Parliamentary Taskforce on Kinship Care

Adfam response to request for written evidence

Evidence is taken from our direct project work with kinship care families in Peterborough, and a Roundtable event in October 2018 held in conjunction with Grandparents Plus specifically to explore the impact of substance use on kinship care families.

1) What do you think are the main challenges faced by kinship care households (including challenges faced by the child, carers and other family members)?

Child

- Frequent histories of abuse, neglect, attachment difficulties and trauma which impact their ongoing wellbeing, mental health and ability to form and maintain relationships.
- Early lack of consistency, stability, security and consequent lack of resilience and capacity to cope with change and uncertainty.
- Frequently additional needs including ASD, ADHD, FASD, PTSD, developmental delays, behavioural and emotional challenges. Almost every child in our Peterborough project has at least one additional need.
- Feeling ‘different’ because they don’t live with parents. Combined with other challenges, thus resulting in social isolation and lack of peer friendships.
- The emotional impact of continued contact with birth parents. Contact can be beneficial and important but also causes significant disruption and is difficult for children to process.
- Fear of losing the kin carer.
- Stress, anxiety and depression.
- Emotional challenges meaning that frequently academic attainment is poor and school engagement a challenge.
- Lack of emotional support to process and recover from experiences (e.g. therapy).

Carers

- Lack of information about legal options, care proceedings, rights or choices. Frequently court decisions are made without the knowledge or agreement of the carer who is to care for the children.
- Frequent incorrect information from frontline social care teams who don’t have sufficient knowledge of kinship care.
• Difficulty understanding children’s presenting behaviours and knowing how to care for them appropriately.
• Poverty and financial hardship. Lack of financial support to be kin carers. Many kin carers have to give up work or reduce hours to care for the children, or are living on pensions. In some cases child benefit is still going to (often drug using) parents who retain ‘parental responsibility’.
• Difficulty maintaining employment. Lack of flexibility or understanding from employers.
• High levels of stress in dealing with all the presenting challenges.
• Poor treatment by statutory services. Kin carers often report being blamed, threatened or treated as ‘part of the problem’.
• Shame and guilt that substance use in their own children is somehow their fault. Fear that they are doing things wrong.
• No support to navigate complex relationships with their own children and contact between their children and grandchildren. Without the legal framework such as in foster care, kin carers lack the authority to enforce arrangements, don’t know what is for the best and then are often blamed by social workers for not safeguarding the children appropriately.
• Frequent poor physical health.
• Overcrowded homes.
• Transportation (e.g. taking 5 children to and from school by bus and the associated costs).
• Having to revert to a parenting role and routine at a time in life when they had expected to be ‘slowing down’ or having more time for themselves. This can lead to resentment, stress and feelings of loss.
• Stigma – from friends, family, services or wider society who do not understand or judge the situation.

Other Family Members

• Other grandchildren not living in kinship care can suffer as carers no longer have time to spend with them or have to change their relationship to ensure treatment of kinship children (with whom they have assumed a parental role) is fair.
• Some kin carers still have their own children living at home who experience significant disruption e.g. having to move/share rooms, ‘share’ their parents, adapt to reduced support for them as (usually younger) kinship children with additional needs require care, energy and support.
• Couple relationships between kinship carer couples frequently suffer as their life changes so significantly.
• Kinship Carers often feel forced to ‘choose’ between kinship children and other family members e.g. their own children (often the grandchildren’s parents) who frequently themselves have significant mental health or substance use issues and require their own support.

There are also a number of financial constraints that kinship carers face, including:

• Disparity in rights, support and benefits in comparison to foster carers. This is particularly evident in local authorities where there have been cuts to Special Guardianship Order (SGO) allowances.
- Carers reaching retirement age and being unable to claim both Carer’s Allowance and State Pension at the same time.
- Loss of Child Benefits when children reach the age of 16 and leave school.
- Difficulty for kinship carers in maintaining employment due to commitments such as making appointments combined with a lack of flexibility and understanding from employers.

Research by Grandparents Plus has shown that more than 50% of children are living in kinship care as a result of parental substance use. This can have a significant long term emotional impact on children, many of whom have experienced domestic violence, abuse and neglect from their parents. Furthermore, it is common for children and young people in kinship care families to develop their own issues with mental health and substance use as a result of their experiences with their parents.

2) As a practitioner or organisation working with children, kinship carers and/or families involved with the child welfare/family justice system, what are the main challenges that you face in enabling more children to be safely cared for, and effectively supported, within their family network?

n/a

3) Are you aware of any effective ways of working, policies or services (either where you work or elsewhere) that enhance the chances of children remaining safely within their family network? Please give details and/or enclose any relevant research evaluation or background information.

- Financial support

Some local areas provide carers allowances to ease the financial burden on kinship carers.

- Emotional and practical support

Some local services provide access to training and advice for carers on a par with foster carers e.g. TACT, Peterborough.

A small number of children have been able to access counselling and psychotherapy, assisting them to process their experience, achieve stability, build resilience and remain in a kinship placement.

- Advice and information including legal support

With the support of advocacy or legal services, some carers have successfully won cases against local authorities, giving them access to financial back-payments.

In our Peterborough service, our support worker has enabled carers to participate in and be consulted as part of court proceedings, to understand what is happening and to navigate the system and options available to them.
Peer Support

Kinship carers frequently raise the importance of peer support; being able to meet others in a similar situation, to share openly and honestly without fear of stigma or judgement. They also value opportunities for the children to meet others in a similar situation to reduce their isolation and sense of shame at being in kinship care.

Supported by BBC Children in Need, Adfam has been supporting kinship care families in Peterborough by working in partnership with Peterborough Kinship Carers Group, a peer support group for kinship carers in Peterborough. Adfam complements the work of the group by reaching out to kinship care families within the community and helping them make the initially daunting first step of engaging with support. Adfam them provides one-to-one practical and emotional support to kinship carers including advocacy in court proceedings, with housing and social care and with employers; delivers information and skills workshops on a range of issues from managing contact and maintaining relationships to online safety and specifics around substance use, providing fortnightly activities for children in kinship care and organising trips for kinship care families.

This project is successful in reducing isolation, stigma and stress experienced by kinship families and increasing their resilience to cope with their challenging situations. It also provides carers with the practical support to better support the children in their care and better support themselves as carers.

4) Are you aware of any helpful approaches, processes or ways of working that enhance the chances of children remaining safely in their family network during:
   a) Formal pre-proceedings
   b) During proceedings
   c) Post proceedings

Carers receiving timely legal advice and support and guidance to understand the options available and the practical and financial consequences of these; to be involved in decision-making and advocate for their and the family needs. For genuine needs e.g. more suitable housing; financial support; financial provision for transportation, emotional and therapeutic support etc. to be stipulated in court at the time of proceedings. For advocacy workers to accompany and support kin carers to attend court proceedings and to understand what is happening, and to advocate and support afterwards to ensure that commitments made in court are followed through and local authorities kept accountable for fulfilling court stipulations.

For procedures and support to be put in place to manage organised contact with birth parents, similar to that available to foster carers, and to give carers more rights to prevent unauthorised involvement by birth parents where this is unsafe or inappropriate.

5) What are the key recommendations that the Taskforce should make (these could be aimed at the government, local authorities or other public bodies) that would:
   a) Enable more children to safely live within their wider family network?
   b) Enable more children to be effectively supported and thrive in kinship care?
a) We feel that in order to enable more children live safely within their wider family network, there needs to be greater understanding from policy makers and frontline services of the impact of parental substance use and early neglect and abuse on children in kinship care. We recommend: Kinship carers should receive the same rights, support, and benefits as foster carers by:

- Giving all children in kinship care for more than 28 days the same rights as children who were adopted from care, i.e. priority school admissions, Pupil Premium Plus, free childcare for two years, and a designated member of school staff to promote their educational attainment.
- Supporting kinship carers to remain in work by giving them the same rights to unpaid adjustment leave and paid employment leave as adopters.
- A national financial allowance for kinship carers raising children who would otherwise be in the care system.
- An entitlement to free legal advice for kinship carers.
- An exemption from spare room subsidy, benefits cap, changes to pension credit, and the limiting of child tax credit to two children for kinship carers.

b) We feel that in order to enable more children are effectively supported and thrive in kinship care there needs to be improved support and entitlements for kinship carers so they receive the same as foster carers and are given the means to properly support the children in their care. We recommend:

- Frontline social workers to receive training to proactively provide accurate information to prospective kin carers; support for kin carers to be provided in a judgement-free respectful manner; or for specialist frontline social workers to be involved in kin care situations to ensure that prospective carers are provided with accurate information.
- A more ‘joined up’ system that connects information given at assessment with commitments made in court, or once agreement is reached, and which follows through to ensure that this support is then provided in a timely way.
- Funding for schools to support children in kinship care in the same way as other ‘looked after’ or adopted children.
- More rights for kinship carers to be provided with information about children’s experiences prior to being in kinship care, and information and guidance to enable them to provide the necessary care and support.
- Increased understanding of the impact of substance use, abuse, domestic abuse and parental mental ill-health on children and the ongoing implications for successful placements.
- Increased availability of Life Story work, as kinship carers can find it difficult to discuss how the children came into kinship care.
- Training for professionals around substance use to enhance non-judgemental working relationships between social workers and kinship carers.
- Help for carers in managing relationships between children and birth parents which can be stressful for the carers and potentially harmful for children.
- Access to systemic support where needed (e.g. systemic or filial therapies) to support the development of more secure attachments within kinship families to
provide the building blocks for effective long-term placements functioning as the children grow to adulthood.

- A recognition of the fact that as children develop, and especially as they reach adolescence, latent neurobiological and emotional processes may be activated requiring further support and intervention.
- Support and social groups for kinship children to meet others in a similar situation, develop peer relationships, feel a sense of belonging, try new things and develop resilience.

6) Are there any further points that you would like to make, that you think would assist the Taskforce?

We feel there needs to be greater awareness of the number of children who are in kinship care, including those where there is no legal order in place. And also of the reasons for children being in care, such as parental substance use. We recommend that:

- Data collection mechanisms be put in place to more accurately record the numbers of children living in kinship care and the reasons behind that.