

Hearing the Voice of the Kinship Foster Carer in Northern Ireland:

An Inquiry into Characteristics,
Needs and Experience



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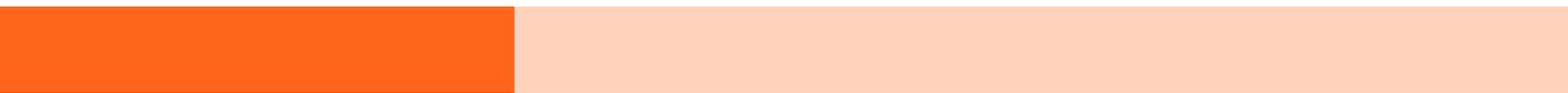
Foreword

The number of looked after children cared for by kinship foster carers in Northern Ireland has risen significantly over the last five years. While research evidence is encouraging in terms of the outcomes for children in kinship foster care it is also evident that kinship foster carers have particular and often additional support needs.

To help understand and begin to address the needs of kinship foster carers in Northern Ireland the Health and Social Care Board commissioned the Fostering Network to undertake this regional study.

This study, commissioned early in 2013, reinforces much of what has previously been reported in terms of the specific circumstances and needs of this group of foster carers and highlights the importance of timely and appropriate support. We hope that the implementation of Minimum Kinship (Foster) Care Standards for Northern Ireland by DHSSPS, the development of a Kinship Foster Care policy and procedures by the Health and Social Care Board and adherence to the Messages for Practice set out in this paper will, contribute positively to the experiences of existing and new kinship foster carers and to the children placed in their care.

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Summary

This study describes a comprehensive investigation into the characteristics, needs and experiences of kinship foster carers in Northern Ireland. It was commissioned by the Health and Social Care Board and carried out by the Fostering Network and Queen's University Belfast. Through a mixed-methods approach, it sought to ascertain the needs of children who became looked-after, the characteristics of the carers and their experiences, in order to inform developments in services.

In terms of the findings, a number of salient themes were captured, namely:

- (a)** the role of the kinship foster carer was predominantly carried out by a grandparent;
- (b)** the significant incidence of health-related issues within the cohort of carers given their 'age and stage' in the life-course;
- (c)** the need for a range of supports for carers including practical, emotional and respite support;
- (d)** the high levels of stress experienced by the carers particularly at the beginning stage of the placement;
- (e)** the carers' need for supportive, empathetic, social work interaction;
- (f)** the salience of educational issues in the placements;
- (g)** the potentially fraught and complex nature of contact with birth parents; and
- (h)** the challenging needs and behaviours of some of the children and young people.

These findings highlight the importance of relationship-based social work practice where a range of different types of support are provided depending on assessed need.

The last five years have seen significant increases in the number of kinship foster carers in Northern Ireland. These are carers who look after children who are biologically related to them, or, with whom they have a significant friendship. Kinship foster carers are assessed and approved by their local Health and Social Care Trust and all the children they care for are either the subject of a Care Order or are voluntarily accommodated. These placements are made in response to a range of psycho-social difficulties including parental mental illness, alcohol or drug misuse or bereavement. The Children (NI) Order 1995, and the overarching policy guidance for looked-after children in Northern Ireland, Care Matters: A Bridge to a Better Future in Northern Ireland (2007), emphasise the importance of placing children with a family member or close friend if this is in the best interests of the child. It is recognised that placements with kin can preserve the child's identity and connection with their biological parents.

Between 2009 and 2011 the number of kinship foster carers in Northern Ireland increased by 53%. This increase has continued with 737 kinship foster carers being reported by the Health and Social Care Trusts on the 31st March 2014 (HSCB Delegated Statutory Functions Report, 2013). This included 233 who were in the process of getting initial approval by the Trust Fostering Panels. Therefore, on this date 36% of all foster care households were kinship carers. There is a consensus in the international research literature that kinship foster carers face unique challenges that can complicate their caring role. The Health and Social Care Board commissioned this research to ensure that the needs of the growing population of kinship foster carers and, the children they look after, were fully considered. This study investigated the needs and experiences of a sample of kinship foster carers who were members of the Fostering Network.

Introduction

There is consensus, throughout the research literature, that the characteristics, background histories of adversity and needs of children in kinship foster care, differ little from children in non-kinship, foster care. From their study of kinship care in Northern Ireland, Lernihan and Kelly (2006) concluded:

'Children enter kinship care with the same pressing need as other looked-after children. They need well-supported carers to help them to heal and trust again' (p.111).

While research conducted in the 1990s suggested that kinship foster carers received fewer formal supports compared with non-kinship foster carers (Cuddeback, 2004), subsequent policy and practice developments in the UK and Northern Ireland have acknowledged the need for equity of support provision. Legislative challenge in the UK courts to differential fostering allowances resulted in the Munby (2001) judgement which ruled, as unlawful, any policies that financially discriminated against foster carers on the basis that they were related to the children in their care. As a result, all kinship foster carers should now receive fostering allowances that are comparable to those paid to non-kinship foster carers. In Northern Ireland, this need for equity is carried through to provision of social and emotional support, and access to training. Hence, all kinship and non-kinship foster carers should be similarly provided with a supervising social worker to give support and advocacy and access to training delivered by experienced social workers and other professionals.

Kinship foster carers may not, however, identify with traditional foster carers even when they receive the same financial and social work support (Lernihan and Kelly, 2006). Recognition that kinship and non-kinship fostering placements are different in nature has led to the publication of minimum standards that are specific to kinship foster care (DHSSPS, 2012), and a call for targeted supports

that are not solely determined by the service frameworks for non-kinship foster care (Lernihan and Kelly, 2006). The following literature review explores what is known about the particular needs of kinship foster carers and the types of support they find useful.

The Particular Needs of Kinship Foster Carers

Within the literature, grandparents are reported to make up the largest proportion of kinship foster carers. Reflecting this finding, many studies focus on the needs of this group of carers regardless of their placement status and highlight the difficulties associated with chronic ill-health or disability as well as the social challenges that accompany resuming a parenting role at a stage of life that is out of step with their peers. This group has reported more limitations to daily activities and poorer emotional and physical health, than their non-caregiving, grandparent peers (Cuddeback, 2004).

While grandparent carers have been the main focus of research, a large proportion of kinship care is provided by adult siblings (Nandy and Selwyn, 2012) whose specific needs might differ significantly from those of grandparents (Selwyn and Nandy, 2012). In their analysis of the characteristics of kinship carers in the UK, not distinguishing between kinship foster carers and informal kin carers, Nandy and Selwyn (2011) found that sister-headed households were the poorest of all kinship placements. Most sibling carers were single females aged in their early 30s who were more likely to be already caring for young children in households that were overcrowded. Given their lone parent status, and extensive caring responsibilities, sister carers were likely to be able to work only part-time, or not at all. This finding, along with the impact of the placement on children already living in the family, may be a contributory factor in Farmer's (2010) discovery that placements with grandparent kinship foster carers were less likely to experience disruption compared with care provided by other relatives. His finding highlights

the importance of supporting carers in the parenting of their own children and considering the needs of all members of the placement household.

A large proportion of kinship foster carers experience stress associated with their caring role. A third of the kinship foster carers in McSherry et al's (2013) Northern Ireland based study were experiencing clinical levels of parental stress. This is not only a regional peculiarity but is also reflected in international research. From their comparison of kin and non-kin foster care in Spain, Palacios and Jimenez (2009) found that kinship foster carers experienced higher levels of stress than non-kinship foster carers, with approximately one in four of their sample reporting stress scores deemed to be unacceptably high.

The various stressors encountered by kinship foster carers are summarised by Coakley et al (2007) as:

'issues of attachment and loss, dealing with the emotional, behavioural, or physical problems of foster children, dealing with "the system", adjusting to fostering, concern that the child will go back to living in a bad situation, and dealing with the birth family' (p.99).

Many of these issues are shared in common with all foster carers. For example, kinship and non-kinship foster carers alike are looking after children who have more behavioural and educational difficulties compared to children in the general population (Cuddeback, 2004). However, there is consensus across the literature that kinship foster carers face different issues that complicate their caring role. Most notable among the unique challenges identified have been low income; unfamiliarity with social work systems; and complex family relationships.

Generally speaking, kinship foster carers are more likely to be unemployed, have lower educational

attainments, and located in lower socio-economic social classes than non-kinship foster carers (Cuddeback, 2004). They are, therefore, likely to experience poverty and deprivation (Nandy and Selwyn, 2011) notwithstanding the child's placement, and the disadvantages and stresses associated with this finding are highlighted across the literature as a key need for kinship foster carers.

Since many kinship foster care placements come about as a response to a family crisis, carers may not have adequate time, nor financial and practical resources, to prepare for their fostering role (Coakley et al, 2007; Palacios and Jimenez, 2009); and, the feeling of being ill-prepared, can be a significant source of stress in the early stages of placement (Denby, 2011).

Many kinship foster carers will have had no previous contact with social workers (Palacios and Jimenez, 2009) and they may be ill-equipped, at this time, to navigate the complexities of social services' policies and structures.

Kinship placements can be better at initiating and maintaining parental contact (Cuddeback, 2004) and providing opportunities for consistent contact with a range of extended family members and significant others (Lernihan and Kelly, 2006). In a comparison of kinship and non-kin foster care, Lernihan and Kelly (2006) found that children in kinship placements had significantly more frequent contact with their birth mothers, although, a similar comparison by Vanschoonlandt et al (2012) highlighted that this was not necessarily the case.

Frequency of contact may belie the difficult dynamics that kinship foster carers can experience within their extended family. Relationships within families, and between maternal and paternal sides of the family, can be troubled and emotionally highly charged (Lernihan and Kelly, 2006). While the child's parents, and their kinship foster carers, have a shared culture and background, this does

not necessarily lead to better co-operation. Indeed, tensions in relationships with birth parents are more likely to arise in kinship, compared to non-kinship, foster placements (Coakley et al, 2007; Vanschoonlandt et al, 2012; McSherry et al, 2013). Over half the kinship foster carers in Farmer's (2010) study reported difficult relationships with the child's parents, compared to 16% of the non-kinship foster carers.

Where there are strained relationships with birth parents, this can be a significant stressor for kinship foster carers that may inhibit the success of the placement (Coakley, 2007). These relationship difficulties among relatives may be due to a lack of clearly defined relational boundaries and explicit roles and responsibilities. This lack of clarity and ambiguity may work against successful negotiations amongst family members. This finding suggests a need for support when mediating , family relationships and scaffolding parent/ carer collaboration. Clearly, each of the actors adjusts to their altered position in respect to one another and the child. It is, therefore, important to understand what factors might inhibit, or facilitate, positive relationships between the child, her parents and the extended family.

While Farmer (2010) found that there were fewer disruptions in placements when parental contact was supervised, there may be lower levels of formal control and supervision of contact arrangements in kinship placements (Palacios and Jimenez, 2009). Given the complexity of the relationships involved it may be useful to find ways of supervising parental contact while preserving the informality and 'naturalness' of kinship relationships which are endemic to this form of care.

Notwithstanding these stressors, kinship foster carers have been found to demonstrate high levels of commitment to the child and to persevere with the placement, even when they were under strain and struggling to cope (Farmer, 2010). However,

Farmer (2010) also cautions against capitalising on the commitment of kinship foster carers in difficult placements, in order to protect the welfare of carers and avoid compromising the quality of the placement for the child.

There is some evidence that kinship placements are more stable and children stay with their carers longer compared with non-kinship, fostering placements (Cuddeback, 2004). This may be due, in part, to the finding that children have fewer prior placement moves before entering their kinship placements. Farmer's (2010) comparison of kinship and non-kinship placements provides insight into the factors that promote stability in kinship care. Her study found that formal approval as kinship foster carers, and the associated financial and practical support that followed, was associated with lower levels of placement disruption. However, as in non-kin foster placements, the likelihood of placement disruption increased significantly the older the child when placed, with over a third of placements made when the child was aged ten and over, breaking down. Farmer also found that school exclusion was also significantly related to disruption. These findings highlighted the need to pay particular attention to supporting carers of children who are older, or who have behavioural problems and, of assisting carers to manage educational difficulties.

Alongside the tenacity of carers, and the stability of placements, there is evidence that children are slower to be rehabilitated home to the care of their parents from kinship placements (Cuddeback, 2004). Kinship foster carers' unique insight and knowledge of the family's situation, can equip them to assess the likelihood of rehabilitation; they are often aware, from the outset, that the placement is likely to be long-term (Lernihan and Kelly, 2006). However, kinship foster carers' commitment to the child was not always reflected in the legal security and permanence offered by the placement. In their study of Northern Irish kinship foster carers, Lernihan and Kelly (2006) found that only

slightly more kinship (17%), than non-kinship (13%), carers had secured a Residence Order. In the absence of a legal order, that would confer parental responsibility, kinship carers were unable to make many key decisions about the child's care. However, kinship foster carers have expressed apprehension about the possible consequences of a Residence Order in terms of their access to financial and social work support, and the possible reaction of birth parents to a change of legal status (Lernihan and Kelly, 2006).

While kinship foster carers may be more reluctant to commit to the permanent care of the child, if they are experiencing high levels of stress, and the child is displaying emotional and behavioural difficulties, they are more likely to consider legal options for securing the placement if they have the process explained to them (Denby, 2011b). This finding highlights the need to provide clear information about entitlements, and advice about the advantages and disadvantages of the various options for legal security in the placement. This may need to be accompanied by assurances of support to help mediate and resolve family tensions that may result from securing legal permanence. Lernihan and Kelly (2006), and Aziz et al (2012,) have suggested that the government should always consider paying the legal costs associated with securing the permanent care of children who would otherwise be in State care.

Supporting Kinship Foster Carers

Across the UK and US, Social Service agencies employ a range of strategies to train and support kinship foster carers. Some programmes include kinship and non-kinship foster carers in the same modalities of support and others target service provision to the specific needs of kinship foster carers. Recent systematic reviews of general foster care interventions (Kinsey and Schlosser, 2013), and interventions aimed at kinship carers in particular (Lin, 2013,) provide useful insights into 'what works' in supporting kinship placements.

From their review of 20 fostering interventions, Kinsey and Schlosser (2013) concluded that, in both kin and non kin foster care, the most measurable change in child behavioural problems, and carers' stress, were delivered by wrap-around services that involved a range of one-to-one, family-level and peer group supports delivered by multi-disciplinary teams. There was also evidence of the effectiveness of interventions that focused on improving the quality of the relationship between the child and carer or the carer and birth parent. However, there was little support for group-based training programmes. While foster carers need and want to learn new parenting skills, Kinsey and Schlosser concluded that a more individualised approach to training is needed that addresses the specific needs of the placement. In reviewing only measurable outcomes, the authors were unable to comment on the participants' satisfaction with these interventions, or the type of supports that carers experientially found helpful.

A review of thirteen different, kinship-specific, support programmes, across the US (Lin, 2013,) found that increasing the social support to kinship carers, through both group and individual interventions, achieved positive results in terms of enhanced self-efficacy, sense of empowerment and mental health among carers. The types of support delivered included support groups for carers of children with disabilities; school based interventions to develop carers' knowledge and children's self-esteem home-based programmes to provide emotional support; peer-to-peer models to empower care-givers and enhance care-giving skills; and legal advice and services to promote the uptake of legal, permanency-oriented options.

Kinship foster carers in Lin's (2013) review also reported satisfaction with training programmes aimed at enhancing parenting skills and knowledge of child development. One innovative programme harnessed technology to offer computer-based training (Stozier et al, 2004, cited in Lin, 2013) and carers reported improved self-confidence and a

sense of accomplishment on completion. While these services resulted in higher levels of 'felt' social and emotional support, they did not resolve all the difficulties care-givers encountered. There was also a need for concrete services to help care for and meet the complex needs of the children. Given that kinship care families are more likely to be of a lower socio-economic status (Nandy and Selwyn, 2011; Cuddeback, 2004), it is surprising that only two of the thirteen studies reviewed by Lin (2013) specifically evaluated the impact of providing financial assistance. Neither study offered strong evidence that financial support significantly enhanced child or carer outcomes. However, Lin identified a need for a more methodologically robust examination of this issue.

In terms of the way that supports were delivered to carers, peer-to-peer models that utilised support groups or individual pairings of new with more experienced carers, appeared to be favoured (Lin, 2013). Peer support was considered less intrusive than social work case management and kinship carers tended to feel more emotionally supported by other care-givers. One peer-to-peer programme that has received positive evaluations (Denby, 2011), linked experienced current or former kinship foster carers with new kinship foster carers to offer time-limited, one-to-one support. Experienced carers were employed by social services to develop and implement the initiative. The recruitment process involved human resources screening for basic high school qualifications and an interview that assessed applicants experiences as care-givers and of the child welfare system as well as their ability to conduct advocacy work, collaborate with others and to develop and implement training programmes.

This peer-to-peer initiative increased kinship foster carers' knowledge of and ability to access available supports and resulted in enhanced coping abilities and willingness to secure permanent care of the child. Kinship foster carers reported frustration

that social work agencies did not understand their particular needs, whereas peer workers were able to connect with them through shared experiences. The peer worker/ kinship foster carer pairings maintained contact in a range of ways including phone calls and home and office visits. The most common form of assistance requested by carers and provided by peer workers, was advice and explanations regarding the care-givers' rights and responsibilities. They also wanted help to negotiate the approval process, for example, by getting assistance to complete mandatory paperwork. This form of peer support complemented the assistance provided by social workers. The service occurred in the early phases of placement and was time limited with most carers actively involved with the service for an average of 8 months.

These short-term, focused and intensive peer pairings helped new kinship foster carers to move into their caring role. While there was no significant improvement in carers' levels of stress, the service did enhance their engagement with social services and their worker and resulted in carers appearing more willing to consider caring for the child permanently. Kinship foster carers in the UK, both informal and approved, have also reported peer contact via online social media groups, and local community groups, to be an important source of support (Aziz et al, 2012).

Most of the Northern Irish kinship foster carers, who participated in (McSherry et al's (2013)) study, were generally satisfied with the support they received from the social workers. However, they highlighted a number of inadequacies in the support they received. In particular, carers found the following issues to be problematic: the rates of financial allowance were inadequate; staff turnover and frequent changes of social worker militated against meaningful working relationships; social workers were perceived as being more supportive of the child's birth mother; and requests and concerns raised by carers at LAC reviews were not given full consideration. While these concerns

were echoed also by non-kin foster carers, the kinship foster carers perceived that they were less valued by social services and received a lower level of support because they were relatives of the child.

Foster carers' own networks of friends and extended family have been identified as an important source of informal social support (McSherry et al, 2013). However, in comparisons with non-kin foster care, kinship foster carers have reported smaller supportive social networks (Palacios and Jiminez, 2009), and less extensive family support (McSherry et al, 2013). This finding further highlights the need to explore how formal supports might facilitate positive family relationships, or provide compensatory support when extended family networks have been weakened or complicated by the circumstances surrounding the placement.

Conclusion

Kinship foster carers experience a range of complex needs and stressors that are particular to their unique caring role within their family networks. Service provision to assist kinship foster carers needs to reflect this situation with a diverse range of supports that respect both the needs and the resources of the extended family network (Lernihan and Kelly, 2006). It will be important to elicit the views of kinship foster carers on what they consider to be their most pressing needs and what supports they experience as empowering and useful, in order to design and deliver effective services.

The aim of the research was to ascertain the characteristics, needs and experiences of kinship foster carers in Northern Ireland. More specifically, it sought to:

- (a) acquire a demographic profile of the carers addressing their psycho-social and economic characteristics;
- (b) ascertain the carers' perceptions of the characteristics and needs of the children being cared for;
- (c) describe the circumstances of the placement and processes of assessment, approval and maintenance;
- (d) develop a greater understanding of the needs of the carers;
- (e) explore the caregivers' experience of engaging with social services, the Fostering Network (and any other agencies) in order to identify good practice and any unmet needs; and
- (f) provide knowledge to influence policy and practice in the area of kinship foster care.

Two forms of data acquisition were utilised, namely:

(a) a questionnaire (see Appendix One) and (b) a follow-up, in-depth, semi-structured interview (see Appendix Two outlining the topic guide). A questionnaire was chosen as it was appropriate for carrying out a survey of the needs of this particular population. In terms of the target group, a systematic random sample was taken from the list of all kinship foster carer members of Fostering Network (as a point of information, all foster carers in Northern Ireland, including approved kinship foster carers, are members of the Fostering Network). This led to 80 carers being identified out of a total population of 450 carers. 54 carers (68%) subsequently agreed to take part in this first stage of data acquisition and their characteristics are set out below in the findings section of the report. The questionnaire was administered by a Fostering Network Development Worker through a face-to-face meeting with the primary carer. Some of the Development Workers knew

the carers very well while others had little or no previous contact with them. Prior to these interviews, the workers had been briefed by the Fostering Network to maximise standardisation and continuity in approach when applying the instrument. Moreover, the questionnaire had been previously piloted and amended to make sure it was coherent and relevant.

The questionnaire covered areas such as the carers' personal and social characteristics; the nature of their living arrangements, home circumstances and finances; details of the children fostered; the circumstances surrounding the placement and the process of assessment; the carers' view of contact with social services; the carers' support needs; and the carers' engagement with the Fostering Network (Appendix 1). In terms of data analysis, the variables and respondent results were entered into an SSPS statistics, software package. Descriptive statistics for each variable were extracted, and an initial review of key findings identified several themes which were further investigated through the use of re-coding procedures and cross tabulation.

A cohort, who had completed the questionnaire, and indicated their interest in engaging in a follow-up, semi-structured interview, was then selected using a purposive sampling approach. There were a number of criteria that influenced this particular process. One was the need for heterogeneity across personal and social characteristics. A further criterion was 'best fit' with the study's aim and objectives. In other words, the researchers were keen to identify a sample of primary carers who could provide in-depth information on their needs and experiences. The selection process resulted in nine kinship foster carers being identified for the semi-structured interview. It explored a range of areas including how the placement came about; the needs of the fostered child; the needs of the carers; the nature of the support provided and any gaps in the support; the factors that helped and hindered the placement; the level of participation

with Social Services and significant others in planning and decision-making to achieve desired outcomes for the child; and the carers' perceptions of the future. The interviews were carried out by the researchers with the primary carer in his or her own home. The researchers who interviewed the kinship carers were in the employment of QUB and did not have any prior knowledge of, or relationship, with them.

The topic guide for the interview was informed by social support theory, attachment theory, life-span theory and ecological theory. These theories were chosen as a result of a preliminary, inductive analysis of the results emanating from the questionnaire and were used to shape the questions outlined in the topic guide. Each of these theoretical sources emphasises the centrality of 'relationship' in creating and sustaining meaning. Social support theory looks at how different kinds of support sustain human relationship. Attachment theory addresses the psycho-dynamics of relationships and how this impacts on the developing child. Life-span theory charts the different stages of human growth and development and the changes in relationship that occur over time. Ecological theory places human development in the context of the interplay between different types of system operating at the 'micro', 'meso', 'exo' and 'macro' levels across time.

A phenomenological approach was adopted in the interviews. This placed an emphasis on how individuals experienced phenomena - in this case, the experience of being a kinship foster carer - and the deep psychological meanings of these experiences. Hence, the approach was idiographic; that is, it aimed to probe and unravel memories, reflections and narratives. In the phenomenological interviews, therefore, the respondents were encouraged to recall freely what had happened to them and their views about such events. So, the questioning style was designed to encourage rich, detailed descriptions of experience.

The content of the interviews was transcribed and then subjected to a thematic analysis. Thus, once the data was recorded, it was then read and re-read a number of times to evince codes. The codes represented a preliminary level of abstraction away from the verbatim data. Further analysis led to the identification of underpinning themes. As the analytical process developed, the fit between the data, the codes and the themes was checked and re-checked to ensure a correspondence between all three.

In terms of ethical considerations, the Fostering Network and QUB sought the participants' informed consent to participate in the survey and qualitative interviews. As part of this process, confidentiality and anonymity were assured. It was indicated that specific carers would not be identified and that data analysis would take place in a password-secured computer programme. It was agreed that any upset, unintentionally caused through the data-collection phase, would be responded to sensitively by the carer's Development Worker. The study achieved ethical approval through the School of Sociology, Social Policy and Social Work's Research Ethics Committee (QUB).

The researchers attempted to make the study as trustworthy as possible by adopting method triangulation, respondent feedback, member-checking, piloting the questionnaire and by carrying out a systematic and rigorous approach to data acquisition and analysis. It was further strengthened by the researchers adopting a bracketing technique which is common in phenomenological interviews. This is where any pre-conceived views about the respondents' experience are literally 'put to one side' in order to reach the essence of the account.

Questionnaire

The findings firstly provide some demographic information about the kinship foster carers who completed the survey including information about age, the kinship relationship and the ages of the children being fostered. The second section presents findings relating to income and finances and includes data relating to the economic activity of both carers and their partners, where applicable. The third and fourth sections built on these practical understandings and start to identify the type of support needs that kinship foster carers in Northern Ireland typically highlight. The fifth section focuses on the cross-tabulations which investigate 'age' as a key variable. The sixth section outlines the extent to which carers use the Fostering Network's services.

I. Demographics and household composition

Most of the people surveyed (80%, n=43) have been kinship foster carers for over 24 months. Figure 1 below shows the age breakdown of the respondents. 59% (n=32) of the kinship foster carers who completed the survey were over the age of 50 and 82% (n=44) were over the age of 40. The largest group are carers in their 50s, representing a third of the total sample (n=18). 22% (n=12) are in their 40s and 24% (n=13) in their 60s.

When this data is set alongside the type of kinship relationship these carers have with the children, the fact the majority of those acting as primary kinship foster carers are grandmothers, helps to explain this age profile.

Figure 1: Age of carers

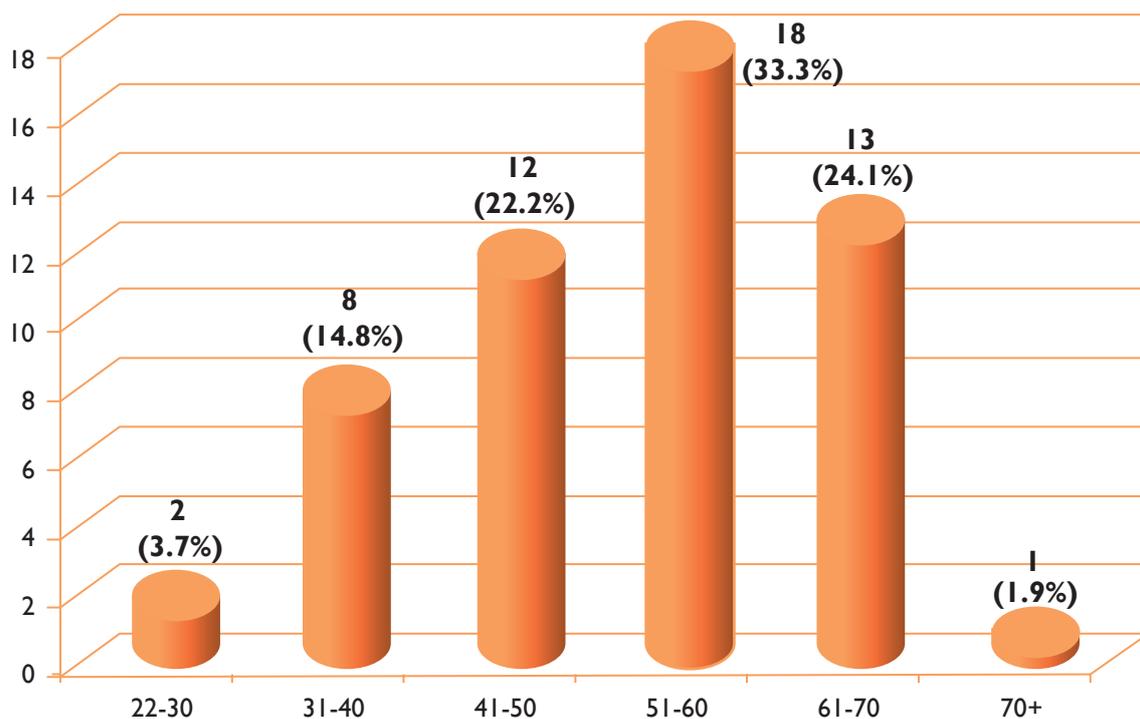


Figure 2 below indicates that a high proportion of the sample are grandparents caring for their grandchildren in formal kinship foster care arrangements. Over half (56%, n=30) of the sample are grandparents and 48% (n=26) are grandmothers. 89% (n=48) of carers in this sample are female and Figure 2 shows the majority of these women are grandparents and a significant number are aunts (31.5%, n=17). So, aunts and grandmothers account for 80% of the respondents in the sample.

The survey also gathered information about the age of the children being fostered. Table 1 below indicates that all ages of children are living in kinship foster care although, in this sample, the majority (61%, n=50) are in the post-primary school age group. The largest group (26% of the sample, n=21) are aged between fourteen and sixteen. Table 1 shows that the 54 respondents in this survey collectively foster a total of 82 children.

Figure 2: Carer's kinship relationship to child

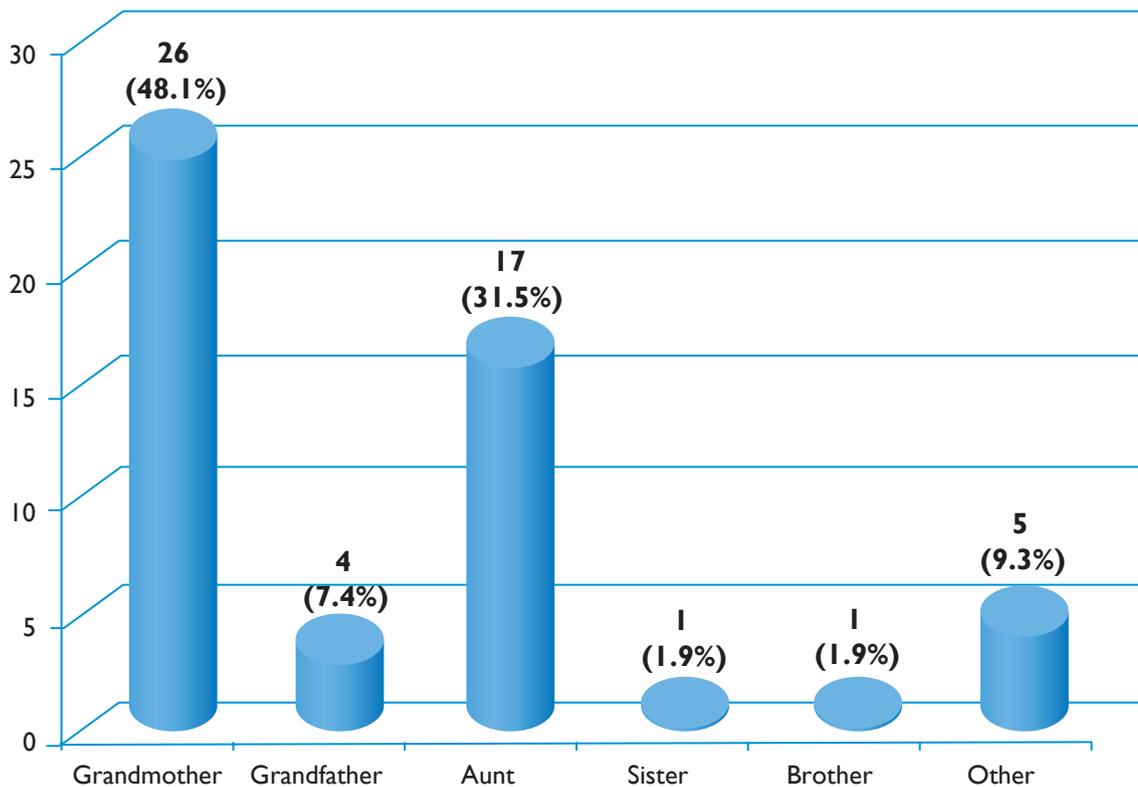


Table 1: Ages of all children fostered by kin

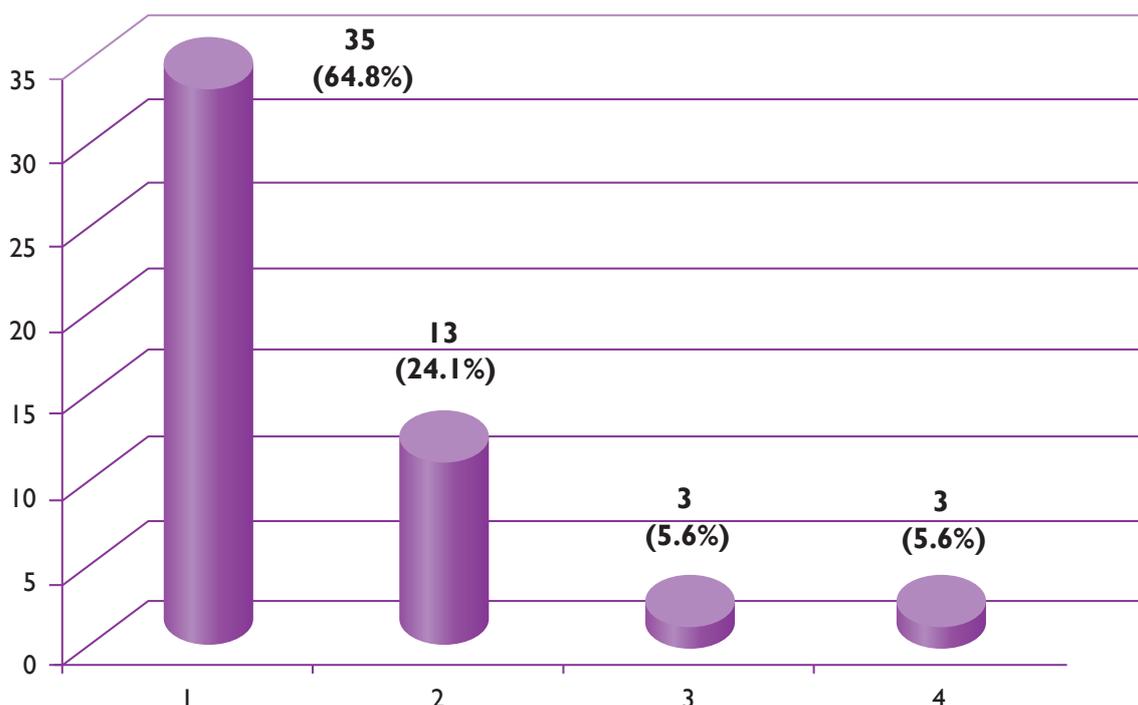
Age	Number	Percent
0-5 years	13	15.9%
6-10 years	19	23.2%
11-13 years	15	18.3%
14-16 years	21	25.6%
17-18 years	14	17.1%
Total	82	100%

Figure 3, below, indicates that most carers in this sample foster one child (65%, n=35) and almost a quarter (24%, n=13) foster two children.

Figure 3 also shows that 5.6% (n=3) foster three children and a further 5.6% (n=3) foster four children as a kinship foster carer. 80% (n=43) have no other children living in the household. Of those households which do have additional children living there, over half (n=6) of them have one other

child, just over a third (n=4) have two additional children, and 1 person recorded having four additional children in their home. 40% (n=21) have other adults living in the household, mostly being the adult sons of the carer. 37% (n=20) of the carers in this survey do not have a partner living with them.

Figure 3: Number of children who are cared for as kinship foster children



2. Income and finances

Respondents were asked to indicate their net household weekly income. The questionnaire stipulated that the fostering allowance paid in respect of the child or children was included. Figures 4 and 5, below, respectively show the respondents' self-reported net weekly income and financial position.

All of the survey respondents are in receipt of fostering allowances from Social Services and 74% (n=40) stated this amount was adequate to meet the needs of the children they are fostering. Several of those who stated it was not adequate thought that the general cost of living had

increased whereas the allowance has not. Another stated that 'the amount a teenage boy eats' meant that the allowance was not adequate and another commented that they did not know anyone who would child mind for £20 a day for 7 days a week.

Figure 4 shows that just under 15% (n=8) of respondents self-reported that their weekly net income was less than £200 and, in Figure 5, over one third (37%, n=20) described their financial position as either 'a bit of a struggle at times' or 'challenging'. Most respondents described their income as 'manageable' (39%, n=21) and almost a quarter described it as 'comfortable' (24%, n=13).

Figure 4: Self-described total net household weekly income

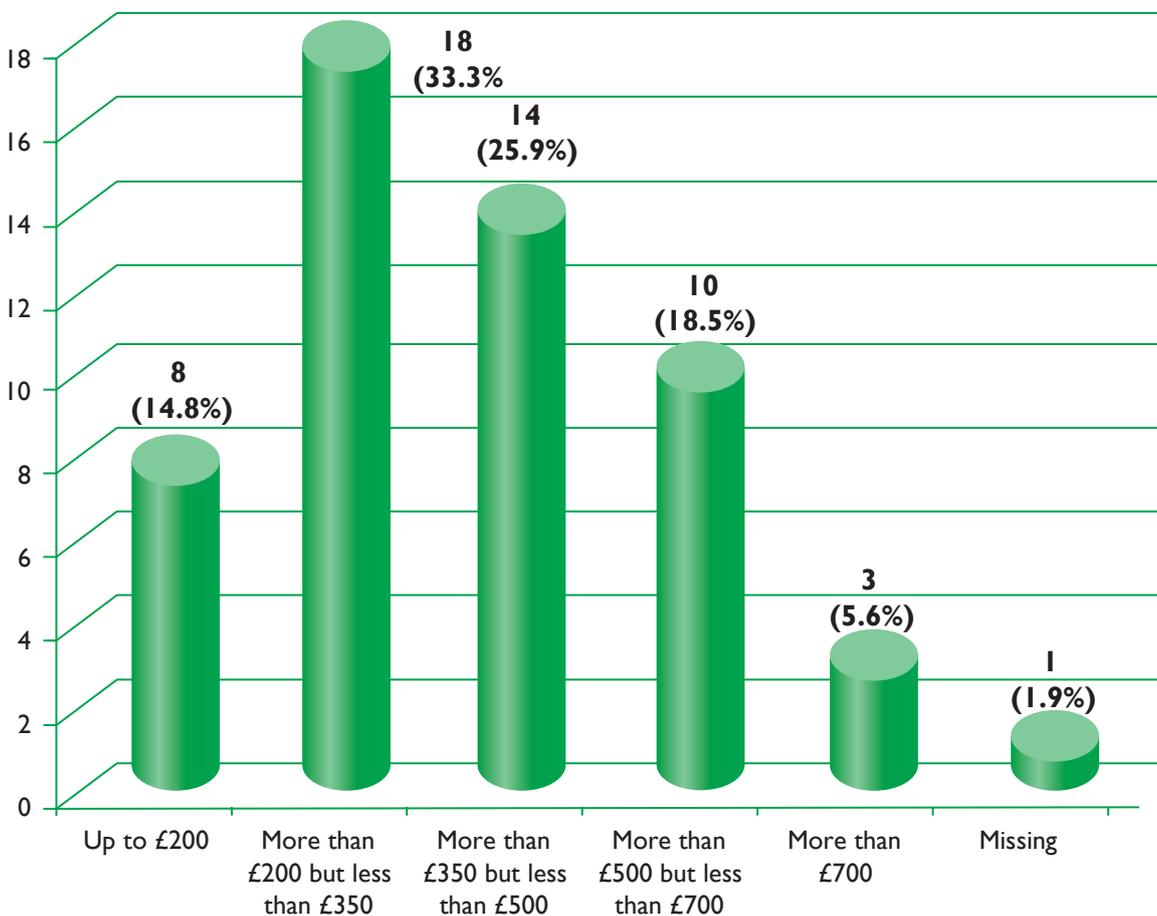
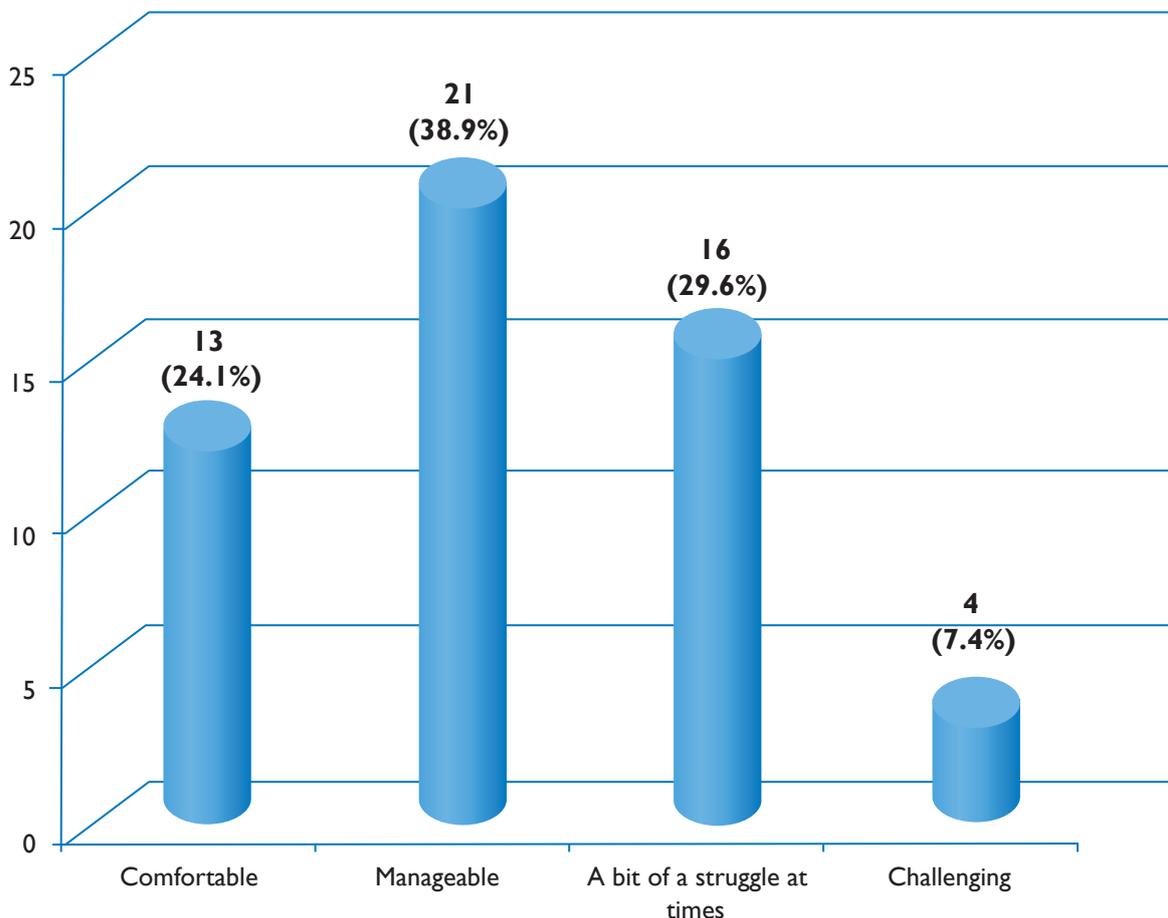


Figure 5: Self-described financial position



While respondents are likely to interpret these terms subjectively, those who commented (n=13) indicated concerns about the possibility of future financial instability:

- 'But no savings – everything costs more – food, heating'
- 'My husband owns his own business but it is in decline because of trading conditions.'
- 'Using savings to supplement income at present.'
- 'Comfortable at the minute as sold house but this could change in the future.'

The questionnaire did not distinguish between those who felt under considerable financial stress prior to fostering and those who felt that fostering had added to their financial hardship. All the carers in this sample, however, are in receipt of fostering allowances, although some indicated that accessing the allowance was not always straightforward. More specifically, they suggested they were not adequately informed about their entitlement to allowances and that the processing of these payments was not always timely:

'(I had) difficulty getting payments initially from Social Services. I found it stressful and was going to ask St.Vincent de Paul for a food voucher, but thought 'If I can't feed the children they will remove them', so I borrowed money.'

'I don't like asking for help.. I feel like a beggar.'
'It was too long at the start waiting for money.'

'I was left with a three-week old baby and no idea what to do! I got no allowance until after a year.'

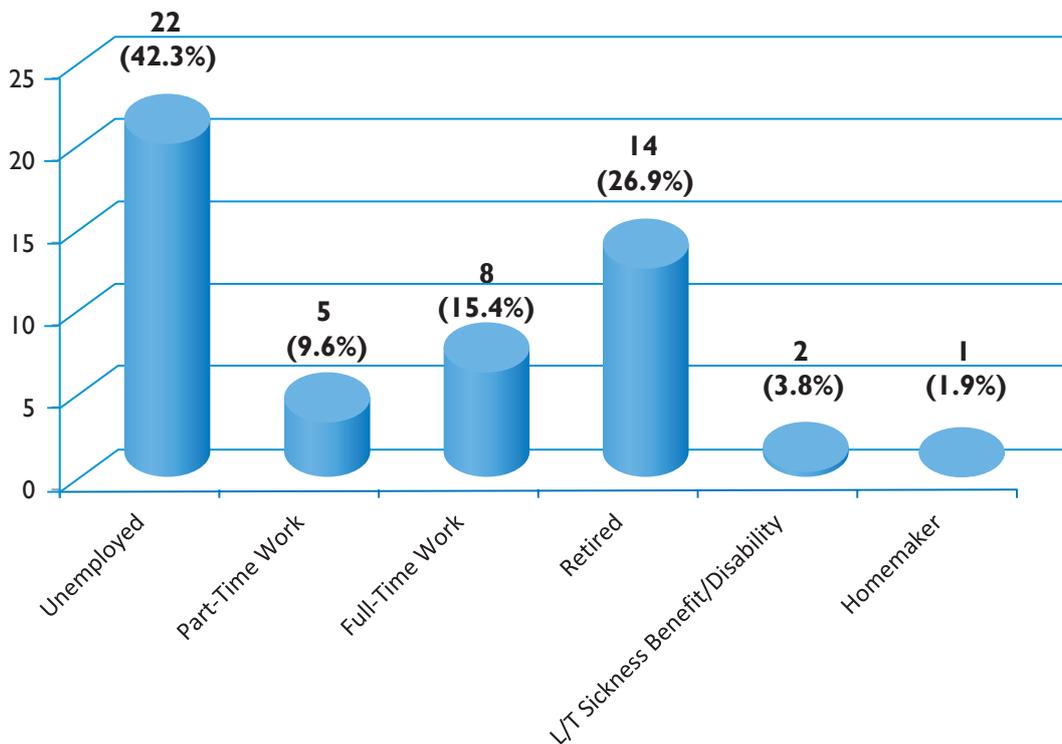
'For the first four months I didn't know I was entitled to financial help.'

The survey asked respondents to describe the employment status of both the foster carer

and their partner, if a partner was living in the household. Figure 6 below shows the foster carers' responses to this question. 42% (n=22) of carers who answered this question (n= 52) described their employment status as 'unemployed', 27% (n=14) described it as 'retired', 4% (n=2) described their status as being 'long term sickness/disability', 10% (n=5) stated they work 'part-time' and 15% (n=8) stated they worked full time. One person described their employment status as 'homemaker'.

The lack of economic activity was striking in the sample and, when the responses are grouped into two categories of 'economically active' and 'economically inactive', 78% of carers who responded to this question (n=52) fall in to the economically inactive category with just under a quarter (22%) being economically active. The economic activity of partners is also striking, with just over half (n=18) of partners being

Figure 6: Employment status of primary kinship foster carer



economically active (in part or full-time work). It is unknown if economic activity had changed following the child's placement.

3. The process of becoming a kinship foster carer

The majority of kinship foster carers (91%, n=48) in this sample were not caring for the child/children currently placed with them at the point at which Social Services became involved. Only 24% (n=13) of these carers initiated the first contact with Social Services to highlight concerns, meaning that over three quarters (n=40) were contacted by Social Services regarding the prospect of becoming a kinship carer. 96% (n=52) have been assessed as a foster carer and 87% (n=47) have been approved. The survey asked respondents about the duration of the assessment and approval processes. 62% (n=29) of those who responded to this question (n=47) indicated the assessment process lasted up to 6 months, 10% (n=5) stated between 7-9 months, 21% (n=10) intimated 10-12 months, 2% (1 person) said it took 13-18 months and 4% (n=2) stated it took more than 18 months for the assessment to be completed.

A range of kinship carers completed the questionnaire. Some had been through the assessment process some years previously while others had come more recently to this role.

Responses reflect the experiences of different kinship foster carers over a number of years, as practice and policy has developed to meet the new challenges arising from increasing numbers of children placed in kinship foster care and in the overall looked-after system.

Table 2 below represents carers' response to the question 'If approved, how long did it take from the time the child/children was placed?' 36% (n=17) waited less than six months and so the remaining 64% (n=30) waited longer than six months, with 10 people (21% of those who answered this question: n=47) experiencing a process which took over 18 months.

Respondents were asked to describe their overall experiences with Social Services on a scale of 'helpful', 'satisfactory' or 'unhelpful' and the results are displayed in Figure 7. As indicated, of the 52 who responded to this question, 52% (n=27) described their experiences as 'helpful', 38% (n=20) described them as 'satisfactory' and 10% (n=5) described them as 'unhelpful' meaning that 90% described their overall experiences of Social Services as either helpful or satisfactory. Respondents were given an opportunity to elaborate on their answer to this question and over half (n=27) did so. Their comments, examples of which are presented below under Figure 7, indicate that relationships and experiences with social work staff could not be captured in one

Table 2: Length of time between child/children being placed and approval from Social Services

Length of Time	Number	Percent
Up to 6 months	17	36.2%
7-9 months	6	12.8%
10-12 months	7	14.9%
13-18 months	7	14.9%
More than 18 months	10	21.3
Total	47	100%

word. Experiences are closely connected to the relationships which exist between social workers and carers. Linked to this were comments about changes of allocated social workers, meaning that carers have to keep building new relationships.

'We have felt very supported by the Social Services and received very wise advice';

'Sometimes find relationship with field Social Worker difficult. Social Worker can be negative when things are positive. (I feel) I have to be 'on guard' when the Social Worker asks questions.'

'Lots of changing social workers, new faces every month, not aware of caseload details.'

'The Social Worker has a very big impact on the placement. We have experienced good and bad.'

'Experience has been a combination of all three... tension at the start but it has become better. (Social Workers) need to listen to carers more regarding decisions affecting children.'

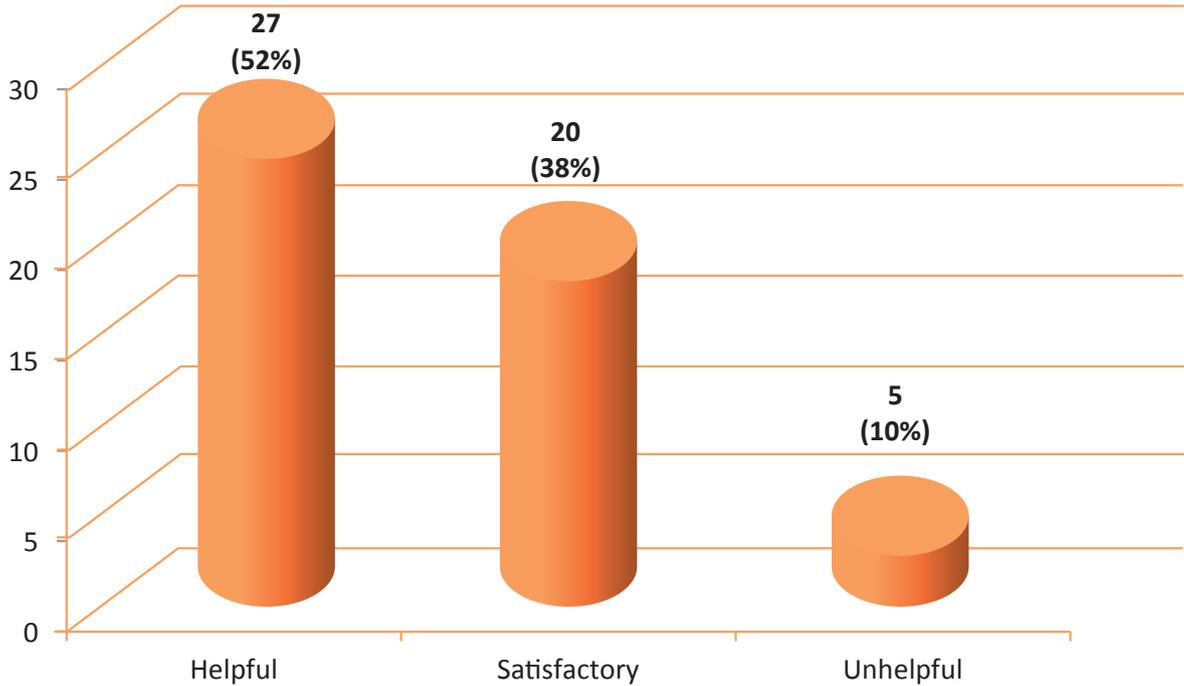
'Fantastic – never had any issues with any Social Workers.'

'Social Worker made it more difficult to get approved. The goals moved when teams changed. Misled.'

'I would like to be able to communicate with just one person. Not having to tell everything to lots of different people.'

Respondents were further asked about attendance at Family Group Conferences and LAC Review meetings. 50% (n=27) had attended a Family Group Conference and, 95% (n=23) of those who

Figure 7: Description of Experiences with Social Services



attended, stated they were able to participate as fully as they wished. All of the carers in this survey had attended a LAC Review and 89% (n=46) of them stated they were able to participate fully in the meeting.

3. Support needs

Carers were asked if they had any other comments to make. The majority (41 out of the 54 surveyed) availed of this opportunity to reflect on the entirety of their experience as a kinship foster carer. These brief, representative comments give an indication of the emotional and physical demands experienced by the cohort:

‘Experience is up and down. There are a lot of challenges and support could be improved.’

‘I have been a kinship carer for 10 years. I have had a lot of support but also times when I felt very under pressure with demands that Social Workers were putting on our home.’

‘Having Social Workers in your life is tough, but I wouldn’t want my life without this child.’

‘It’s worthwhile, a long road but the kids have come such a long way. You know you’re doing something right when you get a hug and a kiss.’

‘Wouldn’t change it for the world.’

These comments suggest carers face a variety of challenges. Moreover, the survey asked several questions about the type of support which would be useful in coping with these challenges for both the child/children being fostered and for their family. 65% of the respondents answered the question about the foster child’s support needs and 41% answered the question about the family’s support.

Given the incomplete data, and the fact that some respondents rated the needs outlined on the survey from 1 to 8, and others ticked each support need, these responses posed an analytical challenge. In response to this problem, the data was re-coded so that every mention or rank of a support need counted as one. Tables 3 and 4 below show the data produced by adopting this process for support needs for kinship foster children (Table 3) and for the kinship foster family (Table 4).

Table 3: Indications of support needs of foster children in kinship foster care

Type of Support Need (Child)	Number	Percent
Education	29	30.9%
Special Educational Needs	14	14.9%
Employment	11	11.7%
Counselling	11	11.7%
Finances	8	8.5%
Parenting	8	8.5%
Mental Health	8	8.5%
Addiction	5	5.3%
Total	94	100%

Table 4: Indications of support needs of kinship foster care families

Type of Support Need (Family)	Number	Percent
Education	15	20.5%
Special Educational Needs	10	13.7%
Finances	10	13.7%
Counselling	9	12.3%
Parenting	9	12.3%
Mental Health	9	12.3%
Employment	6	8.2%
Addiction	5	6.8%
Total	73	100%

This data indicates that educational support for children and kinship foster care families may be a priority area. 31% (n=29) of those who responded mentioned educational support and 15% (n=14) mentioned support for special educational needs, meaning that 46% of kinship foster carers expressed a need for educational support for the child/children in their care. 34% (n=25) mentioned these support needs for their family while 12% (n=9) mentioned counselling as a support need for both the foster child and for the family. 8% (n=8) mentioned support in relation to the foster child's mental health as a need and 12% (n=9) mentioned this as a need for their family.

As was mentioned at the beginning of this section, respondents also commented on the question: 'Is there anything else you would like to tell us about your support needs or your experience of being a foster carer?' The following comments are fairly emblematic:

'Independent advice/support would have been useful particularly at the beginning eg being given information as to what you are entitled to instead of feeling like you are 'begging.'

'It is very frightening at the beginning when you know you are on your own.'

'I generally get on with fostering and don't ask for things. I only find out if I am entitled to something if someone tells me.'

The respondents were asked if there was any other training they would be interested in and some of the comments in this section highlight the continuing challenges faced by these (in the main) grandmothers:

'Dealing with teenager's behaviours.'

'Having children with high levels of stress and emotional instability.'

'Puberty – changes.'

'Behaviour management – child has Significant Attachment Disorder. Anger-management. Puberty and teens.'

'Life story... how to explain to the child why they aren't with their parents.'

It is clear from the respondents' comments throughout the survey that managing the emotional aspects of their new families are a fundamental aspect of being a kinship foster carer.

The survey also asked carers to impart information about the child's siblings. The findings indicate the majority (63%, n=34) of children in kinship foster care have siblings living elsewhere (see Figure 8 below).

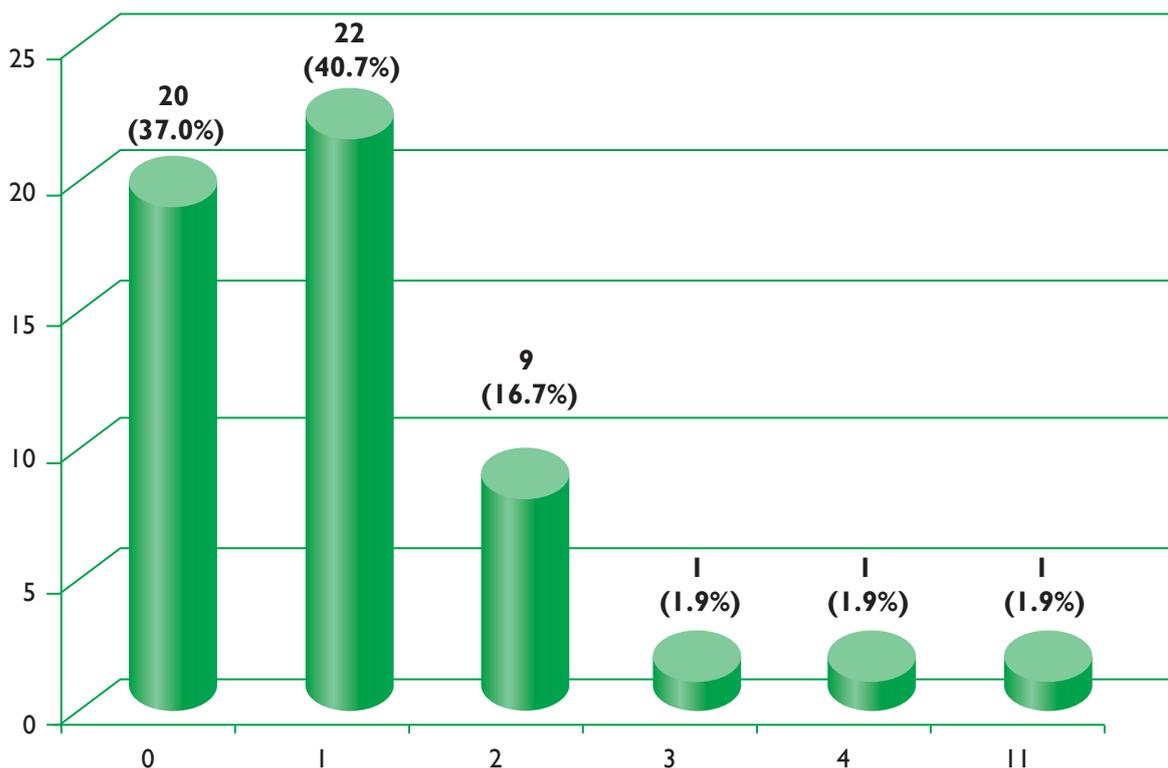
41% (n=22) of the total sample had one sibling living elsewhere and, as Figure 8 below shows, 17% (n=9) had two siblings living elsewhere. One child had three siblings living elsewhere, one had four and one had eleven siblings living elsewhere. All respondents (n=54) answered this question and several indicated that managing contact with birth parents and other siblings was a difficult issue for the different households involved:

'I manage the contact with Dad and Social Worker arranges it with Mum. Dealing with parents and other family members is still the most difficult thing.'

'Contact with child's Mum has always been a problem and remains so.'

'(Contact is) all arranged by Social Services.'

Figure 8: Number of siblings of fostered child living elsewhere



4. Being an older kinship foster carer

A significant finding from the survey, also reflected in the literature reviewed, is the respondents' age profile (most being in the older category) and the fact that a majority (56%, n=30) of carers are grandparents. Almost 60% (n=32) are over 50 and 82% (n=44) are over 40. This aspect of kinship foster care was investigated further by cross tabulating age with a range of other variables. This section focuses on disability, illness and economic issues and how these relate to the age of the carers sampled. All disability or illness was self-reported by the kinship foster carer.

15% (n=8) of the entire sample stated they suffer from a disability which affects their day-to-day life and the same percentage stated that they suffered from a long term illness which affected their day-to-day life. When disability/illness was cross-tabulated with age, it was noted that carers who reported having a disability were more likely to be over 50 years old. Table 5 below shows the percentage of each age group who reported having disability and/or illness.

Table 5 below shows that 22% (n=4) of carers in their fifties and 31% (n=4) of carers in their sixties stated that they suffered from a disability which adversely affected their day-to-day life. 11%

(n=2) of the carers in their fifties and 31% (n=4) of carers in their sixties reported suffering from a long-term illness which adversely affects their day-to-day life. Given this data, one might have anticipated that carers in their seventies would have reported even higher levels of illness and disability. Given there was just one carer in their seventies who completed the survey, this trend cannot be verified using this data.

As outlined earlier in the findings, 42% (n=22) of carers described their employment status as 'unemployed' and 27% (n=14) described it as 'retired'. Table 6 below shows the percentage of carers who described themselves as economically active or inactive cross-tabulated with their age.

78% (n=39) of the carers fell in to the category, described above, as 'economically inactive', indicating they are not working outside the home. When this is viewed alongside the age of the carer, it is not surprising to note that carers over 50 years of age appear more likely to be economically inactive, with 85% (n=11) of carers in their sixties describing themselves within this category. This may be partially explained by the fact that 71% of carers in their sixties and 21% of those in their fifties described themselves as retired.

Table 7 below shows age cross-tabulated with self-described financial position. Two thirds of carers in their 40s (n=8) described their financial

Table 5: Age and disability/illness

	Age of kinship foster carer					
	22-30	31-40	41-50	51-60	61-70	71+
% who stated they suffer from a disability which affects their day-to-day life	-	-	-	4 (22.2%)	(30.8%)	-
% who stated they suffer from a long-term illness which affects their day-to-day life	-	1 (12.5%)	1 (8.3%)	2 (11.1%)	4 (30.8%)	-
Total number of carers in age group	2	8	12	18	13	1

position as a bit of a struggle at times. A slightly higher percentage of younger carers described it as challenging and the data suggests that older carers may feel more comfortable financially than younger comparators, despite the fact older carers are more likely to be economically inactive.

5. The Fostering Network services

The carers were asked about several services provided by the Fostering Network (Table 8). All of the respondents had heard of the Fostering Achievement Scheme and 96% had used the scheme. Of these, 92% found it very useful and 8% useful. 26% had used Fostering Network's Advice and Information Line and all of those who used it found it to be very useful (85%) or useful (15%). 23% of respondents had used Fostering Network's training and all of them found it sometimes useful (10%), useful (45%) or very useful (45%).

Only 4% (n=2) had used other services provided by Fostering Network with 1 saying they had been useful and 1 describing them as very useful.

Carers were asked if they would be interested in

meeting other kinship foster carers on a regular basis and 52% said they would be interested in this opportunity. 31% said they would not be interested and 17% said they were unsure about this option. Many of those who stated they were unsure or, would not be interested, commented that issues such as time and transport were barriers:

'The time factor is an issue so, no.'

'It might be difficult to meet other kinship carers because of transport.'

'Finding time is difficult with two disabled children.'

'Quite time-bound with four children but perhaps in the future.'

Table 6: Age and economic activity

	Age of kinship foster carer					
	22-30	31-40	41-50	51-60	61-70	71+
% who described their employment status as unemployed, retired or receiving sickness/disability benefit	-	4 (50.0%)	9 (81.8%)	14 (82.4%)	11 (84.6%)	1 (100%)
% who described their employment status as part-time or full-time employment	2 (100%)	4 (50.0%)	2 (18.2%)	3 (17.6%)	2 (15.4%)	-
Total number of carers in age group who responded	2	8	11	17	13	1

Table 7: Age and self-described financial position

Self-described financial position	Age of kinship Carer					
	22-30	31-40	41-50	51-60	61-70	71+
Comfortable	-	-	2 (16.7%)	6 (33.3%)	4 (30.8%)	1 (100%)
Manageable	2 (100%)	6 (75.0%)	2 (16.7%)	5 (27.8%)	6 (46.2%)	-
A bit of a struggle at times	-	1 (12.5%)	8 (66.7%)	5 (27.8%)	2 (15.4%)	-
Challenging	-	1 (12.5%)	-	2 (11.1%)	1 (7.7%)	-
Total number of carers in age group	2	8	12	18	13	1

Table 8: Rating of services provided by Fostering Network

Fostering Network Service	Number and % who had used	Sometimes Useful	Useful	Very Useful
Fostering Achievement Scheme	52 (96%)	-	4 (8%)	48 (92%)
Advice and Information Line	14* (26%)	-	2 (15%)	11 (85%)
Training	12 (23%)	1 (10%)	5 (45%)	5 (45%)

*1 respondent did not rate the usefulness of the advice and information line

The Interviews

Background to the interviews

The researchers interviewed the carers in their own homes. In three of the nine cases, the carer's partner was also involved in the interview. The interview schedule/topic guide is attached in Appendix Two. The topics for discussion were determined following an analysis of the survey data and theory mentioned under the method section. The survey responses indicated there were particularly complex processes and challenges involved in becoming and remaining a kinship foster carer. The topic guide for the interview was designed to allow the respondents to reflect on the entirety of their experience. The emphasis was on understanding the carers' and children's support needs in a range of domains. The interviews varied in length from 1 to 4 hours

Each person who spoke to the interviewer had a unique story to tell, but it is not the intention of this report to outline the intricate details of these narratives. To do so would risk breaching the participants' confidentiality: suffice to say that the stories told through these interviews outlined a number of social and health issues which had impacted on the birth parents' ability to care for their child. All of the carers interviewed were related to the children's birth mother. Central to many of these stories, was the mental health of those mothers, alongside a range of other issues, including alcohol and drug abuse, learning disability, post-natal depression and domestic violence. These problems, in some cases, led to the children being placed on the child protection register prior to their move into kinship foster care.

The report is structured as follows. Firstly, the processes of becoming a kinship foster carer are detailed. Key themes, here, were the carers' continuing requirements and comments about contact with birth parents. Talking about these areas often generated discussion about

relationships with Social Services and how they might be improved. This theme is outlined in the second section. Thirdly, the support needs of the child/children are considered. The final section summarises the reflective comments made by carers about their whole experience as well as their perspectives about the future. This section also reflected on what carers said helped to sustain the placement. As a purposive sample, the comments of these carers are not intended to be representative of all kinship foster carers in Northern Ireland nor, indeed, of those who were surveyed as part of this study. Their comments represent this group's perceptions, based on their own unique experiences and were accepted as such by the interviewers.

1. 'Everything changed from then': Becoming a kinship carer

1.1 Initial placement

The comments of five of the nine interviewees indicated that the placement of the child(ren) in kinship foster care was made in an emergency. Although the carers had previously recognised there were problems in the care of the children, their removal from their parents (usually mothers) was often unexpected. One carer got a call from the police in the middle of the night. Another carer was at work when a social worker rang her and said that the children needed to be looked after immediately. In this case, the children were left in the care of the family's babysitter until the kinship foster carer returned from work that day. Two carers said:

'Social workers just landed in and left them... everything changed from then, with the kids, the family, with everything.'

'Two policemen called at my house out of the blue with the kids in the car.'

Other children had been with other family members, or in short-term, foster-care, prior to this kinship placement, so the arrangement had been anticipated. Carers often agreed to mind the child/children on a short-term basis, or were caring for the child as an 'ad hoc' measure, such as for the weekend and ended up caring for the children years later:

'Social Services brought them to stay with me. They were to be left for one or two weeks only... It was meant to be a holding arrangement, but time has gone by and they have been with me now for ten years.'

1.2 Quick decisions and slow processes

The carers reflected on the dilemma associated with having to make a quick decision about caring for the child:

'We didn't choose this. It was thrust upon us.'

'If you're a foster carer, you've chosen to do that. Kinship carers have no choice... It happens quickly. You don't get to train for it, it just happens.'

The carers spoke of how they felt obligated to care for their 'kin'. One carer had refused to take the child; however, her husband insisted they should take on the role because, if they refused, the child would 'end up in prison.' Another carer stated:

'I grew up in care so I couldn't let them grow up in care.'

Given that the kinship care arrangement was often agreed as a temporary measure, in addition to the variety of complicated issues at play within families, the process of stabilising the placement was different for each child. Several carers reported delays in the processes of being assessed and being granted care of the child:

'It took us so long to be approved because we slipped through the net... social workers were off sick.'

One carer stated that she and her husband did not undergo any form of police check nor assessment until the child had already been in their care for a year and a half. Another stated that the child had been with them since 2008 and that they were only approved this year (2013). This delay made the carer feel insecure about caring for the child and for the child's future care. Others talked about how the assessment processes caused stress:

'I thought they would be going through my cupboards!'

'The foster panel was nerve racking. It had been two and a half years (waiting).'

'The assessment is very stressful, your private life was investigated and discussed.'

'The assessment was brutal. She (the social worker who carried out the assessment) spent twelve hours with me and nine hours with (name of husband). We spoke individually about our problems and then they went over and over it together. It was a long process.'

1.3 Contact arrangements

The issue of contact with birth parents was reported to be challenging. Given the familial relationships involved, there was frequent reference to a feeling of being 'caught in the middle' between birth parents, the children being cared for and other family members. For most of those interviewed, contact arrangements have been and, continue to be, fraught with emotional stress:

'This is the most difficult thing about kinship care.. because you know the people.'

'I have no contact with my sister (birth mother of child in kinship care), we don't speak.'

'I wish their mother would leave them alone sometimes.'

'Contact is volatile. It can be hunky dory or a nightmare, you can't predict which. It's like waiting for a bomb to go off.'

'One time, (name) stabbed her mum's photograph after contact.'

1.4 Support needs

Two clear support needs emerged as being important at the beginning stages of placements: practical, financial help and information support. One family spoke of how two additional children joined their own three children in December.

This placement was made in an emergency during a holiday period. The children, then aged six and almost two, arrived with no coats and nothing other than the clothes they had on that day and the carers talked about not being provided with sufficient finances or equipment to meet the children's basic needs:

'I mean, that first Christmas, we had no money to give them a Christmas. But we had to... 'We had never begged in our lives... It was awful... I had to borrow off my Dad.. I was so ashamed... I mean, £30 didn't even cover (name of child's) nappies.'

The lack of an initial support package was described as adding stress to what was already a very challenging situation. It was suggested that carers should be given a sum of money up front which could help meet immediate and urgent costs. For most, this included items such as a bed, wardrobe and clothes for the child/children coming into their care. Several carers reported relying on the charity of friends, neighbours and other family members to meet these essential and urgent needs:

'Friends gave us a bed... they arrived with clothes and shoes for him. The help from Social Services wasn't there when we needed it, it came later.'

Lack of information about finance, in particular, was mentioned repeatedly. Carers reported not knowing about allowances and not being aware that they were able to claim for items such as mileage:

'Like, I drove to (name of place) and sat in a car park for two and a half hours. It would have been nice to know that I could have come home and the fuel would have been paid for.'

One carer also reported being given incorrect advice about benefits by a social worker, which ultimately meant that the child in their care did not receive an entitled allowance. It was when they sought advice from The Fostering Network that they realised they could make a claim for the benefit. The family received a full apology from Social Services due to this incident.

The carers' support needs, in relation to contact with birth parents, were not explicitly raised, probably because this issue was unique for each carer and was extremely emotionally difficult to recount. Nevertheless, contact was an area where support was required but it was sensitive to the needs of each individual carer and their family circumstances.

2. 'It's hard to trust people now': Relationships with Social services

2.1 Different experiences of professionals

One of the nine respondents spoke of social workers and their experiences with Social Services, in an entirely, positive manner. In addition, this carer spoke of how the child in her care was receiving support from a psychologist and how that psychologist was also available to provide her with beneficial support and advice including offering psychological explanations for challenging behaviour:

'I now realise it all comes down to attachment issues... this really helps me to understand her behaviour.'

Positive remarks were also made about a supervising social worker:

'My link [supervising] social worker comes once a month and advises me on training that would be helpful.. or simply talks over the issues.. all these ideas are very helpful.'

This carer mentioned that she also had good emotional support from other family members, and that her job working with special needs children has helped her to cope. The other eight respondents reflected that their experiences of social workers had been mixed. An important factor, here, was the change in social work staffing. One carer said they had seven different social workers in the first fifteen months of the placement:

'The link [supervising] social workers were off on lots of sick leave. We had seven social workers at the beginning ... that is... the first 15 months...one we couldn't communicate with as he did not have good English. We were falling apart but he said "you are fine". It was awful.'

Another expressed continuing frustration at having to tell and re-tell the painful history of how the child came to be in his care and his particular behavioural needs. He also relayed that the child had thirteen different social workers taking him to birth-parent contact meetings in one year. This was a child who was, at the time, suffering from night tremors and was diagnosed as being on the autistic spectrum, having an attachment disorder and ADHD:

'It was a terrible year.'

Yet, a different carer reflected more positively about her experience with her social worker:

'our current link worker [supervising social worker] is great and gives emotional support. She comes out whenever you need her. She reinforces expectations to (name of child fostered) about his behaviour and lays down the law. He doesn't listen to her though...but we can still contact the link worker at any time.'

2.2 Changing faces

Carers reflected on the variety of relationships with social workers. Comments such as the following were typical of how carers viewed these relationships:

'The middle social worker was good..The kids had four and they were all good apart from one.'

Repeatedly, carers referred to social workers being absent for various reasons. One mentioned that her social worker had been off sick for six months and that no one had replaced her. One carer surmised that, because their relationship had begun so badly with a previous social worker, that it was hard to trust the new one, even though she was more efficient. On the one hand, this was due to the previous negative experience and, on the other, because they believed that a new social worker would not stay for very long. That said, many of the carers showed empathy for the social workers with whom they had contact. Comments were made about the pressures of their work and their changing job roles.

There were also frequent comments that were critical in tone; they represented a powerful call to social workers to improve their communication and relationships with carers. The following comments were all from different carers:

'We just feel like they don't give a damn about us.'

'We have been shafted in the past.'

X's social worker comes once a month. She's more than helpful'.

'Our current link social worker is great and gives emotional support. She comes out whenever you need her... we can call her any time'.

2.3 Support Needs

Carers clearly and articulately expressed a need to experience diligent social workers who followed up on support needs and communicated important and accurate information at appropriate times. Whilst many had experience of this kind of service, they also had endured the opposite. To reiterate, carers also needed to experience continuity in social work staffing.

3. 'Education is a big, big one'

3.1 The impact of being in care

The carers spoke of how the children presented with a range of educational, emotional and behavioural issues. These issues were invariably put down to the children's earlier experiences but also to negative reactions to contact. For example, one carer talked about how the child in her care greedily ate everything given to him at lightning speed and hoarded food in his room when he first arrived. It was only later on that she was able to connect this behaviour to the lack of food that had been available in his mother's home and so understand its significance.

3.2 Education as a priority support need

All the interviewed carers, apart from one, talked about the educational needs of the child in their care and the high prevalence of these needs. For some, this was highlighted as part of the reason for the child coming into care in the first instance. Moreover, children within the sample were seen as having problems relating to autism, anger management, mental health and a range of other behaviours. All of this meant school life could be challenging. One carer paid for additional tutoring and found this had been a positive move whilst another carer mentioned receiving this from The Fostering Network (the Fostering Achievement

Scheme is commissioned by the HSCB from Fostering Network) and found this to be very useful. The following quotations all refer to different children in the sample:

'Her education has been disrupted; her upbringing has been so poor.'

'At primary school there were real difficulties. He was immature for his age.'

'When he was in P6 he was moved to a special school. This was a disaster all round.'

'His concentration is very poor. He's on medication but this doesn't help.'

'He has a statement and he's in the learning disability unit attached to the school.'

'When it came to her exams, she suffered from stress and this affected the results.'

'Education is a big, big one... Our experience with the school has been shocking... we felt we needed to remove 'X' from the school... this was the last straw. The EWO was helpful in trying to get 'X' into another school. We then saw another principal of a school and we cried in his office. We were so overcome by his compassion. He agreed to take 'X'. Then an amazing change occurred. 'X' blossomed.'

3.3 The positive impact of kinship foster care

Although the children's educational needs were highlighted, those carers who had been caring for longer periods of time were positive about the progress that had been made in this sphere. In this regard, these carers looked back at the early stages of their experiences as kinship foster carers. They recognised the stability of the care they

were providing was having a positive impact on the educational outcomes for the children in their care:

'He struggled when he first came here, because of all the court appearances. He actually said at a LAC review that he would do better at school if he lived with me and, do you know, he was right!'

'I spoke to the headmistress and she said, 'Whatever you have been doing for the past six months, keep doing it.'

'He wants to go to university and get a degree. He is very focussed about everything he wants to do.'

3.4 Impact on kinship foster carers' birth children

Carers also talked about the impact kinship foster care was having on their own birth children. One family asked their grown up children to leave in order to create space within the home. Another family talked about the difference that existed between looked after children and their own. Whilst they tried to treat them the same, the former often had more emotional needs. They also had more frequent engagement with health professionals as a result of social service involvement.

'You don't treat them (cared for children) the same as your own kids. You watch them more, you look out for them more, in case Social Services would be on your back. If something went wrong we'd be tortured. If they fall, they go to hospital.'

4. 'We decided we weren't giving up': Reflection on the whole

4.1 Respite

Aside from information and financial support, which was most often required at the

commencement of the placement, carers mentioned respite support as an important need that was not being met, either by Social Services or through other channels. None of the carers had current respite arrangements in place. Having to have family members Access NI vetted before they could look after the child(ren) was a cause of annoyance for one family. The carers in this situation interpreted this requirement as an indication that they were not being trusted to decide who could spend time with the children. As a result, this couple stated that they no longer got time to socialise together without the children being present:

'Before we maybe got out once a month and now it's maybe twice a year. They can't trust our judgement after four years of having the kids... I don't mind sitting in, but you know it would be nice to be able to maybe get out for a meal, for a walk.'

Another carer spoke of his need for respite and how it had been delayed due to checks being carried out on his chosen respite carer (his daughter). He had asked the social worker if he could leave the (cared for child) off early at his daughter's home one morning as he had an early appointment to attend. The social worker said this could not be approved. However, when asked where the child would go in an emergency, the social worker opined that he would be placed immediately with this daughter. In recounting this story, the kinship foster carer reflected:

'So, it's okay if it meets their needs, but not mine?... I've had no respite and I'm not happy with it one bit.'

4.2 Grandparents as kinship foster carers

Those carers who were grandparents reflected on their age and the concerns this caused them.

One carer decided not to apply for a Residence

Order but to leave parental responsibility with the Trust and the child's mother. He was worried that, if his own health deteriorated, the child would be abandoned. What is more, he was fearful that his own health may be a barrier to providing care for his grandson who had learning difficulties:

'I might feel young, but my body doesn't tell me that. When I'm seventy he will be coming 20. I am concerned about what will happen after that, he is always going to need extra care.'

Other grandparents talked about the difference in parenting a grandchild in their care compared with their relationship with other grandchildren; they expressed a sense of loss that, a relationship that should have been about grand-parenting, was then transformed to a completely different one of full-time parenting:

'I have other grandchildren who bring me joy. There is great satisfaction knowing they are going back to their mum and dad and have security.... We are his (the cared for child's) mum and dad, we're not grandparents to him.'

'If I had to give advice to a grandparent thinking about kinship care, I would say don't do it. It's worth it once you get there, but it's getting there is the problem. The system needs to change and kinship carers need to be given more respect.'

4.3 Keeping going

Carers were asked to comment generally on their experience of being a kinship foster carer, hopes and fears for the future and what helped and hindered the sustainability of the placement. This led to detailed descriptions of how the journey of becoming and remaining a kinship foster carer had been very challenging. Inevitably, carers were sustained by a strong will, determination and an obligation to stand by their child and their comments focussed on the emotional connections between themselves and the child, their partner, other family members and friends. Carers clearly

indicated that their sustained efforts were rewarded by seeing the child in their care develop and achieve their milestones. Several reflected on how things had improved and 'settled' with time. The following quote from a carer, who had cared for the child in some form since he was five years old (a period now of some thirteen years), was typical of this sentiment:

'You watch a wee child come in to your home who is terrified, tired, cold and hungry. To watch him grow up in to the lovely young man he is. He is kind, he is caring. He is just lovely and we are so, so proud of him.'

Yet, in some cases the future brought manifold fears:

'we are worried this will go on forever. We have financial worries. You don't know what is round the corner. Will he (referring to a grandchild) be able to get a job?'

Another carer reflected:

'If anything happens to us, there is no back up in a crisis. That is why we want a support network. Our own kids couldn't really step in because of their own demands. We need someone... respite to engage with (mentions child's name)... someone younger than us... I am so exhausted. It is not normal for a 70 year old to be bringing up a child... we have no back up in a crisis.. we have to fight for this. Kinship care and stranger care are totally different...two completely different worlds. In kinship care, you are emotionally involved with the child... emotion is there.'

In terms of reflecting on the total experience and providing advice to other relatives considering taking on the role, one carer remarked:

'My main message is this: kinship carers need more advice about their entitlements from social services at the start. We could not have predicted we were to become kinship carers... it came out of the blue. Such a shock for both of us.. The first LAC reviews were nightmares... Social services should have prepared us for court. The first social worker didn't have much idea about this. We weren't told 'Y' had come off the register. We weren't told what an at-risk register was.'

What helped to sustain a placement was the support provided by others. In particular, the services provided by the Fostering Network were unanimously appraised in a positive way (even though, in some cases, the carers had not been aware they existed until they were well into the placement):

'Fostering Network are very good at setting things up. They provide practical services...our Fostering Network support worker is very good. He provided a tutor for (child's name). It's about getting to know about Fostering Network that's the issue.. we really enjoy the yearly dinner they provide.'

This study set out to investigate the needs and experiences of kinship foster carers in Northern Ireland. In terms of their age profile, and relationship to the child, the participants were similar to those in other studies of kinship foster care. Thus, the majority of carers in the sample were female (89%) and just over half (56%) were grandparents with 48% classified as grandmothers. Overall, grandmothers and aunts accounted for 80% of the sample. However, the finding that only 2 of the 54 kinship foster carers were siblings of the fostered child is somewhat in contrast to recent estimates of the high proportion of adult siblings thought to be providing informal care (Nandy and Selwyn, 2011). It would be useful to explore further the factors that influence choices about which relatives, or friends of the child, become their kinship foster carer. The experiences of sibling kinship carers, especially adult sisters, who Nandy and Selwyn found to be the poorest kinship carers, warrant further attention as their voice is not strongly represented in this sample and their needs may differ significantly from those of grandparents who have been the subject of more comprehensive research (Nandy and Selwyn, 2011; Selwyn and Nandy, 2012).

Reflecting the relationships outlined above, and again consistent with previous research, the majority of kinship foster carers in the sample were aged 50 years and over with 24% being over 60 years of age and one being over 70 years old. A number of the carers in these age groups reported either a disability (22% of those aged 51-60 years and 31% of those aged 61-70 years) or long-term illness (11% of those aged 51-60 years and 31% of those aged 61-70 years) which affected their daily life. Given the age profile of the carers in the sample and the incidence of reported disability and long-term illness, it was perhaps not surprising that almost three quarters were economically inactive by virtue of either being unemployed, retired or receiving sickness or disability benefit. Although the self-reported financial positions of the carers varied, financial stresses existed within the survey sample.

Consistent with the requirements of the Minimum Kinship Care Standards for N.I., all of the survey respondents were in receipt of fostering allowances from Social Services and the majority (74%) described these resources as adequate in terms of meeting the needs of the children placed with them. Those respondents who did not feel that these amounts were adequate linked this opinion to issues such as the increased cost of living or the enhanced costs associated with caring for an older child. However, over a third of the participants still reported their overall financial situation to be a struggle or challenging.

The timing of financial support appeared to be of critical importance to carers. Interview respondents indicated that placements were often made in an emergency and they were faced with the unexpected and immediate demands of providing basic clothing and equipment for the child. Many carers felt that the financial and practical support they received at the beginning of these emergency placements was inadequate and that the mechanisms for securing allowances and equipment were slow and unresponsive to the urgency of their needs.

The Minimum Kinship Care Standards for Northern Ireland state that kinship foster care allowances are payable from the time the child is placed. However, while social services do not have to complete the formal approval process before initiating payments, there is likely to be an administrative delay in establishing payment of on-going allowances. The kinship foster carers in this study highlighted the need for more flexible arrangements that would allow social workers more immediate access to funds and equipment to provide for the child's needs from the very first days of placement.

It should be noted that the kinship foster carers surveyed and interviewed were not asked for details on income levels prior to becoming a carer or the actual level of allowances received. The

financial information provided to the research team was self-determined by the respondents. It is the case that kinship foster carers are provided with the same level of allowances as non-kinship foster carers, and that these are increased on an annual basis to reflect increasing costs. Trusts may also make provision to kinship foster carers where children are placed in an emergency.

The research literature was clear that, in terms of their characteristics, experiences of adversity and needs, children in kinship foster care did not differ significantly from those in non-kinship placements and therefore they required well-supported carers. Data from both the survey and the interviews indicated kinship foster carers and the children they cared for, exhibited a number of central, support needs. In this connection, one of the main issues identified in this study was the importance of well-coordinated support in terms of practical help, financial assistance and accurate and timely information during the early stages of the placement. Not only that, the findings endorse key theories of family support (Cutrona, 2005) which suggest support should be practical, emotional, respite-oriented, accessible, available, and timely.

For most participants their route to becoming a kinship foster carer differed significantly from the extensive preparation and assessment that non-kin foster carers typically experienced prior to placement. The majority (74%) of the survey respondents indicated that they had been approached by Social Services regarding the prospect of becoming a carer and placements were often made in an emergency precipitated by a crisis in the birth parent's life. There was little time for participants to prepare for the placement and their new role and the initial stage of the child's stay was reported to be a particularly stressful and challenging time. In addition to the immediate financial needs outlined above, carers frequently raised the fact that they lacked information concerning allowances and benefits to which they might be entitled, with some reporting that they

only found out about these and other resources inadvertently through speaking to other kinship foster carers. Furthermore, participants reported feeling bewildered by the complexities of social work processes and procedures which contributed to their stress at a time of family crisis.

The possibility that arrangements for kinship care may be required urgently as a response to family crisis is acknowledged in the Minimum Standards which provide guidance for a two-stage process for assessment of emergency kinship fostering placements. An initial assessment checks the suitability and safety of the carer and their home while a stage 2 assessment considers the continued suitability of the placement and the longer term needs of the child and the carer. The findings of this study reveal the beginning of placement as a time of particular challenge for kinship foster carers and highlight the importance of social workers giving consideration to the needs of carers in their initial assessment. The findings suggest that new kinship foster carers may benefit from clear, timely information on benefits entitlement and social work processes. An initial support package of financial and practical support, quickly mobilised to respond to the immediacy of their needs, could be beneficial as the lack of such provision was often described as increasing the stress in an already very demanding situation. In addition to social work support and assessment, new carers may benefit from peer contact. Consideration could be given to finding ways of quickly linking them with more experienced kinship foster carers, for example, through schemes such as that described by Denby (2011).

Carers stated that the process of being assessed and approved as kinship foster carers was a lengthy one with 64% of the survey respondents indicating that the process had taken longer than six months and 21% stating that it taken longer than 18 months to be approved. It is likely that kinship carers who came recently to fostering were assessed in a more timely manner. Several

of the interviewees also described delays in the process of being assessed and approved which they found to be stressful and which led to them feeling insecure in their role as the child's primary carer. As Farmer (2010) noted, approval as a kinship foster carer, and the financial and practical support which flowed from this process, was associated with lower levels of placement breakdown. The need to expedite kinship assessments has been noted in a recent review of fostering services in Northern Ireland which urged Trusts to monitor timescales for assessment and improve efficiency while still ensuring the protection of children (RQIA, 2013).

In terms of continued support, it was clear that caring, responsive relationships with social workers were very important to the carers and the majority of survey respondents described their experience of contact with social workers as helpful (52%) or satisfactory (38%). However, it is of concern that 10% of respondents described their contact with social workers as unhelpful and only one of the nine interviewees spoke of this in exclusively positive terms with the other eight reporting less positive experiences. In particular, carers felt that social workers did not provide accurate and timely information, especially in the early stages of the placement (as discussed above); they complained about the frequent changes of social worker (both fostering support workers and children's social workers); and, in some cases, they expressed a view that social workers did not care about them, and did not follow-up their support needs, nor assist them to access appropriate information and support. One issue raised by the interview respondents in particular was the apparent insufficiency of respite. None of those interviewed reported having current, respite arrangements in place. A number expressed frustrations in the delays in completing checks and assessments in respect of respite carers, believing it was not an issue that was prioritised by social workers. There appeared to be some confusion among kinship foster carers

between formal respite arrangements assessed on need and provided by social services, and informal arrangements that could be provided by other family members.

It was clear from the responses of the carers that they needed and wanted continuity in their relationships with social workers, and contact with individuals who were approachable, caring and diligent about accessing support for them. Overall, the findings suggest that relationship-based social work (Ruch, 2010) was valued highly by the cohort. This approach is characterised by the application of empathy, listening, perspective-taking, containing anxiety, re-framing, encouraging hope and simply 'being there' in times of need.

Consistent with reviews of earlier research (Cuddeback, 2004), the participants were caring for children with significant emotional and behavioural difficulties and experienced complex issues associated with their position and role as kinship foster carers. The issue of educational support emerged as a priority need from both the survey and interview respondents. This was borne out by the fact that 46% of the survey respondents raised this as an issue, and eight of the nine interviewees discussed difficulties the child was having in school. Such difficulties were often compounded by a range of emotional and behavioural challenges and carers' own stresses in trying to deal with these issues. The carers also pointed to the need for support in dealing with the child or young person's mental health issues including counselling for both the child and themselves. The likelihood of placement disruption and breakdown of kinship foster care arrangements has been found to increase significantly the older the child (at the time of placement) and if he or she had been excluded from school (Farmer, 2010). It is therefore vital that particular emphasis is placed on supporting kinship foster carers who are looking after older children or children who have behavioural and/or emotional difficulties and that carers are assisted to manage any educational

difficulties that the child or young person may be experiencing.

Several of the survey respondents, and all of those interviewed, reported that managing contact with birth parents was challenging and emotionally stressful because of the complex family relationships involved. This echoed the findings of previous research that tensions in relationships with birth parents were more common in kinship foster care arrangements compared to non-kinship placements (Lernihan and Kelly, 2006; Coakley et al., 2007; Farmer, 2010; McSherry et al., 2013) and can be a significant source of stress impacting on the success of the placement. The respondents in this study were not explicit about their support needs in relation to contact arrangements but those interviewed found this to be a difficult and upsetting issue to discuss. Contact was, however, an area in which support was required: kinship foster carers needed to be assisted to mediate the complex, family relationships that often ensued in the lead up to the placement or following its inception.

Finally, both the survey and interview respondents were positive about the services provided by the Fostering Network although several interviewees indicated that they had not been made aware of these resources until the placement was well advanced. In addition to these services and support from Social Services, 52% of the survey respondents indicated they would be interested in meeting other kinship foster carers on a regular basis. Those who were unsure about this option (17%) indicated that potential barriers, such as time and transport costs, would need to be considered if such opportunities were to be offered. In spite of these tempered remarks, the benefits of such peer-support networks are well documented in the literature (Denby, 2011, Aziz et al., 2012; Lin, 2013).

In summary, this study aimed to explore kinship foster carers' needs and experiences in relation to the following key areas: carers' demographic

profile; the needs of the fostered child; placement issues; and engagement with formal and informal supports. The demographic profile of this sample of carers indicated a range of psycho-social and economic needs. The majority of the kinship foster carers were female, aged over 50 years, and many, particularly in the older age groups, reported a disability or long-term illness that affected their daily life. Almost three quarters of carers were economically inactive. Although fostering allowances were considered adequate to meet the fostered child's essential needs, many carers reported their family finances to be strained. Financial stress was particularly acute in the early days of the placement before payment of allowances was established and when outlay for clothing and equipment was most urgent. The participants were caring for children with significant emotional and behavioural difficulties. In particular, they highlighted the following support needs: educational supports; counselling for the carer and the child; and help with managing complex and stressful birth parent contact.

Most carers were approached by social services about providing a placement and many of these arrangements were made in an emergency, leaving carers little opportunity to prepare. The stress of responding to family crisis and adjusting to their new caring role was compounded by a lack of information about benefits and support entitlements; feeling bewildered by social services processes; and lengthy or delayed assessments. The majority of carers were satisfied with social work support and, in particular, valued social workers who were caring, responsive and with whom they could develop a relationship. Sources of dissatisfaction were the lack of timely, accurate information; agencies who were unresponsive to support requests; frequent changes of social worker; and insufficient respite. The participants valued the service they received from the Fostering Network. More than half indicated that they would welcome further opportunities for peer support.

This research reflects the needs of a group of kinship foster carers at a point in time. There are a number of significant developments in recent years. These include the publication by DHSSPS of Kinship Foster Care Standards and the development by the HSCB of kinship foster care policy and procedures. It is hoped that further research in the future would indicate that these developments would have led to significant improvements in outcomes and experiences for kinship foster carers.

1. Immediate social services placements of children with kin.

The importance of providing information, advice and support to kinship carers, prior to or immediately after a child's placement was highlighted in the research.

Consideration should be given to developing clear, user friendly, regional information materials. This should include sections clarifying:

- a) carers' rights and responsibilities in caring for a looked-after child, including information on the legal status of the child and the implications of same for the carers;
- b) carers' entitlement to immediate financial and other practical support;
- c) the immediate care plan for the child and information on the relevant social work decision-making processes including the carers' contribution to same; for example, the timing and purpose of looked-after children reviews and/or child protection processes, where applicable;
- d) at a very early stage, other organisations that can offer advice and support to kinship carers at this crucial time; for example, the Fostering Network.

2. Social work processes

- a) Kinship carers should be facilitated to consider all aspects of the placement including, in particular, both their own and the child's support needs.
- b) When a child's care plan changes from medium to long term care, and the Trust wishes to explore extending the placement, kinship foster carers should be facilitated to consider the longer term implications of providing care for both the child and themselves. They should be given full information on the legal options and the potential supports that are available.
- c) The timing, purpose and content of the foster care assessment process should be explained fully as both delay and lack of knowledge can cause stress.

3. Training and peer support

- a) Kinship carers should be able to avail of different types of support or training including peer support groups. These opportunities should be facilitated for those who indicate an interest and cognisance should be taken of time, venue and transport to maximise accessibility.
- b) Consideration should be given to facilitating individual pairings of new and experienced kinship carers to share information and support.
- c) In addition to offering traditional training, supervising Social Workers could undertake individual work with kinship carers in relation to particular issues arising in the placement, to both support the carers and improve the outcomes for the children.

4. Contact

Given both the history and complexity of family relationships in most kinship foster care situations, birth parent contact can be both challenging and very stressful. Consequently, Social Workers need to be involved in agreeing arrangements, and where necessary, providing or arranging supervision of the contact, otherwise significant difficulties can arise that potentially threaten the stability of the placement.

5. Children's Educational Needs

Kinship foster carers identified, as a priority, the need for support for their foster child in school. They valued the support provided by the Fostering Achievement Scheme but also sought help in relation to working more closely with schools. Trusts need to work with the Looked-After Children Education Service, and other initiatives to share learning and promote an understanding of the unique challenges for kinship foster carers.

6. Respite /Family Support

Due to the child's needs, and the kinship carer's circumstances, the need for respite is much to the fore. However, some carers experienced administrative delays in processing Access NI checks for relatives who could provide this care. Hence:

- a) Social Workers should ensure that family support and respite arrangements are considered when carrying out assessments.
- b) Respite should be provided by another family member with whom the child has a good relationship. Such arrangements may be identified through a family group conference. If this is not possible, families should be linked with another foster family who can provide this support.

7. Relationship-based social work with kinship foster carers

- a) Kinship foster carers experience high levels of stress. Many are older and suffer from chronic health problems. As such, they need accessible, timely, practical and emotional support.
- b) It is very important that kinship foster carers have a good and consistent relationship with at least one Social Worker, whether this is the supervising Social Worker or the child's Social Worker.
- c) The role of the Social Worker is to provide a variety of support depending on need. It is based on the relationship between the Social Worker and the carer and will involve the application of empathy, listening, perspective-taking, 'containing' anxiety, re-framing, encouraging hope and simply 'being there' in times of need.

References

- Aziz, R., Roth, D., Lindley, B. (2012) *Understanding family and friends care: The largest UK survey*. London: Family Rights Group
- Coakley, T.M., Cuddeback, G., Buehler, C., Cox, M.E. (2007) Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review*, 29, pp. 92-109.
- Cuddeback, G. S. (2004) Kinship family foster care: a methodological and substantive synthesis of research. *Children and Youth Services Review*, 26, p.623-639.
- Department of Health, Social Services and Public Safety (2012) *Minimum kinship care standards*. Northern Ireland. Belfast: DHSSPS
- Denby, R.W. (2011) Kinship liaisons: A peer-to-peer approach to supporting kinship carers. *Children and Youth Services Review*, 33, p. 217-225
- Denby, R.W. (2011b) Predicting permanency intentions among kinship caregivers. *Child and Adolescent Social Work*, 28, pp. 113-131
- Farmer, E. (2010) What factors relate to good placement outcomes in kinship care? *British Journal of Social Work*, 40, pp. 426-444
- Kinsey, D. and Schlosser, A. (2013) Interventions in foster and kinship care: a systematic review. *Clinical Child Psychology and Psychiatry*, 18(3), pp. 429-463.
- Lernihan, U. and Kelly, G. (2006) Kinship care as a route to permanent placement. In Iwaniec, D. (ed) *The child's journey through care: Placement stability, care planning and achieving permanency*. London: John Wiley and sons.
- Lin, C.-H. (2013) Evaluating services for kinship care families: a systematic review. *Children and Youth Services Review*.
- McSherry, D., Fargas Malet, M., Weatherall, K. (2013) *Comparing long-term placements for young children in care: The care pathways and outcomes study Northern Ireland*. London: BAAF.
- Nandy, S. and Selwyn, J. (2011) *Spotlight on kinship care*. University of Bristol.
- Vanschoonlandt, F., Vanderfaeillie, J., Van Holen, F., DeMaeyer, S., Andries, C. (2012) Kinship and non-kinship foster care: Differences in contact with parents and foster child's mental health problems. *Children and Youth Services Review*, 34, p. 1533-1539.
- Palacios, J. And Jimenez, J.M. (2009) Kinship foster care: Protection or risk? *Adoption and Fostering*, 33, pp.64-93.
- Selwyn, J. and Nandy, S. (2012) Sibling kinship carers in England: Evidence from the 2001 UK population census. *Children and Youth Services Review*, 24, pp. 194-199.
- Williamson, J. (2012) *We are family: Key messages for kinship caring in Northern Ireland*. Londonderry: Kinship Care

Appendices

I Personal Information about you and your family

About you:

(a) Gender: Male Female

(b) Age: 18-21 22-30 31-40 41-50 51-60

61-70 71 plus

(c) To which ethnic group do you belong?

White Black Caribbean Black African Black other

Indian Pakistani Bangladeshi Chinese

Other Ethnic group

(d) Do you suffer from a disability which adversely affects your day to day life?

Yes No

If yes, please give details:

(e) Do you suffer from a long-term illness which adversely affects your life?

Yes No

If yes, please give details:

(f) Do you have a partner living with you?

Yes No

If yes, please answer the questions below:

(g) Gender of partner: Male Female

Age of partner: 18-21 22-30 31-40 41-50 51-60

61-70 71 plus

(h) To which ethnic group does your partner belong ?

White Black Caribbean Black African Black other

Indian Pakistani Bangladeshi Chinese

Other Ethnic group

(i) Does your partner suffer from a disability which adversely affects their day to day life?

Yes

No

If yes, please give details:

(j) Does your partner suffer from a long-term illness which adversely affects their day to day life?

Yes

No

If yes, please give details:

(k) Are there any other adults living in your household?

Yes

No

If yes, say how many and describe their relationship to you:

(l) Does this adult/s require additional help/care? If yes please provide details:

Yes

No

(m) Apart from the child/children you are fostering as a kinship carer, are there any other children under the age of 18 living in your household?

Yes

No

If yes, how many?

(n) If yes, describe the children's legal relationship to you:

(o) Does this child or any of these children have any special needs?

Yes

No

If yes, please explain what these needs are:

2. Your home and finances

(a) Do you own or rent your home?

Own Rent

(b) Does your home meet the needs of your family?

Yes No Partly

Comment if 'no' or 'partly':

(c) Does everyone in the household have their own bedroom?

Yes No

If you answered no to the above question, how many are sharing a bedroom?

(d) Employment Status of you and your partner (if applicable):

You -

Unemployed

Part-time work

Full-time work

Retired

Long-term sickness benefit/disability

Your partner -

Unemployed

Part-time work

Full time work

Retired

Long-term sickness benefit/disability

(e) Finances

Do you or your partner receive any of the following:

- Housing benefit
- Pension
- DLA
- Child Tax Credit
- Working Families Tax Credit
- Income Support
- Child Benefit

(f) Do you receive fostering allowances from Social Services?

Yes No

(g) If yes, is the amount adequate to meet the needs of the children you are fostering?

Yes No

Please comment:

(h) Do you have any other source of income?

Yes No

Please specify if 'yes':

(i) Household income bracket (£)

Please tick what your total net weekly household income is (including any allowance you receive for the child/children you are fostering):

- Up to £200 per week
 More than £200 but less than £350 per week
 More than £350 but less than £500 per week
 More than £500 but less than £700 per week
 More than £700 per week

(j) How would you describe your financial position at the moment:

- Comfortable Manageable A bit of a struggle at times
 Challenging Very challenging

Comment:-

3 Details on the child/children you are fostering:

(a) How many children are you fostering?

1 2 3 4 5 More than 5

(b) How many of these children are there on a Kinship placement:

1 2 3 4 5 More than 5

(c) Age of children fostered (if more than one child in same age group enter number in the box):

0-5 6-10 11-13 14-16 17-18

(d) What is your relationship to the child/children? (If you are caring for more than one child and the relationship is different, tick as many boxes as necessary):

Grandmother Grandfather Aunt Uncle
 Sister Brother Other

If other, please explain:

(e) How long have you been looking after this child/ren? (if more than one fostered child, tick additional boxes if required and state the number falling into that category)

Under 3 months 4-6 months 7-12 months
 13-24 months longer than 24 months

(f) Are there any siblings of the child/children you care for living elsewhere?

Yes No

(g) If yes, with whom do they live (if more than one sibling, tick more than one box and add numbers of siblings falling into that category):

One parent Both parents Other relatives In care

4 Circumstances of placement and process of assessment

(a) Were you already caring full-time for the child/ren at the point Social Services became involved?

Yes

No

(b) If yes, for how long (in months)? :

(c) Did you contact Social Services in the first instance or were you approached by them?

Contacted by Social Services

Made contact with Social Services

(d) Have you been assessed as a foster carer?

Yes

No

(e) Have you been approved as a foster carer?

Yes

No

(f) Are you currently being assessed: Yes No

(g) If approved, how long did the approval process take from the time the child/children was placed?

Up to 6 months

7-9 months

10-12 months

13-18 months

More than 18 months

(h) How long did it take to complete the assessment?

Up to 6 months

7-9 months

10-12 months

13-18 months

More than 18 months

(i) Would you describe your experience with Social Services as:

Helpful

Satisfactory

Unhelpful

If you wish to elaborate on your answer please do so below:

(j) Were the procedures relating to kinship care clearly explained to you by Social Services?

Yes No Partly

(k) Were the allowances related to kinship care clearly explained to you by Social Services?

Yes No Partly

(l) What would have helped you in the initial stage of becoming a kinship carer?
(please tick the relevant box or boxes)

Being able to talk to other Kinship carers

Speaking to someone outside of Social Services

Basic information leaflet

Practical forms of help e.g. help with initial costs, advice on dealing with child/ren, advice on dealing with parents

Other

If other, please expand:

5 Contact with Social Services

(a) Have you been to a Family Group Conference?

Yes No

If no, were you invited but did not attend: Yes No

If you attended were you able to participate as fully as you wished?

Yes No

(b) Have you been to LAC Review?

Yes No

If no, were you invited but did not attend: Yes No

If you attended were you able to participate as fully as you wished?

Yes No

(c) Do you have a key worker/link worker? Yes No

Has your contact with your Link Worker been:

Helpful Unhelpful Mixed feelings

Please give more detail if necessary

(d) Has your contact with the child's Social Worker been:

Helpful Unhelpful Mixed feelings

Please give more detail if necessary

6 Contact with Birth Family

Does the child/children have contact with their birth parents? Yes No
 If no, move on to question 7.

(a) Do you manage contact with birth parents?

Yes No

Do you require assistance in managing this contact?

Yes No

Do you receive the required assistance?

Yes No

If no, what additional assistance would be helpful?

7 Support Needs

(a) Do you need support in any of the following areas – rank in order of priority?

(1,2,3, etc with 1 being the most important)

Education (eg literacy support, homework)

Employability

Financial (eg Debt/Advice)

Parenting/family support

Counselling

Addiction

Mental Health/emotional well-being

Special Educational Needs

(b) Does your child/children need support in any of these areas – rank in order of priority

- Education, literacy support, homework
- Employability
- Financial - Debt/Advice
- Parenting/family support
- Counselling
- Addiction
- Mental Health/emotional well-being
- Special Educational Needs

8 The Fostering Network

Are you aware of the Fostering Achievement scheme?

Yes No Unsure

If yes, have you used the scheme?

Yes No

(a) Can you rate its usefulness?

Very useful Useful Sometimes useful Not at all useful

Have you used the Fostering Network's Advice and Information Line?

Yes No

If yes, was it:

(a) Very Useful Useful Sometimes useful Not at all useful

9 Training and Support

(a) Have you used any of Fostering Network's training services?

Yes No

If yes, were they:

Very useful Useful Sometimes useful Not at all useful

(b) Have you used any of Fostering Network's other services?

Yes No

If yes, were they:

Very useful Useful Sometimes useful Not at all useful

(c) Would you be interested in meeting with other kinship carers on a regular basis?

Yes No Unsure

(d) Is there any particular training you would be interested in?

(e) Is there anything else you would like to tell us about your support needs or your experience of being a foster carer?

Thank you for your time.

Appendix Two - Topic Guide for In-depth Semi-Structured Interviews with Kinship Carers

- (a) Explore the family composition
- (b) Explore the process of: (i) how Social Services got involved (ii) how the placement came about (iii) relationships between caregivers and the child's biological parents/ other family members (iv) how the assessment was organised and how long it took before approval was granted (v) whether any legal intervention took place and how this was experienced.
- (c) Explore the needs of fostered child: (i) educational (ii) emotional and psychological (iii) material (iv) social and behavioural (v) identity (vi) stability and security.
- (d) Explore the caregivers' support needs in the following domains: (i) practical support (ii) information support (iii) respite support (iv) emotional support (v) financial. Explore each domain with reference to (1) other family members (2) Social Services and (3) Fostering Network. Where are the gaps in support? What could be done to enhance support in each area?
- (e) Explore: (i) the impact of the caregivers 'stage of life' on their caregiver role with the fostered child(ren) and their own child(ren) (ii) the impact of the child's 'stage in the lifecycle' with a particular focus on caring for a teenager.
- (f) Explore the factors that help to sustain and make the placement viable
- (g) Explore the factors that potentially make the placement less sustainable and viable.
- (h) Explore: (i) the caregivers' view of the level of participation afforded by Social Services (ii) how the caregiver experienced the field social worker's intervention (iii) how the caregiver experienced the link social worker's intervention.
- (i) Explore the caregivers' view of services provided by Fostering Network.
- (j) Explore the caregiver's view of the contact arrangements between the child and his/her biological parents.
- (k) Explore the caregivers' perceptions/ fears for the future?

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