis.

Kinship carers are often faced with situations where a child or children have been placed with them by Social Services with little or no notice. In this example, the research participant (RP) was initially requested to supervise her daughter's care of her grandchildren on a full time basis for three months; the alternative being for the grandchildren to go into the care of the Local Authority:

"We need someone 24/7 and if you cannot do that the children will have to go into care. So I was still doing four night shifts. I was going back home and my husband was staying with her and when I was off I was going to my daughters. And then we had a big meeting, there was a Police woman, Heath Visitor, Social Worker, and they said, would me and [my husband] like to do this on-going for her."

LF3 (South Tyneside)

The RPs said that once they found themselves in the position of having to bring up a child of another family member that their life completely changed. As Aunt and Uncle kinship-carers, previously with no children of their own, these RPs experienced dramatic life changes.

“I worked full time, I am very sad in a way. I was very dedicated to my job. You know we had a life-style; we went out when we wanted to, nice holidays and an alright house. What we earned is what we lived to without being extravagant ...We never had children, so it was a huge, huge change for us.”

LF4 (Gateshead)

All the RPs talked about difficulties and issues they were encountering on a day to day basis such as housing, dealing with children with special needs, what to tell the child about their situation and managing contact with substance misusing parents. Upon becoming a kinship carer, some found that their existing housing was not suitable. In this example the RP faced overcrowding as they already had three daughters living at home.

“We got told he can’t share a room with anybody, he has to have his own room, which meant I had three girls in one room, which caused big problems.”

MC2 (South Tyneside)

In the next two examples the RPs had accessed support for their housing difficulties and were moved into more spacious housing; this brought additional problems.

“A local councillor got us straight out more or less in a council house but it was in a rough area and I says, ‘We aren’t going there’ and he says ‘You have to ...there is nowhere else.’ We were shoved into there ... It was a rough street where people who are evicted and violence and what have you and I thought the bairn has just been taken out of this and eventually we got out. It was a nightmare and I got her out and into where I am now.”

SR2 (Gateshead)

“We lived for 18 weeks in a one bedroom [property] which wasn’t bad really because I slept on the couch and took my bed up and put all the cots and beds in the bedroom and then when I eventually got the council house. I had to get out because of flying ants, ants all over the place for months and I had that trouble the kids in the street, they were horrible... I have moved from the council house to a private rented house.”

SR5 (South Tyneside)

National research shows that there is a particularly high incidence of children with emotional and behavioural problems among children of substance misusing parents who are in kinship care. There is evidence of this in our research sample.

“After fighting and fighting we are getting an appointment for him to actually be tested to see if he has got ADHD. We have been told previously that it is to do with what he has been through before we got him but I completely dispute this ...I agree maybe a small percentage is but not all of his behaviour is down to what he had

before he came to live with us he has lived in a stable family for 4 years now.”

MC2 (South Tyneside)

Kinship carers also face the dilemma of what to tell the child about their situation.

“The little one doesn’t see his mam so we’ve got to do it on our own to start and explain to him the reasons why he can’t and I really don’t know how to explain to him.”

MC2 (South Tyneside)

“At school for Mother’s Day she made a ‘Nana’s Day’ card, how do you explain that to a child? There was no one to explain. We said her mum loved her but she just couldn’t look after her. She found out she had siblings and when she got older she rebelled.”

SR3 (South Tyneside)

Another difficulty faced by Kinship carers is managing often difficult contact with the child’s parents without adequate support. In this first example, the RP is talking about safeguarding issues that arose during unsupervised contact with the child’s father.

“[The child] said ‘I didn’t have any dinner yesterday’ and I said ‘why’ and he said ‘we didn’t have time.’ It meant he didn’t have anything from 10 – 6 but he said ‘don’t worry nana because I had a glass of coke.’ I said ‘was that at your dads?’ and he said ‘no I went to the beer bar.’ I said ‘what beer bar? ... And there’s only one pub open at the time. [My partner] when I told him he just lost it. He says ‘no, he’s had that bairn in the pub all day,’ the worst pub in Shields, drugs you know.”

LF3 (South Tyneside)

As a result of the above incident, the kinship carer did receive affirmation by social services that the contact with the father should be stopped, at least on a temporary basis. There is also a complex dynamic involved in the kinship carer being the parent or close relative of the parent of the child, particularly where there are substance misuse issues.

“She would come knocking at my house whatever time she decided and we allowed her two hours during the day and two hours at teatime to see the children. The solicitor had put that in place. Then there was phone calls, she would put the phone down and then phone me again and harass me on the phone and then she would come the house and say they are my F’ing kids and they would hear all the language and she would kick the door and I would say you know you can’t do this you are doing the kids heads in.”

LF3 (South Tyneside)

In four other cases RPs talked very specifically about being physically threatened by a parent of the child in relation to contact issues, or simply because they had intervened to become a kinship carer of the child (Interview SR4 and SR5: South Tyneside, Interview SR2: Gateshead and participant in South Tyneside focus group). In two cases, the kinship carer had moved house to safeguard the children from threats of violence.

4.4.2 Financial issues and hardship are a major cause of concern for kinship carers

The research suggests that accepting a child into kinship care also has a whole range of financial impacts. Kinship carers can be faced with loss of income due to having to give up work, reduce hours, or meet the cost of child care to continue working. In some cases, there is a delay in kinship carers accessing benefit entitlements as the substance misusing parent is reluctant to give them up. At the time of becoming a kinship carer, there does not seem to be enough financial support available to purchase baby equipment and additional household items, such as beds. As a result of these difficulties, many of the kinship carers interviewed and the children experience financial hardship and some get into financial difficulty and debt.

On the one hand, as with this RP, kinship carers are faced with having to give up work to care for the child, where there is no means of adequate childcare support particularly where the child is still suffering the trauma of their experiences with the substance misusing parent(s).

“I did work part time and I had to give that up because I had absolutely nobody at all to look after [the child] and in them first years that I had him he was very clingy towards me you know he was a bit troubled at the beginning and he did need a lot of my time and with absolutely nobody else in the family around to look after [the child]. The fortnight Easter holidays they allowed me the fortnight off but then they said come the 6 week holidays when he was off nursery you will have to sort something out, well I had nothing to sort out for him so I had to give my job up”

SR1 (Gateshead)

On the other hand, some kinship carers continue working in addition to their kinship care role and are then faced with the additional cost of child care.

“Until he turned 3 [Social Services] would pay for his 2 ½ days and they had said once he was 3 that's it you're by yourself so I was paying out nearly £300 a month.”

LF4 (Gateshead)

Those that do continue with paid work in addition to their kinship care role find that this cuts off means tested financial support and they are left worse off financially.

“There is a special guardianship allowance you can apply for, I applied for it but was told I earn too much but I said ‘aren't getting my picture, what I am saying is we had a lifestyle and I had outgoings’...I

couldn't claim anything, I was getting £81.20 and I was annoyed I am not doing this for a profit making scheme but why should I be out of pocket?"

LF4 (Gateshead)

In some cases, the RPs had experienced a delay in benefit entitlements such as Child Benefit and Child Tax Credits being transferred from the child's parents to the kinship carers.

"She even had the Child Benefit for the first 2 ½ years so I didn't even have child benefit for him I had absolutely nothing. It was only actually when she did go to prison, she said well I don't need it you might as well have it and that's when I actually got it. "

SR1 (Gateshead)

Kinship carers report having to purchase essential household items for the child such as bed, cots, buggies and other baby equipment, with no additional funds to help them to do this. In the next example three children under five were placed with the kinship carers at very short notice.

"I had nothing I didn't even have a cot.... All I got off [social services] was a double buggy. I went out and got travel cots..."

SR5 (South Tyneside)

Kinship carers can be faced with expensive legal costs for obtaining a legal order to secure the child's placement with them. In this case the kinship carer had to seek financial support from their father.

"Going to court to get the residence order and at the time they said it could be maybes from about £400 or possibly up to £1500, if it was contested. I was frightened because I wouldn't have had the money if it had turned out to be more expensive. As it was [the child's] great-grandfather paid for it and it was £400."

SR1 (Gateshead)

Several of the RPs told us they were struggling to meet basic day to day living costs. One told us that they had had to give up work without notice and abandon their studies for a degree as a result of a newborn baby being placed with them by social services (Interview SR4: South Tyneside). At the time of the interview, the baby was very young; the kinship carer had a £340 electricity bill that they were having difficulty paying and they were seeking to move house because they could no longer afford the rent on a privately rented property.

Having found no additional financial help available to them at the point of taking on the child(ren), there are reports of kinship carers getting heavily into debt to meet the additional costs of becoming a kinship carer.

"I lent £3,500 off my son because the car I had just put the people carrier in for a smaller car for my job but it was only a four-seater but obviously couldn't fit them in. So my son went out and got credit. It's

in his name because they wouldn't give to me because I wasn't working. I pay him £150 a month for the car and then he lent me for Christmas; I had nothing for Christmas for them."

SR5 (South Tyneside)

For those seeking entitlements to welfare benefits and additional payments from the local authority, there is little or no information or advice available. Even, in this example, from local Citizens Advice Bureaux.

"I went to Citizens Advice and I said 'I know there is special guardians allowance but I don't know where to start looking' so she took a few details off me and she said 'it is quite a new thing it has only been out about four or five years' she says 'I am going to see the solicitor onsite for some advice' and she came back and said 'sorry there is nothing I can do for you, because you earned too much, you will have to go and see a solicitor.' I was like 'I have come for some free advice I'm not asking you to pay me anything just tell me where I need to go' and she said 'I really can't help you, your solicitor should have advised you when you got special guardianship.' [I] was so mad, so infuriated..."

LF4 (Gateshead)

Some RPs expressed their reluctance to ask for financial help, due to their own pride attached to not claiming benefit entitlements in the past or because they thought it could demonstrate some failing in them and the child will be removed from their care (this finding was also confirmed in both of the focus groups).

In the next example, the RP had been a kinship carer for around two years and had a Special Guardianship Order in place, yet they had not been advised about any financial support available to them. It so happened that they had an incidental conversation with a Taxi Driver who happened to be a kinship carer and told them what they should tell Social Services.

"So I phoned [the child's Social Worker] and says 'you're going to have to do something or this bairn will have to go' and of course I was nearly bubbling at the time, well I was I was in tears, obviously the bairn wasn't there. I says 'the bairn will have to go into care because can't live on this I says my savings is going down and down and down my redundancy and eventually there will be nowt like and there is still bills to pay and she wants clothing you know'."

SR1 (Gateshead)

This RP was later assessed by the child's Social Worker and found to be entitled to an SGO payment of £100 per week.

Covering additional costs buying school uniforms, Christmas presents, for holidays and finding money for respite breaks from the kinship care role were all mentioned by RPs as additional sources of financial stress.

“Clothing and shoes is a major factor, because of his feet he can only wear Clarks because he has an extremely wide foot, so that’s £40 every 3 months which is a lot of money to take out of the little bit of money that we get. School uniform, he is a little boy so it never lasts very long ... and sometimes you feel really awful because his pants are wearing away and you can’t do anything about it because you can’t afford to go out and get another pair.

MC2 (South Tyneside)

In this example, the RP did get some support from the children’s Social Worker, but felt that it was wholly inadequate and just faced her with another dilemma.

“It was hard at Christmas as well because I didn’t get any support then and I know she brought these presents which I thought were rubbish, she brought a cuddly toy, a scooter and something else. And I thought what am I supposed to do with that. Am I supposed to give the scooter to my granddaughter - my grandson is going to be upset, if I give the scooter to my grandson but then she might want the scooter.”

LF2 (South Tyneside)

4.4.3 The kinship care role impacts upon family relationships and the emotional health of kinship carers themselves.

The research suggests that the difficulties, complexity and pressures involved in the role results in kinship carers experiencing turbulence in their own emotional health and wellbeing. It impacts and alters interpersonal relationships within the family and has a wider impact upon other family members. This RP is discussing the impact that caring for a kinship child with special needs is having upon their own daughter.

“I have a fourteen year old daughter who he constantly attacks verbally and trying to hit her sometimes with weapons if he can get hold of something and she is absolutely terrified of him to the point where she is having to go and see a counsellor to try and help her. So it has had a massive, impact on our family.”

MC2 (South Tyneside)

Previous research shows that older kinship carers find looking after children particularly tiring (Farmer and Moyers, 2009). This is corroborated in the following account.

“I am trying to keep her happy physically and mentally. Physically I am not too bad; I can get involved because I am reasonably fit for my age. I have got blood pressure and high cholesterol but I still get through quite canny with that but you get tired. Holiday times are the hardest especially the six week holidays. I mean luckily I can drive and I can take her to like play parks, theme parks on the rides and the beach and stuff like this but it’s still tiring.”

SR1 (Gateshead)

Other research also highlights that older kinship carers often have other caring responsibilities for their own elderly parents, a sick partner and/or bereavement (Farmer and Moyers, 2009).

“I was drinking when the wife died you know... not getting drunk or owt like that but I was drinking to ease sort of and it got to the stage where I was drinking every night and still getting up for the bairn and stuff like that and I thought.....right it's got to stop it's either down here or pick yourself up. I was on anti-depressants for a while and they had to stop as well because I was like a zombie.”

SR1 (Gateshead)

Although the kinship carer has taken on the child/children, it does not stop them worrying about the child's parents' on-going difficulties making the distinction between the emotional involvements experienced by a kinship carer and a foster carer role.

“I don't think the government and people like that are fully aware of just what a role we take on you know because you are emotionally involved its harder because in our case you worry about your daughter or it could be your son is in prison. So that's one level that you are trying to look after. You are looking after the child or children and you have got a lot more emotional things going on than say what a foster parent would have but I believe they get on-going support.....we've got nobody you know yet we are the ones who sometimes are worse off emotionally.”

SR1 (Gateshead)

This RP is talking about the emotional impact of the isolation and uncertainty of being a kinship carer.

“It was stressful because we had never ever experienced anything like this before and we didn't know anyone else that had been through the same thing so we couldn't speak to anybody and say what happened. So we were literally going blind and sort of like 'oh god what is going to happen?' because we had no idea whatsoever. It was really stressful and they put a lot of pressure on the family at the time not knowing whether or not it was actually going to go through.”

MC2 (South Tyneside)

In this example, the RP is describing the polarisation of joy and grief in the emotions of a kinship carer.

“It's amazing how you get through it you know and as I say there is times when you do and there's times when I just break down and cry and I just think 'whoa.' This little boy... how can you have this massive impact on how I feel, my emotions and everything but it's so rewarding he is such a lovely kid.”

LF4 (Gateshead)

4.4.4 There is a lack of support, value and recognition for kinship carers.

It was common for it to be the first time that the participants had been asked about their kinship care role and to report having no support in place for their role whatsoever. This had one of two impacts a) it was difficult to get participants to open up about their situation or more often b) it was difficult to get the participants to focus upon the questions because they were facing so many issues and difficulties, at different levels.

Where support had been offered by statutory agencies it was minimal and there is a sense that once a legal order is in place for the child such as a Special Guardianship Order (SGO) or Residency Order (RO), then the kinship carers are left to get on with it. In this case, the RP phoned the social worker for advice about contact.

“She said the twelve month was up and if you have any problems you can ring. I think I have once, that was when I got her involved in seeing her mam again, I rang up for some advice about that and basically she said it’s up to you, you have got responsibility for the bairn.”

SR1 (Gateshead)

In this case the RP was initially advised by the Child’s Social Worker to seek a Residency Order with the option of being a kin-ship foster carer dismissed seemingly due to the high level of viability for adoption.

“No, to be honest I think it was all down to funding I think they don’t want us to be [foster carers] because she had said with such a young child we would normally send them for adoption and because he was so young there would be a lot of people out there.”

LF4 (Gateshead)

When arrangements to support the mother to care for the child herself did not work out, the prospect of adoption was raised again. Eventually, these kinship carers sought a Special Guardianship Order to secure permanency for the child.

“Then they said to us that they were thinking of sending him for adoption and I always had said don’t proceed with anything like that without notifying us first because we were at all the meetings that she was having to help her. Then we actually went to court and we got Special Guardianship Order and it was granted to us so now he is with us till he is 18.”

LF4 (Gateshead)

At another level, the lack of support and understanding from schools about kinship issues e.g. carers concerned about supporting the child’s studies; along with adequate responses to bullying i.e. Kinship children being called

“an idiot because you have got no parents” were reported as particular difficulties faced by kinship carers and children.

“I felt very badly let down with that. He didn’t get the help he should have had. [The child] was classed as a naughty boy and had like the school board people coming out because he hadn’t been going to school. Come the September when he went back to school after things had been sorted the head of year had said ‘well he looks happy now and I must admit back in May he looked very unhappy.’ If she had seen [the child] or any pupils that looked unhappy and knew that there were circumstances going on in the house, she should have got in touch with me to see if anything else was going on.”

SR1 (Gateshead)

There are reports of kinship carers not being properly listened to or consulted about decisions surrounding the child. In this case the RP had been trying to alert the authorities about concerns regarding her daughters’ drug use. It was not until a student that accompanied the health visitor on a routine visit witnessed this for herself that the concerns were noted. The student also noticed that the mother seemed to be under the influence of drugs.

“So she had said I think [your daughter] is on drugs...And she said what makes you think that and she said ‘her eyes are dilated. I said, ‘I told you there was something wrong with her eyes.’ We were trying to get her to see someone from the health people. Basically, when it came to the crunch nobody was listening”

LF2 (South Tyneside)

Furthermore, there are reports of kinship carers being taken for granted by agencies involved with the child noting Social Worker expectations that extended family will be there to provide support for the kinship carer.

“Yes but I come from a big family I think what the social worker was thinking was that because I come from this big family I would have all that support 24/7 but what they didn’t take into consideration is that I had their own family and own life and that they had to go out to work and couldn’t drop everything.”

LF2 (South Tyneside)

The research shows a lack of proper advice, information and clarity about the legal orders that are available for kinship carers.

“My daughter was suffering from depression and she also had a drug and alcohol addiction and she wasn’t complying with most of the rules that social services were putting in place for her so she could get her children back. So I thought ‘I may as well just foster them and get it over and done with.’ So I applied to social services to see if I could foster them and they said ‘no I couldn’t foster them.’ When I asked why, it was because I was the grandmother and apparently by law I am not allowed to foster.”

LF2 (South Tyneside)

Kinship carers also experience difficulty in how they are treated by the Benefits Agency. In this example, the RP was being forced to seek paid work in order to keep their benefit entitlement (their only source of income other than Child Benefit).

“My role here is to look after [the child] and make sure he stays on the straight and narrow and his wellbeing. So that caused a lot of trouble because I had to get Job Seekers Allowance trying look for jobs which really put a strain on me because I just didn't know what I was going to do with [the child] if I ended up getting a job you know.”

SR1 (Gateshead)

This sense that being a kinship carer is itself a job or a vocation comes also across strongly from this RP.

“Since I finished worked I look at it as that's your job. It's an awful thing to say you love her to bits you know I say right you've had a job now ...that's your vocation in life now. It's not what you think you will be doing in my time of life.”

SR1 (Gateshead)

4.4.5 Kinship carers report little support from statutory agencies with some finding support mainly from voluntary agencies or informally via family, neighbours or other kinship carers.

It is important to note, that despite extensive efforts to promote the research with statutory agencies, almost all of the participants were signposted to the research by voluntary organisations in the South of Tyne and Wear Carers' Drug and Alcohol Network. It correlates, that when asked about what support is available their kinship care role, those RPs accessing support stated it is mainly from voluntary organisations.

“I go the Carers Association every other Wednesday and I find that's a good help. I can talk about everything and anything really and there is other people that are caring for people and they open up as well and that's a great help.”

LF2 (South Tyneside)

According to almost all of the accounts from the RPs, kinship carers seem to have little support from statutory agencies. In response to the question “are you getting support for your kinship care role?” the response was mostly “no”.

“If all of us grandparents put all of the grandchildren on the doorsteps of social services, just for one day, they would not know what to do; they would be inundated with children. I don't think they really know how many children are being looked after. There is not the emotional support there and there is not the financial support – there is definitely not.”

SR1 (Gateshead)

Other than in cases where financial support was in place from the local authority, only two RPs identified support from a statutory agency. In one case, Social Services arranged nursery provision for two days a week and they also had received affirmation for her kinship care role from the child's Health Visitor 'you have done a brilliant job' (Interview LF3, South Tyneside). The next two quotes from one of the RPs about support they received from agencies linked to the children's school demonstrate that a little recognition and support for kinship carers and kinship children can go a long way.

"I have had support from Sure Start at school, she used to come round and have chats with me and if I needed anything sorted out I could just go to the school to speak to her anytime..."

"The children got a special award at the town hall. They got a certificate and a £20 book voucher. One child was very nervous of adults as they were the one that was abused and they wouldn't let any of the nursery teachers to touch her but she does that now so she got it for that. Another child got it for reading showing an interest at school and the third the third just had to write something down for tidying up and stuff like that."

SR5 (South Tyneside)

There are also some individual reports of incidental and informal supports being available from other family members, neighbours and as in this example; from other kinship carers.

"I have made friends with other people in the same position which has been really helpful because then you actually have someone to talk to that understands what you are going through without judging you at all. Whereas sometimes you're frightened to say anything to people in case you are judged. Other kinship carers understand what you are going through and there is no judgement whatsoever."

MC2 (South Tyneside)

4.4.6 Kinship carers and the children in their care require a whole range of supports.

The research interviews were in most cases the first time that kinship carers had been asked about their role or their view on the support and advice they had received or feel they need(ed). The focus group findings are included at the end of this section as they clearly identify supports required by both the carer and the children involved. These key areas stand out from our findings.

- a) There needs to be more awareness of what being a kinship carer means and the availability of any statutory or voluntary help/support.

- b) Local agencies need a better understanding of the financial, emotional and practical implications of being a kinship carer and a Kinship child so they can provide better support.

“Ideally, I think people in authority need to be more aware of what our problems are because we are swept under the carpet. ‘It’s grandma, so grandma can take the child on and we don’t have to bother about it’ and then your left to cope with everything and I think if they were more aware of just what a job it is that, what we are actually doing then maybe something more can be done in terms of them being able to help more.”

SR1 (Gateshead)

In the following example, the grandchild is now 23 years old, is abusing substances herself and is ‘in and out of prison.’ The grandparent is now aged 73 and although no longer a kinship carer is still caring for their granddaughter and substance misusing son (now aged 43). This RP describes her life being an on-going struggle and reflects that things might have been different for their granddaughter if they had had more guidance in their kinship care role.

“The only time ever asked for help was when she was 13/14 years old and problems started – if someone had just acknowledged it was happening – if they had told me other people going through same thing.”

SR3 (South Tyneside)

- c) Kinship carers benefit from meeting other people in similar situations where they can share their difficulties, experiences and knowledge in a non-judgemental and supportive environment.

“I said to my husband you know I wish I had someone else to talk to you know another grandparent that has been or is in the same situation.”

LF3 (South Tyneside)

Focus Group findings

We held discussions with 4 Kinship carers in total during the two groups and the main findings are listed below.

South Tyneside focus group

This group comprised of 3 Kinship carers already aware of and in some way utilising the support networks available to people in their situation.

What are your support needs?

- Financial
- Emotional
- Childcare
- Groups with other kinship carers who will understand
- Social Services to have more understanding of what you go through
- Emotional – worrying about the future
- Something in place for my daughter to understand
- Support for other people e.g. husband in home / other half.
- Training in how to explain to kin. Child why he lives with me – in an age appropriate way.
- How to deal with the ‘mother’ relationship with kin. Child and counselling
- Have my support needs reviewed – help to find out what my needs are without fear of affecting the future/kin relationship
- How to deal with the mother relationship with own child.
- How to manage/answer questions about and from extended family members

What services would you like to see?

- Training courses
- Socialising activities for kin children – formal – combined with respite for the carers
- To access counselling without it affecting kin arrangement and emotional support
- Guidance on what to tell the children
- Counselling for kin. Children
- Support for other children in family home
- Financial support equal for all.

- Ensure I feel protected like f/carers are if violence is a threat etc.
- More protection and support for contact situations
- Same support as a foster carer and services
- Social activities with other kin carers
- Subsidised holidays
- Extra payments for holiday payments
- Childcare
- Open and honest about options available from social services
- More understanding about kin situation from social services

Gateshead Focus group

This Gateshead group comprised of only 1 Kinship carer new to accessing support and available networks and 2 workers from social services. The responses to both questions were grouped and recorded on one flipchart.

Support needs/what support would you like to see?

- Advice – in ‘bad moments’ – someone to turn to/ talk to and get something off your chest when “in four walls” (could be social worker/ or peer support)
- To be able to ask for support without fear of it being perceived as a weakness.
- Respite/ groups – to give a break and to be able to ask for this
- A network of support for children in kinship care – “Bairns need Bairns” – children in kinship care are sections off at school “an idiot because you have got no parents”
- “In own world” – need another adult to talk to
- Knowing what is out there
- Financial help and advice – organisation to go to and phone numbers.

4.5 Conclusions

The Kinship carers in this research all cared for a child due to their parents’ substance misuse. Otherwise there was great diversity in their experience of the role, how the care arrangements came about, the length of time they have been a carer as well as their knowledge of the rights and supports available them as a Kinship carers. In short we can conclude that:

- Kinship carers do not feel they have sufficient financial, emotional or practical supports in place to carry out their Kinship role effectively including advice around meeting the needs of the Kinship child.

- More public awareness and understanding of what being a kinship carer is needed to help reach more hidden Kinship carers.
- Local agencies need a better understanding of the financial, legal, emotional and practical needs of kinship carers to help them provide better support.
- Kinship carers benefit from the opportunity to vent and share their difficulties and experiences with others in similar situations.

4.6 Recommendations

Recommendation 1: More public and professional awareness and understanding is required of the role and needs of kinship carers and children.

The impact of living in kinship care arrangements upon the dynamics and relationship of the whole family must be fully appreciated and understood.

Recommendation 2: Training needed for all relevant statutory and third sector organisations.

This includes all levels of front-line service delivery, commissioning and policy/strategy levels so they can provide appropriate support.

Recommendation 3: A whole range of financial, practical and emotional supports are needed.

These are necessary for kinship carers, children living in kinship care arrangements and wider family members. Within this, the opportunity for kinship carers to access peer support networks and groups is critical.

Recommendation 4: Developing and implementing a multi-agency action plan is essential.

It is not just a social services issue. Using these findings alongside a multi-agency partnership approach is vital in order to respond effectively and comprehensively to the needs of Kinship carers.

4.7 Discussion

4.7.1 Limitations of the research

The number of kinship carers interviewed was lower than anticipated despite huge efforts to promote the research (see appendix 1) and the research sample was weighted in favour of responses from South Tyneside. If we were to sample a larger group of people in the future we would need to look at other ways of reaching them and cover all areas of the locality.

It is worth noting that the recommendations are generic and set in a context of national research. The research is peer based and therefore professionals in each locality were not approached to offer their view of practice. The intention of the research project is to offer recommendations from common issues shared by the research participants and use these to

develop action plans in each local authority to address the needs and improve responses.

Key issues to consider if utilising Peer Based Research for future projects with Kinship Carers include:

- When people are telling their story for the first time, particularly if they are in the midst of stressful or traumatic circumstances; allowing them time to talk freely before conducting the semi-structured interview may be the most appropriate approach to achieve more concise findings.
- If the participant is in the midst of court proceedings which will decide the future of their grandchildren, they may not be comfortable for their words to be tape-recorded. Anonymity is critical, particularly with such a small sample where individuals can be easily identified.
- More consideration to be given to the support needs of the peer-researchers if they are still in a caring role themselves. Clinical support and supervision may need to be offered.

4.7.2 How many kinship carers are there in the sample area?

An estimate on the number of kinship carers across South Tyneside and Gateshead is difficult to define.

A recent study using 2001 Census data, found that in the UK around 1.3% children were living with relatives without their parents present in the household (or 1 in every 77 children) (Nandy and Selwyn, 2012), The rates across South of Tyne are slightly higher than the national average at 1.5% (1 in 67 children). It would not be possible to define how many of these arrangements have come about due to due to parental substance misuse.

The following information was provided by the Adoption and Permanence Manager of S Children and Families (South Tyneside) (June 2013)

Table 1: Numbers of Kinship carers paid financial support by South Tyneside Council

Categories of care	Numbers of children	Number of these who are/ were classified as a Looked After Child (LACs)
Special Guardianship Orders	04	04
Residency Orders	11	11
Kinship Foster Carers	11	11
Other type of order (please state)		

The information overleaf was provided by the Service Manager of Gateshead Children and Families (Gateshead) (September, 2012)

Table 2: Numbers of Kinship carers paid financial support by Gateshead Council

Categories of care	Numbers of children	Number of these who are/ were classified as a Looked After Child (LACs)
Special Guardianship Orders (SGO)	44	0
Residency Orders (RO)	165	0
Kinship Foster Carers (KFC)	56	56 ⁵

4.7.3 Note to table: The numbers represent current numbers of open cases where the child is placed with a kinship foster carer. For the SGO and RO numbers I have drawn the information from the electronic records that indicate the last recorded legal status of children who have been open to children and families. There may be children in the locality, of whom children and families are not aware who are the subject of a RO or SGO.

4.7.4 Next steps

We will meet the Children's services leads in both Gateshead and South Tyneside Local Authorities to discuss the findings and create an action plan to implement the recommendations, where possible, from this report.

Supported by VONNE, we are holding an event to share the findings of this report on Friday 28th June with key local and national agency representatives as well as the participants in the research project.

5 Future PBR

This second PBR project shows that it is possible to devise and deliver a PBR training programme for under-represented groups in the community.

We also believe that other groups of service users e.g. the homeless, young people, people with disabilities, older people would benefit from PBR training to help them to discover what their communities want from local services. PBR gives people a voice.

Correspondence to Dr Morris Gallagher, First Contact Clinical at:

⁵ This is because of new care planning (regulation 24) that came in 2011 and most of the 56 are only a temporary arrangement - most cases are closed once a residency order or a SGO are in place

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6 First Contact Clinical – who are we?

First Contact Clinical is a Social Enterprise. We are experts in Deprivation Medicine. Our focus is on health related problems that are more commonly found in disadvantaged areas and communities. We create opportunities for positive behaviour change that reduces the impact of deprivation. We use a range of skills and tools:

- Education and training;
- Research and development (including peer-based research);
- Service delivery, development and redesign;
- Innovative tools

By positively changing behaviour, we can improve wellbeing and reduce health inequalities, which will result in a reduction in the use of health and social services. If you would like to find out more about us and the work we do please feel free to contact us on:

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END

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Appendix 1**Distribution list**

Gateshead
Ms Margaret Whellans, Group Director of Learning & Children
Adele Wright, Service Manager, children and Families
Alison Walton, Director, Children and Young People (Gateshead)
Children's Safeguarding Board iscbchair@gateshead.gov.uk & louisegill@gateshead.gov.uk
Gateshead Carers Strategic Partnership
Moira Richardson, Gateshead Drug and Alcohol Reference group
Gateshead Carers Association
Crossroads Care Gateshead (including Young carers)
NERAF
Carers Affected by Substance Abuse (CASA)
Get SMART(Work with young people aged 18 and under)
Harm Reduction Service
The Oasis Project
NECA
NERAF (Kevan Martin CE)
Turning Point
Helen Attewell Chief Executive NEPACS
Gateshead County Court
Sonia Bailey (Gateshead) - Substance Misuse Midwife
Bensham Children's Centre

Birtley Children's Centre @ Barley Mow
Blaydon Winlaton Children's Centre
Chopwell and Highfield Children's Centre
Chowdene Children's Centre
Deckham Children's Centre
Felling Children's Centre
Greenside Children's Centre Services
Leam Lane Children's Centre
Matov Children's Centre
Swalwell Children's Centre Services
Tyne View Children's Centre
Tyneside Women's Health
Age UK Gateshead
Libraries
St Chad's Community Centre
Our Gateshead Website
Margaret Barrett
Solicitors
Gateshead Housing Associations
South Tyneside Distribution
Jill McGregor, Head of Children and families service
Ms Helen Watson, Corporate Director Children, Adults and Families
Anne Scott, South Tyneside Council Service Lead Social Care Chair - Policy and Procedures Sub Group & Children Adults and Families Group

Lynn Hodson South Tyneside Council Safeguarding Children Board Administration & Children Adults and Families Group
Amanda Bradley, Head of Children and Families Social Care
Barbara Dickson, Domestic Violence Forum, Chairperson South Tyneside Council, Sustainable Communities
Cherryl Pharoah, Service Manager Looked After Children
Cllr Jim Foreman Lead Member, Children's Services South Tyneside Council – Children, Adults and Families
Peter Cutts, Head of Education Learning and Skills South Tyneside Council – Education, Learning and Skills
Stafford Devine, Business Manager STSCB
Param Dhiraj, Safeguarding Manager / LADO Children, Adults and Families
Principal Solicitor South Tyneside Council Legal Services
Gary Hetherington, Detective Chief Inspector South Tyneside Area Command
Karin.O'Neil, Northumbria Probation: Head of Offender Management
Amanda Healy, Interim Director of Public Health
Group Nurse Director, Planned Care Group
Associate Director, Quality and Patient Safety South of Tyne and Wearside Primary Care Trust
Carol Drummond (Vice Chair LCSB) Designated Nurse Safeguarding Children and Adults
Strategic Safeguarding Lead, NHS Funded Healthcare & Carer and Patient Involvement South Tyneside NHS Foundation Trust
Sunil Gupta, Designated Doctor/Consultant Paediatrician South Tyneside NHS Foundation Trust
Shobha Srivastava Lay Member (LCSB)
Mary Connor Assistant Director Children's Services Barnardo's

Director of Workforce Planning South Tyneside College
Head of Supported Housing and Tenancy Services South Tyneside Homes
Tyne & Wear Fire and Rescue Service
CAFCASS Head of Service
Marine Park School
Mortimer Community College
Bamburgh School
Youth Offending Service
NSPCC
Carers Association South Tyneside (CAST) including young carers
Mental Health Carer Support Service
NECA
NERAF
Streetlevel Project
Matrix Project (<i>young people substance misuse</i>)
S.T.E.P
South Tyneside Substance Misuse Service
Streetlevel
NEPACS Chief Executive
South Shields County Court
Kinship Carers Group Riverside Childrens' Centre, (since disbanded)
Substance Misuse Midwife - Jane Harker (South Tyneside)
All Saints Children's Centre

Bede Children's Centre
Biddick Hall and Whiteleas Children's Centre
Boldon Children's Centre
Horsley Hill Childrens Centre
Jarrow Children's Centre
Marine Park Children's Centre
Primrose Children's Centre
Ridgeway Children's Centre
Riverside Children's Centre
Whitburn Children's Centre
Age UK South Tyneside
WHIST
Apna Ghar
CREST
Listen for a change
National/Regional organisations
ADFAM
Contact a Family
Grandparents Plus
Family Rights Group
National Treatment Agency
www.wellbeinginfo.org

Peer Based Research**'What are the support needs of kinship carers in South Tyneside & Gateshead?'**

1. How did you hear about the research?
2. Could you tell me about any support you are receiving around your kinship care role?
3. Can you tell me how your kinship care arrangements came about?
Supplementary Questions:
 - (i) did the local authority have a role in this?
 - (ii) Is a legal order in place?
4. How many of kinship children do you care for?
5. What services are you aware of for kinship care?
6. What type of services would you like to see provided for kinship carers?
7. What do you see as your support needs as a kinship carer?

Appendix 3 Supports available (South Tyneside)

Types of support - These categories are drawn from <i>Special Guardianship Guidance for The Special Guardianship Regulations 2005</i> , Department of Education and Skills	Kin-foster carers	Those with ROs	Those with SGOs	Other	Please indicate if for those with LAC status or for all	
					LACs only	All
Financial support	yes	yes	yes			All
Access to support groups	yes		yes			All
Assistance with the arrangements for contact between the child(ren) and their parents	yes		yes			All
Cash to help with the costs of contact	part of allowance		yes			All
Mediation to help resolve difficulties with contact	yes – as part of care plan		yes			All
Therapeutic services for the child(ren)	yes – if part of care plan		yes			All
Respite care	yes – if part of care plan		No			All
Mediation if there are disagreement between the carers and the parents about important decisions in the child's life	yes – if part of care plan		yes			All
Training so that carers are able to meet the child's needs.	yes		Not routinely			All

Types of support - These categories are drawn from <i>Special Guardianship Guidance for The Special Guardianship Regulations 2005</i>	Kin-foster carers	Those with ROs	Those with SGOs	Other	Please indicate if for those with LAC status or for all	
Counselling	no		yes			All
Advice and information	yes		yes			All
Other support services	allocated fostering support worker		yes			All
<p>If you said other please state</p> <p>We have a contract with "After Adoption" to provide comprehensive post adoption support. This is also extended to those children subject to a SGOs</p>						

Financial support (South Tyneside)

Categories of care	Rate per week in £s
Special Guardianship Orders	Allowance relates to age of child and is the same rate as registered foster carers less child benefit and less child tax credit. The allowance is also means tested
Residency Orders	Two thirds of the age related fostering allowance
Kinship Foster Carers	allowance relates to age of child and same as registered foster carers
Other type of order (please state)	