

Understanding family and friends care: the relationship between need, support and legal status

Carers' experiences

By Joan Hunt
and Suzette Waterhouse

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Contents

1. Introduction	3
2. The Children's Needs	9
3. The Impact of Caring	17
4. Initial legal status of the arrangements	23
5. Early decision-making about foster care	37
6. Changing legal statuses	43
7. Financial support: an overview	56
8. Non-financial support: an overview	63
9. Working with the current system; improving the system	73
10. Conclusions	78
Bibliography	88
References	89
Acknowledgements	89

1. Introduction

Background

When children are unable to live with either of their parents, and substitute care is required, it has been government policy, reinforced in legislation since the Children Act 1989, that the first option should be care by a member of their extended family or social network, provided this is feasible and in the child's best interests. Such an arrangement, usually known as kinship care, or family and friends care, can be covered by a range of legal statuses.

Where the carer is a close relative – a grandparent, aunt or uncle, sibling – it can be an entirely private and informal arrangement with a parent. More distant relatives, and unrelated carers, must be registered by the local authority as private foster-carers. Neither of these statuses gives the child legal security. The carer does not have parental responsibility¹ and a parent may remove the child at any time. Kinship carers can usually only acquire parental responsibility through a court order – residence, special guardianship, adoption – the only exception to this being testamentary guardianship².

Private law court orders covering kinship arrangements

Residence orders

A residence order (RO) decides where a child shall live and gives the holder parental responsibility (PR) although this is shared with the parents. It lasts until the child is 18 unless revoked or the court directs otherwise. Unless a court order specifically says otherwise, the carer is entitled to make most important decisions about a child's care. However they may not take the child outside the UK for longer than one month without the consent of everyone else with PR, cannot change the child's surname or religion, and may not appoint a testamentary guardian. The child's parents have a right to apply to the court to revoke a residence order, and can also apply for a prohibited steps or specific issue order to decide how PR should be exercised by the carer in relation to a particular disputed issue, or a contact order.

Leave of the court is required to apply for a residence order unless the carer has the consent of everyone with PR, or the carer is a sibling, grandparent, aunt/uncle or local authority foster carer who has had the child living with them for at least a year, or, in the case of all other carers, the child has lived with them for at least three of the preceding five years.

Special guardianship orders³

A special guardianship order (SGO) is more secure legally than a residence order because a parent cannot apply to revoke it unless they have the permission of the court, for which they need evidence of a significant change in circumstances since the order was made. Special guardians can also appoint a guardian to care for the child if they die. An SGO puts carers in a more powerful position in terms of exercising PR than a residence order since, although parents retain PR, the carer can exercise their PR to the exclusion of anyone else. Similarly, although parents can still apply for a prohibited steps or specific issue order to determine particular issues, the court is less likely to grant this than where a residence order is in force.

Parents, however, can still apply for a contact order and special guardians still need the permission of everyone with PR to change the child's surname, to remove the child from the UK for more than three months, or to consent to their marriage. They also cannot override the parents' rights in relation to adoption or placement for adoption.

Leave of the court is required to apply for an SGO unless the carer already has a residence order, has the consent of everyone with PR, is a sibling, grandparent, aunt/uncle or local authority foster carer who has had the child living with them for at least 12 months, or if someone else, has had the child living with them for three out of the past five years. The applicant must inform the local authority of their intention to seek an SGO three months before the application is made.

Adoption

Adoption legally transfers all the legal rights and duties to the child from the parents to the adopters. Once the order is made the birth parents are no longer the child's legal parents and they lose parental responsibility, which becomes solely vested in the adopters. The child is legally treated as if s/he had been born to the adopters.

An adoption order can be sought if the child has been placed with the carer for adoption by the local authority or the carer has been fostering the child for the local authority for at least a year, or the child has been living with the carer under another arrangement for three of the past five years.

Unless the child was placed for adoption notice must be given to the local authority three months before the application is made.

Kinship Foster Care

In addition to these *private* legal statuses, children may also live with kin while they are *looked after* by the local authority, when the carer must be assessed and approved as a foster-carer. A *looked after child* is one who is 'accommodated' under section 20 of the Children Act 1989, which is a voluntary arrangement made between the parent and Children's Services, or 'in care' on an interim or full care order or an emergency protection order. Carers in such arrangements do not have parental responsibility, which remains with the parent where the child is accommodated and is shared between the parent and the local authority where there is a court order.

When a *looked after child* cannot be placed with someone with parental responsibility, the local authority is required, provided it is consistent with the child's welfare, to place him/her with relatives, friends, or other connected people who are approved as local authority foster carers, in preference to unrelated foster carers, children's homes or other statutory placements⁴. Such carers must be assessed under the Fostering Regulations 2011⁵ and the National Minimum Standards for Foster Care 2011.

The local authority is not required to wait until the carer has been fully approved. Placements can be made in an emergency, subject to certain essential checks⁶. These emergency arrangements can last up to 16 weeks, and exceptionally, 24 weeks, during which time the carer needs to be fully assessed and approved as a foster carer if the placement is to continue. Approval should be reviewed every year. Even if the carer has been fully approved the local authority can decide the placement is no longer in the child's best interests and move him/her to another placement, although if the child is accommodated rather than on a care order parental permission would be required. Kinship foster carers are able to make decisions about the day to day care of the child but all important decisions about a child's upbringing must be referred to the local authority.

Legal status and support

Kinship care *per se* is not a legal status and does not carry any entitlement to support, financial or otherwise. The only arrangements the local authority is *required* to support are those involving a *looked after child*, where the placement should be treated like any other foster placement. This includes payment of a non-means-tested fostering allowance which must meet at least the national

minimum set by the Department for Education. The local authority must provide support to meet the child's needs, including a health plan, education plan and placement plan, and training and practical support for the carer. The carer should have their own worker and access to out of hours support.

Local authority support for all other legal statuses is discretionary. The local authority has the power, but no duty, to pay regular allowances to carers with residence, special guardianship or adoption orders, and to carers with other private arrangements where the child is assessed to be *in need* under section 17 of the Children Act 1989⁷. All these allowances are means-tested. Carers with private arrangements may be able to obtain financial support through tax credits and benefits. However, the only non-means-tested assistance to which they are entitled is child benefit, or, in the case of testamentary guardians, guardian's allowance. Carers can also claim child maintenance from the parents either through a voluntary arrangement or through the Child Maintenance and Enforcement Commission, previously the Child Support Agency.

In terms of non-financial support, if a child in private kinship care is assessed as being *in need* the local authority has the same duties as it has to any child *in need*, i.e. it must provide practical and emotional support. Support is therefore dependent on the local authority determining that their eligibility criteria are met and their decisions as to what services would be appropriate. It could include: counselling and social work support for the child; day care; advice and guidance; help with contact; help with housing; respite care for the child; and support groups (DfE, 2010).

The local authority does have a duty to establish special guardianship support services⁸. These could include help with contact, support groups, therapeutic help for the child, support for the carer, counselling, information and advice. However whether or not an individual carer is offered such help depends on an assessment of need. If the child was *looked after* immediately before the SGO was made, the carer and the child have a right to have their support needs assessed, but in all other cases this is discretionary.

Although UK research on kinship care is fairly limited, it confirms international evidence (see Hunt, 2006 and Nixon, 2008 for summaries)

that the children involved are similar to those in unrelated substitute care in terms of their previous experiences of abuse and poor parenting, often coming from families with problems with mental health, substance abuse and domestic violence (Aldgate and Macintosh, 2006; Broad et al, 2001; Farmer and Moyers, 2008; Hunt et al, 2008; Wade et al, 2010). Many need high levels of support in order to overcome their early adversities and achieve optimal levels of well-being. Research also demonstrates, however, that the support needed by children and their carers is often not forthcoming (Broad, 2007; Family Rights Group, 2010; Family Rights Group, 2011; Farmer and Moyers, 2008; Grandparents Plus, 2010; Hunt et al, 2008; Laws and Broad, 2000; Murphy-Jack and Smethers, 2009; Pitcher, 1999; Richards, 2001; Templeton, 2010), which puts children at risk of poor outcomes and can have adverse effects on carers' physical and mental health (Hunt, 2006).

In 2006 Family Rights Group (FRG) came together with a number of other organisations and individuals with an interest in kinship care to form the Kinship Care Alliance⁹ with the aim of raising the profile of this form of care in government policy and campaigning for improved services. Three common themes emerged in the discussions. First, that local authority support appears to be more dependent on the child's legal status than on their needs or those of their carers. Second, that local authority practice in relation to whether a child becomes a *looked after child* or the arrangement is regarded as private seems arbitrary. Third, that kinship carers are often unaware of alternative options or in a weak position to challenge the local authority's decisions but that information, advice and advocacy have sometimes been able to change those decisions.

In 2010 FRG was fortunate to secure funding from the Big Lottery Fund for a project to look specifically at these issues, which had not been systematically examined in existing research.

In 2011 the government issued its long-awaited guidance to local authorities on kinship care. This stipulated that, by 30 September 2011, each authority with responsibility for children's services must publish a policy setting out its approach towards promoting and supporting the needs of all children living with kinship carers, whether or not they are *looked after children*, stating, crucially, that:

Policies should be underpinned by the principle that support should be based on the needs of the child rather than merely their legal status. (Para 4.6, pp 21-22)

Children and young people who are unable to live with their parents should receive the support that they and their carers need to safeguard and promote their welfare, whether or not they are *looked after*. (Para 1.2, p 5)

At the point this report was finalised, several months after the deadline had expired, many local authorities had still not published their policy and the quality of those which have been produced is very variable (FRG, 2012).

The research study

The project aimed to address the following questions:

1. How and why do children end up in kinship placements under different legal statuses?
2. Is decision-making child-centred and needs-based or influenced primarily by other factors, such as local authority policies and practice or the child's route to placement?
3. Are carers able to make informed decisions about the placement's legal status?
4. How does placement support relate to a) legal status b) the needs of the child and carer?
5. How difficult is it for carers to obtain appropriate support?
6. What is the impact of support or its absence, on the placement?
7. What changes in law, policy and practice are needed?

There are three main elements in the research, the first part of which is reported here:

1. Face to face interviews with carers in 95 households
2. A national survey of carers
3. Interviews with key professionals

In-depth interviews with carers

Our interview sample was recruited in two ways. First, through contacting people who had rung the FRG Advice Line between December 2008 and October 2010 and had agreed to be re-contacted for the purposes of research. From 219 callers who were either currently kinship carers, had been so in the past, or were actively considering it at the point their last call was made, we identified 127 arrangements which started no more than three years before the start of our interviewing period. This was thought to be important if our findings were not to be dismissed as purely historical. Given the focus of the project we also decided to exclude those who had had no involvement at all with Children's Services, which further reduced our

potential sample to 122. Of these 92 were contacted and agreed to be sent written information about the research. The process yielded 64 completed interviews, representing 52% of those eligible.

The remaining interviewees were recruited via other organisations in the Kinship Care Alliance (27) or the FRG on-line Forum. In order to achieve sufficient numbers we did have to slightly relax the selection criteria for this group, which included 10 placements which started earlier than 2008 (9 in 2007, 1 in 2006).

Clearly the sample cannot claim to be representative and there may well be an inbuilt bias towards carers who have had unsatisfactory experiences with Children's Services. However, there was no feasible alternative way of obtaining a more representative sample. There was no existing data set we could use, nor a large recent cohort, and, since kinship carers make up only a small proportion of the adult population, a survey – whether specifically commissioned or a module in an existing vehicle – would be prohibitively expensive. However, since the study was conceived as an essentially qualitative study, whose objective was to illuminate issues rather than measure their prevalence, we considered that the effects of sample bias, while important, were less crucial. We also considered identifying a sample through Children's Services, which, although unlikely to generate a large number, might at least enable us to assess how representative those agreeing to be interviewed are. However, this would have required the active co-operation of several local authorities and, since children in kinship placements other than those fostered are not identified as a defined group in local authority data management systems, would probably yield a very limited range of cases.

Interviews were conducted using a semi-structured format which allowed us to capture responses to specific questions but also gave carers opportunities to tell their story in their own way. Where two or more children were being cared for, one was selected as the index child and the most detailed data collected on their legal status, support and needs. The selection of the index child was done alphabetically, using first names. Where the index child had spent more than one period living with these carers we also decided to focus on the most recent episode.

All interviews, with the permission of the interviewee, were taped and subsequently transcribed. The data was analysed using a combination of SPSS, NVivo and manual methods.

Profile of the interview sample

The children

The sample of 95 cases consisted largely of on-going kinship arrangements, only seven having entirely terminated, although in a further 10 cases at least one of the index child's siblings placed at the same time was now living elsewhere.

Most of the arrangements (81 of 95) involved only one (51%) or two (35%) children. The remainder involved three (10%); four (3%); five (1%) and six (1%), all either full (85%) or half (15%) siblings. The children's ages at the point interviews were conducted ranged from under a year to just 18 though younger age groups predominated. Thus while 59% of carers were currently looking after at least one child under five years of age and 41% at least one aged between five and nine, only 22% had a child aged between 10 and 12 and 15% a teenager.

The index children

Fifty-five of the index children (58%) were boys, 40 (42%) girls. Twelve (13%) were from a black or minority ethnic group. Most came to live with their carers when they were very young, 62% being not yet five years old, and only 7% over 12. At interview their ages ranged from under a year to just 18.

Table 1.1: Age of index child at placement start and interview

	Age at placement start		Age at interview	
	No	%	No	%
<12 months	18	19	1	1
1-4 years	41	43	43	45
5-9 years	21	22	27	28
10-12 years	7	7	14	15
13+	8	8	9	10
Mean	4.4 years		6.1 years	
(N=)	(95)		(95)	

Legal status of the arrangements

In terms of the current legal status of the arrangements for the index child (or their legal status at the point the placement ended) the sample is almost evenly divided between four key groups: those having formal 'looked after' status (23%); those under one of the two main private law orders (residence orders, 25%; special guardianship, 27%) and private, informal arrangements (21%). We were not

able to include any families where the index child had been adopted, although a few were currently applying to adopt. There were only three where the child was being privately fostered, but a further two had been privately fostered at an earlier stage.

In 37 cases (39%) the kinship carers were treated as foster carers at some point although not all of these placements reached the point of being approved by panel.

The carers

The majority of carers (90, 95%) were related to the index child, typically through the mother (67 of 90; 74%). Grandparents constituted by far the largest group (75%) with 54% of the whole sample being maternal grandparents.

Table 1.2: Relationship of carer to index child

	No	% all cases	% related to child
Grandparent	71	75	79
Aunt/uncle	11	12	12
Cousin	3	3	3
Great-grandparent	2	2	2
Great aunt/uncle	2	2	2
Sibling	1	1	1
Unrelated	5	5	
(N=)		(95)	(90)

Couple carers made up 68% of the sample. Aunts/uncles were most likely to be caring as a couple (82%), followed by grandparents (70%). Only four of the carers interviewed were from a black or minority ethnic group.

Carer age ranged widely, from 24 to 74. In 24% of cases (23 of 94) at least one carer was aged 60 or more and in 14 (15%) either the sole carer was 60+ or, in the case of a couple, both were.

In 45% of families, at the point the interviews were conducted/the placement ended, neither the carer, nor, where applicable, their partner, had a paid job. A further 20% only had part-time employment. In only 35% of cases was there a full-time wage coming into the household, and a mere 8% had two carers in full-time work. Six in 10 interviewees (56 of 92) said that leaving aside any money they received specifically for the child, their household income was no more than £300 a week and only 15% (14) had more than £500.

In over half the families interviewed (54; 57%) at least one carer was reported to have a disability

or serious health problem which limited their ability to carry out normal everyday activities. In some cases the impact was portrayed as fairly moderate – asked to rate the severity of impact on a scale of 1 to 5, where 1 was ‘not at all’ and 5 was ‘a great deal’ 27 interviewees put it at no more than 3. However, 14 put either their own or their partner’s condition at 4, and 11 at 5, indicating quite serious health limitations.

Over a third of carers (36; 38%) said that as well as looking after the kin-placed children they were caring for an adult (5) or child (9) with special needs living in the household, or had responsibilities for relatives outside the household – supporting adult children with a range of problems, caring for elderly or sick relatives or regularly looking after (other) grandchildren. In addition, of course, some carers (28; 29%) were still bringing up their own children. In all, over half the sample either had their own children living at home or had other caring responsibilities.

The reasons for kinship care

In the vast majority of cases (87 of 95; 92%) the index child was living in a kinship arrangement for one of four main reasons: parental substance abuse (60%); abuse or neglect (59%); parental mental illness (28%) or domestic violence (27%). Typically (62% of cases where any of these applied; 57% all cases) more than one of these factors was present and there were often other contributory factors.

The remaining (eight) cases were those where either there were relationship difficulties between the child and parent (usually older children) or the parent could not cope with the responsibilities of parenthood (usually very young children). The cases in the sample, therefore, could certainly be regarded as children in need and most are essentially child protection cases.

Typically the problems had also triggered official concerns. In most cases (79 of 95; 83%) Children’s Services were already involved with the family prior to the events which led to the child going to live with the carer. Sixteen children were in unrelated care and a further three were *looked after children* although living with either a parent and/or other relative. An additional 37%, at least, had a recent child protection conference. Sixty per cent were known to have had a child protection plan at some point. (It should be noted that since carers were not always au fait with what had happened previously, these figures are likely to be an under-estimate).

Routes into kinship care

Despite these concerns, two-thirds of the index children (65; 68%) were still living at home with a parent prior to their move into kinship care and a further seven were with a parent but in the carer's home. Three children were placed shortly after birth, having never lived with a parent. However 20 were already living away from their parents, either with relatives or in unrelated care.

Table 1.3: Where was the child normally living before entering kinship care?

	No	%
With parent	65	68
With parent & carer	7	7
Other relative	4	4
Unrelated care	16	17
New born	3	3
(N=)	(95)	

Under a third of carers (29 of 95; 31%) said that taking on responsibility for the child had been a planned move. Most (58; 61%) said it had all happened suddenly, in a crisis, with eight describing the circumstances as something in between. Similarly, only two-fifths of carers knew (20; 21%) or suspected (17; 18%) that they were taking on the child long-term, with the rest saying either that they had assumed it would only be a short-term measure (41; 43%) or that they simply did not know (17; 18%). Most, however, (81; 85%) were certain that if they had not been prepared to step up to the mark, the child would have gone into unrelated care. Only two said that the child would probably have gone to the other parent and six that other relatives would have stepped in. One person said the child, a teenager, would have finished up sleeping rough, while the other five said they did not know what would have happened.

Children's Services involvement in making the kinship arrangements

In the majority of cases (76 of 95; 80%) Children's Services were involved in some way in the decision that the child should come to live with the carer and usually (61 of 76, 76%; 64% of all cases) this happened without, or before, the involvement of the court. There were only 19 cases where they were only informed after the child had made the move and this almost always happened quite quickly, only six people saying it had been more than a few days.

Structure of the report

Chapter 2 of the report describes the adversities the children had experienced before going to live with the kinship carers and the problems they presented in placement. Chapter 3 looks at the impact taking on care had for the carers.

Chapter 4 explores the initial legal status of the arrangements, the circumstances in which they were made and the financial and other support carers received. Chapter 5 compares the characteristics of placements which were accepted as foster care from the start with arrangement under different legal statuses. Chapter 6 examines cases where the legal status of the arrangements changed and the impact of this on support from the local authority.

Chapters 7 and 8 provide an overview of the financial and other support received by children and carers and how this relates to their needs and the legal status of the arrangements.

Chapter 9 reports carers' advice to other carers and their messages to Children's Services and to government.

Chapter 10 draws all the material together and makes recommendations to improve the support provided to kinship carers and the children they are bringing up.

2. The Children's Needs

Kieran, aged seven, lives with his single maternal grandmother, his younger sibling and 18 year old uncle. Both his parents have drug problems; he and his brother suffered neglect and were on the child protection register. Placed in an emergency when he was four years old, Kieran was a very frightened child with no confidence and poor concentration. Having never experienced a proper routine with his parents, he was insecure, tearful and underfed. He was clingy especially after contact. He has improved considerably but still can be erratic and volatile and upset around contact which is weekly. His brother is much easier to manage.

Pre-placement adversities

Many of the children in the sample were likely to be very needy by virtue of their experiences prior to coming to live with their kinship carers. We gave carers a checklist of adversities (childhood experiences which potentially damage children's well-being) and asked them to tick any which applied to the index child before they came to live with them. Out of a potential 30 adversities the average per child was 11. The majority of the children in our study were exposed to poverty (85% of children came from families on state benefit), chaotic parental lifestyle (83%), substance misuse

Table 2.1 Levels of prior adversity compared with Outcomes study

Adversity	This study			Outcomes study
	(N=)*	No	%	%
Similar levels of adversity (difference no more than 5%)				
Parents' main source of income state benefits.	(91)	77	85	89
Child neglected with dirty home conditions/poorly fed/dressed etc.	(85)	60	71	76
Child lived in a household where there was domestic violence	(83)	54	65	66
Parent/s the child lived with involved in criminal activities	(79)	34	43	45
Child lived with a sibling no more than 18 months older or younger	(90)	23	26	27
Child physically abused	(81)	21	26	28
The parent/s the child lived with had a previous child permanently removed	(90)	14	16	18
The parent/s the child lived with had learning difficulties affecting their ability to care for the child	(90)	11	12	13
The parent/s the child lived with had been convicted of an offence against a child	(86)	4	5	7
Child had been sexually abused	(79)	3	4	5
One or both parents died when child living with them.	(90)	3	3	4
Higher levels of adversity than Outcomes study	(N=)*	No	%	%
Child lived with parent with substance misuse (drug or alcohol) problems	(87)	67	77	58
The child was under stimulated in his/her early years.	(81)	41	51	24
The child's mother misused drugs or alcohol in pregnancy	(78)	42	54	31
Child's growth poor in early years	(87)	25	29	13
Child lived with parent with physical disability or chronic illness affecting ability to care	(87)	12	14	4
Lower levels of adversity than Outcomes study				
Child had been on child protection register	(82)	55	67	81
Child lived in one-parent family	(90)	58	64	81
Child lived with a parent with mental health problems affecting ability to care	(77)	33	43	58
Child lived in poor housing	(88)	36	41	50
Mother under 21 when child born	(92)	32	35	48
Child lived with two or more siblings	(92)	30	33	50
The parent/s the child lived with had been in care themselves	(87)	19	22	36
The child had had several changes of carer	(89)	13	15	29
Levels could not be directly compared				
Child rejected, victimised, not loved by parent	(83)	30	36	
Child had been in local authority care	(90)	24	27	
Child had been in and out of care	(88)	4	5	
Parent child lived with had had several changes of live-in partner	(85)	33	39	
Parent/s child lived with had chaotic lifestyle	(88)	73	83	
Child's parents never lived together or were separated/divorced	(91)	46	51	

*Number answering question, this study

(77%), neglect (71%), living in a single parent household (64%), domestic violence (65%). At least 67% had been subject to a child protection plan.

We compared these findings with previous research on children entering kinship care through care proceedings (Hunt et al, 2008) which found an average of 15 adversities. As can be seen from the table below, in 16 of the 24 areas which could be directly compared, the proportion of children exposed to a particular adversity was similar to (ie the difference was no greater than 5%) or even higher than the proportion in the outcomes study. There were only eight areas in which it was lower.

Child well-being

Information provided by the carers about the index child's presentation at the point of placement, and subsequently, reveals that at least three in five (56 of 95; 59%) could be considered as presenting a significant level of difficulty for their carers at some point. The evidence leading us to this conclusion is based on two types of information. First, pre-coded proformas completed by carers, usually prior to the interview. These proformas assessed the child's functioning at the time they came to live with the carer and then later, as they were at the time of the interview (or, where the child was no longer with the carer, as they were when the arrangement ceased). Second, analysis of the carer's description of the child obtained in the course of our face to face interviews.

To measure *current* functioning our primary tool was the Strengths and Difficulties Questionnaire¹⁰ (SDQ) which has been standardised against the general child population, and can be used for children aged three and above. This indicated that although over half the index children (58%; 44 of the 76 on whom we had data) were functioning normally, 42% were in either the borderline (12; 16%) or abnormal (20; 26%) range. (In the general child population 10% are in the abnormal range).

To estimate children's functioning *at the time they came to live with their carer* we had to adapt the wording of the questions in the SDQ (which are designed to measure recent functioning). Although the results from this can therefore only be regarded as indicative (and are based on a much smaller number of children since the proforma could only be used where children were aged three and above at the outset) they show that a very high proportion (71%; 32 of 45) were functioning in the abnormal range, with another four (9%) being borderline. Only nine children (20%) appeared to be functioning normally at this point.

Children whose score on the SDQ indicated that they were functioning in the **abnormal** range *either* at the time they came to live with their carer or at the time of interview/when the placement ended were categorised as '*challenging children*', by which we mean children with a significant level of difficulty. Forty-two children came into this group, representing 56% of those for whom at least one SDQ had been completed and 44% of the whole sample.

To supplement the SDQ, carers were also asked to complete a checklist of possible problems exhibited by the child (the additional behavioural checklist), again both at the point the child came to live with them and at the time of interview (or when the arrangement ceased). This checklist is not a standardised instrument but was constructed by the researchers to pick up problems not covered by the SDQ. Seventy-seven carers (81%) completed this form, identifying at least one problem at some point.

As can be seen from table 2.2, the mean number of additional problems identified at the time the child came to live with the carer was 4.02, reducing to 1.53 at the time of interview/when the placement ended. Just over a quarter of all carers (26; 27%) identified seven or more problems at the outset of whom seven (7%) also recorded seven or more additional problems at the point the interview was conducted/point the placement ended. All but one of these children had an abnormal SDQ score at some point so this measure only expanded our group of '*challenging*' children by one, to 43.

Our third source of information was carers' descriptions of how the child was at the time they were placed with the kinship carer and how they were at the time of interview/the point the placement ended. Unlike the SDQ proforma, this enabled us to capture data on children under the age of three. The vast majority of carers (81 of 95; 85%) identified difficulties at the point of placement. In the assessment of the researchers, although in some cases the difficulties mentioned appeared to be relatively mild or transient, 43 children (45% of the whole sample) were presenting major problems at the outset, with another 38 (40%) presenting moderate difficulties. Sixty-four identified more than one, the mean for the whole sample being 2.8. The most frequently described are set out overleaf.

Table 2.2 Additional behavioural checklist

	At placement		At interview	
	No	%	No	%
Child problems				
Lacking in confidence or low self-esteem	38	40	13	14
Lacking in trust	32	34	12	13
Serious eating or feeding problems	28	30	10	11
Poor personal hygiene	27	28	5	5
Underachieving at school	27	28	8	8
Unnaturally quiet or subdued	26	27	4	4
Overfriendly with strangers	23	24	13	14
Long-term health problems or disability	20	21	11	12
Frequent bedwetting	19	20	7	7
Persistent disobedience or defiance	19	20	10	11
Soiling underwear or bedclothes	17	18	4	4
Very reluctant or afraid to go to school	11	13	4	4
Reluctant to get close to carer/s	12	13	7	7
Unnaturally obedient	15	16	3	3
Violent towards parent or carer	15	16	6	6
Violent towards others.	14	15	6	6
Inappropriate sexualised behaviour	9	10	3	3
Mixed with unsuitable peer group	7	7	1	1
Truanting from school	5	5	2	2
Self harm	5	5	4	4
Had statement of special educational needs	5	5	3	3
Underage smoking or excessive smoking	5	5	2	2
At risk of committing a criminal offence	5	5	1	1
Cruel to animals	3	3	1	1
Excluded or suspended from school	3	3	3	3
Set fires	2	2	0	0
Committed criminal offence	2	2	1	1
Underage or excessive drinking	1	1	0	0
Underage sex/promiscuous sexual behaviour	1	1	1	1
Use of illegal drugs	1	1	0	0
Sexually abused another child	1	1	1	1
At least one of the above	69	73	57	60
Mean number of problems	4.02		1.53	
(N=)	(95)		(95)	

Table 2.3: Most common child problems at placement

Child problems	No	%
Eating problems	28	29
Tantrums/anger/moods	28	29
Night fears/sleeping problems	22	23
Unnaturally compliant/subdued	21	22
No boundaries or routine/feral children	14	15
Emotional/tearful	13	14
Delayed development	12	13
Clingy	11	12
Speech/communication difficulties	10	11
Aggressive to others	9	10
Wetting/soiling	9	10
(N=)	(95)	

A substantial proportion of children (59; 62%) were reported by their carers to be still exhibiting some problems at the point the interview was conducted/the placement ended, with 20 (21%) being categorized by the researchers as having major problems and 39 (41%) moderate problems.

In all, 50 children (53%) were judged, on the basis of carers' descriptions, to have had major difficulties at some point. Thirteen of these children, who had not been identified by our previous measures, were added to our category of '*challenging children*', which now consists of 56 children, 59% of the whole sample.

Table 2.4: Challenging children

	No of children identified with serious problems	Additional children	Cumulative total
Functioning in abnormal range on SDQ at placement or interview	42		42
7 or more difficulties on Additional Difficulties checklist	43	1	43
Carers' description	50	13	56
Challenging children			56

Problems presented by the children at the point the kinship arrangement started

Using the measures described in the previous section, we calculated that at least 53 of the index children would have presented their carers with substantial problems from the start. This group of 53 included 32 children with an abnormal score on the (adapted) SDQ at placement, 26 whose carers identified seven or more problems on the additional difficulties list and 43 children where the researchers categorised the difficulties described by carers as significant.

As one might expect, those entering kinship arrangements as infants tended to be the least problematic group at the outset, with a third described by their carers as problem-free and only three (17%) presenting major difficulties (table 2.5):

He had terrible drug withdrawal symptoms, very poorly. He was unresponsive, constant crying; wouldn't be comforted. He wouldn't feed, he was frightened of everything and everyone; had sleep problems; delayed development.

Table 2.5: Child problems at placement by age

Age of child at placement	Level of problems as described by carer			'Challenging' child	(N=)
	None	Moderate	Major		
	%	%	%	%	
<12 mos	33	50	17	17	(18)
1-4 years	17	34	49	51	(41)
5-9 years	5	36	59	73	(22)
10-12 years	14	14	71	100	(7)
13+	0	71	29	86	(7)
All children	16	40	44	56	(95)

However the concerns expressed about the remaining children in this group were not negligible. Carers were often taking on babies whose development was lagging behind their chronological age – eg not sitting up, not crawling – who had not been introduced to solid food, had no routine or were completely unfamiliar with routines such as having a bath. Many were also described as unusually passive and unresponsive. For example:

He wasn't like an eight-month old baby. He never cried, he slept loads. He'd never had solids.

He was a withdrawn little boy, he never cried. He wasn't cuddly. Mother had cared for him physically, but not emotionally.

He was pale, listless, agitated, had a high-pitched cry; difficult to soothe, he struggled with eye contact.

Just over half of the children aged between one and four years posed major difficulties on placement. Aggressive and violent behaviour was very frequently noted including biting, swearing, hitting and tempers:

He swore a lot...lashed out, tried to strangle his sib saying 'dad does it to mummy'. He was a hard child with no routine (aged 2 at placement).

Other children in this age group presented as withdrawn, anxious or insecure:

Very withdrawn, quiet, very few words, no eye contact, dirty, neglected. Wouldn't be left alone, didn't cry when woke in mornings (aged 2 at placement).

The proportion of children categorized as 'challenging' rose to 73% of those placed with their carers between the age of five and nine. Multiple problems of aggression and insecurity were described as well as increasingly management problems thought to reflect previous lack of boundaries and routine.

He could be very rude in a sexual way...had no inhibitions whatsoever, I don't think anyone had abused him but I think he witnessed extremely inappropriate behaviour. ... He would go absolutely berserk in a tantrum. One of the worst things was his soiling...that was heart-breaking. How could a five year old boy just sit there in his own excrement and not think anything of it? He was just so downright rude, so defiant. It has been said that he's got an oppositional defiance disorder, but I think he just felt...he was indignant all the time...to an extreme. He was extremely defiant, didn't know when to stop, when to give up.

All but one of the 14 children placed over the age of nine were categorised as 'challenging'. In addition to the problems described in the younger age groups, these children appeared increasingly damaged by the lack of boundaries in their lives:

A feral child, smoking, drinking, out late, stealing. Anger problems, truanting and being bullied.

Wouldn't accept boundaries (Aged 10 at placement).

Angry, moody, violent, sometimes uncontrollable. At times he was easy to manage, then he would lapse, throwing things, say hurtful things (aged 15 at placement).

Very withdrawn, low self-esteem, stressed, migraines, nightly checking doors/windows; dyspraxia, educational and behavioural problems, query autism/ADHD. (Aged 10 at placement).

One interesting point which emerges from table 2.5 is that in all groups apart from the babies, the proportion of carers describing problems which the researchers classed as major is lower – and in the case of those placed as teenagers, substantially lower – than the proportion of children classified as ‘challenging’. In each of the cases where there was a discrepancy, the data from the SDQ indicated that the children’s functioning was in the abnormal range and in all but one the carers had identified more than seven additional problems. This suggests that far from exaggerating the difficulties they were facing at the start, carers tended to underplay them.

Did difficulties persist?

By the time our interviews were conducted three-quarters of the carers who had identified major or moderate difficulties at the outset (64 of 79; 81%) said these problems had either largely disappeared (37; 47%) or that there had been some improvement (27; 34%).

Some children responded well to being with their carers and made good progress:

A delight... confident, top of class in college. not drinking, drugs or getting into trouble. (Girl now 17, 15 at placement, when described as very emotional and agitated).

He's doing really well...happy...lively, enjoys school, chatty (Now 7, 5 at placement when reported to be nervous, swearing, clingy).

Her weight has decreased, she's much more active, no longer whinges for food, her self-esteem has improved; relationships with peers improved; she feels accepted. (Now 11, aged 10 at placement when said to be overweight, peer problems, depression).

Many benefitted from the rich experiences – both emotionally and in terms of opportunity – which they enjoyed because of living with their carers:

She's doing fine, typically 11 going on 16 years old! She has done very well in school and she came out with very good grades from her primary school. She settled well into her secondary school, she goes to dance theatre school at the weekends and she is doing very well there. She has got into the panto and shows and what have you! (Aged 9 when placed, now 11).

She did a solo at the talent show at school. She has won a number of art competitions, she's very artistic. (Aged 9 when placed, now 11).

Progress, however, was often mixed and/or slow and many carers' descriptions were suggestive of insecure early attachments:

It took him a long time to feel safe. He has gradually come out of himself. He doesn't go out much, but has friends on line. (At placement, aged 5, very withdrawn, short-tempered, and placating – now 16 years old).

He's still oppositional... screams/shouts but nowhere near as bad; you can reason with him a bit. His speech is coming on. (Child at placement would head butt, kick, bite, poor sleeper, tempers). (Aged 3 when placed now 5).

She was very, very insecure and clingy. They didn't have a proper routine. Her behaviour was shocking. She didn't know the word "no". Once I went to B & Q with her and she really kicked off screaming and shouting. I think people must have thought I was murdering her! ...what we have been through and what we have done in three years, I think we deserve a medal. That little girl could so easily have been lost through no fault of her own. (Now 5, placed at 2).

(He has) attachment disorder... when you held him he would hold himself away – he never let you cuddle him – that took about three months to correct. He would constantly try and twist. He liked to be held but not too close. He found it difficult to make eye contact and he still has trouble with that sometimes now and he was very difficult to soothe. (Placed at 7 months, now 18 months).

The behaviour of some children remained persistently worrying. All but one of the examples below are of boys:

I'm still working on it after three years. He still wets at night and the sexualised behaviour has got worse and is directed at my son. (On placement at aged 6 this boy was angry, wet/soiled, displayed sexualised behaviour, stuffed food till sick, no boundaries).

The problems have persisted and got worse; his behaviour interfered with his learning, he was excluded from school at aged seven and now attends an EBD school. (Aged 6 at placement and now 8, on placement angry, defiant, confused).

His behaviour has deteriorated – he's aggressive, overconfident, bullies, he's rude, steals, been threatened with school suspension. He'd do naughty things, dangerous things, to get the attention. It's easier the last year but he can still be hard work. During the day, you couldn't cook or clean. It's Nanna this, Nanna that. He's seen a psychologist who diagnosed him with attachment disorder...he's got so many obsessions. He never shows emotions, he bottles it all up. ... He smashed up his room...but they say it will resolve itself. (Aged 2 when placed, now 9).

The things that are continuing are things like she has terrible tantrums and she's not co-operative about anything here and there are still broken nights and getting up early in the morning. There's been a lot of improvement, definitely. She's better cared for, but it's a fight...there is a lot of time out. (Aged 2 when placed, now 5).

Of the children categorised as challenging at placement just over half (28 of 53; 53) were still categorised as challenging at the point our interviews were carried out (or the placement ended). Only three additional children were judged to fall into this group.

New difficulties

In addition to these persisting difficulties for over half of the challenging children, almost half the carers (42, 45%) said that fresh problems had emerged. New difficulties were most likely where children were under the age of one at placement (11 of 18 or 61%) or aged 10 or above (57%). However all but one of the children whose ages were between these bands already had been identified as being the most challenging on placement.

Table 2.6: New difficulties by age

Age of child at placement	New difficulties emerging		No problems		(N=)
	No	%	No	%	
<12 months	11	61	7	39	18
1-4 years	15	37	25	63	40
5-9 years	8	38	13	62	21
10-12 years	4	57	3	43	7
13+	4	57	3	43	7
Total	42	45	51	55	93

The most frequently occurring **new** difficulties were angry, aggressive behaviour (15 cases), diagnosis of new health problems (9), behaviours associated with parental contact (6), developmental delay and poor speech (6) and anxiety/emotional difficulties (5). Sometimes these difficulties seemed to indicate emerging autistic spectrum problems or the effect of past attachment difficulties or substance exposure. Aggressive behaviour could be very severe and include biting, punching, hitting, rudeness, defiance and teenage rebellion.

His violence towards adults and children... He smashes up his room. He finds it difficult to show emotions (boy 2 at placement now 5).

His aggressive behaviour, indiscriminate friendships. He's violent to his sister...he calls it his 'red rage'. He's being statemented for Asperger's (boy 1 at placement and now 6).

In six cases the new difficult behaviour related to parental contact. Such behaviours included wetting, self-harm and overdosing (in the latter case after court-ordered contact), regression and aggression:

He's erratic and volatile...smashes things... very upset after contact. Mondays are dreadful (boy 4 at placement and now 7).

The type of prior adversity to which the child was exposed was cross tabulated with whether the child fell within our '*challenging behaviour at any time*' group. Unsurprisingly and sadly, 70% (38) of children exposed to domestic violence fell in the challenging behaviour group (an association that was statistically significant). Those exposed to illicit substances *in utero* and those who had experienced

neglect were also more likely to be classified as challenging (71% and 67% respectively) although this association was not statistically significant. These findings emphasise the powerful adverse effect of domestic violence, substance exposure *in utero*, and neglect on child well-being and development.

Problems relating to illicit substance exposure *in utero* were a clear concern to carers because of their devastating and enduring impact:

The only thing that is at the back of my mind constantly is the amount the alcohol my daughter consumed when she was pregnant with him. I have to face facts – there is a real chance that there will be Foetal Alcohol Syndrome with him.

It is a worry as his mum took drugs and drank when pregnant. He went through withdrawal from heroin. At present his development is fine. Just hoping he'll be OK.

I read up on-line about FAS (after the paediatrician diagnosed this). The paediatrician showed us all the FAS features and, she said, he's pretty bad... but she measured his head and his head is growing which...is good as this means that the brain is growing.

He cried in a very loud, high-pitched way and he never slept during the day at all. I was told that mum was a heavy drinker throughout the pregnancy – he was having problems using his fine motor skills and his crawling and walking was delayed...It was diagnosed that he had cerebral palsy and probable foetal alcohol (syndrome).

Difficulties with siblings

As explained in the first chapter, where the carer was looking after more than one child our interviews concentrated on one. However we did ask whether any of the siblings presented difficulties. Of the 48 cases involving at least one sibling the vast majority of carers (41) also had difficulties with these children. As with the index children, carers described siblings presenting with similar and often multiple problems, particularly angry aggressive behaviour (13 cases), behaviour that was difficult to manage (9), emotional difficulties (10), school problems (9), developmental/learning delay (6), relationship problems (6), sleeping/nightmares (5), weight/eating issues (5) and health problems (4). Smaller numbers noted speech problems,

sexualised behaviour and wetting. In four cases there was suspected or diagnosed ADHD/Asperger's and two babies had suffered neonatal drug withdrawal.

Because we did not investigate sibling problems in the same level of detail as those of the index children it is not possible to say whether these children would have been categorised as 'challenging'. However it was notable that across the whole sample there were only **six** cases where carers had not had to deal with difficulties presented by at least one kinship child. Indeed almost half of those caring for index children who were categorised as challenging (25 of 56; 45%) were also caring for siblings with difficulties.

Summary

The well-being of the index children in this study was likely to be compromised by virtue of the risks to which they had been exposed prior to coming to live with their kin carers. Presented with a check-list of 30 adversities our interviewees identified, on average, 11, the most common being poverty, a chaotic parental lifestyle, parental substance abuse, neglect and domestic violence. Two-thirds of the children had been subject to a child protection plan. These figures were broadly similar to those found in an earlier study of children placed with kin through care proceedings.

It is not therefore surprising that many children were already exhibiting problems at the point they went to live with their carers. On the basis of three measures – the Strengths and Difficulties Questionnaire; carers' descriptions and a check-list of potential difficulties created by the researchers – it was estimated that 59% of the children (53 of 95) were 'challenging' i.e. they presented their carers with substantial problems from the start.

Children were more likely to be categorised as challenging if they had been exposed to domestic violence, pre-natal drug abuse or neglect. There was also a close link with age at placement, with those placed as infants being the least problematic group, those placed over the age of nine the most.

Some children responded well to being with their carers and made good progress with their problems moderating. Mixed progress, however, was more typical, while the behaviour of some children remained persistently worrying – half of the children categorized as challenging at the point they went to live with their kin carer (28 of 53; 53%) were still considered to be challenging at the point our interviews were carried out (or the placement

ended). Thus 29% of all the index children were challenging throughout the placement.

In addition to the problems the children were presenting at the start, almost half the carers encountered **new** problems. The most frequently occurring new difficulties – often emerging in the children who had been placed when they were less than a year old – were very similar to the problems other children had manifested from the start. They included angry, aggressive behaviour, health problems including emerging autistic spectrum problems, behaviours associated with parental contact, developmental/speech delay and anxiety/emotional difficulties. Three children who had not been categorised as challenging at the outset were subsequently placed in this group. Thus in 60% of our cases (56 of 95) carers were bringing up children with significant levels of difficulty.

Forty-three per cent of carers were also looking after siblings with problems. There were only **six** cases where carers had **not** had to deal with difficulties presented by either the index child or a sibling.

3. The Impact of Caring

For carers, providing stability, security, love and care for children who have had such a poor start in life, keeping them out of the care system and seeing them make progress is hugely rewarding:

Watching her grow from a dirty little waif to a beautiful confident girl who's doing well at school.

Seeing them develop and overcome their problems.

Seeing improvement since they came, seeing happy faces in the morning, knowing they are settled.

Seeing the children grow and achieve their potential.

Seeing him become a happy little boy.

Seeing him grow up safe in the family, not with strangers.

Most interviewees also spoke of their pleasure in the children themselves, the love they felt for them and the love they got back in return:

They're priceless, I wouldn't part with them.

The love you get back. When she says 'you're my special gran, I love you for ever.

He's an absolute joy.

The love we feel for her.

Few carers regretted their decision or would counsel others finding themselves in a similar position not to take on care. Nonetheless such rewards came at a considerable cost to carers. Becoming a kinship carer has an effect on people's lives which is almost unimaginable for those who have never experienced it, as evidenced by the words used by almost all our interviewees: 'huge', 'massive', 'profound', 'major', 'tremendous', or even 'traumatic' and 'horrendous'.

It's major. All your life changes.

I can't even begin to describe it. It's just turned everybody's life upside down.

It's emotionally draining and physically tiring.

It's wearying and worrying.

It's had a huge impact, materially, emotionally, physically.

Daily life was transformed as carers took on the time-consuming and exhausting responsibilities of full-time caring, especially where the children were still young:

Suddenly you have a job that is 13 hours a day, every day.

Going back to potty training and feeding, sleepless nights and all that kind of stuff.

I'm 20 years older than when I had my kids. You want to sit and have a cup of tea without being told 'come and play in the garden'

Feeling incredibly tired all the time.

It's wearying because you haven't got that which you had 40 years ago to cope with it.

Freedom and choice were curtailed:

Your life is completely changed. You get your freedom when your own children are 16 or 17. My life has gone back to being very restricted.

My life is totally changed. There are only two hours a month when I do anything from my former life.

You can't have a normal life.

We hadn't appreciated how it would control our lives, restrict us and what we could do.

Carers who continued working had to juggle the demands of work and child care; those who gave up or reduced their hours had to accommodate not only the change in the pattern of their life but a drop in income. Everyone faced dramatic increases in their outgoings.

Social life became constricted and opportunities for adult company shrank:

We've lost a lot of people we thought were friends that weren't really.

All my friends disappeared. I see them in passing but we can't socialise any more.

I miss work and adult company.

My social life has gone out of the window.

Life plans, whether for retirement, studying, pursuing a career, or simply having more time to oneself, had to be abandoned:

You put your life on hold.

My life plans went out of the window.

At our age we should be looking forward to retirement and being able to go off here there and everywhere and that's on hold now.

We're of that age when we should be winding down, not looking after little children again.

My life isn't my own any more.

My daughter has stolen my life.

Grandparents had to adjust to the change from being a grandparent to a parent:

I was really looking forward to being a grandmother, doing the usual weekend visits and spoiling them rotten. But now I'm more like a mother because I have to discipline her.

You have to become a parent and think like a mum or dad and I find that so hard because I want to be a granddad.

Kinship care also impacts on other family relationships. Many carers told us of the strain taking on the child put on the relationship with their partner:

As a couple we've suffered no end. We're not nearly as strong as we used to be.

It's very hard on a couple, I think. We've been married over thirty years. It would be a shame for it (splitting up) to happen now. There are times when I think it will.

(Index child) was a needy child and needed a lot of hard work and I was arguing with my husband because his bringing up children and mine differ. I said to him 'I'm prepared to bring him up on my own if you don't want to do it; I can't have him in the system'.

My partner just wanted a normal life. He kind of added to my stresses. I actually thought it would be easier if he went and then I could just deal with Social Care and Health.

Children still at home could suffer from the incursion. Indeed some left home as a result:

I think my second son feels it more. He is no longer the baby in the family.

My daughter moved out when she was 15. She couldn't cope with three other children. They were taking all the attention.

It really upset my youngest son. He's 11 years younger than my youngest daughter, he's like an only child so he found it really difficult and a real upheaval. He went through a particularly bad patch of being a monster.

Even adult children could be resentful or, in extreme cases, break off relationships. Some carers also spoke of strained relationships with other members of their family or the other side of the family. Grandparents not only had to cope with the loss of a normal grandparent relationship with the child they are caring for but constraints on their relationship with other grandchildren and sometimes resentment from those children's parents:

I've always been a very pro-active grandma. I used to have them over to sleep, take them away. That's all had to stop.

On top of these changes in the structure and dynamics of their lives and the challenge of meeting the children's needs, carers also had to deal with Children's Services' involvement in their family life. Sadly some said that this was the greatest challenge or the most difficult part of being a kinship carer:

It's bloody hard work and we could do without Social Services making it harder.

Taking on a child is easy. Dealing with Social Services is not.

I enjoy looking after (the child), she makes me happy, I do things for her which are rewarding. But there have been plenty of times that I have despaired and that was more often than not due to Social Services.

The stress is caused by Social Services and the legal system, not looking after the children. I actually enjoy the challenge.

Not surprisingly, then, many referred to experiencing considerable stress at some point:

Sometimes I used to sit here pulling my hair out and thinking 'can I last another day? Can I carry on any further or am I going to have a nervous breakdown?'

Sometimes I get down in the dumps and then I get ill. I know what I'm doing but can't help it, I'm just taking it all in and churning it all round and it's all coming out the other end.

For some carers, happily, the strain had ameliorated by the time we interviewed them:

I think we have now come through the worst of our experiences since becoming special guardians. The worst of the awful strains and stresses are over.

It has been a year and things have adjusted and it is part of normal life now.

Everything is now slotting into place and settling down nicely.

For others it was still very much current.

I live on Valium, It keep me going.

I just wake every morning and get through the day and I think 'well, that's one more day done'.

I don't recognise myself anymore, I sometimes don't know how I get through the day. I'm very worried about the future and what happens if anything happens to me.

The General Health Questionnaire, 28 item version (Goldberg and Williams, 2006) was used with carers to get a measure of their current stress levels. The GHQ is a self-administered measure of current mental health and psychosocial problems. It asks whether the respondent has experienced a particular symptom or behaviour more than usual. Each item is rated on a four point scale (less than usual, no more than usual, rather more than usual or much more than usual). On the bi-modal scoring system (0-0-1-1) this generates a maximum score of 28. Although studies have set their thresholds for abnormal scores at various points between four and 12, the mode is reported to be between four and five. Goldberg and Williams, using the GHQ-30 item version on a random sample of 6498 respondents report only 31% scoring above 5.

The average score in this study for interviewees who still had a child in placement was 9.5. Sixty-five per cent (55 of 85) scored above 5 and 38% (33) had scores of 12 or over. Indeed nine (11%) had scores of 20+, indicating a very high level of distress. Moreover, all but one of those with those of scores of 12 and above (27 of 28; 96%) reported that the way they were feeling was to do with being a kinship carer, adding to their forms explanatory comments such as:

The loss of self-esteem, the loss of the life I was living and had planned. Social Services scrutiny, the treadmill of looking after two damaged children. The strain on my marriage and my children.

The constant worry is 'am I going to stay alive long enough for the children to be grown up and independent?' Financial stress is a major cause. When I was bringing up my children I worked; if they needed anything more I would do more shifts. Now I'm too old to do that, I fear I cannot provide properly. Lastly, I worry how the grandchildren will turn out. What problems will they have because of being rejected or different?

It's the hassle I am having from my family. And (the child's) behaviour after contact with her mother.

Scores were not generally higher in the more recent placements. Indeed, if anything, the opposite was true: the mean score where the placement started less than a year ago was 9.1 and although this dropped slightly to 8.6 for placements between one and two years old it was 11 for those lasting between two and three years and 10 for older placements. So it was not simply a question of carers' reactions to the turmoil of the early stages of taking on the child.

Although interviewees identified a range of stressors in their lives arising out of being a kinship carer, stress levels were clearly associated with their reports of the level of difficulty the child was currently presenting (statistically significant at $p < .05$). Thus, 65% of those who reported difficulties we classified as major (see chapter 2) had scores of 12 and above compared to only 35% where the difficulties were categorised as moderate and 29% where there were no difficulties (table 3.1).

Table 3.1: Carer perceptions of child's current difficulties by GHQ score*

	GHQ score<6		GHQ score 6-11		GHQ score 12+		(N=)
	No	%	No	%	No	%	
No significant difficulties	16	52	6	19	9	29	(31)
Moderate difficulties	10	27	14	38	13	35	(37)
Major difficulties	4	24	2	12	11	65	(17)

*Cases where at least one child still in placement

The most stressed group were those caring for children who were categorised by the researchers as challenging throughout the placement, whose mean score on the GHQ was 12.89. This compares to 8.84 where, although the children were challenging at the outset, their difficulties ameliorated, and 7.86 where the children, even though they may have had some difficulties, were not judged to be challenging.

Interestingly, though perhaps not surprisingly given the findings reported earlier about the impact of caring on couple relationships, single carers were somewhat less stressed than those with a partner (table 3.2) although the difference was not statistically significant. The mean score for single carers was 8.53, for those with a partner 9.97.

Table 3.2: GHQ scores by whether single or couple carer*

	GHQ score<6		GHQ score 6-11		GHQ score 12+		(N=)
	No	%	No	%	No	%	
Single carer	10	39	7	27	9	35	28
Couple carers	20	34	15	26	24	41	59

*Cases where at least one child still in placement

Social support

Social support can provide a buffer against stress. However although a few carers found that taking on care had expanded their social networks, as reported earlier most found their opportunities for adult company much reduced. Moreover 60% of carers (56 of 93) when asked whether they had felt isolated and unsupported, agreed whole-heartedly and often emphatically: '*definitely*'; '*absolutely*'; '*very true*'; '*100%*', while a further 10 said that they sometimes felt like this. Friends backed off or carers were reluctant to talk to them, while making new friends through the children could be difficult, especially for older carers:

My friends have all disappeared.

I felt very lonely.

There was the embarrassment and shame at admitting my daughter was on drugs and couldn't cope.

The other parents at the school gates are much younger. With your own friends, how do you talk to them? There's no-one we can ring and say 'this has happened'.

I felt desperate initially. I don't feel accepted within toddler groups or at nursery. My own friends aren't around so much.

You don't fit in with any group.

Carers were also posed a set of questions relating to emotional support: did they have someone to confide in about problems; did they have someone with whom to share their private worries and did they have someone who understood their problems. The responses were: '*none of the time*', '*a little of the time*', '*some of the time*', '*most of the time*' and '*all of the time*'. These were used to place interviewees in one of three groups. Of those with a current placement, 23 (of 87; 26%) who answered '*none of the time*' or '*a little of the time*' to all three questions were judged to have low emotional support. The 26 (30%) answering '*most*' or '*all of the time*' were considered to have high emotional support. The remaining 44% were those with mixed responses or who said '*some of the time*' to all three.

Another set of questions asked whether the carer would be able to call on practical support in an emergency: whether there was anybody who could help if they were confined to bed, take them to the

doctor, help with daily chores and meal preparation if they were incapacitated. Again their responses were grouped into three categories. Of the 84 current carers answering the questions 20 (24%) responded 'none of the time' or 'a little of the time' to each question. Twenty-seven (32%) chose 'all' or 'most of the time' while 37 gave mixed responses or answered 'some of the time' to all. Again these responses were used to grade the availability of practical support as low, high or intermediate.

There was a close (and statistically significant) correlation between the availability of emotional support and practical support in a crisis (table 3.3). This meant that while at one end of the spectrum 13 carers (16%) could rely on both emotional and practical support, at the other end exactly the same proportion could call on neither.

Table 3.3: Emotional support by availability of practical help in a crisis

	Availability of practical support in crisis						(N=)
	Low		Intermediate		High		
Availability of emotional support	No	%	No	%	No	%	
Low	13	59	8	36	1	5	(22)
Intermediate	6	17	17	49	12	34	(35)
High	1	4	12	46	13	50	(26)

*Cases where at least one child still in placement

As one might expect, carers whose responses indicated high emotional support tended to be those reporting the lowest levels of stress (table 3.4), although surprisingly, those in the intermediate support group had higher levels than those in the low availability group. The mean score for those in the high emotional support group was 7, compared to 10.9 in the intermediate group and 10.4 in the group with low emotional support.

Table 3.4: GHQ scores by level of emotional support*

	GHQ score <6		GHQ score 6-11		GHQ score 12+		(N=)
	No	%	No	%	No	%	
Availability of emotional support							
High	14	54	7	27	5	19	(26)
Intermediate	9	25	8	22	19	53	(36)
Low	7	31	6	27	9	41	(22)

*Cases where at least one child still in placement

Stress levels more closely mirrored carers' responses about the availability of practical help in a crisis (table 3.5), the mean score for those with low emotional support being 11.5 compared with 10 for those with intermediate availability and 7.8 for those with high availability.

Table 3.5: GHQ scores by availability of practical support in a crisis*

	GHQ score <6		GHQ score 6-11		GHQ score 12+		(N=)
	No	%	No	%	No	%	
Availability of practical support							
High	11	41	10	37	6	22	(27)
Intermediate	14	38	7	19	16	43	(37)
Low	4	21	4	21	11	58	(19)

*Cases where at least one child still in placement

Support from extended family

Two-thirds of carers (64 of 95; 67%) said that their own families had been generally supportive, with some individuals being described as 'fantastic', 'amazing', 'brilliant' and 'a star'.

Yes, I have a very strong network of family help.

They're always there for us.

My daughter, my niece and my sister are always prepared to help out.

Others had had more mixed or even negative experiences:

My own father is supportive; my sister doesn't speak to me over it.

My grandfather is very supportive; some other family members said things behind my back, stirred things up.

My mother was really cross about it, lecturing, not offering help.

They all think it was a mistake. I avoid talking to them about it.

General support also usually included a degree of practical or material help, with only 21% of carers (13 of 63) saying it did not. Others said they had had such assistance even though family members were not universally supportive. Overall almost

three-quarters of carers (70; 74%) reported some practical support. This typically involved some form of child care, usually baby-sitting or taking the child out, with overnight stays and holidays being rarer. It could also include collecting the children from school, transport, decorating, handing on or providing clothes, and in some instances financial help:

My father helped with buying the car and buys the children clothes.

My father helps financially and takes (the child) out or for the weekend; my sister-in law babysits. My mother helps when she's well.

My ex-husband takes the children out weekly. My daughter has (the child) one night a week.

My sister has them every other weekend. My mother helps financially a lot. She gave me £1000 the other day.

Some carers, however, received no help from relatives, because they were not willing or able to help, or because there was no extended family around.

Summary

Providing stability, security, love and care for children who had had such a poor start in life, watching them progress and keeping them out of the care system can be a hugely rewarding experience. It comes, however, at a considerable cost to carers and has a dramatic effect on them and their families. It demands huge adjustments and sacrifices and often causes considerable stress, sometimes exacerbated by the pressure of dealing with Children's Services.

For some carers, by the time our interviews were carried out, the worst of the strain had alleviated. However carers' responses on a standardised measure of well-being – the General Health Questionnaire, indicated that a high proportion were still experiencing abnormal levels of stress, almost all of whom attributed this to being a kinship carer. There was a statistically significant correlation between carer stress and the level of difficulty the child was currently presenting, with the most stressed carers being those caring for children who were categorised by the researchers as challenging throughout the placement.

Kinship care can limit carers' access to social support, which can act as a buffer against stress. Although most (67%) said that their families were generally supportive, 60% said they felt isolated and unsupported and less than a third were judged to have high emotional support. Those with the highest emotional support reported the lowest levels of stress.

4. Initial legal status of the arrangements

As can be seen from table 4.1, there were only 20 cases in the sample in which the kinship arrangement was acknowledged by the local authority as a foster placement from an early stage. Twelve children either came to their carers on private law orders (two special guardianship orders, five residence orders/interim residence orders¹¹) or such an order was made within days of the carer taking responsibility for the child (5). Five arrangements started off as private fostering. The largest single group (58; 61%) started off as informal arrangements or with the child's legal status being unclear. The preponderance of arrangements without any formal status remains (41; 54%) even if we exclude cases in which Children's Services were not involved in the child moving to the carer in the first instance.

Table 4.1: Initial legal status

	All cases		CS involved in arrangements	
	No	%	No	%
Kinship foster care	20	21	20	26
SGO	2	2	2	3
RO/IRO	10	11	9	12
Private fostering	5	5	4	5
Informal/ unclear	58	61	41	54
(N=)	(95)		(76)	

Arrangements which were treated as foster care from an early stage

Circumstances

Eleven of the 20 cases which were treated as foster-care from an early stage involved children who were already *looked after* before they came to the carers. While two had only been *looked after* children for a few days – one being subject to an emergency protection order at birth and placed with the kinship carers from hospital - seven had been in unrelated foster care for several months and two for over a year. There was one further case where the child had been in unrelated foster care for a week before moving to live with his mother and maternal grandmother. When this arrangement broke down, three days later, paternal grandmother agreed to keep the child and to be assessed as a kinship foster carer.

Most cases which started off as foster care (16) also involved care proceedings. In eight of these the children were already with the carer when the proceedings started, in each case within two weeks of the placement being made. Six were placed in the course of proceedings, one at the end and one some months after the proceedings had concluded. In all but a couple of cases where the child was living with the carer during the proceedings, an interim care order was made.

The proportion of cases treated as foster care from the start could have been even smaller since in three instances the plan had been for the child to be placed at the end of the proceedings on a special guardianship order. In all three it was the position taken by the children's guardian which resulted in placement on an interim care order.

Case 17334

Mrs A's grandson was removed at birth and placed in unrelated care, initially with the agreement of his mother, and then, after she disappeared, on an interim care order. When Mrs A found out she approached Children's Services and asked for the child to be placed with her under Regulation 38¹². She was told this was not possible: it could not be considered an emergency placement because the child was already in foster care and that in order to have the child she would have to be assessed for a special guardianship order:

It literally was if we did not have the SGO he would not come to us. That was blackmail really. They would not assess me as his foster mum but insisted I have an SGO.

Mrs A agreed and the assessment started. Three or four months on:

The guardian stepped in and said it was taking far too long, that the baby was being passed around to different foster carers and we went in quite angrily with (the child's) solicitor and demanded that he be placed with us immediately. ...I went to a panel a couple of weeks later and was approved as a foster carer specifically for (the child). I didn't know what his legal status was so I phoned up and was told it was Regulation 38, which was a little bit annoying because they had told us it couldn't be used. It was very strange that they could suddenly use this regulation when it suited them'.

Arrangements which were treated as foster care from an early stage therefore typically involved either care proceedings or a previously *looked after* child (17 cases) while half involved both. However there were three cases where neither applied. In one it was quite clear that it was the carers who had driven the decision.

Case 20844

Mrs B had been becoming increasingly concerned about the welfare of her 14 year old nephew whose behaviour at home was rapidly deteriorating. Anticipating that she and her partner might have to step in they had therefore *'done their homework'*. In due course the home situation imploded with mother first trying, unsuccessfully to get her son admitted to care, and then dumping him on another relative and telling Children's Services that he had asked to live with the (B's). Accordingly, when contacted by Children's Services the B's agreed to take the child but in their words *'set the terms'* which were that they would be treated as foster carers, not primarily because of the money, but because they felt they needed the local authority to act as a buffer between them and the mother:

We said it was on the strict understanding that it was done in a proper manner where you're paying, you're the link, it's your request, we will not do it because mum says do it, it has to be done properly.

In the other two it was more difficult to see why the decision had been taken. Not that it was unreasonable in the circumstances: in each Children's Services had been involved in the case previously and were involved in the decision. However, as we shall see later, there were many other similar cases where that also applied but the arrangements were treated as private.

Case 18473

Mrs C has been looking after her cousin's child since he was a few days old. He was placed straight from hospital. The mother has schizophrenia and following assessments a pre-birth case conference decided that she could not be allowed to care for him. Mrs C was put forward as a possible carer at a family meeting, to which she had not been invited. Mother agreed to the placement which appears to have remained as section 20 accommodation although

court proceedings, (whose status the carer was uncertain about but are probably care proceedings), are now under way.

Mrs C was going to apply for special guardianship but has now decided to apply for an adoption order.

Case 20733

Child B, an 11 year old girl, had been staying with her grandparents while her mother was in a rehabilitation centre for drug and alcohol abuse. When mother was discharged, and the grandparents took B home, she told them she did not want to stay because she did not feel safe. The grandparents rang Children's Services, who were already involved with the family, and a social worker from the emergency duty team came out, interviewed the child, who confirmed that she wanted to return to her grandparents, and told the mother that if she did not agree to the child going back to her grandparents an emergency protection order would be sought. Mother then agreed to the child being accommodated, with the grandparents, under section 20.

Support

For most people being treated as foster carers from an early stage meant that they knew they were going to receive an allowance of some sort, although in a few cases it took some time for the money to come through. One person, for instance, reported repeatedly being told she was *'being put on the system'* and having to *'hassle to get ad hoc payments'* in the five months before this was done. Another had to wait for 10 weeks. However those who did experience any delay all said that the money had been backdated, usually – though not invariably – to the start of the placement.

The amounts paid initially varied widely. For instance, among those who received allowances within one month of the placement starting, but before the foster care assessment was completed, rates varied from £44 a week to £137, although those receiving the very lowest levels of allowances typically said this was increased once they were approved.

Generally, apart from delay in payments, carers did not report difficulties in obtaining an allowance, although two said they had to ask and were convinced that if they had not done so they would not have received anything. One couple said that although they received the basic fostering allowance they were told they were not entitled to

any 'add-ons' because it was not 'proper fostering'. The most troubling was a case where the child was placed with the carers on an interim care order but the local authority insisted they would only pay an 'overnight allowance' of £8 per day, refusing to shift their position despite the carers 'doing our homework', speaking to Family Rights Group and 'quoting Munby'¹³.

In addition to regular financial assistance, most carers (14) received assistance with start-up costs, with another saying they had been offered this but it was not needed. Such help, however, was not inevitably or immediately available. Five carers said they had to meet the costs themselves, ranging from buying essential baby equipment such as a highchair and a cot to equipping school-age children with uniform and shoes, precisely the sort of costs which in other cases were met by the local authority. One of these said she had not been aware that such help was available, hence she had not kept the receipts, so when she did claim she was refused reimbursement. Other carers reported that although they did get help it was not immediate and one carer said she had only been reimbursed for half the amount she had spent.

Eleven carers also received financial help with other costs, typically child care (6) and transport (5), usually for travelling to contact but also including hospital appointments for the child and in one instance, training for the carer. Four carers, however, received neither start-up costs nor other forms of assistance and while two of them at least had the buffer of receiving an allowance very quickly, the other two did not and had to manage without any financial help for several months. In both these cases there seem to have been system failures within the respective local authorities which meant that the fact that the child was a *looked after child* was not properly communicated and/or acted on.

Overall, seven people (of 19 answering the question; 37%) said they had found it difficult or very difficult to cope financially in the early months of the placement while nine (47%) said it had been easy or very easy.

In terms of other forms of assistance in the early stages those who had been foster carers typically described quite high levels of contact with social workers – 'lots', 'pretty intensive' – with visiting frequencies ranging from weekly to monthly and often telephone contact in between. However two carers said there had been only limited or occasional contact while in another two the social worker was said to have paid one visit and then not returned for months.

Case 20844

This case started off well, as far as the carers were concerned: the child's status as a *looked after child* was agreed and an allowance was sorted out very quickly. The social worker paid one visit and the carers signed what they now realise was a regulation 38 agreement. Then, as the carers put it '*the rest of the system totally failed. That was the last time we saw her, or anybody from her department for 11 months*'. Telephone contact, which was always instigated by the carer, rarely got a response. Eventually the carers demanded that their status be clarified and the assessment process was begun by a social worker in their home authority on behalf of the placing authority. Before it was completed, however, the carers decided they could not keep the child any longer and their second meeting with the social worker – and the first with their link worker¹⁴ – was used to convey this message. The child was placed with an unrelated foster carer.

Understandably this carer, and the other one who had only a single visit followed by a long gap, both considered they had far too little contact with social workers. Two other foster carers also wanted more contact than they had had, while another two said it wasn't so much the frequency of the contact they were dissatisfied with as the quality of the social worker's input. At the other end of the spectrum, six carers said the level of contact had been too much. Eight said it had been about right.

Eight carers said they had other forms of non-financial support in the early stages, typically in relation to parental contact. However 12 mentioned unmet needs for support, most commonly support for the carer (6) followed by help dealing with the child's behaviour and help with contact (3 each) and information (2). There were individual mentions of day respite, help dealing with the school and help for the child.

There seems to have been little explicit discussion with Children's Services about the support carers needed or which might be available, although one of the few exceptions said that Children's Services were '*pretty good at that*' and '*went through it, especially the financial and emotional support available*'. Typically people either said nothing was said, that it was fairly vague, or that they were told to ask if they needed anything.

The data presented so far indicates that being

recognised as a kinship foster carer from the start does not guarantee a high level of support in the early stages of the placement. Nonetheless, as will become evident in the course of this chapter, foster carers did tend to get more support than those who started off under different legal statuses.

Arrangements which started out with private law orders

Circumstances

In seven cases children came to their carers on private law orders (two special guardianship orders, five residence orders/interim residence orders) while in five such an order was made within days of the carer taking responsibility for the child (all interim/residence orders).

Five of the seven cases in the first group (including both of those placed on SGOs), concerned children who had previously been *looked after children* before coming to live with their kinship carers. As we describe in chapter 5, we consider questions could be asked about local authority decision-making in three of these. The local authority's approach also appeared to be questionable in at least one of the two cases where the child was not previously *looked after*.

Case 20316

The child, a baby, was subject to a supervision order, made on condition that the parents agreed to his grandmother living with them. These arrangements broke down, with first the mother leaving and then the father telling the grandmother to *'f... off and take the child with you'*. When grandmother contacted Children's Services she said she was told that in order to take the child she had to apply for an emergency residence order. *'I asked why they couldn't do something and the social worker said 'no, it's got to be you'. Social Services were 'we don't want to know' sort of thing.*

In one of the five cases where private law orders were made within days of the carer taking over (sole) responsibility for the child, the local authority was not involved in the decision. Each of the other cases raises questions about the local authority's behaviour. For example:

Case 1

The child was subject to a child protection plan because of parental alcohol abuse

and domestic violence. The parents had separated some three months previously and mother was warned that the child would be removed if they reconciled. Mother and child came to stay with the grandmother but then disappeared. Grandmother, who was already looking after an older half sibling under a residence order, reported this to Children's Services, who asked her if she would be willing to take on this child when he was found. Initially, she says, she refused *'I said 'my heart says yes but my head says no, I can't afford this, it would send my family under'*. That's when, she reported, Social Services said *'don't worry, we will be there to support and help you, we will get a care order'*. *'So on that basis I said yes'*.

Mother and child were duly traced and, as suspected, were with father. The child was removed by the police and brought to the grandmother who was told by the social worker that the case was now with the legal department, who were preparing an application for a care order. However, she says she was also told, *'unfortunately there is a backlog of more urgent cases'* and *'you do realise that the parents could turn up at any time and take him'*. Faced with this prospect, the carer told us, she asked *'what can I do'*, to which the response was *'well if you get an interim residence order whilst we prepare the application for the care order, that will keep him safe'*.

The carer says that at the time she was quite happy to *'help them'* and felt no need to seek legal advice since she had already been through the process of obtaining a residence order on the older child. However her attitude changed when no care application materialised, and Children's Services claimed that the child had not been a *looked after child* during the five days before the interim residence order was made, but that it was a private arrangement. The carer, now much better informed than she was at the time, is now incensed:

'It wasn't a private arrangement, a private arrangement is what happened with (the older sibling) (where Children's Services were not involved). If Social Services are involved like that I cannot possibly see how it can be a private arrangement. The police removed him and Social Services asked me to take him, so it should have been, whether it was

or not I don't know, section 20, making him a looked after child until I obtained that interim residence order'

Apart from feeling angry at, as she sees it, being duped by Children's Services, this carer is also anxious about the implications for the support she might receive under an SGO, for which she is now applying. She acknowledges that as far as financial support is concerned she was not substantially disadvantaged for long under the residence order since after a couple of months the local authority agreed to make an allowance equivalent to the basic fostering rate minus child benefit, pay all her legal costs, give her a start-up grant and pay half the child care bill. However this was only achieved after she had sought advice from Family Rights Group, involved her solicitor and got the support of her local MP.

Our second example has had a much longer battle to get financial help.

Case 5

The family came to the notice of Children's Services following the birth of a child with serious medical problems and concerns about suspected parental drug abuse. At Children's Services' request the grandmother agreed she would provide short term care for the two older children when the baby was well enough to go into a residential placement with the mother. Before this could happen, however, the plan changed. The grandmother was asked to take the children for an indefinite period and told, on a Friday, that she needed to be in court the following Tuesday to apply for a residence order in what appear to have been care proceedings. The alternative, she says she was told, was that the children would go into unrelated foster care and because it was urgent they might not be placed together. Despite being unable to get legal advice in time she duly complied and an interim residence order was made.

The carer now bitterly regrets that she went along with what she was told and wishes the children had been put on interim care orders, but at the time *'you just take your lead from Social Services. I trusted them completely, absolutely...I should have said no, I'll look after them but you'll be responsible for them. Which would have meant they would have had to pay an amount*

for the children'.

Instead, the only financial help from Children's Services while the residence order was in force was £400 towards start-up costs, which fell far short of what the carer had spent, and which she had assumed would be fully reimbursed, having been told to *'get what I needed and send in the receipts'*. She got no help with the cost of regularly taking the children to see their mother and new sibling in the residential placement, a round-trip of over 100 miles. A special guardianship allowance was refused.

The judge hearing the special guardianship application, however, was not prepared to accept this and according to the carer said it was clear that she had been acting as a foster-carer and put pressure on the local authority to provide some financial support. He also gave the carer permission to seek judicial review if this was not forthcoming. The local authority then made an offer, which the carer has accepted, of a lump sum in lieu of a special guardianship allowance, to cover their expenses for the next two years. The amount works out at just under £50 per week per child and there is no back payment.

Support

In all, of the nine arrangements where the child was placed on a residence/interim residence order there were only three where the carers received an allowance from the outset. Two had to wait until they obtained an SGO and three others had to wait for several months. All but three, moreover, said they had had difficulties getting an allowance, as did both the carers in the two cases where the child was placed on an SGO. The latter two did eventually get allowances but, as one of them put it, *'we had to make a fuss'*.

Six of the 11 arrangements starting with a private law order received some help with start-up costs and four others financial assistance, typically with the costs of child care. Although everybody received something, only two people were in the fortunate position of receiving an allowance and start-up costs and additional financial help. Not surprisingly, therefore, all but two people (nine of 11; 82%) said it had been difficult or very difficult for them to cope financially and materially in the early days of the placement. This compares with only 37% of those who were treated as foster carers from the start.

Apart from any financial help they received, most carers also had contact with a social worker, although one case was closed immediately the SGO was made and in a second, although the court made a 12-month supervision order alongside the SGO, the carer reported that *'no-one acted on it. We never saw a social worker and the family support worker only came three times'*. Both these carers were unhappy with this lack of support. Four carers who started off with interim residence orders also said there had been insufficient contact with Children's Services and while three said there had been too much, none of them seemed to be referring to the actual frequency of the visits. For one, the social worker was only one of *'a constant stream of professionals'*; the evaluation of the two others (with fortnightly and monthly visits respectively) seemed to be more a reflection of the fact that they did not find the visits *'at all helpful'*.

Few carers said they had any other form of non-financial support in the early stages, only two referring to Children's Services supervising or supporting contact and one to a worker taking the children out. This is a rather smaller proportion than among those who were treated as foster carers from an early stage (27% compared to 40%). All but one (91%) identified unmet support needs, compared to 60% of foster carers. While a range of practical needs were mentioned – respite, help with contact, help for the child – it was notable that seven people seemed to be referring to what might be classified as emotional support, whether this was explicitly said or expressed in terms of needing *'someone to talk to we trusted'* or *'contact with other carers'*.

As we reported in relation to those treated as foster carers from the start, the question of what kind of support carers might receive from Children's Services seems to have been rarely discussed at the outset, only four people recollecting this, three of whom said it had been fairly non-specific: *'they said they would help if needed'*; *'they said they would support us with everything'*; *'they said they would always be there to support us'*. Each of these was subsequently disappointed *'nothing materialised'*; *'we felt very let down'*; *'it was a load of rubbish'*.

Just one person said they had had an assessment of their support needs and only one of the others had asked for this – and was reportedly told *'it's up to you now'*. No-one else was aware that they could have asked for an assessment, one person adding that *'I would have been afraid to ask. They might have said I couldn't have the children if I needed support'*.

Cases which were treated as informal private arrangements

In this section we look at the 41 cases in which the local authority was involved in some way in the carer taking on responsibility for the child but where the arrangements were not treated as a foster placement and the child was not subject to a private law order either before coming to the carers or within a few days of that occurring. The small number of private fostering arrangements will be dealt with separately.

Circumstances

At the point they became carers, almost three-quarters of this group (30, 73%) said they had assumed that the local authority was placing the child with them. Only four said they saw it as a private arrangement, the remaining seven being unclear. Children's Services were typically reported to have been vague about the basis of the arrangements – only four carers said they had been told from the outset that they were regarded as private, although two people said they could not remember. Only one person had had this in writing.

In the absence of a clear statement of position from the local authority at the outset, it is understandable that many carers should have simply taken it for granted that the child was being placed with them. Looking only at the 26 cases where a) carers were clear this was their understanding and b) adamant that they had not been told otherwise by the local authority:

- All but three carers said that the local authority had made the approach. Only one person said she had put herself forward and one that it had come about as the result of *'discussions'* between themselves, the parent and the social worker.
- In all but five cases Children's Services placed restrictions on the carer, typically in relation to parental contact, often requiring that this be supervised by the carer.
- All but four carers were certain that if they had not been prepared to care for the child s/he would have gone into local authority care.
- In all but one case Children's Services had been involved with the family prior to the events which resulted in the child living with the carer and in 13 there was known to have been a child protection conference.

Carers therefore assumed, not unreasonably in the circumstances, that Children's Services would take some responsibility and that they would receive some

support. Indeed some said they had been promised this. Many were therefore shocked when Children's Services subsequently claimed that it was a private arrangement and dismayed that this meant they were therefore not entitled to assistance.

I presumed they were placing her with me. They said 'will you take care of her?' And they said they would help me out with everything because I told them I would have to give up my job. So I presumed it would be OK. They said 'you'll be like a foster mum'. It was about six or eight weeks later, when I asked for help financially, that's when they turned round and said 'well no, we think it's an agreement between you and mother'. I said 'but it wasn't. You were the ones who rung me and asked me to take care of her and you said you'd help me out and now you're just not'.

Carers did not necessarily think that they would become foster carers for the child – most were not aware that this was a possibility and it was not something that was discussed with them at the time. However eight did subsequently successfully challenge the local authority's stance on the legal status of the arrangements and became foster carers, at least for a period. Examples of successful challenges are given in chapter 6. Seven other carers tried but failed.

We weren't really told anything at the start. For a week (after the children were brought to us) we were kind of left in limbo knowing nothing. Then they had a child protection conference which decided that the children would be staying with us. We asked about kinship care and were told that because we were close family we weren't entitled to it. At one point the social worker said it was private. We were wary because this was the first time we'd been in this situation and we didn't want to lose the children. But we've got a friend who's a foster mother and she said 'stand up for yourself'. So we went back to Social Services and said 'these children were brought to us in the middle of the night. It is not a private arrangement'. They said they would look into it but we never heard anything. They never really made a statement one way or the other as to whether we were going to get it or not, they just left it. Eventually we were told that if we went for residency of the children we would get a residence allowance and they said they thought that was a better option.

An eighth carer (18840 below) was still trying to change the local authority's position.

Case 18840

Mrs D has been caring for her grandson for three years. His mother is an alcoholic, his father has mental health problems. While the child was still at home, Mrs D said 'the social worker said would I monitor (things)... I kept going down and then they were going to have a case conference and we went to it and they put him on the child protection register. A few weeks after that this social worker said 'do you think you could take (the child) till things get sorted out'...she said we'd probably have him for two or three months and then they'll be back together again... I went to the Citizens' Advice and I said what about this (case) for a care order and they said it looked as though it would be the best thing...I met with the team leader who said 'if you wanted his hair cut you'd have to contact Social Services' and I said 'no problem'. She said 'if you wanted to take him to the doctor's, you'd have to contact Social Services'. I said 'no problem'. I eventually got the gist that she was trying to put me off...I went to see a solicitor and he said 'tell them that you want to be assessed as a foster carer and you want it all backdated'.

At the next core meeting I said this but the social worker said I couldn't because (the child) hadn't been in care...Then I went to the MP and he wrote to the local authority. We got letters back saying that there hadn't been a care order. I refused to give up because they do this with so many people. ..Then we got a new social worker who has been the most forthcoming. She said when (child) started at his new school that Social Services 'have a pot of money and we could maybe help you'... I think in a way she felt obliged to tell me about the 'pot'. I put the receipts in for the school uniform and it was one hundred odd pounds and they paid. That's all the help I've had over the last two years apart from his bus fare to school (£1.20 a day). I have made a complaint...two investigators interviewed me and...said a report had been submitted and it would be up to Social Services then... it's now been six weeks and I've never heard anything'.

Support

While they were caring for the child informally only 14 of the 41 carers received a regular maintenance allowance from Children's Services at any point and all but two of those said it had been a struggle to get this.

Case 23022

Children's Services had had mounting concerns over the care of Mrs E's four grandchildren and a plan had '*gradually emerged*' that Mrs E would give up her full-time job and take over the care of the two older ones, once her notice period had expired. In the event the move was precipitated by a crisis.

Prior to the move, Mrs E said, she had always made it clear that she would need financial support, not least because she had to pay a mortgage, and that on several occasions she had discussed this with the social worker and had been given a figure for the amount she would receive. She had handed in her notice on the strength of this and was, accordingly, horrified to find that no allowance materialised, and that when she enquired she was told she would not receive anything until she had a residence order.

I said, 'what are you talking about?' 'We told you'. I said 'you did not. I told you I couldn't leave work until I was financially secure'. And I had to end up, I had to really shout and rant at them and say 'these children are already on the risk register because of neglect. If I can't feed them you're putting them at further risk'. That was the key that turned it, I think, I put the ball back in their court I suppose. But it was an impassioned plea from me'.

Children's Services then carried out a financial assessment and it was agreed that Mrs E would receive £206 per week for the two children, backdated by a month. Although fairly satisfied with the outcome, Mrs E is nonetheless very angry that she had to fight for an allowance and says she found the process intensely stressful and humiliating:

You're made to feel that because you're family you shouldn't expect any money... I am not a natural scrounger but I have had to be in order to maximise what is best for the boys. I want to give them as much as I can by any honest means. So I've swallowed my pride and asked for money, obviously.

The hardest thing was having to go to Social Services and I was completely humiliated in a meeting as regards that. The chair of the meeting was quite rude and said something about it being my family. I said 'I'm fully aware that they're my family and I'm prepared to do what I have to do but I need to survive, I need to be practical'. And he said 'we're not a bottomless pit'. I just went quiet. There's no need to humiliate me like that in a roomful of professionals.

Only two other carers received allowances as high as this, most people received £50 or less. Generally, where allowances were paid they were awarded within three months of the child coming to live with the carer. Some carers, however, had to struggle for much longer.

Case 20825

Mrs and Mrs F agreed to Children's Services' request that they would care for their 12 year old grandson, who was neglected and beyond the control of his disabled mother. If he returned home, they were told, the local authority would bring care proceedings. They were told they were not eligible for financial support and two months later discovered their case had been closed.

Some months later, '*desperate for some funding*' they '*stumbled across kinship fostering on the internet. That sounded like what we should be doing. No-one had even mentioned this and we saw it had a decent allowance*'. On approaching Children's Services, however, they say they were told that '*we don't do that here*' and that there was nothing else available for grandparent carers. By the time the child had been with them for 12 months all their savings were used up and they were unable to find the money to carry out essential repairs to their house. They again approached Children's Services, this time supported by information from FRG, but got no reply until after they had written to the local newspaper and also involved their local councillor. Finally, 21 months after the child had come to live with them they were awarded a '*residence order allowance*' of £132 a week, backdated for six months, but told that for this to continue they would have to apply for a residence order. Children's Services agreed to fund the legal costs of the application.

Case 21394

Mr and Mrs G are caring for their six year old grandson because of local authority concerns about neglect, parental alcohol abuse and domestic violence. The original move, which was intended to be temporary while mother got her life together, was made following a family group conference. The carers and mother were required to sign a placement agreement, with over a dozen separate points. When it became clear that the child was not likely to return home, the grandparents were asked, at a case conference, if they would be willing to keep him.

Although the basis of the placement was not spelt out, Mr and Mrs G considered that Children's Services were placing the child with them. When they asked for financial help, however, they were told this was not possible because it was a voluntary arrangement and they would not be approved as foster carers because of their health issues and because it would '*muddy the waters*'. On the advice of Children's Services they applied for an SGO, the local authority meeting their legal costs.

The solicitor engaged by the carers managed to get them £11 per week to cover transport to school and was confident that there would be a financial package with the SGO. However he was reportedly reluctant to press for an allowance to be paid earlier. On the advice of FRG Mr and Mrs G then contacted a specialist solicitor who wrote to Children's Services arguing that this was a local authority placement, as evidenced by the written agreement, which clearly put the authority in control of the arrangements. Children's Services then agreed to pay the carers £85 a week backdated to the time they made their application for the SGO – though not to the point the child came to live with them, 10 months previously.

Nine of the 14 carers who received a regular allowance while they were caring informally also received other forms of financial help, typically help with child care costs, for a period at least, or help with the costs of getting to children to school. This was less likely for carers who never got an allowance, being reported by only 11 of the 27.

Some help with start-up costs – clothing, bedding, beds, etc – was given in 20 cases. In seven instances, however, this was not until

several months into the placement (and in a couple of cases may only have occurred when the arrangement became treated as a foster placement). Start-up help did not seem to be particularly linked with the payment of an allowance – 16 of those who received such assistance were not receiving an allowance at the time.

Most carers received some form of financial support from Children's Services at some point while they were still caring for the child informally, although five appear to have had nothing. Only four carers however, received start-up costs and a regular allowance and other forms of financial help such as child care costs. Sixty-eight per cent (27 of 40) said it had been difficult or very difficult for them to cope financially and materially in the early stages of the placement with only four (10%) saying it had been easy or very easy. This compares to 37% and 47% of those where the arrangements were treated as foster care from an early stage.

In terms of non-financial support while they were caring informally most carers did have some contact with a social worker; it was not common for cases to be formally closed very quickly. The frequency of that contact, however, varied enormously with some people reporting fairly intensive input – at least weekly or fortnightly visits plus telephone contact – others having only occasional visits or in some cases no contact at all for weeks after the child came to live with them. Views about the frequency of contact were almost evenly split with 19 people considering it was either '*about right*' (14) or '*too much*' (5) while 18 thought it was '*too little*'. It is interesting to compare this, however, with those who had been treated as foster carers from the start, only a fifth of whom said they had had insufficient contact, with three in 10 saying it had been too much.

Carers were also less likely than those who had been foster carers from the start to say that they had had other forms of support in the early stages (12 of 41; 29% compared to 8 of 20, 40%) and more likely to identify unmet needs for non-financial support (30 of 40; 75% compared to 12 of 20; 60%). Although a range of unmet needs were identified, by far the most common were advice on dealing with the child's behaviour (mentioned by 11 interviewees) and emotional support for the carer (12).

Like those who started off with a private law order, few informal carers recalled any discussion with Children's Services about what support they might need to care for the children: '*they just dumped the child and walked off*'; '*we were left to support ourselves*'. Six of the 10 exceptions referred only to child care provision and three said

the discussions were very general. The tenth carer said she was told by the child's local authority that she was entitled to a range of services, including counselling for the child and training for herself. However the case was transferred to her own local authority and none of this materialised. Only three people said they had had an assessment of their support needs and again this seemed to be limited to child care provision. One couple said they had been asked what support they needed but had found this difficult since Children's Services could not tell them what was on offer.

Again, typically carers were unaware that they could have asked for an assessment of their support needs. Six, however, said that they had asked but while only one person had a refusal, none of the rest got anywhere:

There were various excuses, the social worker was ill, there was no money, there was no-one to do the assessment.

They'd get around to it in due course, there was no-one available, there weren't enough bodies'

Private fostering

We have classified five arrangements as starting off as private fostering either because the carers said they were registered as such (2) or because they were not sufficiently closely related to the child to be able to care on an informal basis, although this does not appear to have been recognised. This section will look only at the four cases where Children's Services were involved in the children coming to live with the carer, omitting the fifth where they only became involved three months later.

Circumstances

Only one of these four carers said it had been made plain to them from the start that the local authority was treating the arrangement as a private one. Two others were unclear about Children's Services' stance while one said she had assumed that the child was being officially placed with her. None of these three, however, were explicitly told at the time that this was a private arrangement, this only emerged some time later. As one carer put it '*I didn't even know about private thingies then; I've learnt a lot since. They weren't specific at all.*

All four carers however might have been justified in thinking Children's Services were placing the children with them, rather than facilitating a private arrangement:

- In three cases Children's Services had been heavily involved with the family before the events leading to them coming to live with the carers. Only one appeared to be a new case.
- In all four Children's Services had made the approach.
- In each the carer was clear that if they had not been prepared to have the children they would have gone into care.
- In three Children's Services stipulated that parental contact had to be supervised.

Two of these carers subsequently challenged the basis of the arrangement, one successfully.

Case 17123

Mrs H was contacted by Children's Services to see if she would be willing to look after A, aged 15, who used to be her son's girlfriend. A's previous carer, a relative, had died and A did not want to go back to live with her mother, as Children's Services suggested. Mrs H said that she had initially been unwilling, but the social worker had '*pulled at my heartstrings*'.

A few months later, she was dismayed when, having been refused money to include A in a family holiday, she was told that Children's Services had no responsibility for A, they had only been acting on behalf of the mother – with whom Mrs H had never had any contact.

Mrs H then rang the Fostering Services Helpline. The person she spoke to, she said, '*was just flabbergasted at the position I had been placed in. She said that was not the way Social Services were meant to behave*'. After speaking to FRG she wrote a letter of complaint to Children's Services, copying it to the Director. It was then agreed that Mrs H would be assessed as a kinship foster carer and that the fostering allowance should be backdated to the start of the placement. She also received the contribution to the costs of the holiday she had originally sought and money for a bed.

In the event, however, Mrs H says, she was put off by the attitude of the assessing social worker and decided she did not want to proceed. By this time A had reached her 16th birthday and the placement was converted to supported lodgings. Mrs H continued to receive an allowance at the fostering rate.

Case 22041

Mrs J has cared for her great-niece since she was a few months old. Both parents had had previous children removed by the local authority and mother was only allowed to keep this child on condition she and the baby stayed with the maternal grandmother. When this broke down the local authority first sounded out other relatives to take on care of the baby and then came to Mrs J, who had previously said she would have been prepared to have both mother and child. Nothing was said at the time about the legal basis of the arrangements.

'After many months of asking for my status to be clarified' the carer told us 'I was told that I was a private fosterer. I'd never heard those words before. All I knew was that I was asked by them to look after (the child). In a meeting with a manager, she says she was asked 'did the social worker ask (mother) if there was anyone she could put forward. Did (mother) put your name forward', to which she replied:

Even if (mother) did put my name forward the social worker didn't make me aware of that. So how can it be classed as a private arrangement if I'm not aware of that? That cannot be right...It made a difference between them paying me something and not. That's what I told the team manager: I said 'there are two reasons why there are so many rules about it. One is to bamboozle you (the kinship carer) so you get fed up and give up, and secondly there's a little loophole and you (Social Services) can get out of it and you don't have to give me anything'.

This carer is now applying for special guardianship and has engaged a specialist solicitor to 'look into the financial side of things and see if any allowance can be backdated'. She dismissed her original solicitor partly because he refused to take this on.

Support

Although three of the four carers did receive some kind of allowance while they were still treated as private foster carers, one only got this after many months (in the form of an advance SGA) and another was only given the equivalent of child benefit for eight weeks. All, moreover, report having had battles with the local authority over money.

Case 16987

Mrs K was looking after her great niece and nephew for the day when the police and a social worker arrived on her doorstep and asked her to hang onto them because mother was being investigated following an allegation of neglect. The social worker then asked her to keep the children. From the start, Mrs K said, she told the social worker that she could not afford to keep the children without financial help. About six weeks later she was offered £50 a week, which she turned down. This was later increased to £75 and six months later, having sought advice from FRG and sent their template letter, this was increased to over £100, backdated to the start of the placement.

Mrs K had no help with start-up costs. Another carer was told, when she asked for help, that she should apply for a crisis loan. In case 22041, described earlier, the carer said she had been told before the child came to her that she would get some help with the items she needed. She was given £50 to buy nappies and basic clothing. However when she asked for further help she got the response 'we're not obliged to give you anything you know'. 'I was livid', she told us:

I came off the phone and burst into tears because she made me feel like I'm in it for the money and all I wanted was to make things comfortable for the baby. I don't feel like I asked them for a lot and what I did ask for I was assured I would get and then to spend months arguing on the phone and me running up phone bills and getting stressed in the process just wasn't right. They understood the situation and should have made it as easy as possible.

Eventually she got another £150 and was told, when she enquired why they had changed their minds on this, that it was because she had got a local councillor involved. The fourth carer did get a small initial clothing grant but then had to wait six months to get a contribution to other start-up costs. Only one carer received any other financial support: the local authority agreed to pay for a temporary nursery place and transport when she was incapacitated following an accident.

All four said they had found it difficult or very difficult to cope financially in the early months after taking on care.

In terms of other forms of support all the cases remained open to Children's Services and three

carers reported regular visits levelling off at about every six weeks. Only one person, however, said that the contact they had had with the social worker had been sufficient. No-one had any other form of non-financial help.

Three out of four identified unmet support needs: help for the child's emotional problems, help with contact and emotional support for the carer. As one person put it:

It was more or less 'get on with things'. They never once said 'Are you coping? Is there anything we can help you with? It would have been fantastic just to hear that.

No-one said they had had an assessment of their support needs and only one person had had a specific promise of help (in this instance help for the child, which did eventually materialise). Others said they had just been told 'not to worry, you'll get help' or advised to phone if they needed to. While three said they had not been aware they could have asked for an assessment, one had actually done so but 'got nowhere'.

The advantages of being treated as a foster carer from an early stage

Being accepted as a foster carer from the start undoubtedly put carers in a more advantageous position financially than their peers working with different legal statuses, even when Children's Services had been involved in setting up both sets of arrangements. This is reflected in the fact that while only 37% of foster carers said it had been difficult or very difficult to cope financially in the early months of the placement, 68% of those caring informally said this, as did 82% of those with a private law order and all those treated as private foster carers.

All of those treated as foster carers from the start, importantly, received a regular allowance, compared to only 34% of those who started off caring informally, half those who were treated as private foster carers and 64% of those where the child was either placed on a private law order or such an order was made within a few days. They were also more likely to receive an allowance, – even if it was not a full allowance – relatively quickly, and to obtain it with less difficulty than other carers. Among those who received an allowance all but two of those who started off caring informally (86%) said they had had difficulties over this as did 73% of those with a private law order and all three private foster carers. Only seven foster carers reported any

difficulty at all (35%).

Initial allowances also tended to be higher: 61% of the first allowances paid within three months to those who were treated as foster carers from the start (11 of 18) were over £100 a week and only two (11%) were no more than £50. In contrast just a fifth of initial allowances paid within the first three months to those who started off with other legal statuses (4 of 20) were over £100 and 65% (13) did not exceed £50.

Those treated as foster carers from the start were also more likely to receive help with start-up costs: 70% compared to between 49% and 55% of other groups. Half also received help with other costs, about the same proportion as those caring informally but more than those caring under a private law order or as private foster carers (36% and 25%).

The differences in relation to non-financial forms of support are less stark but nonetheless still indicate a more advantageous position for foster carers. Only a fifth of foster carers considered that they had had too little contact with social workers in the early days of the placement compared to 44% of those who started off in informal arrangements, 55% where the child was placed on a private law order and 75% of private foster parents. Similarly, while only 40% of foster carers received any other form of non-financial support, this was still more than those who started with other arrangements (27%, private law order; 25% informal; none of the private foster carers). Finally, while a surprisingly high proportion of foster carers (60%) reported unmet needs for (non-financial) support this was still less than those with other legal statuses – 75% of private foster carers and those with informal arrangements and 91% of those starting with a private law order.

Were those treated as foster-carers from the start dealing with more challenging children?

As reported in chapter 2, 53 of the index children (56% of 95) were categorised as challenging at the point the kinship arrangement started i.e. likely to present significant difficulties for their carers. Analysis shows, however, that there was no correlation between the level of difficulty the child was manifesting at the start of the arrangements and their initial legal status. This applies whether one considers the full sample (as in table 4.2a below) or only cases where Children's Services were involved in making the arrangements (table 4.2b).

Table 4.2a: Initial legal status by whether the child was ‘challenging’ at the outset (all cases)

	Child was challenging at outset		(N=)
	No	%	
Treated as foster care from start	10	50	(20)
Private law order	8	67	(12)
Other	35	56	(63)

Table 4.2b: Initial legal status by whether the child was ‘challenging’ at the outset (sub-sample of cases)

	Child was challenging at outset		(N=)
	No	%	
Treated as foster care from start	10	50	(20)
Private law order	8	73	(11)
Other	25	56	(45)

*only cases where Children’s Services were involved in making the arrangements

Indeed, bizarrely, arrangements which were treated as foster care from the start were actually *less* likely than others to involve challenging children. For example, in the 63 cases where Children’s Services were involved in making the arrangements and the child was aged at least a year at the start, although the proportion of challenging children in placements treated as foster care from the start was high (60%; 9 of 15), in those with other legal statuses it was 67% (32 of 48). In fact the proportion of challenging children in arrangements treated as foster care from the start was lower than in any other type of legal status.

Thus, ironically, carers who were likely to need the most support to deal with the child’s difficulties in the early stages of the arrangements were actually likely to get the least.

In the next chapter we look at what influences whether or not the arrangement will be deemed a foster placement from the start.

Summary

The majority of kinship placements in the sample started off as private arrangements, or at least being treated as such by the local authority. The largest single group (58 of 95; 61%) consisted of informal arrangements or with the child’s legal status being unclear. In 12 cases the children either came to their carers on private law orders (2 special guardianship orders [SGOs]; 5 residence orders) or such an order was made within days. Five

arrangements started off as private fostering. There were only 20 cases in which the arrangement was treated as a kinship foster placement from the start. Even among the cases in which the local authority was involved in making the arrangements, the proportion of foster placements was only 26%. It could have been even lower since in three cases the intention had been to place on an SGO and it was only because of the position taken by the children’s guardian that resulted in placement on an interim care order.

Being accepted as a foster-carer from the start undoubtedly put carers in a more advantageous position financially than their peers with different legal statuses. This is reflected in the fact that while only 37% of foster-carers said it had been difficult or very difficult to cope financially in the early months of the placement, 68% of those caring informally said this, as did 82% of those with a private law order and all those treated as private foster carers.

All of those treated as foster carers from the start received a regular allowance, compared to only 34% of those who started off caring informally, half those who were treated as private foster carers and 64% of those where the child was either placed on a private law order or such an order was made within a few days. Foster-carers were also more likely to receive an allowance quickly, and to obtain it with less difficulty than other carers. Among those who received an allowance, all but two of those who started off caring informally (86%) said they had had difficulties negotiating this, as did 73% of those with a private law order and all three private foster carers. Only seven foster carers reported any difficulty at all (35%).

Initial allowances also tended to be higher: 61% of the first allowances paid within three months to those who were treated as foster carers from the start (11 of 18) were over £100 a week and only two (11%) were no more than £50. In contrast just a fifth of initial allowances paid within the first three months to those who started off with other legal statuses (4 of 20) were over £100 and 65% (13) did not exceed £50.

Those treated as foster carers from the start were also more likely to receive help with start-up costs: 70% compared to between 49% and 55% of other groups. Half also received help with other costs, about the same proportion as those caring informally but more than those caring under a private law order or as private foster carers (36% and 25%).

The differences in relation to non-financial forms of support are less stark – being a foster-carer

does not guarantee a high level of support – but still indicate a more advantageous position for foster-carers. Only a fifth of foster-carers considered that they had had too little contact with social workers in the early days of the placement compared to 44% of those who started off in informal arrangements, 55% where the child was placed on a private law order and 75% of private foster parents. Similarly, while only 40% of foster-carers received any other form of non-financial support, this was still more than those who started with other arrangements (27%, private law order; 25% informal; none of the private foster carers). Finally, while a surprisingly high proportion of foster carers (60%) reported unmet needs for (non-financial) support, this was still less than those with other legal statuses – 75% of private foster carers and those with informal arrangements and 91% of those starting with a private law order.

There was no correlation between the level of difficulty the child was manifesting at the start of the arrangements and their initial legal status. Indeed, the proportion of challenging children in arrangements treated as foster care from the start was lower than in any other type of legal status.

It was rare for carers to report any discussion of what they would need to enable them to care for the child and even rarer for there to be a formal assessment of need.

Much of the data presented in this chapter raises questions about decision-making about legal status in those cases which were not treated as foster care from the start even though Children's Services had been involved in making the arrangements.

5. Early decision-making about foster care

Only three factors (all statistically significant) clearly differentiated the 20 cases which were treated as foster placements from an early stage from the rest of the sample (table 5.1). First, whether the index child was a *looked after child* immediately prior to coming to living with the kinship carer. Second, whether the move was associated with care proceedings – i.e. either the child was placed during or after care proceedings or the local authority brought care proceedings within days of the carer taking on responsibility. Third, whether Children’s Services were involved in making the arrangements rather than being informed after the child was with the carer. Thus:

- In all the cases treated as foster care from an early stage Children’s Services were involved in making the arrangements. This applied to only 75% of other cases. Even where carers got in touch with Children’s Services very quickly after the child had come to them ie. the same or next day, none of the arrangements were treated as foster care from an early stage.
- In 60% of the arrangements treated as fostering from the start the index child was placed directly from local authority care compared to only nine of the other cases (12% of 75).
- In at least 80% of the arrangements treated as fostering from the start (16 of 20) the local authority brought care proceedings, typically obtaining an interim care order. This only applied to under a quarter (16, 21% of other cases).

Table 5.1: Factors significantly associated with foster care from outset.

	FC from start		Not FC from start		Statistical significance
	No	%	No	%	
CS involved in making the arrangements	20	100	56	75	P=.004
Previously LAC	12	60	9	12	P=.000
Care proceedings	16	80	16	21	P=.000
(N=)	(20)		(75)		

These factors were not absolutely determinative: in eight of the 19 placements from care, and 16 of the 32 involving care proceedings, the kinship arrangement was **not** treated as fostering from an early stage.

Conversely, as noted earlier, there were four cases where the arrangement **was** treated as fostering although there were no care proceedings (of 63; 6%) and nine cases (12% of 76) where this occurred even though the child had not previously been a *looked after child*. There were even three cases where neither of these factors applied but the arrangement was treated as fostering.

Nonetheless, despite these anomalies (some of which are examined later) it is clear that children going to live with kinship carers in other circumstances are highly unlikely to be treated as *looked after children* from an early stage, although, as we shall see, for some this did happen later.

Statistical analysis of the 76 cases in which Children’s Services **were** involved in the arrangements reveals few other differences between those which were regarded as foster care from the start and the rest. The children were equally likely to have been exposed to previous adversities, in fact the mean number of adversities was fractionally higher among children who were not *looked after children* from the start (10.9 compared to 10.8). As table 5.2 shows, almost all children (all those going into kinship foster care and 95% of those with different legal statuses) were with kin for one of four main reasons: abuse, neglect, parental mental illness, drug or alcohol abuse. Those in kinship foster care from the outset were no more likely to have experienced abuse or neglect than the others (70% cf 68%) although domestic violence was more prevalent (40% cf 25%) as was parental mental illness (40% cf 25%). The only statistically significant difference, however, was that parental drug abuse featured much more frequently in arrangements which were not treated as foster care from the start (61% cf 35%).

Table 5.2: Reasons index child could not live with parent

	Foster care from early stage			
	Yes		No	
	No	%	No	%
Physical abuse	4	20	9	16
Sexual abuse	0	0	3	5
Emotional abuse	4	20	10	18
Neglect	8	40	35	63
Any of these	14	70	38	68
Alcohol abuse	7	35	23	41
Drug abuse**	7	35	34	61
Either**	9	45	39	70
Mental illness	6	30	14	25
Domestic Violence	8	40	14	25
Any of the above	20	100	53	95
Mean number of these concerns	1.8	1.83		
(N=)	(20)		(56)	

*excludes those where CS not involved in the early stages of placement

**statistically significant $p < .05$

In terms of other aspects of the arrangements (table 5.3) the only statistically significant difference was that those treated as foster care from the start were more likely to have had planned placements with kinship carers rather than those arising out of a crisis (60% cf 29%). They were also more likely to have had a prior child protection conference (75% cf 60%) and to be perceived by the carers from the start as probably being long-term (55% cf 32%). All these are understandable given that, as noted earlier, most cases where the arrangements were treated as foster care from the start involved either care proceedings or children already in local authority care.

Similar proportions of carers, however, reported that Children's Services were involved prior to the events leading to the arrangements (95% cf 93%); that if they had not been prepared to take the child s/he would have gone into unrelated care (95%; 98%); that Children's Services were fully in agreement with the placement (94%) and that Children's Services placed restrictions on the carer (81%), typically in relation to contact.

Somewhat surprisingly, where the arrangements were not treated as foster care from the start, carers were more likely to report that they had been approached by Children's Services to take the child (76% cf 65%).

Table 5.3: Comparison of those who were and were not treated as foster carers from an early stage*.

	Foster care from early stage					
	Yes			No		
	No	%	(N=)	No	%	(N=)
Prior involvement CS	19	95	(20)	52	93	(56)
Prior CP conference	12	75	(16)	29	60	(48)
Planned placement	12	60	(20)	16	29	(56)
Expected to be long-term	11	55	(20)	18	32	(56)
Alternative unrelated care	19	95	(20)	51	98	(52)
CS approached carer	11	65	(17)	41	76	(54)
CS fully in agreement	16	94	(17)	49	94	(54)
Restrictions on carer	13	81	(16)	42	81	(52)

*excludes those where CS not involved in the early stages of placement

Anomalies

As noted earlier, although arrangements which were treated as kinship foster care from the start tended to be those where the child had been in local authority care and/or there were care proceedings, there were some anomalies. In particular there were eight cases where the children had been in care, and 16 where there were care proceedings, but the arrangements were not treated as foster care. Indeed there were five where the carers did not become foster carers even though both conditions applied. In three of these five cases the children went to live with their carers during the care proceedings on time-limited residence orders. All the proceedings ended with a special guardianship order.

In several of these cases, on the basis of the information given to us by carers, there would appear to be cause for concern about early decision-making in relation to the status of the arrangements. For example:

Case 16

The child, then two years old, was placed with his grandparents on a special guardianship order at the end of care proceedings, having been removed from his mother a year previously on an EPO. Interim care orders were made throughout the proceedings. Although the carers were legally represented (paid for by Children's Services), and there presumably was also a children's guardian, they feel no-one explained what the alternatives were, nor did they understand the implications for financial support. Now,

knowing more about the possibilities, they are unequivocal that they would have wanted to foster, because financial support would not have been means-tested. At the time they felt they were naive *'we just wanted to ensure (the child) was safe. We went along with what Social Services said. Why would they not want the best for the child?'* These carers said they had to battle to get a special guardianship allowance, which was not agreed until four months after the proceedings had ended.

Case 28

The child was placed with his grandmother on a time-limited residence order when he was only a few weeks old. He had previously been on an interim care order. This followed a pre-birth case conference (held because two previous children had been removed), at which the grandmother agreed to care. Again the carer was legally represented, this time funded through legal aid, and there was a children's guardian – described by the carer as *'brilliant'*. Nonetheless the carer said she had not been aware that she could have been assessed as a foster-carer; she opted for a special guardianship order because this gave her the best funding she knew was available. She currently receives £56 per week and is aggrieved that her pension is taken into account. She is, however, pleased that the court made a supervision order because she felt she needed Children's Services help in dealing with the mother.

Case 12485

A special guardianship order was made on the index child (aged 2) and her brother (aged 3) at the end of care proceedings. By this point they had been on interim care orders for a year. The carers had gone through a foster care assessment but say they were then told they were not being put before the adoption and fostering panel after all because, in the words of the carers, (Social Services said that) *'a special guardianship order would be better because it had more teeth'*. The carers told the researchers that they did not understand at the time, and still do not understand, what an SGO was and felt completely out of their depth: *'we went down the foster line and then it all changed and they said 'this is the best way'. We didn't*

know, if they say it's the best way, then it's the best way, or it should be'. These carers were not legally represented because they were not eligible for legal aid and Children's Services did not offer to pay their legal costs. They also said they only got legal advice right at the end of the proceedings after the judge intervened and insisted that the local authority pay.

As these cases demonstrate, even carers taking on previously *looked after children*, in the context of care proceedings where one might expect them to be better informed, were not necessarily aware of the possibility that they could have been assessed as foster carers or, if they were, did not feel able to push for this. Indeed we consider that in only one of the five cases could it be said that the decision to take the child on a private law order was taken by the carers with full understanding of the alternative options and their implications. Ironically, in this case the local authority did appear to be proceeding down the route of kinship foster care since an assessment was under way, and it was the carer who wanted to be in the driving seat, even though it meant being financially disadvantaged.

Carers' lack of awareness of the possibility of kinship fostering in the early stages of the arrangements was also evident in other cases. We asked carers who had never been treated as foster carers, even on a temporary basis, and had never even started an assessment, whether they had ever enquired about this. Four out of five (44 of 54; 81%) said they had not, with most of those who explained why saying they did not know they could be assessed. Those who had asked, however, reported some worrying responses from Children's Services:

They said it was unnecessary because we already had the children.

We were told grandparents couldn't be foster parents.

We were told if we were approved we might not get our grandchild but might have to take other children instead.

Making informed decisions about initial legal status?

We're like mushrooms – kept in the dark and fed a load of shit.

One of our key research questions was whether carers were in a position to make informed decisions about the legal status of the arrangements. From the material already presented the answer in relation to the child's status in the early stages of the placement is clearly no, apart from a handful of cases.

Isolated examples of good practice stood out like beacons.

Case 40

This case concerned a severely neglected boy placed at the age of 14 months with his grandparents. The carer told us that at a meeting with Children's Services she had *'asked if I could have him and they made a note of that. It was the first time I realised they considered family members'*. The local authority was always clear it was a Social Services placement and *'it was explained fully that we were to be temporary family and friends foster carers and we'd be assessed as foster carers and during the whole process, anytime we could withdraw if we felt it was too much....We were given the whole information about how (the proceedings) would pan out with psychology reports, parenting assessments on both parents, quite a lot of reports and during this time we'd be classed as foster carers and get a foster care allowance, which we did. They said the fostering assessment wouldn't be identical to what (unrelated) foster-carers go through. Also they'd twin track for a residence order to begin with. ...I now know we were fortunate in our local authority being up front and fair. We were treated with the utmost respect and at every turn asked if we weren't comfortable to say so. We certainly know that we are lucky. We have only had good experiences with Social Services'*.

Most of our data, unfortunately, reinforces the picture of carers being in the dark. Thus, in the 61 cases where Children's Services were involved in making the arrangements before, or without, court involvement most carers (46; 75%) said they had assumed that the child was being placed with

them officially. Only five said they thought it was a private arrangement, while 10 said they had been unsure. However almost two-fifths (38%) said they were not clear about how Children's Services were seeing it and there was a clearly understood, shared, position in less than a quarter (21%). For example, of the 46 people who said that from their perspective Children's Services had placed the child with them, 28 (61%) said the legal status of the arrangement was unclear and eight that Children's Services regarded it as a private arrangement.

This lack of clarity and mutuality in itself suggests inadequate discussion about the legal basis of the arrangements. This was also apparent in our interviewees' responses to specific questions about whether Children's Services had explicitly told them, at the point they took on the care of the child (or before) that they regarded the arrangement as a private one. Of 44 cases where the carer thought the child was being placed with them officially, but the local authority treated the arrangements as private, only three people said that this had been made clear to them at the outset and only one had this in writing.

Usually people only realised that Children's Services were treating the arrangement as private at a later stage, typically when they asked for some kind of funding or when they had done some research and started to ask questions. Sometimes it just emerged: a couple of people told us about being at a child protection review conference where they were taken aback when someone referred to it as a private arrangement. One carer said she only found out through *'a very helpful person at the Benefits Agency'*.

Not only was there lack of clarity at the start about how Children's Services were seeing the arrangement but very few people said they had been given any information by social workers about the different legal statuses available to them and, of the 10 who said they had, only three had received this in writing. Only two said the implications of the different options in relation to support had been explained.

Nor do Children's Services appear to have generally assisted by signposting carers to independent sources of information and advice. Moreover, of the 11 exceptions, eight had merely been told to consult a solicitor, with only two being advised to go to Citizen's Advice and one directed to the FRG web-site.

Most people, therefore, had to do their own research and it was often quite fortuitous how they found their way to relevant information.

If there was no internet we'd still be in the same boat.

Information is available on line; Social Services should be obliged to give a link.

The Health Visitor gave me a leaflet about special guardianship.

A fortunate few were able to access information before the child came to them (as in case 20844 described earlier) or had the presence of mind to do their research immediately, and were able to set up the placement on terms they were happy with, as in the case described below.

Case 21232

Mr L was contacted by Children's Services out of the blue and asked if he would be willing to care for his niece and nephew after his sister was arrested for child neglect. The mother was said to have given Mr L's name when asked by social workers whether there was anyone in the family who could care, as an alternative to the children being placed in emergency foster care with strangers. Mr L agreed, but said that he and his partner 'decided before they actually arrived that we wouldn't sign or agree to anything on that night because we didn't know anything. They said they would come back in about two or three days when they would review it and go into more detail'.

'We wanted to lead the meeting as opposed to them leading it so on the following day we started doing our research. We researched quite a bit on the internet. We called Family Rights as well to find out our legal rights and what we should agree and what we shouldn't agree to, so prior to them coming around in the evening, we made a list of about 20 or 30 questions and we set a room up in the house as a proper kind of interview room almost and we led the meeting and asked all our questions so that we knew where we stood. We also gave them very specific time lines and deadlines. We both had full time jobs. We said we could do this for two weeks and after that we couldn't do it any further and if they didn't meet that deadline it wouldn't be our problem and we

were very clear about all these boundaries that we had and they knew then that we'd looked into it, which I think took them by surprise at first.

I think we approached this whole thing like we do our jobs in terms of we got all the facts and all the research and knew what we were going into. We didn't go in blind and we wrote all the answers to the questions down and did it from there. That's been the ongoing thread though out this whole thing and we've been pretty assertive and they know we're like that and we kind of get things done.

The majority of carers, however, had to search for information alongside everything else they were dealing with and it could be some time before they were able to find out what they needed to know.

Being better informed made carers feel more empowered, less at a disadvantage.

I was able to ask more questions and get Social Services to listen more.

It gave us an understanding of our rights and what Social Services can and cannot do. It helped with the jargon.

In some cases, armed with their greater knowledge, and sometimes the assistance of others, carers were able to get Children's Services to change their position on the status of the placement. This was the case in nine of the 17 arrangements which became foster placements having started off under different legal statuses. We look at these cases in the next chapter. One wonders how many more carers would have been similarly empowered if they too had been able to find their way to sources of independent information and advice at an earlier stage.

Summary

Only three factors (all statistically significant) clearly differentiated the 20 cases which were treated as foster placements from an early stage from the rest of the sample. First, whether the index child was a *looked after child* immediately prior to coming to living with the kinship carer. Second, whether the move was associated with care proceedings. Third, whether Children's Services were involved in making the arrangements. While these factors were not absolutely determinative, it is clear that children going to live with kinship carers in other circumstances are highly unlikely to be treated as *looked after children* from an early stage.

Statistical analysis of the 76 cases in which children's services were involved in the arrangements reveals few other differences between those which were regarded as foster care from the start and the rest. The children were equally likely to have been exposed to previous adversities. Almost all were living with kin for one of four main reasons: abuse, neglect, parental mental illness, drug or alcohol abuse and although this applied to all the children starting off in kinship foster care, the proportion was only slightly lower among those with different legal statuses. The only statistically significant difference was that parental drug abuse featured much more frequently in arrangements which were not treated as foster care from the start (61% cf 35%).

In terms of other aspects of the arrangements the only statistically significant difference was that those treated as foster care from the start were more likely to have had planned placements with kinship carers rather than those arising out of a crisis. They were more likely to have had a prior child protection conference and to be perceived by the carers from the start as probably being long-term. All these are understandable differences given that most cases where the arrangements were treated as foster care from the start involved either care proceedings or children already in local authority care.

Similar proportions of foster-carers and those with other arrangements, however, reported that Children's Services were involved prior to the events leading to the arrangements; that if they had not been prepared to take the child s/he would have gone into unrelated care; that Children's Services were fully in agreement with the placement; and that Children's Services placed restrictions on the carer, typically in relation to contact.

Somewhat surprisingly, where the arrangements were not treated as foster care from the start, carers were more likely to report that they had been approached by Children's Services to take the child (76% cf 65%).

The data shows that in the vast majority of cases carers were not in a position to make an informed decision about the initial legal status of the placement. There was a lack of clarity about the arrangements which meant that many carers were under the impression that the child was being placed with them by the local authority only to find out later, usually when they asked for money, that Children's Services did not see it this way. Very few carers said they were told at the time that this was a private arrangement and only one person had it in writing. It was unusual for carers to report that they had been given information about the range of legal options, rarer still for this to be in writing or for the implications in terms of support to be explained.

Nor did Children's Services often signpost carers to independent sources of information and advice. Most people had to do their own research. Only a few were able to get themselves up to speed before the child came to live with them, or very quickly afterwards, and were therefore able to set the placement up in terms they were happy with. A few others, now better informed, subsequently successfully argued that the placement should have been treated as foster care from the start. Perhaps more carers would have been similarly empowered if they too had been able to find their way to sources of independent information and advice at an early stage.

6. Changing legal statuses

In 59 of the 95 cases the legal status of the arrangements changed (49 once; 10 more than once). In outline, as indicated in table 6.1, there were 17 cases involving a change to foster care status; 16 in which the arrangements ceased to be treated as fostering; 27 with a change from a private informal arrangement to one covered by a private law order and 12 where there was a change of private law order, including seven in which this was the only legal change. We look at each of these changes below, examining the circumstances in which they came about, carer's views on the change and the impact on the level of support provided by Children's Services.

Table 6.1 Changes in the legal status of the arrangements

Nature of change	First change		Second change		Any change	
	No	%	No	%	No	%
Became foster placement	17	18	0	0	17	18
Ceased being a foster placement	9	9	7	7	16	17
Informal* to private law order	26	27	1	1	27	28
Change of private law order	7	7	5	5	12	13
(N=)	(95)		(95)		(95)	

*includes private fostering

Arrangements which became kinship fostering

Seventeen arrangements came to be treated as kinship fostering although they had not been so from the point the children came to live with their carers. One of these cases started off as a private fostering arrangement, the others were either informal (10) or their status was unclear (6). The interval between the start of the arrangements and the point they were classed as fostering ranged from two weeks to eight months, with 10 exceeding three months. Eight of these 17 cases involved care proceedings.

This change was only rarely the result of changed circumstances (4 cases). Occasionally, (3 cases) it flowed from the actions of others. In one case, for instance, where the carers were applying for an SGO in care proceedings, it was the judge who was said to have insisted that they were given foster care status while the special guardianship assessment was carried out. In a second, extraordinary case, the children clearly should have been treated as *looked after children* – they were

placed with the carers on an emergency protection order and were subsequently made subject to an interim care order. However it was apparently treated as a private arrangement until the first LAC review when the independent reviewing officer questioned why the carers were not being treated as foster carers.

The most common dynamic, however, was action taken by the carers themselves (at least 9 cases) either on the basis of their own research or supported by information, advice and sometimes advocacy supplied by others.

Case 22360

Mr and Mrs M reported that they took on their grandchildren at the request of Children's Services, expecting it to be only short-term. At the time they were unsure about the legal status of the arrangements but subsequently discovered that the children were being treated as children in need and the placement supported under section 17. The social worker then began talking about a residence order or special guardianship order but was unsure about the effect on their financial position and when asked for more information, directed them to the internet.

So, Mrs M said:

'I looked on the internet and then I rang up Family Rights Group and spoke in depth about kinship foster care and told Social Services that was what we wanted to go for. That was a real struggle because the social worker said 'I don't know anything about that' and eventually we got a meeting with the Fostering Manager and the lady told us about it and she said 'it is quite intrusive and you have to tell them everything', then they had to take that to the Referral Meeting and we eventually got that in place and we really had to push for that'.

Case 17072

Mr and Mrs N became foster carers eight months after their grandchild came to live with them at the age of two following maternal neglect associated with substance abuse. As far as the carers were concerned Children's Services had placed the child with them, albeit with mother's agreement – they had told the mother they were planning to remove, and they rang the carers, who had taken the child out for the day, to ask if they were willing to keep him. The carers were

therefore astonished to be told, a week later, that Children's Services regarded the placement as a private arrangement. Having sought advice from FRG they wrote to argue their case for being treated as foster carers, only to receive the response that kinship foster care did not exist in this particular local authority. They then went to Citizen's Advice who referred them to the Fostering Network, who told them about a solicitor with expertise in this area. Once this solicitor contacted the local authority 'everything changed'. Eight months on they received a fostering allowance, backdated to the day the child moved in.

The effect of becoming a foster-carer on financial and other support

In most instances, the change in status had a dramatic effect on financial support. Eight carers went from nothing to allowances in excess of £100 a week; most of the others saw the meagre support they had been receiving substantially boosted. Typically this made a big difference to the carers' financial position in relation to the children they were looking after. Moreover in one case, described below, knowing that an allowance was available would have meant that two children would not have been separated from their siblings and placed in unrelated foster care.

Case 22529

Mrs O was contacted by her daughter to say that a social worker was at the house and that the four children were to be removed. Mrs O immediately went round and agreed, with the social worker, that she would look after the children for a short time to enable the parents to get their act together. Both she and the social worker agreed that this was a private arrangement. After a week, when the parents failed to respond, Mrs O was told that the local authority was going to bring care proceedings. Mrs O said that she was unable to look after all four children because she needed to work. The two younger children were then placed in a foster home and interim care orders were made on all four. At this point Mrs O was told that she would be assessed to foster the two older children and would receive an allowance of £270 a week. In interview she said:

I was devastated. Had I known there was an allowance I would have kept all four. I

could have paid for a full-time nursery nurse.

When Mrs O expressed surprise about the allowance the social worker 'reassured' her that the foster-carer for the two other children would be getting more. Mrs O checked this out with FRG and obtained a template letter to send to Children's Services asking to be treated equally. However, she said 'I'm too frightened to send it. I am worried that if I ask for too much....There is always the fear in the back of your head that social workers have so much power'.

A few carers also reported significant changes in the level of non-financial support from Children's Services once they became foster carers. One, for example, said that she got her own worker, help with contact, extra support for the children and access to training, respite and a support group. Most carers, however, said there had been no change. But this was not because they felt they had been well-supported prior to the status change and continued to be afterwards. Rather most said that they had had no support beforehand and had none afterwards: 'zilch'; 'bloody useless'. Indeed one person said that she actually saw less of the child's social worker after she became a foster carer, while another said she only had a social work assistant, not a social worker.

In some instances the explanation for this absence of perceived impact may have been that carers had quite brief exposure to their new status either because they had only recently become foster-carers (2) or they were only foster-carers for a short time because their application was swiftly withdrawn (1) or turned down (1). It is also arguable that the perceptions of those who had lengthier experience to draw on might have been negatively affected either by the fact that they were eventually turned down by panel (2 cases) or that they had had to fight to achieve their new status (5 cases).

From information given at other points in the interview, it was possible to establish that most of those who became foster carers had actually received, or been offered, some services in addition to contact with the child's social worker. Most commonly this was some form of input in relation to contact (10 cases) but carers also mentioned access to a support group (5); respite care (4); training (2); a link worker (3); and a family support worker (2).

Those who became foster carers were no less likely than those who were foster carers from the start to be offered services in addition to the child's

social worker (14 of 17; 82% of 17/20, 85%). The mean number of additional services received was also identical – 1.65. Both sets of foster-carers were therefore in a better position than carers who had always cared on an informal basis, only 61% of whom received services in addition to social work contact, the mean number of additional services being only 0.8.

Factors associated with whether a placement was ever treated as foster-care

In chapter 4 we reported that there was no correlation between the level of difficulty the child was manifesting at the outset of the placement and their initial legal status. Indeed, arrangements which were treated as foster care from the start were actually *less* likely than others to involve challenging children. Similarly, in chapter 5 we concluded that whether or not an arrangement was treated as foster care from the outset seemed to depend primarily on whether the child had been a *looked after child* prior to moving into the kinship placement, whether there were care proceedings and whether Children's Services were involved in making the arrangements. In most other respects there appeared to be little difference between the two groups of children.

What difference, if any, does the addition of these 17 cases which became foster placements although they were not treated as such at the outset, make to this picture?

Analysis reveals that, as before, those who were ever treated as foster-carers were actually slightly *less* likely than other carers to be looking after children who were challenging at the outset (20 of 37; 54% compared to 33 of 58; 57%) although the difference was not statistically significant. The majority of children who were deemed challenging at any time, moreover, (33 of 56; 59%), were never treated as *looked after* children while they were living with their kinship carers. Similarly, most children who were challenging throughout the placement were living with carers who had never been foster carers (17 of 28; 61%).

The only data indicating that foster carers were marginally more likely than other carers to be dealing with challenging children was that:

- Those who were foster carers at the point the interviews were carried out (or at the point the placement ended) were slightly more likely to be caring for children who were currently categorised as challenging (8 of 22; 36% compared to 23 of 73; 32%).
- Those who had been foster carers at any point

were slightly more likely to have cared for children who had ever been challenging (23 of 37; 62%

- Carers who were ever foster carers were only fractionally more likely than other carers to be looking after children who were challenging throughout the placement (29.7%, 11 of 37; compared to 29.3% 17 of 58).

The reasons substitute care was necessary were still very similar, with 92% of placements in each group resulting from abuse or neglect, domestic violence, parental substance abuse or mental illness and the mean number of such concerns were almost exactly the same.

The key determinants, as with those treated as foster-carers from the start, remain circumstantial:

- First, Children's Services involvement in making the arrangements: there were only three instances (8%) where the arrangement was ever treated as foster-care where the department was only informed once the child was with the carer (and in each they were informed within days). The proportion in cases which were never treated as foster care was 28%.
- Second, whether there were care proceedings – 32% of cases where the placement was ever treated as foster care involved care proceedings (12 of 37) compared to only 17% of other cases (10 of 58).

Both these associations were statistically significant. Whether the child had been *looked after* by the local authority prior to moving into kinship care also remained important, although it was no longer statistically significant – 30% of children in placements which were ever treated as foster care had previously been *looked after children*, compared to only 17% of children in placements with other legal statuses.

Arrangements which ceased being kinship fostering

In 16 cases arrangements which had been treated as foster-care, at least for a period, had changed to another legal status by the time of our interview. Ten of these had been treated as foster placements from an early stage, the other six only becoming fostering later. The most common transition was onto a private law order (8 SGOs; 3 ROs/IROs). Three of the remaining cases became informal arrangements after the carers had been turned down by panel and one, involving a 16 year old, became supported lodgings after the carer decided

not to proceed with the assessment. The fifth is best described as a bungled transfer between local authorities, with incorrect information about the child's legal status being conveyed and the carers subsequently battling, unsuccessfully, to get the mistake corrected.

These latter carers were, understandably, irate at what had happened. The other three moving to an informal status, however, were mainly relieved and, as one put it, '*pleased to get Social Services off our backs*'. A number of those changing to a private law order were also happy with their new status for this reason, although for most there was also the more positive consideration that it gave them and the child more security and removed the '*stigma*' of the child being labelled a *looked after child*. It was also unusual for carers to report feeling under pressure from Children's Services to switch from fostering to a private law order, although some said that Children's Services had '*pushed it*' or '*said it was the best option*'. Worryingly, however, one carer said she had been told that if she did not agree to special guardianship the child would be placed for adoption with strangers.

All of those changing to a private law order from fostering had access to legal advice and most of them (8 of 11) were legally represented. Nine of the 11 said that their lawyer had explained about the different orders and the implications of each. Most people (9) had also obtained information and advice from other sources – the social worker (3); organisations working with kinship carers (4); the children's guardian or more vaguely, '*the internet*' and '*my own research*'. Only one person – who said she now felt '*very stupid*' not to have sought advice – said no-one had explained everything to her. It was somewhat surprising therefore to find that five carers said that looking back on it now, they felt they had not fully appreciated the potential effect of the change on the support they might receive from the local authority once the order was made.

Less than half the carers (7 of 16) said that they had had an assessment of their needs for support once they ceased being foster carers, with all those who had not saying they were not aware that they could have asked for this. Assessments were most likely to be carried out where there was an SGO (6 of 8) while only one of the three carers with a residence order reported this and none of those changing to other legal statuses. Those moving to an SGO were the only ones to report having a written support plan, although two people with SGOs said this had not been done.

The impact of the change on financial support from Children's Services was varied. Of the 14 cases for which data was available eight carers were not placed in a more disadvantageous position – half continued to receive the same amount of money as before (4) or the same minus child benefit (3) while one couple, who had been in dispute with the local authority over the allowance while they were fostering, were actually better off under Special Guardianship (albeit only because of a ruling by the Ombudsman that they should have been receiving a higher fostering allowance). However six carers did find themselves substantially worse off, with two getting nothing at all and others seeing the allowance plummet – in three cases to half or less of what they had been previously receiving.

Those who became informal carers were most likely to find themselves in a worse position (all three for whom data was available, two of whom got nothing at all), compared to three of eight moving to special guardianship and, interestingly, none of those changing to a residence order.

In terms of other forms of support after the arrangements ceased to be treated as fostering, Children's Services remained involved, at least notionally, in nine of the 16 cases (and in 8 were still involved at the point the interview was conducted). This applied to four of the eight where a SGO was made, two of the three with a residence order, two of the four which became informal and the single case where the carer became a supported lodgings provider. In at least four cases this was because a supervision order had been made (three accompanying an SGO, the fourth a residence order), although one carer said that despite the supervision order the social worker had not visited once.

Carers in closed cases expressed a range of opinions about this. Some were unreservedly pleased:

I was thrilled; they didn't help in any way. I bitterly resent the 18 months of Social Services interference. I feel I missed valuable time with the child.

I was relieved. I don't have to worry about visits. I don't have to answer to anyone.

It was a lot less pressurised.

Others were more ambivalent or even regretful:

It was the best thing that happened but we are out in the cold. The parents are returning to court for contact and Social Services won't do anything.

I would like them to be still involved to support us in managing the parents.

I quite miss them sometimes because they were friendly, we had a positive relationship. I wasn't relieved to get them out of our lives.

With the exception of this last carer, who clearly had a very good experience, there was little sense that ceasing to be a foster carer had much effect on the non-financial support carers received. Again, this was not so much because carers continued to receive a high level of support after their legal status changed as that they had not perceived themselves to be getting much support before this.

I got no support before or after the SGO.

There has been no support for us in our caring role, ever.

Those who remained foster-carers

Twenty-one of the 37 carers who were ever treated as foster carers were still foster carers at the point our interviews were carried out (18) or in three cases, when the placement ended. Three of these were 'reluctant' foster carers in that they would have preferred a private law order but the local authority application for a care order had been successful. Six people were currently applying for a private law order (adoption, 2; SGO, 4), mainly of their own volition, although one carer said the local authority had put her under pressure to apply:

Carer: They were pushing special guardianship. A few months ago they were saying the financial package would only last for so many years. I said 'that's no good to me, it's got to last a lot longer, I won't be able to afford it'. So point-blank to me, they sat there, the two of them, my social worker and the kids' social worker, and said 'if you don't agree to this guardianship going through, straightaway they'll be put up for adoption'. So I said 'if that's the case take them now, don't leave them'. They said 'oh, we wouldn't take them now, we'd have to go to court'. So they were willing for me to have them till March, I could carry on fostering them, but I had to go for it or they would be took off me for adoption, even though they both agreed that the kids are happy.

Interviewer: So they actually said to you, if you don't agree to special guardianship, the children will be adopted.

Carer: Yes, but they would be left here until the final court hearing, and then they would be left here until they found somebody to take the two children together. So all that time, they'd be here and then they'd just walk in and take them off me. So it's a bit of blackmail.

A further five said that they were resisting or had resisted such pressure. One carer, for example, reported that the day after she had been approved by the fostering panel she was asked to apply for special guardianship:

The social worker rang me up and quoted her boss saying that if the grandmother wouldn't tow the line about permanency we would have to consider other options. Then I got this meeting. ...But I was prepared. And because the panel had said yes the grandmother is okay to have them, I knew that strengthened my position. I said to them 'Absolutely not, I am old and I'm not going to go out to work like I did with my kids. I'm 60 and I haven't got that option, even if I wanted a job, chances are nobody is going to employ me so I'm not going to have any income to support them financially. I also need somebody to come between me and my daughter ...because I can't manage her. And also I'm not going to have those kids brought up in poverty by a pensioner'. This was the other argument (from Social Services) 'you know if you take out an SGO they don't have to suffer the stigma of being in care', and I just said 'well I find that actually preferable to the stigma of them being brought up in poverty by an old aged pensioner. How do you think that I am going to deal with their needs, how on earth do you think that I am going to manage on a pension, as I get older and more and more out of touch with what is going on in the world, just when they are coming into it'. It was setting up a time-bomb.

Researcher: So did they mention about any financial support that they might be able to offer you? Did they sort of give you any incentive or try to?

Carer: Oh yeah that was the other thing which I was absolutely clear about, why would I give up a mandatory award for a discretionary award, why the hell would I go to court to get something which can be changed at a whim or according to some new policy when I can have something that is actually written in stone and nobody can manipulate. Why would I do that tell me, please? Tell me because I don't know anybody with any sense wouldn't do that. We had a real old go this social worker and I.

There was an independent person there and she was kind of on my side and she was going 'I can see why you wouldn't want to do that'. So they backed down.

Arrangements which changed from being informal to a private law order

In 26 cases private law orders were sought on arrangements which started off informally – or being treated as such by the local authority. In an additional, very unusual case, the arrangements started off as fostering in one local authority, were then treated as private informal arrangements by the second, and then became subject to an interim residence order.

In four of these cases carers moved directly to special guardianship. Two such moves occurred during care proceedings. In the others the carers made their own application on the advice of Children's Services, three and five months, respectively, after the arrangements began.

The majority, however, obtained residence orders or interim residence orders (23), three of whom then went on to SGOs, with others intending to apply or in the process of applying.

The point at which carers applied for a residence order was very varied. Nine applied within three months of the arrangements starting. At the other end of the spectrum seven waited for more than 12 months, with the remainder between four to six months (4) or seven to 12 months (3). (And as noted in an earlier section five applications for private law orders were made within days. Since these have been discussed in an earlier section they are not covered here).

Twelve of the 27 carers who moved from informal status to a private law order said that they had felt under a degree of pressure from Children's Services to do this: '*We felt pushed into applying*'; '*they gave us no option*'. Several commented that they had feared that if they did not comply the children would be removed, while one person said they had actually been threatened with this:

The social worker was talking about care and adoption and the situation being insecure for the children.

We felt if we didn't (agree to do it) the children would be taken away.

They put me in a position where I was worried that (child) could be placed somewhere else if I didn't have this residence order.

The social worker said if we didn't do it (the child) would be adopted.

These were not typically cases where carers felt they had to make a very early decision – only two of those who said they felt under pressure made their application within three months of the arrangements starting. Since carers rarely started off in the clear expectation that they would be looking after the child long term it seems likely that it was only when it became clear that return home was not in prospect that Children's Services started making noises about the need to formalise the position. However one carer, who exceptionally did expect from the beginning to be providing long-term care, said she had been resisting pressure to apply for a residence order from the beginning because she wanted the local authority to act on their original plan – which she regarded as a promise – to seek an interim care order. It was only after the mother said she wanted the child back that she decided she had to abandon the fight with Children's Services in order to secure the child's placement.

Whether or not carers felt pushed into applying for a private law order, the data reveals a low level of understanding of the alternatives or the implications of their decision on the support they might receive from the local authority.

We were very green, we didn't know anything. Social Services would give conflicting information.

They gave us no option and we still don't know what the other options are.

We didn't know about the fostering option.

All the time they encouraged me to go for a residence order but they didn't tell me that I wouldn't have a social worker anymore or that they would stop all funds for the nursery and things like that.

Some people with residence orders said they had not known about special guardianship; others had not known that they could have asked for a residence order allowance – indeed one person was still ignorant of this at the point we interviewed her. One carer said she had discovered this afterwards but was told that it was too late, the application had to be made before the order was made. Conversely, one person told us that he had been completely unaware that there would be no allowance:

When Social Services suggested to us that we would be better off going for a residence order, at no point did they say 'this doesn't come with a package of money'. There was no consultation as to what it entailed for us.

The level of ignorance reported is somewhat surprising given that all but one person had legal advice¹⁵ and 17 had accessed alternative sources of information¹⁶. Some people, it is true, did report that their solicitor had narrowly focused on the legal issues and/or concentrated on obtaining the order they sought rather than considering the alternatives. However 12 said that their lawyers had fully explained the legal options and their implications for support, yet only two of them, (of eight answering the question) said that looking back on it they felt they had understood the implications for the support they might get from the local authority. Among those who had consulted other sources the level of understanding was similarly poor (three of 12 answering the question).

Another indicator of the generally inadequate level of understanding was that although only four people (of this group of 27) said that the local authority had carried out an assessment of their support needs, none of the others had asked for this, or knew that they could have done so. Indeed the very concept of assessing their needs for support seemed to be completely unfamiliar.

Impact on financial support from the local authority

For 11 of the 27 carers, none of whom had been receiving maintenance payments from the local authority while they had been caring informally, formalising their arrangements by means of a legal order did not improve their position. Indeed one person was actually worse off since the costs of the child's nursery were no longer met once the residence order was made.

Just before I went to court my solicitor wrote to (the local authority) asking for reassurance that they would continue to pay for the nursery. In the court the social worker went off to phone his manager and he came back and he said 'yes, they would fund it'. I said to the social worker it was very important because if they didn't fund the nursery there would be the question of whether (the child) could stay with me because it wouldn't be fair on him especially with my husband's health issues and the social worker said they would continue to fund the nursery. Then straight after the court I got a

letter saying they would no longer be funding it. And when I phoned up about it, Social Services said that they had supported [the child] more than any other child.

This carer feels she cannot take the case back to court because she is not eligible for legal aid. But because she cannot afford to pay for a full time nursery place she has had to cut her working hours.

Sixteen carers were more fortunate, 14 of them obtaining either residence order (8) or special guardianship (6) allowances and two others expecting to do so. One of these latter two, who had an interim residence order, was still in the throes of proceedings. The other had obtained an SGO, preceded by a 'holding' residence order, but at no point during the proceedings had been made aware that financial support might be available. This only became apparent when she attended a local support group meeting, after which she made an application.

Allowances were typically only paid once the final order was made, irrespective of whether there was an interim residence order, although one person appears to have received an amount equivalent to the special guardianship allowance from a very early stage and a couple of others were receiving modest sums – between thirty and forty pounds a week. Two people were put on the allowance a few weeks before the order went through, one of whom said the local authority had described it as a 'goodwill gesture'. Since this carer had been fighting for support for some time, and only succeeded after a letter to the local authority from a solicitor specialising in this area of work, such an indication of goodwill was sorely needed and very welcome:

It has enabled us to provide absolutely 100% for (the child's) needs. We weren't able to do that before. Now we don't feel there is an issue if he needs a new coat, a new pair of trousers, or shoes. It is fantastic to be able to do that. Before we were thinking 'we won't be doing X this month, we will be getting shoes for (the child) or getting his clothes.

Allowances varied from £50 per week to £126, the average being £82. For those who had not been receiving any regular financial help from Children's Services with the costs of the child's keep before (10) this represented a new income stream worth, on average, £88 per week, while those who had been receiving some help either continued to receive the same amount (1) or had very modest

increases (£20 on average) taking their allowances to between £45 and £111 per week (average £69).

Welcome as these allowances undoubtedly were to most people, it should be noted that the amounts paid were typically less than those paid to carers with private law orders who had previously been kinship foster carers, where the amounts ranged from £84 to £125, with an average of £108.

Impact on income from other sources

Just over half the group (14) reported that obtaining a private law order enabled them to claim other money they had not previously been receiving, typically child benefit and child tax credit. Indeed some said they understood that they could only make a claim once they had an order. Yet others appear to have been in receipt of such income while they were still caring informally, which raises the interesting question – which unfortunately our data does not allow us to answer – of why experiences should be so different. It also highlights the need for carers to have access to advice about welfare benefits.

For most people who had been caring for the child informally, therefore, obtaining a private law order meant some improvement in their financial position, with 20 of the 27 either obtaining an allowance from the local authority or being able to claim child benefit or child tax allowance which they had not previously been receiving. Indeed in a third of cases (9) both applied.

Impact on non-financial support from Children's Services

The impact of obtaining an order, however, was far less positive in terms of other forms of support from Children's Services. Only two people said that they had had better support after they had a private law order. In one case this was because the carer had found the workers carrying out the special guardianship assessment (which began after she had obtained a residence order), to be supportive and child-focused, in contrast to the child protection team:

At that point I really felt I had someone who was looking at all our needs and making sure that this was best for all of us, but primarily for (the child).

In the other case the carer was delighted that there was a support plan which promised on-going involvement until the child was 18 and full of praise for the kinship care worker who had been assigned to her after the SGO was made:

She is very helpful and understanding about kinship carers and what their needs are and getting things put in place. She explained about the support we would be entitled to. She is helping us about the contact. She has told us to keep a contact diary and to reduce the contact if we feel we need to. If she feels that we've got a case she will go to panel and get us some money to take it back to court. She put us in touch with a support group.

It was notable that only three other people in this group had a written support plan. While the lack of support plans in 17 of the 18 cases ending in residence orders may not be surprising since this is not a legal requirement, their absence in five of the eight cases ending in special guardianship is more striking.

A few people commented that the support was worse because, for example, Children's Services stopped supervising contact, or the social worker visited less frequently or not at all. The most frequent response, however, was that the order made no difference, because they had received little or no support before they got the order, and got none afterwards.

Social Services closed the case, but they hadn't been giving us any support anyway.

After the residence order nothing. Although they weren't very good before, mind.

The SGO made no odds because there wasn't anything before. I'd seen a social worker four times in 12 months and twice that was because I had called them out. And when they did come they just had a look at (the child) and had a look at her bedroom and were gone. They weren't here for more than five minutes. (Now) they don't come out, they never come and check on her to see if she is OK, no phone calls, nothing. I don't know if they have closed me off, I've had nothing to say (that). I was told it would continue for a few months but I've heard nothing at all.

As indicated by this last quote, carers were not always clear whether or when their case was actually closed. However it seems that at least 11 cases were formally closed immediately, or very quickly, after the final order was made.

Cases ending in residence orders were likely to be closed (10 of 14 where this was known). In contrast, of the eight cases ending in special guardianship six are known to have remained

open after the order was made and none are known to have closed at that point. While this may suggest that a special guardianship order places more obligations on the local authority, it is also important to point out that other factors may have produced this difference. Thus in three of the special guardianship cases which remained open the order was made very recently, and in one of these the carer was expecting the case to be closed imminently. In two of the other three the court made either a family assistance order (FAO) or a supervision order and in the third the carer said that it was a 'condition' of the order that the local authority remain involved. Only one of the residence order cases which remained open ended with the court imposing such a requirement (a FAO) and this, according to the carer, was at the 'insistence' of her lawyer. In two the explanation seems to have been that there were current court proceedings (for an SGO and contact respectively).

It has to be said that where cases had closed after the order was made most people were either comfortable with this or even positively pleased. However a few pointed to issues with which they currently needed help – difficulties over contact, for example, or explaining things to the child:

I'd like to be able to phone someone up when I've got questions or things that I want to talk about. I'd like (the children) to have their life story book done, so that it explains to them what has happened to them because I don't know what to tell them, things like that.

One person said she would have been better off fostering, and another had been pressing for this.

Change of private law order

In 12 cases there was a change in the private law order governing the arrangements, with a move to special guardianship from either a residence order (2) or what was described as an interim residence order (10). Only one, however, involved a carer with a full residence order bringing fresh proceedings for special guardianship. All the other changes took place in the same set of proceedings.

In this section we focus on seven cases where this was the only legal change. All but one of these cases raised questions about the early decision-making process which resulted in early private law orders, as described in chapter 5, and several carers said that if they had known then what they know now they would not have gone down the private law route at the outset. By the end of

proceedings, however, whatever their regrets about what had happened earlier, carers seemed pleased to get the SGO and only one person reported any degree of pressure from Children's Services.

Less interference, a more stable position, more money.

I wanted the social workers off my back and to make the child happy.

It provides safety and security for the child and the really important links with the family, particularly her dad. Also you can go back to court and get it varied.

Carers were also in a much better position than they had been earlier to make an informed decision, since all were legally represented and all but one said their solicitor had explained the options available to them and their implications. The exception said that their solicitor had not been aware of the support available for special guardians and she had therefore contacted FRG. All the other carers also had the benefit of information and advice from other sources: the children's guardian, the internet, FRG and the National Association of Kinship Carers.

Impact on financial support

The impact of the change from one order to another on financial support from the local authority was varied. Four carers reported an improvement, moving from either no regular payments at all under the previous order (3) or in one case, only £12.50 a week, to a Special Guardianship allowance (3) or a promise of a lump sum in lieu of an allowance (1). The amounts ranged from £50 per week to £110. In two of the three remaining cases there was no change since carers were already receiving an allowance (£56 and £125 per week respectively) under the residence order and this continued, at the same rate, under the Special Guardianship Order. One carer was actually slightly worse off since earlier she had managed to get a substantial residence order allowance which then reduced once the SGO was made.

Case 14141

Mrs P and her husband are caring for their 5 year old nephew, who has special needs. He was placed with them, at the age of 3, on an interim residence order supported by an interim supervision order, both made in care proceedings. At this point he had been in local authority care for 10 months but the carers were not assessed as foster-carers.

Although this was a planned placement no provision was made for financial support. After a few weeks of receiving nothing, Mrs P said:

'I had to phone them up and say that if I didn't get the money they would have to come and take him away because I couldn't afford to feed him or clothe him. I had given up work for 12 months to look after (the child) and my husband was made redundant on the day (the child) came to us. They weren't going to pay. I think they just expected us to get on with it... They kept arguing, saying I didn't need to give up work, that (the child) could go to a child-minder. I worked out how many hours I would be physically with him. A new child coming into the family with lots of needs, I would have had about an hour a day with him.'

The local authority then offered £50 a week. However by this point the carer had been in touch with FRG so refused to accept it:

'I knew that you were supposed to get a deal which was the same as foster carers which made me push. Without that I wouldn't have pushed.'

'A court battle then ensued: It took four days in court for us to sort the finances out. We even got the Director of Finances at Social Services to come in. They held it against us in court that we had asked for that money. The judge asked what they expected us to live off. He said Social Services shouldn't have left us in the position where we had to do that. The guardian was really good, an absolute star. He was always clear that I needed to be off work to support (the child's) needs and to make the placement successful. His argument was that if I wanted to give up a well-paid job they should be helping us with it. He kept saying 'why should this family not be able to have holidays anymore? Why should they not be able to have a car anymore?'

Finally the local authority agreed to pay a residence order allowance equivalent to the fostering rate, enhanced, for a period of

eight weeks, because of the child's special needs, a sum of just under £200 per week. This subsequently dropped back to the standard fostering rate in that authority and then further still, to £97 when the SGO was made, because the fostering rates in the carer's home authority were lower. On the plus side, that local authority agreed to pay the allowance until the child was 18.

We reported in an earlier section the battle that one couple had to get any financial support (case 5) and how they attributed their eventual success under special guardianship to judicial intervention, which resulted in the local authority promising a lump sum. Another carer, who went from nothing to £110 per week under the SGO, similarly saw the court as pivotal:

'I asked the social worker many times about what help I could get. She said she would try to get me a special guardianship allowance but she hadn't done it by the time of the court hearing. The children's guardian went mad. She said 'they are trying to get out of their responsibilities so we are not giving you the SGO until she comes back with a sum of money for you'.... It was a shambles really because we went into court and the guardian asked Social Services 'have you made support arrangements' and they said 'no, not yet'. The judge was really angry and he sent them away and delayed it.'

A third carer, who similarly received nothing before the SGO was made, cited the intervention of a specialist solicitor. Notably, only one of those whose position improved under special guardianship did not cite external intervention or assistance.

Carers who did not report battles to get an allowance were not necessarily satisfied with the amount they received. One carer, for instance, who was aware that the amount she was receiving (£90) was less than the fostering allowance for her local authority, nevertheless considered herself *'one of the fortunate ones'* and was therefore reluctant to *'rock the boat'*. Another said she was disappointed that the special guardianship allowance was less than she had expected because her local authority pegged the rate to adoption allowances, not fostering. A third was irate because her pension, and the lump sum she received on retirement, was taken into account in calculating the allowance:

I used to get really cross...it's all based on my income and I don't think that's fair...my income is because I worked and I didn't expect to have to care for (the child) and I don't think my pension should be taken into account, that's absolutely not fair. I took early retirement. I retired when I did because I knew I could continue to work part-time but I had to stop working (because of the child). If I was young I would know in future I could work and get more money but I will never get more money in the future and it is an expense I hadn't accounted for. When I get my state pension I'll probably lose my child tax credit. I didn't work all my life to bring up a child who if I wasn't looking after the state would be paying thousands out for.

Only one of these seven carers did not express some dissatisfaction with either the difficulties they had experienced trying to get an acceptable allowance or with the amount of allowance they were receiving. The exception had received £125 a week from the point the child was placed. In our view, however, she too would have had grounds to feel aggrieved since the index child was a teenager, and the carer had given up work to look after him and four siblings.

None of the carers reported any change in financial support from other sources when the SGO was made.

Impact on non-financial support from Children's Services

In terms of other forms of support from Children's Services two cases were closed shortly after the SGO was made and in a third, where the order had been made very recently, this was expected to happen shortly. Of the four cases which remained open supervision orders were made in two and the cases were closed when this expired. In another, where the order had just been made, the carers said they expected Children's Services to remain involved because father's contact was still supervised by them while in a fourth, a rather exceptional case, the local authority in the carer's home authority had promised on-going support because of the high level of the child's needs, although the placing authority had considered this was not necessary.

Only four carers said Children's Services had assessed their support needs and none of the rest knew that this was a possibility. Five could recall something in writing about support, although this was typically said to be brief:

The papers I've got just say if I need support it will be provided by the adoption support team. It just said (the child) should have counselling.

It only said about money.

Only two carers seem to have had more substantial support plans. Notably, in both the carers reported that these resulted from earlier criticism by the guardian and the case being adjourned for the local authority to prepare an acceptable plan.

Apart from the two cases where the SGO had been made very recently all but one case was closed by the time we interviewed the carers. Most people were happy, or even delighted with this, although one carer, unusually, said she missed the social worker who had '*become a friend*' and was '*enormously helpful*'. She was, however, dismayed that the support she thought would be available to her had not materialised. In particular, having been told that if she needed help she should contact the post-adoption team, when she phoned up to ask for respite she was turned down.

No-one else mentioned asking for support or not receiving support they had been promised. On the other hand it was also rare for carers to mention anything specific in the way of support while the case was still open, although a couple said they would feel able to ring up and ask for help if they needed it although the case was now closed and one person said she was able to attend a kinship carers support group run by the local authority.

One case, however, (14141, described earlier), rather stands out. This carer had had a very conflicted relationship with the original local authority, which she described as '*abysmal*'. She had a much more positive experience, however, with her home authority, to which the case was transferred when the SGO was made. As promised in the support plan prepared by this authority she had a named kinship care support worker: '*we know we can phone him and he's always got back to us... They say they will support us in court over contact*'. Life-story work was also going to be done with the child and play therapy would resume if needed. This local authority, the carer said, had been '*absolutely fantastic*'.

Summary

In 59 of the 95 cases the legal status of the arrangements changed at least once. Seventeen became foster placements, 16 ceased to be treated as fostering; 27 changed from a private informal arrangement to one covered by a private law order and in 12 there was a change of private law order.

The *change to foster-care status* was rarely the result of changed circumstances. Sometimes it flowed from the actions of others (a judge, for instance). The most common dynamic, however, was action taken by the carers themselves, either on the basis of their own research or supported by information, advice and the advocacy of others.

In most instances, this change had a dramatic effect on financial support. A few carers also reported significant changes in the level of non-financial support from Children's Services although most said they had had no support beforehand and had none afterwards. However, although they may not have seen it as supportive, most people had received, or been offered, some services other than input from the child's social worker. The data also shows that, like those who had been treated as foster carers from the start, these carers were more likely to have received services, and more services, than those who had always cared for the child on an informal basis.

The fact that some arrangements became treated as foster-care made little difference to our earlier findings that foster-care status was related more to circumstances than to the needs of the children. The key factors remained Children's Services involvement in making the arrangements, whether there were care proceedings, and whether the child had been *looked after* by the local authority prior to moving into kinship care although only the first two were statistically significant.

Where *arrangements ceased to be foster placements* this was typically because carers had obtained a private law order, although in four cases it was because the carers had failed, or backed out of, a foster care assessment. Only one person said they had felt under pressure to get a private law order (although several people who were still foster-carers did report having come under such pressure, including one person who was currently applying for special guardianship). Everyone had access to legal advice, most said their lawyers had explained about the different orders and the implications of each, and most had also obtained information and advice from other sources. Nonetheless some carers said that, looking back on it now, they had not fully appreciated the effect ceasing to be a foster carer would have on

the support they might receive from the local authority.

Financially the impact of the change varied: some carers were not placed in a worse position; others were substantially worse off. Those who became informal carers were most likely to find themselves in a worse position, although it also applied to three carers moving to special guardianship. In terms of other forms of support, seven cases were closed shortly after the placement ceased to be treated as a foster placement, usually where a private law order was made and the court had not made a supervision order. Other carers said the change had made little difference to non-financial support, not because it remained at a high level but because they did not feel they had been getting much support before this.

Almost half of the carers who *obtained a private law order* having previously cared on an informal basis said they had come under pressure from Children's Services to do this, several saying they had feared if they did not comply the children would be removed. The data also indicates a low level of understanding of the alternatives or the implications of their decision on the support they might receive from the local authority. This is somewhat surprising since all but one person had legal advice and 17 had used alternative sources of information.

For three in five carers, obtaining an order improved their financial position in that they started to receive a regular allowance from Children's Services. Allowances were typically only paid once the final order was made, irrespective of whether there was an interim order, although there were a few exceptions to this. Welcome as these allowances undoubtedly were to most people, the amounts paid were typically less than those paid to carers with private law orders who had previously been kinship foster carers. Over half the group also said that once they had an order they were able to claim state benefits they had not previously been receiving.

The impact of obtaining an order was far less positive in terms of other forms of support from Children's Services, with only two people saying they had had better support. At least 11 cases were closed shortly after the final order was made. Few people recalled having a written support plan. The most frequent response was that the order made no difference, because they had received little or no support before they got the order, and got none afterwards.

Of the seven cases in which a *change in the private law order* governing the arrangements was the only change, all but one took place in the course of the same set of proceedings. Although several

carers regretted having taken out a private law order when the child first came to them, they were pleased to get the SGO and only one person reported any degree of pressure from Children's Services. They were also in a much better position than they had been earlier to make an informed decision, since all but one said their solicitor had explained the options and their implications and everyone had had access to information and advice from other sources.

The impact on financial support from the local authority was varied, with four reporting an improvement, two no change and one a slight loss. All but one carer, however, was critical either of the difficulties they had experienced trying to get an acceptable allowance or with the amount of that allowance.

In terms of other forms of support from Children's Services two cases were closed shortly after the SGO was made and in a third, where the order had been made very recently, this was expected to happen shortly. Only four carers said Children's Services had assessed their support needs and none of the rest knew that this was a possibility. Although five could recall something in writing about support this was typically brief. The only two carers with more substantial support plans reported this followed criticism from the guardian. With one notable exception, even where cases remained open, carers did not generally identify anything they had received in the way of non-financial support after the final order was made.

7. Financial support: an overview

Current financial support

The majority of current carers (65 of 88; 74%) were receiving some financial assistance from Children's Services with the costs of the child's keep, typically in the form of a regular allowance (62; 71%, table 7.1). Two others were expecting to do so, one having been promised a SGA, the other a lump sum. Three people said they were receiving only occasional payments and 21 were getting nothing at all.

Table 7.1: Current financial support from Children's Services

	Regular allowance		Occasional payments only		Nothing at all*		(N=)
	No	%	No	%	No	%	
Current legal status							
Foster care/ supported lodgings	19	100	0	0	0	0	(19)
SGO	23	88	0	0	3	12	(26)
RO/IRO	11	46	1	4	12	50	(24)
Informal	8	44	2	11	8	44	(18)
Private fostering	1	100	0	0	0	0	(1)
All cases with current placement	62	71	3	3	23	26	(88)

*includes two people with SGOs who had been promised support, one in the form of an allowance, the other as a one-off lump sum.

Carers who were currently fostering the child (or in one case providing supported lodgings) all received a regular allowance from Children's Services, as did almost all those with a SGO (23 of 26; 89%). (And of the exceptions one was expecting to receive a SGA and another a lump sum). However, less than half of those with a RO/IRO (11 of 24; 46%) were while half (12) were getting nothing at all. Similarly, only 44% (8 of 18) of those caring informally were getting a regular allowance, with the same proportion getting nothing at all.

Where carers were receiving a regular weekly allowance, those who were currently acting as kinship foster carers were typically in receipt of over £100 per week (13 of 18; 72%) with only one person receiving less than £50 and two between £51 and £75). In contrast only 43% of the allowances paid to those caring for children under a different legal status (18 of 42) exceeded £100 a week. (38% informal status; 43% SGO; 44% RO/IRO). (Table 7.2).

These differences are not simply accounted for by differences in the age profile of the children. If we compare the allowances received for instance, by those caring for children aged between one and four, while four out of the seven kinship foster carers

(57%) were in receipt of more than £100 per week from Children's Services, only six of the 19 carers with other arrangements who were receiving an allowance (32%) were this well-off.

Table 7.2: Level of current regular allowance from Children's Services by child's legal status

	FC/supptd lodgings	SGO	RO/IRO	Informal	Private fostering
	%	%	%	%	%
£50 or less pw	5	13	11	38	0
£51-75	5	4	33	25	0
£76-100	16	39	11	0	0
£101-125	26	35	44	25	0
£126-150	37	9	0	13	0
>£150	11	0	0	0	100
(N=)	(19)	(23)	(9)	(8)	(1)

In the majority of cases, fortunately, (62 of 68; 91%) carers who were not kinship foster carers were receiving some financial support for the children from sources other than Children's Services. Typically this was child benefit (91%), with somewhat fewer (70%) receiving child tax credit, 9% Disabled Living Allowance and 6% contributions from a parent. While child benefit and contributions from a parent added little to the carer's income, child tax credit could make a significant difference.

Overall, only three carers (of 88; 3%) said they were not currently receiving regular money from any source to help with the costs of caring for the child. However, even when these additional regular sources of income were taken into account some carers were still receiving only fairly modest sums, with 36% (28 of the 78 where data was available) getting no more than £100 a week and 17% (13) £50 or less.

Typically, those with the lowest amount of money regularly coming in for the child were those who were not caring for a *looked after child*, more than a third of whom (22 of 62; 34%) had no more than £75 a week coming in, with 44% having no more than £100. Only three people caring for a *looked after child* were receiving no more than £100, one of whom was only being paid £40 a week while she was being assessed as a foster carer. Carers with SGO's tended to be better off than those with other private arrangements with only 15% getting £75 or less for the child, compared to 47% of those with informal arrangements and 51% of those with residence orders/interim residence orders (table 7.3).

Table 7.3: Level of current regular income for child by child's legal status*

	FC/supptd lodgings	SGO	RO/ IRO	Informal	All private placements
	%	%	%	%	%
Nothing	0	5	5	6	5
£50 or less pw	5	5	23	35	18
£51-75	0	5	23	6	11
£76-100	11	0	14	18	10
£101-125	26	14	5	12	10
£126-150	47	18	14	12	16
>£150	11	55	18	12	29
(N=)	(19)	(22)	(22)	(17)	(62)

Not surprisingly, six in 10 carers (46 of 77 answering the question) said that the total amount of money they had coming in specifically for the child was insufficient. As one would expect, satisfaction was linked to the amounts received. At £100 per week or less only 15% said this was adequate. Between £101 and £150 per week slightly more people were satisfied than dissatisfied (54%), rising to 58% above this point.

Those who were satisfied with the total amount of money they were getting for the child were typically receiving a regular allowance from Children's Services (84%; 26 of 31), compared to only 59% of those who were dissatisfied (27 of 46). They also tended to be receiving higher amounts: 76% receiving more than £75 per week, compared to only 38% of those who were dissatisfied. Those caring for a *looked after child* were much more likely to consider that the amount they had coming in for the child was adequate (65% cf 38%). Of those with other legal statuses, those caring for the child informally were somewhat less satisfied (28%) than those with either a residence (32%) or special guardianship order (35%).

Asked to rate their current financial situation overall, taking account of all their sources of income, including earned income, pensions and benefits, as well as any money coming in specifically for the child, only 7% described their position as comfortable, although a further 38% said it was manageable. However 20% said it was either difficult or very difficult and 35% that it was a bit of a struggle at times. Those caring for a *looked after child* were more likely than carers with other legal statuses to describe their position as comfortable/manageable (53% compared to 42%) and less likely to say it was difficult or very difficult (16% compared to 22%).

Financial support in the early stages of placement

Allowances from Children's Services

Even if carers were now receiving a regular allowance from Children's Services, they had not necessarily done so from the point the child came to live with them.

Seventy-seven per cent of carers (73 of 95) said they had received a regular allowance from Children's Services at some point. However, even where Children's Services were involved from an early stage – ie at the point the arrangements began or within a few days – there was often some delay. Over half of them (58%; 41 of 71), said they had had to wait for more than a month before they first received an allowance, with 37% (26) waiting for more than three months and 23% (16) for more than six.

The amounts received in the early stages were often modest or even meagre. Of those whose allowances started within three months of the child coming to live with them only 42% (18 of 43) received more than £100 a week, while almost as many (17; 40%) got £50 or less. Indeed some people were only given the equivalent of child benefit to tide them over until their claim was processed.

It was not just those who were treated as foster carers from the outset who started getting a regular allowance within three months of the child coming to live with them. The group also included 20 people who started off with other legal statuses and did not become foster carers within that period. However the amounts paid were very different. Sixty-one per cent of the first allowances paid within three months to those who were treated as foster carers from the start (11 of 18) were over £100 a week and only two (11%) were no more than £50. In contrast just over a fifth of the first allowances paid to those who started off with other legal statuses (4 of 19; 21%) were over £100 and 63% did not exceed £50.

Overall, where Children's Services were involved in the early stages of the placement 58% of carers (52 of 89) said they had encountered difficulties with the department over the issue of an allowance.

We had to fight for everything, all the way. Every time we asked about a fostering allowance they said no.

We had to fight for it, get agitated & upset. It beggars belief. We were made to feel guilty asking for money.

Initially Social Services treated it as a private placement, they said they would pay an allowance until the benefits came through. After we sent the letter from FRG the fostering worker came and said we were entitled to a fostering allowance.

Initially we got nothing, then a one-off payment. After I threatened to end the placement I was offered £50pw then after I sent the letter from FRG I got the standard fostering rate.

They said if I couldn't afford it maybe I wouldn't get the residence order.

One in five carers (18; 20%) said they had not asked about an allowance in the early stages, usually because they were not aware that this was a possibility or because they thought the child would be going home. One person, however, said that she had not asked because 'I felt like a piece of dirt when I asked for help with legal costs, so I didn't ask again.'

Of those who said they had not experienced any difficulty over getting an allowance in the early stages, 58% (11 of 19) had been treated as a foster carer from the start (or within a few days) compared to only 17% (9 of 52) of those who said they had had difficulties).

Assistance with start-up costs

Just over half of those who said Children's Services had been involved at an early stage (47 of 89; 53%) said they had received some help from the local authority with start-up costs, typically involving the purchase of beds, bedding and bedroom furniture, baby equipment and clothing. Of those who had not received or been offered any help (38) only three said this had not been needed, either to buy items they had not been able to afford, or to reimburse them for expenditure they had had to make. One person said she was insulted at being given a chit to go to the Salvation Army to get second hand bedding.

Moreover, while some carers appear to have been given grants to enable them to make purchases, others had to find the money up-front themselves and then wait to be reimbursed. Some of this latter group were subsequently dismayed to find that only part of their costs were met. One carer, for instance, told us that the social worker had sat down with her and gone through what she needed to care for her two grandchildren, which was pretty much everything. She had then been told to buy the items, keep the receipts and she would be reimbursed, although it might take a few weeks. Having spent £2000 equipping the two

children, one of whom was at school, so needed uniform, the other still a toddler, she only received £400. Some carers said they only got assistance with start-up costs after a fight, or after the intervention of others, for instance a Health Visitor, a local councillor or an MP.

Those who were treated as foster carers from a very early stage were much more likely to be offered help with start-up costs (75%; 15 of 20, compared to 47% of other carers [29 of 62] who started off with other legal statuses but did not become foster carers within three months).

One foster carer compared the help she had been given at the outset with the index child, who was on an interim care order, with her experience of taking on the care of an older sibling, where the arrangement had been treated as informal:

We had most things already but they gave us money for nappies and after the Family Placement worker came we got a new washing machine and a car seat and she asked if we needed anything else. I was very pleased and surprised. It was very different from our experience with (older sibling). We got no help with him, just a lot of broken promises.

Other regular payments from Social Services in the early stages of placement

Forty-four per cent of carers (39 of 89 where Social Services were involved in the early stages) said they had received help in the early months with expenses other than for maintaining the child, typically a contribution to child care (25; 28%) or transport (17; 19%) costs. Of the 47 index children who went to live with their carers before they were three years old, some assistance with child care costs was provided by Children's Services, 19 (40%), although the assistance was sometimes fairly minimal and/or given for only a short period.

Those who were treated as foster carers from the start were more likely to receive such help (11 of 20, 55%) than those who started off under different legal statuses and did not become foster carers within three months (25 of 62, 40%).

In the early stages of taking on care of the child, few people (14 of 88; 16%) were likely to receive an allowance from Children's Services and help with start-up costs and help with other costs. Those who did, however, were much more likely to have been treated as foster-carers from the start (8 of 20; 40%) than those who started off under different legal statuses but did not become foster carers within three months (5 of 61, 8%). The mean

number of types of financial assistance for those who started as foster carers was 2.2; for the others it was 1.2.

Asked to rate the ease of getting the financial help they needed in the early stages of the placement (on a 5-point scale where 1 was very easy, 5 extremely difficult) a few fortunate people (14 of 82; 17%) said they had found it very easy. The average across the whole group, however, was 4.1, with 79% (65) rating it as 4 or 5. Those who were treated as foster carers from an early stage were more likely to say it had been very easy (8 of 18; 44% compared to 6 of 54; 11% with other legal statuses) and less likely to say it had been extremely difficult (5 of 18, 28%; compared to 41 of 54; 76%). The mean rating for the first group was 2.9; for the others it was 4.4.

Assistance with legal costs

In 80% of the sample cases (76 of 95) the carers had been involved in court proceedings over the index child. Data on assistance with legal costs was available in 56 of these¹⁷. This indicated that in 21 cases carers had to meet all (12) or some (9) of their costs while 35 were fully funded either by Children's Services (18), legal aid (15) or a combination of both (2). Children's Services met all or some of the costs in 28 cases. (Table 7.4)

Table 7.4: Source of legal funding by type of legal action

	SS	SS & carer	SS & legal aid	Carer	Carer + legal aid	Legal aid	Total
	No	No	No	No	No	No	No
Kinship foster care to private law order	4	5	0	0	1	3	13
Stranger foster care to private law order	1	1	0	0	0	1	3
Placed as <i>looked after</i> child with carer	0	0	0	2	0	1	3
Early private law order	2	0	1	2	0	3	8
Informal care to private law order	10	2	1	8	0	6	27
Other	1	0	0	0	0	1	2
Total	18	8	2	12	1	15	56

One carer who had to fund a residence order application herself told us that she had been '*told*' to get an emergency residence order by the social worker. However when she had asked if she could get any help with this the social worker is reported to have said '*no, of course we don't help with that*'. Another carer, who became embroiled in very lengthy and unusually complex proceedings, said that they had thought Children's Services would help:

It cost us seven thousand for the court case. When they said about going for the residence order I said 'this is going to cost us a fortune, it's an unsigned cheque'. The social worker said 'don't worry about it, we're going to see what we can do to help you'. I went in there one day. I went in crying. I was hysterical. We'd already got up to £5000. We were wondering how we were going to manage because it was all our savings, what we'd worked all our lives for. 'Don't worry about it', the social worker said, 'we'll see what we can do to help'. She kept saying that every time I mentioned it. At the end of it they said 'no, tough, we're not giving you anything, it was a private arrangement'.

Eight others who had secured some funding from Children's Services said that it had been a struggle to get it. One said that Children's Services had reneged on their promise to pay her legal costs and it was only when she involved her MP that funding was forthcoming. Another described a '*three month argument over funding*', including legal costs, before she was reimbursed for the costs of obtaining the residence order and secured a commitment to pay for the special guardianship application. In one case, where the child was placed from care on an SGO, although for most of the proceedings the plan had been for placement on a care order, the carers had been self-represented for most of the case. Towards the end, however, the judge intervened and '*insisted*' that the local authority pay for them to have legal advice:

The judge wasn't happy with the fact that we hadn't got as much advice. The judge was brilliant and the legal guardian's barrister was saying that the local authority could (pay for) for our legal advice if we were going down the SGO route. The local authority said they weren't going to do that and the judge said he was the one who decided – it was for legal advice to make our final report for the SGO – and he said 'You will pay for this' and they did.

Another couple said funding was only forthcoming after they had refused to apply for a private law order if they had to pay for it themselves:

We were told to go for a residence order but we would have to pay for it and I said no, we aren't paying for anything. Then these people came and advised us to go for an SGO, that this was the best way to go. They said 'you've got £1500 and we are going to pay for it', so we said OK.

The financial impact of becoming a kinship carer

Even without legal costs, taking on care had a dramatic effect on carers' finances. First, because many had less money coming in: at least one carer either had to give up work completely (36) or reduce their hours (23). There were only 15 cases where a sole carer or both carers continued to work as before, although in 19 neither was working at the time. Second, of course, because household bills inevitably increased: in addition to money spent directly on the child, gas and electricity use went up, money might have to be spent on rearranging or extending the house, buying a bigger car or child care. Additionally carers might have to spend money on taking the child to contact with parents or siblings or, for a while at least, taking them to a school out of the area:

We were about £2000 out of pocket just on equipment and stuff, things like stair-gates, we had nothing like that. The food bill went up, we had to heat upstairs, we never used to do that. The washing machine, nappies...

If they took into consideration the gas, the electric, the petrol. I had two children at two different schools at one stage.

The day to day costs of having a third person in the house. Clothing, transport, entertainment, school trips. She's a third adult in the house, she eats and drinks as much as we do. We did 6000 miles travel.

We had huge bills in the first year, constant washing, new clothes, shoes, uniform.

Not surprisingly, then, almost two-thirds of those interviewed said they struggled to cope financially in the first few months after taking on care, with 63% (57 of 90) rating it as difficult or extremely difficult. The mean rating, on a scale where 1 was very easy and 5 extremely difficult was 4. Those who

were treated as foster carers from an early stage, however, were much less likely to say this (37%; 7 of 19) compared to those with other legal statuses (40 of 61; 70%). The mean rating for the former was 2.9; for the others it was 4.1.

Looking back over the whole period they had had the child, 79% of carers (75 of 91) said that taking on care of the child had led to financial difficulties for them. Over two-thirds of those who said they had not experienced financial difficulties (11 of 16; 69%) had been treated as foster carers at some stage and 63% (10 of 16) were still foster carers. While a substantial proportion of those who had ever been foster-carers said they had experienced financial difficulties (24 of 35; 69%) the proportion was much higher among those who had never had this status (51 of 56; 91%). Both these differences were statistically significant ($p < 0.05$).

Carers reported managing these difficulties in a variety of ways:

- Eroding, or even exhausting, what savings they had, or cashing in assets:

I've got no savings left; they should have lasted well into old age.

It will be thousands I've cashed in, and it will get worse as (the child) gets older.

- Getting into debt, either by taking out loans or being unable to pay bills:

I went for six weeks without any money. I couldn't pay the bills, defaulted on credit cards, had my credit rating devalued.

I ran into debt, I'm constantly overdrawn. I have to borrow to pay the mortgage.

We re-mortgaged by £25,000 to do a loft conversion because we just didn't have space. When our other daughter was living here she was sharing the small bedroom with (the index child) in her cot and we had (her brother) and my son sleeping in a double bed together. The doctor said 'that's like going back to Victorian times'. But we can't afford to finish (the conversion) so we're still living in cramped conditions and we've gone five thousand overdrawn.

- Accepting help from relatives:

My mum was good and really helped. She paid off our mortgage.

My mum paid half towards the car.

- Managing the budget very carefully, cutting down on expenditure on themselves, their house and other members of their family:

The child doesn't go without; I do.

I need new false teeth; I can't afford them.

We can only afford to live a very basic lifestyle.

We go to car boot sales, buy our clothes second hand and we've had stuff given to us. I get second-hand clothes, or shops like Primark. Apart from toys she gets at birthdays or Xmas, I just get second-hand. I just buy what I can afford.

I can't give to my children like I used to – my (adult) son has no one else to bail him out and that's draining me and I feel I can't help him as much as I'd like, he can't work. My (adult) daughter would probably say she supports me and she shouldn't be in that position. I'd like to have done more for her and I think she thinks her son suffers. My son said to me 'You may be being a good grandmother but you're being a lousy mother'.

Despite careful management and a good deal of personal sacrifice many carers said that budget constraints meant that the child was being deprived, not usually of the basics, although one carer said she was unable to afford properly fitted shoes for the child, but of the experiences and opportunities other children could enjoy and which they had been able to give their own children:

I would like to give them more, outings, holidays, better clothes. I try to do everything I can.

It's very difficult. I would like to give (the child) lots of experiences and toys.

(An allowance) would have allowed us to give the girls the same kind of upbringing that our own children had. And they've had such a poor start in life that they should be entitled to have the same upbringing that their mum and dad had. Brownies, swimming lessons. That sort of thing. (The index child) would love to have dancing lessons, and she'd be good at it, and it would be something extra for her.

I can feed them and put petrol in the car to take them to nursery and to school and that's it. We

haven't been away on holiday at all. Days out are rare. Otherwise it's the park.

Summary

The majority of current carers were receiving some financial assistance from Children's Services with the costs of the child's keep, typically in the form of a regular allowance. However, three people said they were receiving only occasional payments and 21 (22%) were getting nothing at all. Carers who were currently fostering the child all received a regular allowance from Children's Services, as did almost all those with a SGO. However, over half those with a RO/IRO or caring informally were not getting anything at all. Foster-care allowances were typically much more generous than the allowances paid to carers under other legal statuses.

While almost all carers who were not current foster carers were receiving financial support from some source, the sums involved were often fairly modest and carers with the lowest amount of money regularly coming in for the child tended to be those who were not caring for a *looked after child*. Carers with SGO's tended to have more financial support than those with other private arrangements.

Six in 10 carers said that the total amount of money they had coming in specifically for the child was insufficient. Those who were satisfied were typically receiving a regular allowance from Children's Services. They also tended to be receiving higher amounts. Those caring for a *looked after child* were much more likely to consider that the amount they had coming in for the child was adequate. Of those with other legal statuses, those caring for the child informally were somewhat less satisfied than those with either a residence or special guardianship order.

Taking account of all their sources of income, only 7% of interviewees described their current financial position as comfortable, with 38% saying it was manageable. A fifth said it was either difficult or very difficult and 35% that it was a bit of a struggle at times. Those caring for a *looked after child* were more likely than carers with other legal statuses to describe their position as comfortable/manageable and less likely to say it was difficult or very difficult.

Even if carers were currently receiving an allowance from the local authority, they had not necessarily done so from the point the child came to live with them: over a third of those who said Children's Services had been involved from the outset said they had to wait for more than three months. Almost three in five said they had encountered difficulties with Children's Services

over the issue of an allowance, this being much more common where the arrangement was not treated as a foster placement from the start.

Those who were treated as foster carers from a very early stage were much more likely to be offered help with start-up costs and other forms of financial assistance. They were also more likely to say it had been very easy to get the financial help they had needed and less likely to say it had been very difficult.

Available data on legal costs indicates that 38% of carers involved in court proceedings had to meet all or some of their legal costs, with only 27% being fully funded by the Legal Services Commission and 32% by Children's Services.

Leaving aside any legal costs, taking on care had a dramatic effect on carers' finances. First, many had less money coming in because at least one carer had to give up work or reduce their hours. Second, household bills increased. Third, carers might have to spend money on taking the child to contact with parents or siblings or, for a while at least, taking them to school out of the area.

Not surprisingly, then, almost two-thirds of those interviewed said they struggled to cope financially in the first few months after taking on care. Those who were treated as foster carers from an early stage were much less likely to say this. Looking back over the whole period they had had the child, 79% of carers said that taking on care of the child had led to financial difficulties for them. While a substantial proportion of those who had ever been foster carers said they had experienced financial difficulties, the proportion was much higher among those who had never had this status. These differences were statistically significant.

Carers reported managing these difficulties in a variety of ways. Eroding, and sometimes exhausting, what savings they had or cashing in assets. Getting into debt, either by taking out loans or being unable to pay bills. Accepting help from relatives. Managing the budget very carefully, cutting down on expenditure on themselves, their house and other members of their family.

Despite careful management and a good deal of personal sacrifice many carers said that budget constraints meant that the child was being deprived, not usually of the basics – although one carer said she was unable to afford properly fitted shoes – but of the experiences and opportunities other children could enjoy and which they had been able to give their own children.

8. Non-financial support: an overview

Support from Children's Services

In terms of the support they had received from Children's Services other than any financial and material help, few carers were complimentary. Comments such as these were exceptional:

They were fantastic, really really good, I can't fault them. They bent over backwards; kept asking us 'do you need anything'.

I now know we were fortunate in our local authority; they were upfront and fair. We were treated with the utmost respect. It was dead easy to get help. Everyone should get what we are getting here.

In contrast there was a plethora of very negative responses:

*Disgraceful, shocking really.
Not good at all. Bloody useless I'd call it.
Woeful, inadequate.
Rubbish.
Absolutely diabolical.
Appalling.
Abysmal.*

In between these extremes a few people described the service they had received as 'adequate' or 'average': 'not magnificent but not totally lacking'. Some people also differentiated, variously, between Children's Services as an organisation and the work of the social workers they had encountered, between different parts of the organisation, between individual workers, or between different authorities:

They were individually good but organisationally very poor. Their hands are tied.

It depends on the social worker. Some are very good, excellent, some not.

The child care team was very poor; the long-term team doing the special guardianship assessment were very professional.

From (LA A), fantastic. From (LA B) abysmal.

Worryingly, one carer said the support had been 'excellent' before she challenged the authority about the money they were receiving. After that, she said, it was 'despicable'.

We followed up this open-ended question by asking carers to rate the non-financial support they had received on a 5 point scale where 1 was very poor and 5 was excellent. In line with the qualitative responses the ratings were generally very poor with 72% (58 of the 81 who gave a score) saying it was poor or very poor. Indeed several people gave a zero rating, with some asking whether it was permissible to give a minus number. The mean score was 1.7 (between poor and very poor). Only seven people (9%) gave ratings of four or more (good or excellent).

Rather surprisingly, those who had ever been treated as foster carers¹⁸ gave only slightly higher ratings than other carers (mean 1.75 compared to 1.71) and identical proportions (72%) rated the support as poor/very poor and good/excellent (9%).

It is possible, for course, that these ratings could be influenced by interviewees' experiences before they became foster carers and/or after they ceased to be. Unfortunately we did not ask carers specifically how they rated the support they received *while* they were foster carers, which with hindsight would have been useful. But we can get an indication from those who were treated as foster carers from the start and who were still foster carers at the point they were interviewed/at the point the placement ended. This shows that these carers did indeed rate the support they had received higher than the generality of other carers (mean 2.3 compared to 1.6). Only half of them (6 of 12) rated the support as poor or very poor compared to 75% (52 of 69) and 17% (2 of 12) rated it as good or excellent, compared to only 7% (5). The comparison is starker if we look at the ratings of those who always had informal status, 93% of whom (15 of 16) rated the support they had had as poor or very poor, with only one person (6%) saying it had been good or excellent. The mean rating for this group was only 1.4, the lowest for any group.

Oddly, as can be seen from table 8.1, the two people who still had private fostering arrangements gave the highest ratings (mean 3.75) followed by those who had never had anything more than a residence order/interim residence order (1.96) while those with special guardianship orders (but who had never been foster carers) were less satisfied (mean 1.57). This makes one wonder whether carers' ratings might have been influenced by their expectations of the support they were likely to receive, so that those who expected little were less disappointed by what they received.

Table 8.1: Rating of non-financial support from Children's Services by highest ever legal status of the arrangements

	Mean	Minimum	Maximum	(N=)
Foster-care	1.75	0	5	(35)
SGO	1.57	0	4	(14)
RO/IRO	1.96	0	4.5	(14)
Private fostering	3.75	2.5	5	(2)
Informal	1.38	0	4	()
All cases	1.7	0	5	(81)

Overall, however, the picture was of a very low level of satisfaction across all groups.

Similarly, when carers who were still caring for the index child were asked whether they were satisfied with the (non-financial) support they were currently receiving from Children's Services, less than a third of those responding (22 of 70; 31%) said they were. Those who were still fostering the children seemed particularly unimpressed (table 8.2), with only a quarter (4 of 16) saying they were satisfied, compared to 32% (18 of 56) of other carers, although those who had been treated as foster carers from the start gave more positive responses, with 38% (6 of 16) saying they were satisfied compared to 30% (16 of 54) of other carers.

Table 8.2: Satisfaction with current support from Children's Services by current legal status (extant placements only)

Current legal status	Satisfied with support		
	No	%	(N=)
Foster care/supported lodgings	4	25	(16)
SGO	7	30	(23)
RO/IRO	7	41	(17)
Private fostering	0	0	(2)
Informal	4	33	(12)
All cases	22	31	(70)

These findings, of a generally low level of satisfaction with support from Children's Services, are reinforced by the fact that, asked to look back over the whole period they had had the child, only just over half the sample (43 of 80 answering the question; 54%) were able to point to anything helpful in the way of non-financial support while all but four (73 of 77; 95%) identified something that had been unhelpful (tables 8.3 and 8.4).

Those who had ever been treated as foster carers were only slightly more likely than the generality of other carers to identify helpful

elements (18 of 32; 56% compared to 25 of 48; 52%). Also, they were not the most complimentary group (63% of those whose highest legal status was special guardianship identified something helpful).

Moreover every single one of those who had been foster carers at some point identified something which had been unhelpful, compared to 91% of other carers (40 of 44). While those who had been foster carers throughout were more likely than other carers to mention something which had been helpful (8 of 11; 73% compared to 35 of 69, 51% of other carers), again all of them could pick out something unhelpful.

Table 8.3: Helpful non-financial support from Children's Services by highest ever legal status of the arrangements

Highest legal status	Anything helpful		
	No	%	(N=)
Foster-care	18	56	(32)
SGO	10	63	(16)
RO/IRO	6	43	(14)
Private fostering	0	0	(1)
Informal	9	53	(17)
All cases	43	54	(80)

Table 8.4: Unhelpful aspects of Children's Services input by highest ever legal status of the arrangements

Highest ever legal status	Anything unhelpful		
	No	%	(N=)
Foster care	33	100	(33)
SGO	13	93	(14)
RO/IRO	13	100	(13)
Private fostering	0	0	(1)
Informal	14	88	(16)
All cases	73	95	(77)

What did carers find helpful?

Among the 'helpful' aspects of their contact with Children's Services the approach of individual practitioners was often cited. Sometimes this was a particular front-line social worker:

The social worker was supportive and understanding, she treated me like a colleague, not a client.

There were some very good social workers; the first one was excellent.

The social work assistant was helpful, she was good with the children. It was good to know you were not on your own.

More frequently it was other people in the organisation: a family support worker; a student social worker; a team manager; a children's rights officer; family group conference organisers; child protection conference chair; workers carrying out an assessment; a link worker; a kinship worker; a welfare benefits advisor and in one case, a clerk in the finance section.

The person doing the special guardianship assessment was excellent: efficient, consistent, did everything she said she would do.

The team manager. He changed things round.

Other helpful elements were typically only cited by two or three people. These included: assistance with contact; acting as a buffer between the carer and the parents; mediating between family members; being given information and explanations – (about legal orders, the court proceedings, long-term plans for the child); and particular services (a kinship support group, a student social worker or family support worker working with the child; the local authority arranging therapy for the child). One person simply said '*getting the services we needed*'. Finally, a few emphasised the value of Children's Services being there to call on if necessary.

In terms of differences between those who had ever been foster carers and the others the only thing to stand out was that foster carers were more likely to identify specific services while other carers tended to refer only to individual helpful practitioners.

What did carers find unhelpful?

Interviewees were, probably inevitably, more expansive about the aspects of their involvement with Children's Services which had been unhelpful. Their complaints included:

- Local authority processes and hierarchies:
 - Too many meetings which went nowhere or whose decisions were not followed up.
 - The bureaucracy and red tape.
 - The time it took to reach decisions.
 - The number of professionals involved who

did not communicate with each other or gave conflicting information.

- Social workers who lacked autonomy and always had to '*go back to their managers*'.
- Social worker turnover, gaps between workers and variability between workers.
- Social workers who were:
 - inexperienced or unfamiliar with kinship care and/or policies and procedures in their own local authority.
 - difficult to contact, did not respond to calls and who promised to '*get back*' to carers with responses to questions they could not answer but never did.
 - inefficient, incompetent, inconsiderate and insensitive.
 - negative in their attitudes towards the carer: suspicious, critical, judgemental, bigoted.
 - insufficiently child-focused or so focused on the child that they ignored the needs of the carer and the rest of the family.
- Not being listened to or taken seriously.
- Poor communication from the department: inadequate, contradictory, misleading or wrong information, vagueness, lack of clarity and transparency.
- Professionals who did not act in good faith, who were evasive, broke promises or lied.

The only difference between those who had ever been foster carers and the rest was that no foster carer said either that the social worker had not been focused on the needs of the child or had been so focused that they ignored the needs of the carers and the rest of the family. In addition, none of those who had been foster-carers throughout said that they had not been listened to or taken seriously, or that professionals had not acted in good faith.

Support gaps

When asked whether there was any form of non-financial support they did not receive which would have been helpful almost everyone (89 of 94; 95%) identified at least one need, with most people mentioning several, the mean being between three and four. Carers who had been foster carers for the child at some point were somewhat less likely to identify unmet needs for support (92%; 34 of 37 compared to 95%; 55 of 58). The difference between

those who had been treated as foster carers from the start and the rest of the sample was slightly greater with 90% of the former (18 of 20) citing support gaps compared to 96% of other carers.

Nonetheless again the findings suggest high levels of unmet need across all groups.

Table 8. 5: Unmet needs for non-financial support by highest legal status

	No	%	Mean no	(N=)
Foster care	34	92	3.38	(37)
SGO	16	94	3.06	(17)
RO/IRO	19	95	2.86	(20)
Private fostering	2	100	4.5	(2)
Informal	18	100	3.56	(18)
All cases	89	95	3.26	(94)

The most frequently mentioned deficit was information and advice (44%; 42 of 95) – whether about the plans for the child, the legal options, financial entitlements, or ways of helping the child.

The need for emotional support for the carers was specifically cited by 34 interviewees (36%):

Someone to befriend us.

Someone to talk to.

Someone to listen, even if they don't do anything.

Not being listened to is more important than money

The social worker had no time, they made me feel they don't care about us.

Someone who cares, someone you can trust.

Someone who's interested in the child

Someone to speak to make sure we're OK, still breathing.

Someone asking how I was doing.

Other data, moreover, reported in chapter 3, suggests the need for emotional support was probably much higher. Thus 60% of the sample (56 of 93), when specifically asked whether they had felt isolated and unsupported, said yes, while a further 10 said they sometimes felt like this. In addition, just over a quarter of all carers (25 of 94; 27%) were categorised as having a low level of emotional support with only three in 10 (28; 30%) coming out as well supported. In total, we calculate that only 11 carers (12% of all carers and 13% of current carers) had had their needs for emotional support met.

Somewhat surprisingly, those who had always been foster carers were actually more likely than other carers to specifically cite the need for emotional support (6 of 12; 50% compared to 28

of 83; 34%); and only marginally less likely to say they had felt isolated and unsupported (6 of 10, 60% cf 50 of 79, 63%). In addition more of them were categorised by the researchers as having low emotional support (4 of 12, 33% cf 21 of 82, 26%) and fewer as having high emotional support (2 of 12, 17% cf 26 of 82, 32%).

Only 12% of the sample spontaneously identified the need for peer group support – *someone to talk to who's been in the same boat*. However since a further 44 (46%) said they would be interested in attending a support group for kinship carers, it is likely that peer support was another widely felt, unmet need. Only half of those interviewed (46 of 92) said they knew any other kinship carers.

Forty-one per cent of carers (39 of 95) said either that the child had needed direct help (20; 21%) or that they had needed help to help the child (31; 33%). A further 7 (7%) said the help which had been available was needed earlier.

More personal help to understand the dynamics of the situation. There was nobody to talk through the best way of helping them get over it.

I needed help in understanding the child's behaviour and what to do about it. I had no experience of this or training. And I was so tired I couldn't see the wood for the trees.

A third (31 of 95) said they definitely would have appreciated some kind of respite care, with a further 10 (11%) saying they might have found this useful. Seventeen per cent would have appreciated (more) help with contact.

What help did carers actually receive from Children's Services?

Although the evidence presented so far clearly indicates high levels of unmet need this does not mean that carers had not received any help from Children's Services. Almost two-thirds (60 of 95; 63%) said that at some point they had received, or been offered, some input other than contact with the child's social worker (table 8.6). Involvement with parental contact was by far the most commonly mentioned (48%), followed by a support group (22%); a social worker in addition to the child's social worker (18%); respite (12%); help for the child (8%); and training for the carer (6%).

Table 8.6: Non-financial help offered/ received from Children’s Services by whether arrangement ever treated as foster placement

	Ever foster placement		Never foster placement		All cases	
	No	%	No	%	No	%
SW in addition to CSW*	13	35	4	7	17	18
Training*	5	14	1	2	6	6
Support group	11	30	10	17	21	22
Involvement with contact*	23	72	23	44	46	48
Respite care*	9	24	2	4	11	12
Help for child	3	8	5	9	8	8
Any of the above*	31	84	29	50	60	63
Mean number services	1.64		0.78		1.1	
(N=)	(37)		(58)		(95)	

*Statistically significant difference between arrangements ever treated as foster care and those with other legal statuses (p<.05 or less)

As table 8.6 shows, carers who had ever been treated as foster carers were more likely to have received additional services (84% compared to 50% of other carers), a statistically significant difference, and to have higher numbers of services offered (an average of 1.64 compared to 0.78). In terms of specific inputs they were more likely to have a social worker in addition to the child’s social worker (typically but not always a link worker for the carer) to be offered training and most notably, to have help with contact. All these differences were statistically significant.

Those who had ever been foster carers were also more likely to have had additional services than any other group (table 8.7) and to have had the highest mean number of services.

Table 8.7: Non-financial help offered/ received from Children’s Services by highest ever legal status

	No	%	Mean no services	(N=)
Foster care	31	84	1.65	(37)
SGO	10	56	1.06	(17)
RO/IRO	8	38	0.62	(21)
Private fostering	0	0	0	(2)
Informal	11	61	0.78	(18)
All cases	60	63	1.1	(95)

The relationship between legal status and support from Children’s Services

The dominant theme in this chapter has been the high levels of unmet need across all legal statuses. Nonetheless there was some evidence that foster carers were more privileged than those with other legal statuses. Thus:

- Those who had always been treated as foster carers rated the support they had received more highly: a mean of 2.3 compared to 1.6.
- Those treated as foster carers from an early stage were slightly less likely to identify unmet needs for support (90% compared to 96%).
- Those who had been foster carers at any point were more likely to report having received services in addition to input from the child’s social worker (84% compared to 63%) and to have received more services (mean of 1.65 compared to 1.1).
- Those who had been treated as foster carers throughout were more likely to identify helpful aspects of their contact with Children’s Services (73% compared to 51%).

It was harder to detect any relationship between support and other legal statuses. Having a special guardianship order, for example, did not consistently put carers in a more advantageous position, although on some measures this seemed to be the case. Special guardians who had never been foster carers, for instance, were more likely than any other group to identify something helpful in their contact with Children’s Services (63% compared to 53% of those who had only ever cared informally and 43% with residence orders). They were marginally less likely to identify unmet needs for support (94%) than those with other legal statuses (95% of those with residence orders; and all of those who had only ever cared informally or were privately fostering). They were also likely to have received a higher number of services other than input from the child’s social worker (a mean of 1.06, compared to 0.78 for those who had always cared informally and 0.62 for those with residence orders). However, although they were more likely to have received such services than those with residence orders and those privately fostering (56% compared to 38% and none) the proportion was actually higher among those who had only ever cared informally (61%). Similarly, their mean rating of the support received from Children’s Services (1.57) was lower than that given by those with residence orders or private foster carers (1.96 and 3.75) although higher than that given by informal carers (1.38).

Nor, as will be evident from the data presented above, can it be said that those who had only ever cared informally were typically in a worse position than those with a court order.

Non-financial help from other professional sources

The majority of carers (76 of 95; 80%) said they had received or been offered non-financial help from outside Children's Services. Typically this was either from a health-related source (43; 45%); mental health/therapeutic services (31; 33%) or education (26; 27%). Seventy-four per cent of carers (70 of 95) reported receiving or being offered help from at least one of these sources. Eight people (8%) cited Surestart and 11 (12%) other sources.

Those who had ever been treated as foster carers were only marginally more likely than those with other legal statuses to report other forms of professional help (30 of 37; 81% cf 46 of 58; 79%). Nor did they receive help from a greater range of sources (mean 1.19 cf 1.38).

In most instances (54 of 68; 71%) Children's Services were known to be involved at the time such support was received/offered. Hence it is, in principle, possible that access to services was eased. However when carers were asked this specific question only 17 said yes. Most commonly (9 instances) this related to a referral to Child and Adolescent Mental Health Services (Camhs) or some form of child therapy. Indeed one person said that, although the case was closed, she had rung up the social worker who had 'pulled some strings'. Many more people, however, (16 of 27 answering the question) said that they had reached Camhs through another route, the GP, the school, or, occasionally, through a court order.

They had nothing to do with it; we organised everything ourselves.

We could have had Camhs a lot earlier than we did. Children's Services knew about (the child's difficulties) when he was in (unrelated) foster care. We only got it now through the school.

It all came through the school because the boys were playing up.

The proportions saying Children's Services had been instrumental in them obtaining services from other agencies was even smaller (16% of those getting health-related services [7 of 43] and 12% educational [three of 26]).

The fact that carers were offered a particular service does not necessarily mean that they were able to utilise it or found it beneficial. Four said that the child refused a therapeutic intervention and 10 that the service received from either Camhs (7) or the health visitor (3) had not been helpful.

In contrast there were some very complimentary comments about health visitors: 'super'; 'very good'; 'excellent'; 'saved our sanity'. In addition to advice about caring for the child, some health visitors were clearly a source of emotional support and on occasion, gave carers information about their legal options or signposted them to sources of information:

We could call on the Health Visitor any time because she was very helpful and seemed to know more of what was going on than we did. She used to come out and apart from checking on the children I think she was checking on our sanity!

It was only when my health visitor came out one day and she asked if we were OK financially, and I said it was a bit tough sometimes but we would get there. And she said she had watched something, looked up something on the internet and printed it off for us and said 'have a read through that', and that there were people we could talk to, like FRG. I lost the paper and she got me some more, and I phoned FRG and that's when I found out about it and got the information sent out.

My health visitor is great and is trying to get me some counselling.

Schools also generally came out well: 'excellent'; 'brilliant'; 'fantastic'; 'went the extra mile, we were impressed'; 'we felt we were working as a team'. They provided extra help for the child: counselling, extra tuition, mentoring, art therapy and sometimes information, advice and moral support to the carer.

The school were bloody excellent, hugely supportive in the way that I'd rather hoped Social Services would have been.

In the early days the school made life bearable.

The school is good. The counsellor at the school, she looks after (the child's) welfare. If (the child) gets into trouble – he goes ballistic every now and again – he can go to her.

In actual fact it was the school liaison officer who spoke to me, heard because I had told the teacher, came across to me in the playground and said 'look, not being pushy, but this is what you have to do. Go to (a local family information service)'. And they told us about the National Association of Kinship Carers' web-site.

They've been morally supportive. Even though we haven't had a bit of paper to say that we are in charge (of the child) they have been very good about sending information to me. And they are very good with (the child). If we tell them that she had contact last night so she might be a bit off today, or they will say, 'she was a bit off today, did she have contact last night? So supportive in that way.

Does support reflect the needs of the child and the carer?

The current position

As reported in chapter 2, many of the children in this study, whom we categorised as 'challenging' children, were presenting major difficulties at the point they came to live with their kinship carers. While some of these difficulties reduced, or even disappeared over time, half these children (28 of 53; 53%) were still judged to be challenging at the point our interviews were carried out/when the placement ended, while another three children were also considered to be challenging. Of these 31 children:

- 20 had an abnormal score on the Strengths and Difficulties Questionnaire completed by their carers.
- 6 were reported to have additional difficulties not captured by the SDQ.
- 20, on the basis of carer's descriptions, were displaying difficulties which the researchers judged to be major.

A further 31 children were judged to have moderate difficulties either because they had a borderline score on the SDQ, or because their carers described problems which did not seem to the researchers to be either transient or minor. Thus there only appeared to be 33 children (35%) who were (relatively) problem-free.

We also reported, in chapter 3, that at the point the interviews were carried out, many carers had scores on the General Health Questionnaire indicative of high levels of stress and that most of these said that the way they were feeling was to do

with being a kinship carer. Carers with the highest scores tended to be those who were caring for challenging children.

Thus although the material presented earlier in this chapter suggests a fairly low level of support across the whole sample, we were interested to explore whether there was any correlation between support and the level of the children's difficulties or carer stress.

As reported earlier, less than a third of all carers who were still looking after the index child (22 of 70; 31%) said they were satisfied with the support they were currently receiving from Children's Services. Further analysis shows that those who were caring for children currently categorised as 'challenging' were the least positive, with only 19% (5 of 26) saying they were satisfied, compared to 39% of other carers (17 of 44). Scores on the Strengths and Difficulties Questionnaire (see chapter 2) show the clearest inverse correlation between support and the child's level of difficulty. Only 18% of those caring for a child with an abnormal score on the SDQ (3 of 17) were satisfied, compared to 22% of those where the child's score was borderline (2 of 7) and 38% (11 of 29) where the score was normal.

Cases involving 'challenging' children were least likely to be still open to Children's Services (14 of 29; 48% compared to 41 of 59, 70%). Even where Children's Services were still involved, however, only one of the 12 carers looking after challenging children (8%) said s/he was satisfied with the current support, compared to just over a third (36%, 11 of 31) of other carers.

There was also an inverse relationship between the level of stress carers reported and their satisfaction with the support they were currently receiving. Thus while just over half of the carers with a low score on the General Health Questionnaire (13 of 25; 52% [table 8.8a]) said they were satisfied, this dropped to 38% of those with moderate scores and only 10% of those with high scores (3 of 29).

The findings were even more dramatic if we consider only those cases where Children's Services were currently involved (table 8.8b) where none of those with high levels of stress said they were satisfied with the support they were receiving, compared to 44% of those with moderate stress and 60% of those with low stress.

Table 8.8a: Carer stress by satisfaction with current support from Children's Services (all extant placements)

Level of carer stress	Satisfied with support		
	No	%	(N=)
Low (0-5 on GHQ)	13	52	(25)
Moderate (6-11 on GHQ)	5	38	(13)
High (12+ on GHQ)	3	10	(29)

*All cases where the index child was still in placement

Table 8.8b: Carer stress by satisfaction with current support from Children's Services (cases with current Children's Services involvement only)

Level of carer stress	Satisfied with support		
	No	%	(N=)
Low (0-5 on GHQ)	8	62	(13)
Moderate (6-11 on GHQ)	4	44	(9)
High (12+ on GHQ)	0	0	(19)

*All cases where the index child was still in placement

Support over the course of the placement

Nor does the data suggest that those caring for children with the highest level of difficulty had ever felt particularly well-supported. Table 8.9 divides the sample up into three groups of cases. First, cases where the child was judged to be challenging both at the start of the placement and at the point our interviews were conducted/the placement ended. Sixty-eight per cent of carers in this group said they needed help/more help/earlier help either for the child or to enable them to deal with the child's difficulties. Such needs were identified by 58% of our second group, which consists of children categorised as challenging at the outset but whose difficulties subsequently diminished to the point that they were no longer deemed to be challenging at the point our interviews were conducted/the placement ended. The proportion dropped to only 33%, however, in the third group, where although the children might have presented their carers with some problems, they were never great enough for them to be categorised as challenging.

Table 8.9: Unmet needs dealing with child's difficulties by level of difficulties

Child's level of difficulty	Unmet support needs		
	No	%	(N=)
Challenging throughout	19	68	(28)
Challenging initially only	13	52	(25)
Never challenging	13	33	(39)
All cases*	45	49	(92)

*excludes 3 cases where the child was not categorised as challenging on placement but became so

All but one of the carers looking after children who were challenging throughout identified an unmet need for emotional support for themselves or said that they felt isolated and unsupported (27 of 28; 96%). This compared to 76% (19 of 25) of those caring for children who were challenging at the start but whose problems ameliorated and 69% (27 of 39) of those where the children were never deemed challenging. Half the carers of children who were challenging throughout also said they would have welcomed respite care had it been offered (13 of 26; 50%). Only 12% of carers of children who were no longer challenging said this (3 of 25) although the proportion was higher among carers whose charges had never been deemed to be challenging, a reminder that it is not only carers looking after difficult children who need the occasional break from the 24/7 responsibilities of looking after someone's else child.

It is possible, of course, that although carers looking after challenging children were more dissatisfied, they may have actually received, or been offered more services than other carers. However there were only a few instances where this seemed to be the case. In general carers looking after children who had been challenging throughout the placement either received about the same level of service as everyone else, or sometimes even less:

- Only one person said that they had been offered respite (4% of 28) compared to 13% (5 of 39) of those caring for children who had never been categorised as challenging and 17% (4 of 23) of those where the children were no longer challenging.
- A mere 4% were offered training (compared to 12% of those whose children were no longer challenging and 3% of other carers).
- 12% had been offered a local authority support group, compared to 42% of those with children whose problems had improved and 19% of other carers.

- 7% reported a worker additional to the child's social worker working directly with the child (the proportions in the other groups being 8%).

It is true that carers caring for children who had been challenging at any time were more likely to have had their own link worker than other carers (11% and 12% compared to 5%). It should be noted, however, that this did not mean they had had a link worker from the start. Indeed, as reported in an earlier chapter, in one case the first time the carers met their link worker was the day they informed Children's Services that they could no longer keep the child.

Support from outside Children's Services

In contrast to this general picture of support from Children's Services appearing to bear little relation to the needs of either the children or their carers, there did seem to be a correlation between need and support from external sources. Eighty-nine per cent of carers looking after children who had ever been categorised as challenging reported receiving or being offered such services, compared to 67% of other carers. Nonetheless 44% of the former (21 of 48) reported unmet needs for support, as did 37% of other carers.

Summary

Few carers – even foster carers – were complimentary about the support received from Children's Services (other than any financial and material help) and most were very negative. There was a very low level of satisfaction across all groups, with almost three-quarters rating support as poor or very poor.

Only just over half the sample were able to point to anything helpful in the way of non-financial support from Children's Services, while 95% (including all the foster carers) identified something unhelpful.

'Helpful' aspects included the approach of individual practitioners or other people in the organisation even if only a clerk in finance. A few cited assistance with contact, mediating with the parents or simply having Children's Services to call on if necessary. Foster carers were more likely to identify specific services while other carers tended to refer only to individual helpful practitioners.

Unhelpful aspects included local authority processes and hierarchies and social workers who frequently changed, were difficult to contact, inexperienced and unable to answer questions without consulting their manager but never got back to carers with the answers. Carers also complained of not being listened to or taken seriously, of

poor communication from the department, and professionals who did not act in good faith.

Services received apart from contact with the child's social worker included help at some point with parental contact (48%), a support group (22%), a social worker in addition to the child's social worker (18%); respite (12%), help for the child (8%) and training for the carer (6%). Carers who had ever been treated as foster carers were more likely to receive additional services (84% compared to 50% of other carers), receive a higher number of services (an average of 1.64 services compared to 0.78), to have their own social worker, to be offered training and help with contact. All these differences were statistically significant.

Nonetheless the dominant picture was of high levels of unmet need across all groups, the most frequently mentioned deficits being information and advice, emotional support, direct help for the child or to the carer to help the child, respite care, help with contact, and peer group support. Surprisingly, those who had always been foster carers were actually more likely than other carers to specifically cite the need for emotional support and fewer were categorised by the researchers as having high emotional support.

Carers looking after children currently categorised by the researchers as 'challenging' were the least positive about the support they were receiving. Cases involving 'challenging' children were least likely to be still open to Children's Services but even where Children's Services were still involved, only one of the 12 carers said s/he was satisfied with the current support, compared to just over a third of other carers.

There was also an inverse relationship between the level of stress carers reported and their satisfaction with the support they were currently receiving. In cases where Children's Services were currently involved none of those with high levels of stress said they were satisfied with the support they were receiving, compared to 60% of those with low stress.

Nor does the data suggest that those caring for children with the highest level of difficulty had ever felt well-supported by Children's Services. Over two-thirds of those caring for a child categorised as challenging throughout the placement identified an unmet need for help either for the child or to enable the carer to help the child. All but one mentioned a need for emotional support for themselves or said that they felt isolated and unsupported. Half would have welcomed respite care. Although a few carers looking after challenging children seem to have

received higher levels of service than other carers this was not generally the case.

Four in five carers said they had received or been offered non-financial help from outside Children's Services. Typically this was either from a health-related source; mental health/therapeutic services; or education. Although in most instances Children's Services were known to be involved at the time only a few said they had been instrumental in obtaining the service. In contrast to the predominantly negative comments about Children's Services there were some very complimentary comments about some other professionals, notably health visitors and schools. There was also a better correlation between support from sources outside Children's Services and the child's level of difficulty, with 89% of carers looking after children who had ever been categorised as challenging receiving or being offered such services, compared to 67% of other carers.

9. Working with the current system; improving the system

Working with the current system: advice to prospective carers

Towards the end of the interview we asked interviewees what advice they would give to someone who was thinking about becoming a kinship carer. Although, as noted in chapter 3, it was unusual for carers to say ‘*don’t do it*’, many said they would say ‘*think very carefully*’:

Don’t be impulsive.

Don’t let your heart rule your head.

Think and think again.

Think twice, three times, before doing it.

Prospective carers need to ‘*go into it with their eyes open*’ and ‘*be realistic and prepared*’:

I’d tell them how massive it is and how little support they’ll get.

It’s a life changing situation and the support is rubbish.

I’d say go for it but don’t expect any help.

Interviewees therefore urged those thinking about taking on this huge responsibility to ‘*talk to someone who’s been through it*’.

Carers needed to do more, however, than be clear about the potential impact on their own lives. A key theme was the need to make sure they have all the information they possibly can – about, variously, the child; the plan for the child; their legal position; local authority policies and guidelines; and what support might be available:

The main advice would be to research everything first and to arm yourself with the right questions prior to going into any situation, especially with Social Services. Know your rights, know your facts.

Look into it first and ask Social Services what is available to them and what support they would get. Ask for a copy of the child’s care plan.

Establish where you are and things like that and to make sure you do know the basis. At the time you are taking on a grandchild, but as time goes on you realise that you are dealing with the law and you really need to understand the process and what the basis of the placement is and what support both you and the child will get.

Ideally this should be done before they agree to take on care:

Perhaps to have some kind of action plan and support agreement in place first. I know that’s kind of harsh because that takes time, but at least you know what you are doing and what you are heading into. We didn’t know a thing. I didn’t expect that phone call out of the blue saying ‘Come and get the kids at the hospital’ and I went straight there, but with hindsight I would have waited until they knocked on the door with a proper agreement and a support plan and an action plan of what they were going to do and what was expected from me. We would both sign it and both move forward, and that would have probably taken a couple of weeks, but I think if I was ever in this situation again I would wait for them to come to me. I know more now than I did then.

Carers should not simply rely on what Children’s Services choose to tell them:

Don’t accept what you’re told (by Social Services). Find out your rights.

Social Services only tell their side of it.

Get advice first, a lot. Social Services want to get child care on the cheap.

It is absolutely vital to get independent information and advice – from the internet, from a lawyer, from advice agencies such as FRG, the Grandparents’ Association, Grandparents’ Plus, Fostering Network, Citizens’ Advice.

Call Family Rights Group first or one of the grandparents’ associations and get as much as information as you possibly can about the different options. If somebody had told me that at the beginning, it would have made such a difference.

Find out your rights at the start. Get on the internet.

Get a good lawyer or you’ll get trampled on.

While emphasising the importance of legal advice, carers also cautioned that solicitors varied in their knowledge about kinship care. Hence prospective carers needed to get ‘*good*’, ‘*solid*’, ‘*proper*’ or even the ‘*best possible legal advice*’ and should not ‘*assume that solicitors know all the options*’. Some also warned carers not to go to a solicitor who had been recommended by the local authority, to check

out how independent the solicitor was from the local authority or even to go outside their local area:

You need to ask your solicitor if they do outsource work for the local authority, if they do this you shouldn't use them.... A lot of family law solicitors take local authority work and if you go to them for a SGO they won't fight for the money, won't fight for anything for you for fear of losing that lucrative work. Mine don't do outsource work, I asked them that.

Another theme was the need for prospective carers to 'stand up to' Children's Services and not allow themselves to be 'blackmailed', 'pushed' or 'intimidated':

Don't let them railroad you into getting a residence order.

Be forceful with Social Services; don't let them override you.

Don't let Social Services dictate what they are going to give you financially.

Stand your ground and don't be intimidated by Social Services and thinking they're going to take the children away if you disagree with them.

Carers also needed to be assertive:

Knock on as many doors as many times as you have to and be pushy if you have to be.

If you are a confident go-getter you'll be fine. If you are not a go-getter it will be more difficult. You have to push forward. If I hadn't pushed I would have been in the same position I was in at the beginning.

Demand the information from the social workers before saying yes. Demand every bit of support – financial, physical and emotional. Ask to see the guidelines they are given from the government.

The final theme, which was sadly indicative of the lack of trust many of our interviewees had in Children's Services, was advice to ensure they had a written record of their transactions:

Get a written agreement from Children's Services laying out all your rights and the support available. Get it in writing that it is not a private arrangement so you can get the help you need.

Nail Social Services down, don't trust promises.

They'll say things on the phone but don't do what they say.

Keep a diary. Make notes at LAC reviews.

Get a written copy of everything, including the child care plan.

It was also sad that only one person included in their advice anything positive about Children's Services, saying 'Social Services are an ally. Don't be afraid to ask for help'. The clear picture presented by other carers was that to get the support they need carers would need to be knowledgeable, confident, articulate, assertive and persistent. To have time and energy. To know the questions to ask and the arguments to pose. Given the circumstances in which kinship carers usually take on the responsibility of caring, that is a very tall order.

Improving the system

Our final question to interviewees was: 'what are the most important things that Children's Services, other organisations or the government could do to help kinship carers and the children they are looking after?' One grandparent carer, who said she would have liked more time to think about her answer, subsequently sent us her response, which was so eloquently expressed, and encapsulates the views of so many of our other interviewees, that we set it out below in full.

My message to the Government and Social Services is that none of the officials involved have any regard, understanding or empathy for what grandparents go through and give up for the stability, love, happiness, and safety of their grandchildren. Support for grandparents is vital and key, initially the authorities should put the carers involved in touch immediately with people that have already gone through the motions or people that are going through the same emotional breakdown that occurs to many that find themselves in this situation. Support is vital.

Family means so much, as it does to any grandparent that finds themselves in this situation. We struggle on without the support we deserve doing all we can to keep positive and suppress negative feelings, pushing onwards/upwards but always getting knocked backwards by the actions of

the Social Services/Government officials, trying to keep strong for our grandchildren. Feelings and emotions are running high and are very overwhelming at times while grieving the loss of a life that we once lived and may never have again. Foster allowances are paid only for a short term period; authorities are not prepared to pay grandparents a foster allowance until the children reach the age of 16 years old. Once the short term period has expired grandparents are expected to sign a binding contract to either accept residency/ special guardianship. This is so unjust especially knowing the situation and emotional involvement for kinship carers. You love and adore the children and want to keep them part of the family unit. The authorities involved, knowing these bonds, ties and attachments have been cemented, make available one get out option 'give the children up to be fostered out to strangers'. Many grandparents are not prepared to negotiate and take the risk of losing the children and as a consequence will end up signing these binding contracts accepting residency/ special guardianship. I consider this to be emotional blackmail.

What gives the government officials the right to expect grandparents to offer up full parental responsibility and free child care for their grandchildren? This traumatic experience was not brought about out of choice. They know it would be inconceivable for any grandparent in this position to contemplate losing the children. Emotionally trapped into signing binding contracts where the carers have to carry all financial burden during the unpredictable times ahead, officials determine their outcome for the duration based on 'means testing'.

Grandparents go through enough and should be paid accordingly with a regular foster carer's allowance. Grandparents' working hours are not the normal 8 hours a day but around the clock. We, like all grandparents in the same situation, are committed to caring for these children without having to be means tested or the need to be fortunate enough to live in the correct local authority as policy/ruling on kinship carers differs; it's a postcode lottery. All the local authorities systems/ policies and procedures should be the same no matter where you live.

We had a care free life until all this devastation hit us. None of this is a result of our actions but officials make you feel partly to blame, why, because the person involved is a member of your family.

My husband and I, like many other grandparents in the same situation, have worked hard struggling

at times bringing up our own children without state assistance. Paid taxes and most importantly saved our money for our future retirement, not to be expected to use it towards bringing up our grandchildren.

Six main themes emerged from the responses:

1. Sort out the money. Carers want a funding system that is clear, transparent and consistent across the country. It should be based on entitlement, not discretion, should not be dependent on the legal status of the child, should not be means-tested and should be based on the allowances paid to unrelated foster-carers.

We should be entitled to an allowance. Why should grandparents be means-tested when foster-carers are not? We aren't asking for much; we're saving the government money.

There should be consistency across the country. Some people get no help; others lots.

The financial aspects need to be clear and fair. Grandparents are effectively fostering and need help.

2. Ensure information and advice is available. Carers wanted to be given information about local authority policies; about the financial and non-financial support available; about all the legal options, including fostering and their implications; about local services. Several argued that this should be set out in the form of a clearly written information pack which should be given to carers at the outset of the placement. A few suggested that using experienced carers to talk things over with prospective or new carers could be helpful:

There's got to be a package which tells us what's on offer.

Provide a lot more information about our rights. If we hadn't been on the internet we'd still be in the same boat.

We definitely need some basic practical information booklet with advice and local information. It should come with the children.

We need information in plain English. We need to know our entitlements from the beginning. We need to know more about different options.

Carers also wanted local authorities to signpost them to independent sources of information and advice while some suggested carers needed external help to guide them through the system or act as advocates:

They should give people information. If we hadn't been on the internet we wouldn't have known about FRG. How do people know where to go?

Social Services should be told they must refer people to an agency like FRG to advise on the issues and their rights.

We need an independent advocacy service not paid for by the local authority.

3. Improve non-financial support and make it more accessible:

Surely there should be some help. If people can't cope the children will go into foster care which would cost a fortune.

Carers should be offered the support they need. They shouldn't think it's OK because they're family. Support should be given without having to go through battles.

Somebody has to stand up and give help.

4. Local authorities should have transparent policies and procedures which accord with the Children Act and should ensure they are followed:

Do what you're supposed to be doing.

Look at the Children Act and do it.

Local authorities should implement their procedures as stated.

Social Services should do their job.

5. Ensure social workers are knowledgeable about kinship care:

Social workers need to understand kinship care.

Social workers need to be more aware of the family dynamics in kinship care.

Social workers need to understand the impact of kinship care.

Social workers are not adequately trained and supervised. It's not rocket science; just do your job.

6. Value carers, listen to them, work with them. Be honest, open and trustworthy.

Don't belittle us or treat us as novice carers. Treat us with respect and respect our knowledge and experience.

Treat people as individuals.

Don't make people feel they are doing it for the money.

Be straight.

Make good on promises.

While carers typically addressed their 'messages' to Children's Services, some also spoke of the need for government action:

To **provide** a consistent national framework for financial support.

To **audit** how local authorities are interpreting the Children Act.

To **require** local authorities to provide adequate information, signpost carers to independent sources of information and advice and provide support on a par with foster-carers.

The government needs to get it sorted. Foster carers get so much support and advice. Kinship carers should have the same.

The government should validate carers. Understand why we don't want to be foster-carers but should have the same rights financially. Have clear legislation on where we stand.

Make local authorities give us support without fighting for it.

The government needs to look at how councils interpret the Children Act.

In addition carers also wanted government to provide easier access to legal advice; funding for legal costs and less delay in the legal process. One carer also urged government to give 'real recognition to carers' by creating a specific status of kinship care and challenging the assumption that kinship carers could 'do it all for love':

Kinship carers should be carers in their own right, not foster carers, not private arrangements. We shouldn't be penalised. More should be done to change public opinion about 'well it's your family, you should do it' because in our hearts we all want to do it but we also need to put food on the table.

Summary

Towards the end of the interview, respondents were asked what advice they would give to someone else who was contemplating becoming a kinship carer. The responses included: think very carefully, be realistic, talk to people who have done it about the impact on your life. Make sure you have all the information you can. Do not rely solely on what Children's Services say; get independent information and advice. Legal advice is important but be aware that solicitors vary in their familiarity with kinship care or their willingness to take on the local authority. Be prepared to stand up to Children's Services, to be assertive and persistent. It is as well to get everything in writing.

Six main themes emerged in the responses to the question 'what are the most important things Children's Services, other organisations or the government could do to help kinship carers and the children they are looking after'. First, establish a funding system that is transparent, consistent across the country and across legal statuses, non-discretionary, and not means-tested. Second, provide adequate information – about local authority policies; about the support available; the legal options, and their implications; about local services – and signpost carers to independent sources of information and advice. Third, improve non-financial support and made it more accessible. Fourth, local authorities should have transparent policies and procedures which should accord with the Children Act, and should follow them. Fifth, social workers need to be knowledgeable about kinship care. Sixth, value carers and work with them in an open, honest and trustworthy way.

While carers typically addressed their 'messages' to Children's Services, some also spoke of the need for government action. To **provide** a consistent national framework for financial support.

To **audit** how local authorities were interpreting the Children Act. To **require** local authorities to provide adequate information, to signpost carers to independent sources of information and advice and to provide support on a par with foster carers. Carers also wanted government to provide easier access to legal advice; funding for legal costs and less delay in the legal process. One carer urged government to give 'real recognition to carers' by creating a specific status of kinship care and challenging the assumption that kinship carers could 'do it all for love'.

10. Conclusions

As noted in chapter 1, in 2011 the government issued statutory guidance to local authorities on family and friends care (DFE, 2011), which, amongst other things, requires them to publish a policy setting out their approach towards promoting the needs of all children living with kinship carers, whatever their legal status. Crucially, the guidance emphasises that policies should be underpinned by the principle that support should be based on the needs of the child rather than merely their legal status, and that children should receive the support they and their carers need to safeguard and promote their welfare, whether or not they are *looked after*.

The data presented in this report clearly demonstrates the need for this guidance to be implemented and for local authority compliance to be robustly audited.

Evidence of unmet need and differential treatment depending on legal status

Financial support

- 79% of interviewees said that becoming a kinship carer had resulted in financial difficulties for them and their families at some point.
 - The proportion was much lower among those who had ever been treated as foster carers (69%, 24 of 35) compared to other carers (91%; 51 of 56).
- Only 40% said that the amount of money they currently had coming in for the child, from any source, was sufficient.
 - Those caring for a *looked after child* were much more likely to say it was sufficient than those with any other legal status (65% compared to 35% of those with a special guardianship order, 32% with a residence order and 28% of those caring informally).
- 20% said that their current financial position, taking into account all their income, was difficult or very difficult. Only 45% said it was manageable or comfortable.
 - Those caring for a *looked after child* were less likely than other carers to say it was difficult or very difficult (16% compared to 22%) and more likely to say it was comfortable/manageable (53% compared to 42%).
- 30% of carers were not receiving any regular financial support from Children's Services.
 - No foster carer was in this position, compared to 12% of those with an SGO, 54% of those with a residence order and 55% of those caring informally.
- The allowances currently received by foster carers were typically higher than those paid to carers with other legal statuses. Even taking into account other sources of income for the child, those who were not acting as foster carers were in a worse position.
 - 72% of the allowances paid to foster carers were over £100 a week¹⁹. Only 43% of the allowances paid to those with different legal statuses were as high as this (38% of those caring informally, 43% with an SGO and 44% with a residence order). These differences were not accounted for by the ages of the children concerned.
 - 44% of those who were not acting as foster carers had no more than £100 a week, in total, coming in specifically for the child. Only 16% of foster carers were in this position, typically because they were not yet fully approved.
- Carers who had been treated as foster carers typically received higher allowances when they moved to a private law order than those who had previously cared informally (an average of £108 per week compared to £82).
- Those treated as foster carers from the beginning of the placement were more likely to receive an allowance quickly, to receive a higher amount and to experience less difficulty in obtaining it than other carers. They were also more likely to get help with start-up costs.
- Only 37% of those treated as foster carers from the start (7 of 19) said it had been difficult to cope financially in the early months, compared to 74% (40 of 54) of those with other legal statuses where the local authority had been involved in making the arrangements.

'Sort out the money' was one of the principal demands made by the carers in this study, who wanted a funding system that is transparent, consistent across the country, based on entitlement, not linked to the legal status of the child, not means-tested and linked to the allowances paid to unrelated foster carers.

Non-financial support from Children's Services

The data also reveals high levels of unmet need in relation to other forms of support across all legal statuses. Here the differences between foster carers and other kinship carers were less stark, but they were still detectable.

- 72% of all carers rated the support they had received from Children's Services as poor or very poor. On a scale of 1 to 5, where 1 is very poor and 5 excellent, the mean score was only 1.7.
 - Those who been foster carers from the start and were still foster carers gave a higher mean rating than other carers (2.3 compared to 1.6). Those who had never been anything other than informal carers gave the lowest score (mean 1.4).
- 95% of carers identified at least one unmet support need, with most mentioning several:
 - Specific gaps included information and advice, emotional support, contact with other carers, help for the child or to enable the carer to help the child, respite care and assistance with contact.
 - Those treated as foster carers from the start were somewhat less likely to identify an unmet need than other carers (90% compared to 96%).
- Those who been foster carers at any point were more likely to have received services other than input from the child's social worker (84% compared to 63%) and to have received a higher number of services (mean of 1.65 compared to 1.1).
- Only 54% of carers said they were able to think of anything helpful (other than financial assistance) in their contact with Children's Services.
 - Those who had been treated as foster carers throughout the placement were more likely to say this than other carers (73% compared to 51%).

Improving non-financial support and making it accessible to carers was another key demand of our interviewees, who wanted Children's Services to recognise that kinship carers are likely to need some help and should not have to struggle to obtain this.

It was notable that few carers said they had ever had a discussion with Children's Services about the support they needed to care for the child. Anything resembling a formal assessment of support needs

was almost unheard of. This applied across all legal statuses, certainly in the early stages. Indeed the very concept seemed entirely alien to most of our interviewees, few of whom knew that they could have asked for this. Some people said that they had been asked what support they had, or would have, from family and friends, but not what they needed; others that they were simply told to '*ask if we needed anything*'.

Clearly, engaging carers in a discussion about their support needs is important. However for this to be productive a) it needs to be in the context of an analysis of the circumstances of the individual family and b) carers need to be given information about the kinds of services and resources which might be available to them. The few carers who told us that they had been asked what they needed said they had found this question difficult to answer because they were given no indication of what they could ask for. It is also important for workers offering support or trying to establish what support might be needed to be aware of carers' anxieties and sensitivities on this score since enquiries such as '*are you coping*' or even '*do you need any help*' can be interpreted as implying that the carers are not coping and therefore that the child may not be allowed to remain with them.

The relationship between need, support and legal status

The majority of the children in this study had been exposed to a range of adversities prior to entering kinship care and most (85%) were manifesting difficulties at the point they came to live with their carer. On the basis of three measures – the Strengths and Difficulties Questionnaire; carers' descriptions and a check-list of potential difficulties created by the researchers – it was estimated that 59% of the children (53 of 95) were '*challenging*' – i.e. they presented their carers with substantial problems – from the start. Half of these children (29% of all children) remained challenging throughout the placement while a further three developed problems which brought them into the challenging category. Using a standardised measure of well-being²⁰, 65% of current carers were assessed as having raised stress levels, twice that in the general population, with 38% currently exhibiting high levels of stress.

There appeared to be no correlation, however, between support from Children's Services and either the level of difficulty the child was currently presenting or carer stress.

- Of those carers looking after a '*challenging child*'²¹, only 19% said they were satisfied with the support they were currently receiving from Children's Services.
- There was an inverse relationship between carer satisfaction and the child's level of difficulty as measured on the Strengths and Difficulties Questionnaire²²:
 - 18% of those caring for a child whose score indicated abnormal functioning said they were satisfied with the support they were receiving, compared to 22% of those with borderline scores and 38% of those with normal scores.
- Paradoxically, carers looking after currently challenging children were more likely than other carers to be receiving no support at all from Children's Services because their case had been closed.
 - 52% of such cases had been closed compared to 31% of other cases.
- Even where the case was still open, these carers were less likely to be satisfied with the support they were receiving:
 - Only 8% of those caring for challenging children whose case was still open were satisfied, compared to 36% of other carers.
- There was an inverse relationship between the current level of stress carers reported and their satisfaction with the support they were receiving from Children's Services.
 - 52% of those whose scores on the General Health Questionnaire²³ indicated low levels of stress said they were satisfied with the support they were receiving. Only 10% of those with high stress levels and 38% of those with intermediate levels said this.
 - Where Children's Services were still involved with the placement none of the carers with high levels of stress said they were satisfied with the support they were receiving, compared to 60% of those with low stress.

There was no evidence that those caring for children with the greatest difficulties had ever felt well-supported by Children's Services:

- 68% of those caring for children who had been challenging throughout the placement said they had needed help/more help/earlier help to enable them to deal with the child's difficulties. This compares to 52% of those caring for children who had initially been challenging but whose difficulties had ameliorated and 33% of those whose level of difficulty had never reached that level.
- 96% of carers in the first group (children challenging throughout) identified an unmet need for emotional support for themselves or said they felt isolated and unsupported. This compares to 76% of those where the children's difficulties had decreased and 69% of the rest.
- There was no evidence that carers looking after challenging children had actually received more services; if anything the reverse was true.

Although foster carers seemed to be somewhat better supported, there seemed to be little relationship between the level of the child's difficulties and the legal status of the placement. Indeed challenging children were less likely to be in foster care than other arrangements:

- Only 21% of children who were categorised as challenging at the point they entered kinship care were placed with carers acknowledged as foster carers from the start (11 of 53).
- 56% of children deemed to be challenging at any time (33 of 56; 59%), were never treated as *looked after children* while they were living with their kinship carers.
- Most children who were challenging throughout the placement were living with carers who had never been foster carers (17 of 28; 61%).

Moreover:

- Carers who were treated as foster carers from the start were actually less likely than other carers to be caring for children who were challenging at the outset (10 of 20; 50% compared to 33 of 56; 58%) even where Children's Services were involved in making the arrangements.

The only data indicating that foster carers were marginally more likely than other carers to be dealing with challenging children was that:

- Those who were foster carers at the point the interviews were carried out (or at the point the placement ended) were slightly more likely to be caring for children who were currently categorised as challenging (8 of 22; 36% compared to 23 of 73; 32%)
- Those who had been foster carers at any point were slightly more likely to have cared for children who had ever been challenging (23 of 37; 62%, compared to 33 of 58; 57%).
- Carers who had ever been foster carers were fractionally more likely than other carers to be looking after children who were challenging throughout the placement (29.7%, 11 of 37; compared to 29.3% 17 of 58).

The apparent reluctance of local authorities to make kinship carers foster carers

The evidence from this project shows that being a kinship foster carer was not a cast-iron guarantee of support from the local authority. However the gulf between what was needed and what was provided was somewhat narrower for foster carers than for other carers, particularly financially. Being accepted as a foster carer, therefore, unlocks the door to support, even if it may not open it very far.

Local authorities, however, do not appear to be at all eager to let carers have this particular key.

- Even where Children's Services were involved in arranging for the child to live with the carer, only just over a quarter of the arrangements (20 of 76; 26%) were treated as foster placements from the start. Indeed had it not been for the intervention of the children's guardian in three cases, the proportion starting off as foster care would have been even smaller.
- Carers who took in the child of their own volition, even if they informed the local authority immediately, had no chance of the arrangements being treated as foster care from an early stage.
- 85% of arrangements starting off as foster care involved either children who had been *looked after* by the local authority immediately prior to the placement or who were subject to care proceedings at an early stage. Carers taking on children in other circumstances were extremely unlikely to be treated as foster carers from the start.
- Even where the child was being placed from local authority care or there were care

proceedings, the arrangements still might not be treated as a foster placement:

- Half the placements made in the context of care proceedings and 40% of those involving a previously *looked after child*, were not treated as foster care. There were even five cases where both conditions applied and this did not happen.
- Although some placements which were initially treated as private subsequently became accepted as foster placements, this was rarely the result of changed circumstances, or of local authorities realising, of their own volition, that the initial decision may have been legally flawed. The most common scenario was for Children's Services to be pushed into changing their stance by pressure from the carer, often supported by independent advice, information and sometimes the advocacy of others.
- The possibility of being assessed as a foster carer was rarely discussed with carers at the outset and most carers were not aware that this might have been an option. Moreover some of those who did ask reported being discouraged, told that relatives could not be foster-parents, that kinship foster care did not exist in their local authority, or, bizarrely, that if they were approved they would have to take other children or might not even get the children in question.
- Some carers who were treated as foster carers reported pressure to change to a private law order.

Analysis of the circumstances in which many of the children in this study came to live with their carers raises questions, in the opinion of the researchers, about local authority decision-making about the child's legal status. This includes:

- cases where the carers acted on local authority advice to seek an emergency private law order;
- those where the arrangement was treated as an informal private one by the local authority, although they had been involved in making the arrangements;
- those treated as private fostering.

There were, for example, 30 cases where from the local authority's perspective, the arrangement was a private, informal one, but as far as the carers were concerned the child had been placed with them by the local authority. Only four of these carers said that Children's Services had made it clear from the outset that they saw this as a private arrangement.

On the basis of the Southwark judgement²⁴, then, it is at least arguable that these placements, most of which were made after the judgement was reported, should have been treated as foster placements.

The issue of when a child in kinship care should be treated as a *looked after child* accommodated with the carer has been the subject of a recent judgement in the Court of Appeal²⁵. The 2011 government guidance on family and friends care (DfE, 2011) was published before the outcome of the case had been determined and acknowledges that it may need to be revised in the light of that determination.

The key question, the guidance states, is whether the child appears to the local authority to require accommodation for one of the reasons set out in section 20(1) of the Children Act 1989, particularly that '*the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing them with suitable accommodation or care. If it appears to the authority that the child does require accommodation, then it must provide that accommodation*' (DfE, 2011, para 3.8, p 15). This appears, potentially, to open the gate to the majority of kinship arrangements being treated, *prima facie*, as foster placements.

Later in the guidance, the emphasis is on avoiding children being accommodated, or remaining accommodated, unnecessarily. However this is not expressed as an imperative in itself, rather, the guidance stresses that the decision should be based on an assessment of the child's needs and circumstances, and not on the differential availability of support:

No child or young person should have to become a *looked after child*...for the sole purpose of enabling financial, practical or other support to be provided to the child's carer.

Authorities must seek to provide any necessary support services without the child becoming *looked after* unless the child meets the criteria at section 20(1) of the 1989 Act and requires accommodation. (Para 3.16; p17).

Precisely how local authorities are supposed to interpret this is rather unclear. What is evident, however, is that in many of the cases in our study Children's Services appear to have been more focused on tightly restricting the availability of foster care status than on providing the necessary services so that arrangements under other legal statuses were sufficiently well-supported that such a status was of no advantage.

Local authorities' reluctance to make kinship

carers formal foster carers is understandable, for a variety of reasons. Foster care placements are, of course, expensive, both in terms of the direct costs of financial and other support and the indirect costs of the regulatory mechanisms. Where legal action is necessary, supporting a carer to seek a private law order is cheaper and quicker than bringing care proceedings. Authorities may also be sensitive to the impact of inflating the number of *looked after children* in their statistical returns to government. In some cases carers may be unlikely to meet the fostering standards. The process of assessment and monitoring is intrusive and introduces an element of artificiality into relationships. Being *looked after* may be stigmatising for children or undermine their sense of security. It may also be considered unnecessary for a child to be *looked after* in order to ensure they are protected.

Carers too, may not necessarily want to be foster carers, even temporarily, not least because if the children are accommodated they can be removed by their parents and if they are on emergency protection or interim care orders they can be removed by the local authority. Nonetheless, for as long as foster care status confers the advantages which it currently does, carers need to have the opportunity to consider this option. It is clear from the research that this is by no means always the case.

Making informed decisions about legal status

The guidance stipulates that:

The local policy should set out, in a format which is accessible to family and friends carers...the relevant legal framework, including an explanation of the authority's power and duties in relation to children in need and *looked after children* and address the effects of a residence order, special guardianship order or adoption order. The purpose of this is to ensure that members of the public have the necessary information to make informed choices about the most appropriate route for them to follow. (DfE, 2011, para 4.13, p 22)

Clearly this would be some improvement on the position obtaining when the children in this study came to live with their carers. However the guidance does not stipulate how or when this information should be made available to carers or clarify the status of the arrangements before that is done. The objective of ensuring that carers are in a position to make an informed decision at the outset, the most

crucial time, can only be realised if they are made aware of the fact that such information is available, AND, it is established that no firm or binding decision about the legal status of the arrangements can be made until they have had the opportunity to absorb, digest and reflect on the information and, if they wish to, seek independent advice.

Less than a third of the arrangements in our study arose as the result of a planned move and even fewer (21%) were clearly seen as long term from the start. Most carers, therefore, would not have had the opportunity to inform themselves of the legal position, and probably not seen any necessity to do so. Moreover, the only decision carers would usually have been aware of needing to make was whether or not to take on the child, which, in the words of one of our carers, was usually a '*no-brainer*' since the alternative was the child going into unrelated care and eventually being adopted. Children's Services, moreover, rarely seem to have done anything to remedy this inevitable information deficit. In the 61 cases in the study where Children's Services were involved in making the arrangements before, or without the involvement of the court, only 10 carers said they had been given any information by social workers about the different legal statuses available. Only three had this in writing and only two said the implications in relation to support had been explained to them.

Most carers, therefore, just assumed that the child had been placed with them by the local authority, who would therefore incur some obligation to them, only to be subsequently disabused of this idea, usually when they asked for some financial support, when the implications of having a '*private arrangement*' first became clear. A few acted immediately on the social worker's advice/instruction to get a private law order, in order to protect the child, again without realising the implications of so doing.

It is, therefore, not sufficient for local authorities to be required to publish a clear policy. The data from this study would support a requirement that:

- a) The local authority is required to provide information to carers at the earliest possible opportunity and to explain all the implications of each option, including what support would be available under each, and,
- b) The legal status of the arrangements cannot be fixed until carers are in a position to make an informed decision.

It could also be helpful for carers to be put in touch

with an experienced carer with whom they could discuss the pros and cons of different options.

We would also argue that local authorities should be obliged to signpost carers to independent sources of information and advice. The value of such outside assistance to many of the carers in our study is indisputable. A few were able to use the information they obtained to insist that they became foster carers from the start; rather more to persuade the local authority to convert an informal placement into a foster placement, others to obtain financial support or more financial support, which could make a difference of many thousands of pounds. However it was extremely unusual for carers to report that Children's Services had pointed them in the direction of such an independent source, other than, occasionally, a solicitor, to advise them about getting a private law order.

In an ideal world, where all local authorities implement the DfE guidance in every case and ensure that carers are in a position to make an informed decision, such independent advice might be redundant. Until such a position is reached, such a safety net as we propose will remain necessary. Indeed in some instances information and advice may be insufficient: some of the carers in our study wanted access to an independent advocate who could guide them through the system and argue their case.

The need for other types of information

Ensuring that adequate information and advice is available was also a strong theme in the suggestions the carers in our study made for improving the current system. While information about legal statuses and local authority policies was the most frequently identified gap, carers also wanted practical information about local services and resources and assistance in navigating the benefits system. The need for such information is highlighted in the DfE guidance (DfE, 2011, paras 4.15, p 23; para 4.20, p24). Some carers, particularly those without recent experience of child-rearing, may also need help in accessing such services. If a kinship care support worker was allocated to each family from the outset, this could be part of their role.

The need to ensure Children's Services staff are knowledgeable about kinship care and comply with local authority policies and procedures

The DfE guidance requires local authorities to have a designated manager with responsibility for kinship care who:

Must ensure that local authority staff understand the policy and that they operate within its framework so that it is applied in a consistent and fair manner across the authority: an alleged failure to do so has been a significant source of complaint from family and friends carers. (Para 4.11, p 22).

S/he will also:

Need to be assured that relevant staff are competent in this area of work... Staff who are responsible for implementing the policy should have appropriate training and understanding of the issues which family and friends carers face and of their obligations, powers and responsibilities, including the contents of the local policy.

Again this chimes with the demands of the carers we interviewed, many of whom criticised the social workers they were dealing with for their lack of understanding of the nature of kinship care and/or their ignorance of their own department's policies and procedures.

Establishing better relationships between carers and Children's Services

Perhaps the most disturbing aspect of our research findings is the almost complete absence of any sense that carers perceived Children's Services as an organisation which was working alongside them to support their care of the children. A few carers were complimentary about the support they had received; some described the service they had had as *'adequate'* and others differentiated between the organisation as a whole and individual practitioners, between different workers or between different local authorities. Negative comments, however, predominated. Moreover, while, as noted earlier, only just over half the sample could think of anything helpful Children's Services had done, other than financial help, almost everyone, (95%; 73 of 77) came up with something which had been unhelpful. These included local authority processes and hierarchies and social workers who frequently changed, were difficult to contact, inexperienced and unable to answer questions without consulting their manager but never got back to carers

afterwards. Carers complained of not being listened to or taken seriously, of poor communication with the department, and professionals who did not act in good faith.

These negative perceptions were reflected in the advice carers said they would give to someone who was thinking of becoming a kinship carer. *'Don't rely on what Children's Services tell you'*, for example, and *'get everything in writing'*, which both exemplify a lack of trust. *'Stand up to Children's Services'*, *'don't be intimidated'*, indicative of a perceived imbalance of power, where carers frequently felt in a weak position, not only because they did not have the information to deal with social workers on an equal basis but also because they were terrified that the children either would not be placed with them or might even be removed if they asked too many questions, did not go along with what Children's Services said, or asked for money. Advice to be *'pushy'* and *'persistent'* reflected a pervasive theme in the research that carers had had to fight to get what they felt they needed, whether this was financial help, specific support services, foster care status or simply information.

Perhaps the saddest indictment of all were the comments made by a number of carers that the most difficult aspect of being a kinship carer was having to deal with Children's Services and that where cases were closed most carers were relieved that Children's Services were now out of their lives or where the case was still open, could not wait until they were *'out of our hair'*.

Recognising carers' needs for emotional support

Being a kinship carer is a daunting task. Much could be done, and needs to be done, to assist carers in that task by improving financial and material support and the provision of specific services. What this research has clearly shown, however, is that carers also desperately need something more intangible - emotional support - to help them to manage the transition to their radically altered lives and to cope with the on-going challenges of their unasked for responsibilities. When our interviewees were asked if there was any form of non-financial support they would have appreciated just over a third specifically identified this. In addition, 60% of the sample, when asked if they had felt isolated and unsupported, said yes, usually quite emphatically, while a further 11% said they sometimes felt like this. Finally, only 30% of carers were judged by the researchers to have a high level of emotional support (from any source). Overall, we calculated that only 13% of

current carers were having their needs for emotional support met. Not surprisingly, scores on the General Health Questionnaire (Goldberg and Williams, 2006) indicated that many carers were experiencing high levels of stress.

How to meet this particular need will be a challenge for Children's Services, particularly where, as in most of the cases in this study, the relationship between the department and the carer is predominantly negative. Having designated and trained kinship care support workers would be one way forward. Another – although they are not mutually exclusive – would be to ensure new carers are linked up with those with more experience, ideally in their locality. Only half of the carers in our sample said they knew any other kinship carers. Only 21 had ever been offered a support group; almost three-quarters of the rest said either that they would like to meet other kinship carers or would be interested in going to such a group. It would therefore be helpful for Children's Services to ensure new carers are informed of existing groups or, where such a group does not exist in the locality, to take steps that that gap is remedied. In rural areas where it is not feasible to have a group which physically meets together, carers can be linked with others through internet forums. None of these suggestions would involve Children's Services in any appreciable expense.

Recommendations

1. Local authorities with responsibility for Children's Services must implement the statutory guidance on family and friends care, ensuring they formulate, publish and act in accordance with policies which reflect the principle that support is based on need not legal status, and that children and carers receive the financial and other help they need.
2. Government needs to audit local authorities' response to the statutory guidance to ensure it is being faithfully and effectively implemented across the country.
3. If this is not effective then consideration needs to be given to legislating to give kinship carers a statutory entitlement to support irrespective of legal status.
4. A careful assessment of the needs of the child and the carers should be carried out in all cases where the local authority is involved and a plan formulated, in conjunction with carers, as to how those needs will be addressed.
5. Local authorities need to be clear with carers about the support available and how it can be accessed.
6. Local authorities must take steps to ensure they are acting lawfully when taking decisions about the legal status of a child entering kinship care and that social workers are aware of Court of Appeal rulings²⁶ on when a child should be treated as accommodated under section 20 of the Children Act 1989.
7. Local authorities must ensure carers and potential carers are in a position to make an informed and carefully considered decision about the legal status of the arrangements. This requires not only information and explanations about the full range of legal statuses available to them and the implications of each in terms of support, but signposting carers to independent sources of information and advice.
8. The government should stipulate that carers cannot be asked to give their agreement to a placement being treated as private until they have had an opportunity to consider this information.
9. Local authorities should take steps to ensure that all staff working with kinship carers are competent in this area of practice and work with carers in a spirit of partnership.
10. All kinship carers with whom Children's Services are involved should be allocated a kinship care support worker from the outset.

Do we need a dedicated kinship care service?

Currently, services to kinship care families tend to be located within different sections of Children's Services, with kinship foster carers and perhaps special guardianship being the responsibility of adoption and fostering sections, informal care within children in need teams and there may be no structural linkage, or interchange, between the two. As noted earlier, DfE guidance requires local authorities to have a designated manager with responsibility for kinship care. This could be a significant step forward, encouraging a more coordinated approach to kinship care, based on a recognition that the needs of the children and the carers are very similar, even though the legal status of the arrangements are different. It may, however, be necessary to go further, and create a specific kinship care section within Children's Services. This is one of the issues we shall be exploring with social work professionals in the next stage of the research.

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1. Parental responsibility is defined in section 3 of the Children Act, 1989, as 'All the rights, duties, powers, responsibilities and authority, which by law a parent has in relation to the child and the administration of his or her property'. This included consent to medical/dental treatment and school trips, what religion they will follow, agreeing to the child being taken outside the UK. More than one person can have parental responsibility at the same time.
2. This only applies where there is no one alive with parental responsibility for the child, or one parent is dead and the other cannot be traced, is serving a prison sentence of two years or more, or is compulsorily detained in a psychiatric hospital. In those circumstances it is not necessary to seek a court order if there is written evidence that the carer has been appointed guardian.
3. Introduced by the Adoption and Children Act, 2002
4. Children Act 1989, section 22(c) (5) (6) and (7).
5. Previously the Fostering Services Regulations 2002
6. Previously under Regulation 38 of the Fostering Services Regulations 2002, now regulation 24 of the Care Planning, Placement and Review Regulations, 2010.
7. The definition of a child in need is set out in section 17(10) of the Children Act 1989 and includes a child who is under 18 and: who is unlikely to achieve or maintain a reasonable standard of health or development without the provision of appropriate services by a local authority; or, whose health or development is likely to be significantly impaired without the provision of appropriate services by a local authority; or who is disabled.
8. As set out in the Children Act 1989, section 14F(a), and Regulations 3, 4 and 5 of The Special Guardianship Regulations 2005 (England) and Special Guardianship Guidance 2005.
9. Current membership includes Action for Prisoners Families, The British Association of Adoption and Fostering, Barnardos, Buttle UK, Family Rights Group, The Fostering Network, The Grandparents' Association, Grandparents Plus, Mentor UK, PACT, Nagalro, TACT, The Who Cares? Trust, and academics from Bristol, London Southbank, Nottingham and Oxford universities.
10. The SDQ is a brief behavioural screening questionnaire used to assess 3-16 year old children. It includes 25 items on psychological attributes, some positive and others negative. These items are divided between emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. Added together these items generate a total difficulties score (based on 20 items) and a separate pro-social score based on 5 items. Prosocial behaviours are those intended to help other people i.e. feeling empathy and concern for others and behaving in ways to benefit others. The SDQ has been tested against typical populations of children in the community so that 80% of all child populations would have a score placing them in the 'normal range' i.e. low needs/difficulties, 10% would have borderline needs/difficulties and 10% would have high needs/difficulties.
11. We are aware that in the Children Act 1989 there is no reference to interim residence orders or full residence orders only to residence orders. However courts do make residence orders as a 'holding position' and sometimes these are referred to as 'interim' residence orders by lawyers, social workers and others. Therefore when our respondents refer to 'interim' residence orders we report as this described. In contrast interim care and interim supervision orders are enshrined in the Children Act 1989.
12. Regulation 38 of the Fostering Services Regulations 2002 which allowed children to be placed in an emergency.
13. A seminal judgement in 2001 which established that local authorities must not discriminate against kinship foster-carers by paying them lower allowances on the grounds that they are related. (*The Queen on the application of L and others v Manchester City Council* (2002) 1 FLR 43)
14. A social worker from the Adoption and Fostering Team who is allocated to the carers. Also known as the supervising social worker. This is in addition to the child's social worker.
15. 25 of the 27 were legally represented for all (24) or some (1) of the proceedings.
16. Sources cited included: the internet, the library, a friend who was a solicitor and another who was a social worker, FRG, the Grandparents' Association and Family Action.
17. 19 carers had not yet been involved in court proceedings and a further 13 were still in the early stages so data was not collected. A further two had been involved in court proceedings but the question was not covered in their interview while four people said they had had no legal advice and one had only had free legal advice because they could not afford anything more.
18. Among those who were treated as foster carers from the start the proportion saying the support had been good/excellent was higher (3 of 19; 16%) compared to 6% (4 of 62) of other carers) and the proportion rating it as poor/very poor was lower (62% compared to 74%). The mean rating was also higher (2.1 compared to 1.6).
19. It should be noted that this is illegal, both because it is below the national minimum rate established by the DfE and, if we assume that these authorities were paying unrelated foster carers indicates that kinship foster carers were being discriminated against, which has declared unlawful (*The Queen on the application of L and others v Manchester City Council* (2002) 1 FLR 43)
20. Goldberg D and Williams P (2006) *A User's Guide to the General Health Questionnaire*. GL Assessment, London.
21. i.e children with significant difficulties. See chapter 2 for an explanation of how this categorisation was arrived at.
22. See chapter 2
23. See chapter 3
24. *Southwark LBC v D* [2007] EWCA Civ 182
25. *R (SA) v Kent County Council* [2011] EWCA Civ 1303
26. *Southwark LBC v D* [2007] EWCA Civ 182; *R (SA) v Kent County Council* [2011] EWCA Civ 1303

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Family Rights Group is the Charity in England and Wales which advises families whose children are involved with or need children's services because of welfare needs or concerns. The Charity runs a free confidential advice service, undertakes research and promotes policies and practices, including family group conferences, that help children to be raised safely and securely within their families. Family Rights Group campaigns for effective support to assist family and friends carers who are raising children that cannot live at home.

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