



**UW Report on findings from initial research project:  
An exploration of the parenting needs of kinship  
carers**

**Alison Prowle and Niki Stobbs**

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**Purpose:**

This report summarises the findings of research undertaken by the Centre for Early Childhood, University of Worcester into the support needs of kinship carers, with a particular focus upon “parenting” issues. The report also highlights a number of recommendations for further research and/ or development which arise from the research findings.

**Background:**

The researchers were originally contacted by the CEO of the Kinship Care group with a request for the Centre for Early Childhood to provide parenting input into the kinship carer group. Through discussion and subsequent reading, it became apparent that little was known about the “parenting” needs of kinship carers. Moreover, there was an inherent ambiguity evident within the role which warranted further exploration. In order to fully understand the issues, support needs and aspirations of kinship carers, a small scale research project was agreed to be the best way forward. The CEO of the group was able to act as a Gatekeeper within the research process in order to broker access, help establish trust and ensure ethicality.

The researchers have worked with the group over a period of several months, with the aim of undertaking an exploratory study to support a better understanding of the issues facing kinship carers. It was anticipated from the outset of the project that the findings of this research would provide the kinship care group with an evidence base to inform their monthly programme and support future funding applications. It is important to note that the researchers undertook this study within their Research and Scholarly Leave Allocation. Neither the University, nor the individual researchers have received any payment for the project. However, the findings from the research will be used to inform publications and conference presentations.

**Context:**

The research took place with the Worcestershire Kinship Care Group. This group has a close working relationship with Kinship Care UK. The researchers worked closely with the CEO of the group to set the parameters of the research and to ensure that this was carried out ethically throughout. The research was also subject to approval from the Institute of Education Ethics Committee.

The researchers worked with thirty self-selecting participants who were of varied ages and from diverse social and economic backgrounds. The circumstances surrounding their individual journeys as kinship carers were unique; however, a number of common issues and priorities emerged during the research which had resonance for each Kinship Carer.

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### **Research approach and methodology:**

The research aimed to explore the lived experiences of Kinship Carers and to identify the issues they faced on a daily basis, their perceptions of support needed and their perspectives about how those needs could best be met. Hence, it was important from the outset to develop trust with the participants, to emphasise important ethical aspects such as confidentiality and anonymity as well as the voluntary nature of participation with the research.

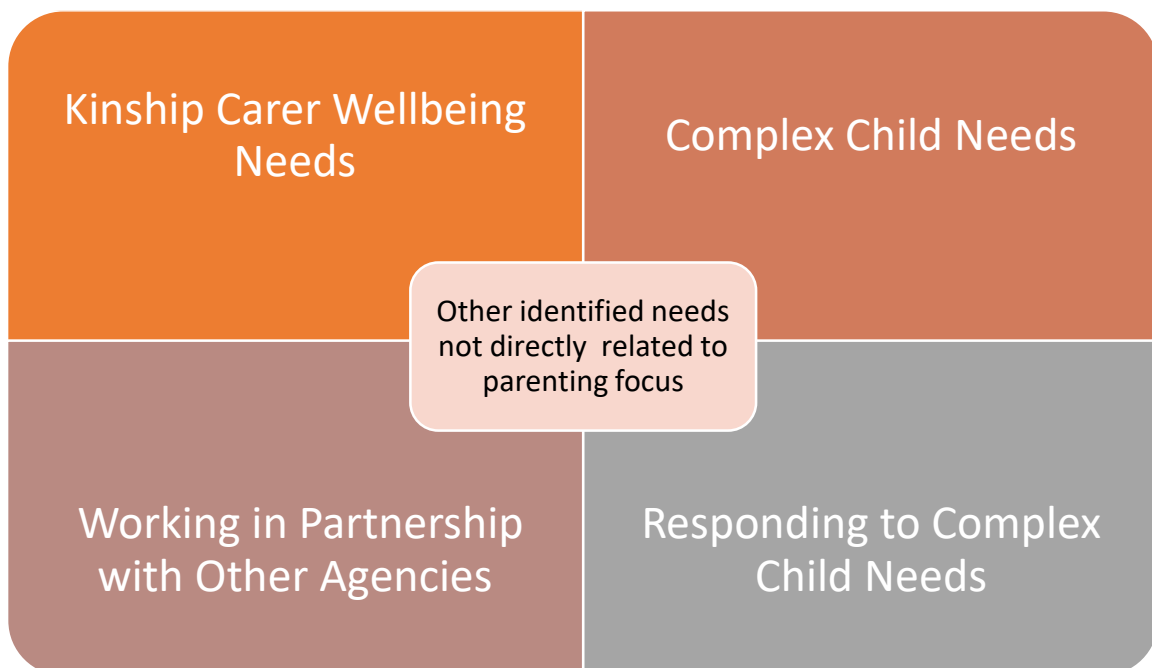
The research methods included the following:

- An initial questionnaire to capture important demographic information and to begin to explore the main issues facing kinship carers;
- Three focus groups to further explore the issues facing kinship carers and their families, through the collection of stories and perspectives;
- Situational Interviews with kinship carers to provide depth and enrich findings;
- A plenary feedback session to test out emerging findings and ensure the validity of the data as collected and analysed.

The data from all these sources has been collated and analysed. This has resulted in a number of important themes which are explored in the section below.

### **Research Findings:**

The findings of the research aligned mainly to four major themes. These are identified in Figure 1 below:



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#### ***Kinship Carer Wellbeing Needs:***

The kinship Carers all reported many rewarding aspects to their kinship carer role. Having the children close and in a safe place was perhaps the most commonly reported benefit.

The research found that in many cases the kinship carers had had to fight for custody of the children and that being able to ensure their wellbeing and safety was of utmost priority to the kinship carers. Reports of cuddles, smiles, activities shared and special times experienced were plentiful and almost universal. However this did not negate the very real sense that kinship carers were dealing with multiple adversity on a daily basis. These difficulties are explored below:

#### *Health needs including emotional health- not prioritised*

In line with previous studies, it was found that kinship carers rarely prioritised their own health and wellbeing needs. These needs were described as “bottom of the list of my priorities” or “something I fit in when I can”. This was further corroborated by the commonly expressed fear of “If I am ill, who will take care of the children?” A previous survey of the carers (2014, unpublished) had identified that 94% of the Kinship carers were taking prescribed medication for anxiety or depression. This was a source of dark humour within the group, observed by the researchers on a number of separate occasions. There was a high incidence of other long term life-limiting health conditions within the group. This in itself was a source of further stress and anxiety, particularly in relation to how it might impact on the children.

This is borne out from the results of the questionnaire which some participants took part in. Of the 16 respondents, eight rated dealing with their own health needs as a “5” on the Likert Scale; i.e. it caused them severe anxiety. Two respondents rated this a “4”, five rated it as “3” and one rated it as “2” on the scale. This indicates that any future support package must include advice and encouragement regarding how kinship carers can take time to nurture their own well-being, both mental, emotional and physical.

#### *Dealing with Trauma and Grief*

Each of the carers had their own story relating to the circumstances by which they became a kinship carer.

The carers were very aware of the impact of trauma and grief connected with their situation on the children. However for many of the carers dealing with the children’s needs took precedence over any grief processes of their own.

#### *Coping with changed circumstances*

For many of the grandparents there were significant issues rising from their change in circumstances. In particular there were very real impacts on other relationships. For many of the grandparents they found that they struggled with the dual role of being in a “parenting” role and also being a grandparent, leading to conflicted identity and an uncertainty about their role in society. This in turn had impacts on their relationships with other birth children and indeed other grandchildren. The changed circumstances also affected romantic relationships and there were a number of accounts of failed marriage or broken relationships. Friendships were also problematic owing to time commitments, lack of child minding arrangements, or simply no longer having the

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same priorities as friends. Reports of isolation and loneliness were abundant. Many of the kinship carers also reported high levels of anxiety about the future.

Due to the life stage of many of the group, there were a significant number for whom dealing with the kinship children was just one of the pressures on their time. Out of the 16 respondents to the questionnaire eight recorded a “5”, severe anxiety, when asked to prioritise how coping with spending time with caring for the child and someone else impacted on their well-being. Two recorded a “4”, one recorded a “3”, two a “2” and one a “not applicable.” Although this is a situation not likely to be experienced by the “traditional” parents accessing provision, the support found within the group was found to be more than the sum of its individual parts; therefore, any programme / adapted programme should include some therapeutic support to enable kinship carers to adapt and come to terms with their role, delivered to them as a distinct group rather than have them “slot in” with a standard programme so maximise the strength found by the carers in being together.

#### **Complex Child needs:**

Owing to the circumstances by which they entered kinship care arrangements, the children in such families are often challenged by multiple adversity and may have complex additional needs. Many had experienced significant trauma. Professional support to deal with these complex needs was viewed as inconsistent or in some cases absent. Within the kinship carer group, many carers reported that their child had a disability or Special Educational Needs. Some children were experiencing developmental delay.

From the 16 respondents to our Likert scale questionnaire, 8 reported an impact of “5” – severe anxiety caused by dealing with the child’s special needs, whilst two responded with a score of “4”, two a score of “3”, one a score of “2” and one a score of “1”, with one saying it was not applicable, suggesting that all but one identified their child as having some sort of special need.

After reviewing established parenting programmes it was apparent that, whilst some parenting programmes did focus on meeting the needs of the child, there was an assumption that the child would be able to respond to traditional behaviour management techniques. Any programme should therefore take into account that traditional behaviourist approaches to managing behaviour and unlikely to have lasting impact. A breakdown of some of the needs is detailed below:

#### *Attachment Issues*

Almost all the Carers identified that attachment was a major concern. Often this resulted in what one carers termed “attention needing” rather than attention seeking behaviour.

#### *Social exclusion/ withdrawal*

Many of the carers highlighted the social difficulties that the children experienced, particularly in relation to peers, understanding and respecting other’s boundaries and empathy. In some cases this had resulted in difficulty at school.

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#### ***Responding to Complex Child Needs***

The kinship carers identified a number of issues related to how they best support the children in their care, who may have complex needs. The carers identified the importance of having underpinning knowledge of child development to support their understanding of their children's needs and behaviours and the skills to respond appropriately. In particular the following aspects were highlighted:

##### *Enabling self- regulation*

The carers identified the need to support children to understand their own emotional responses and to find ways to deal with difficult feelings. Anger management was seen to be particularly important, particularly for those children in mid to late childhood.

##### *Developing self esteem*

Carers acknowledged that many of the children suffered from low self-esteem and this affected all aspects of the child's life. Finding ways to support children with self-acceptance and confidence should be seen as a priority for future provision. This will likely lead to better behaviour as children also come to terms with their situation, which in turn will raise well-being in the carer.

##### *Building Resilience to cope with disappointment and rejection*

In line with previous studies, the carers identified the importance of supporting children to be able to "bounce back" from adversity, deal with setbacks and maintain their self-esteem within difficult circumstances.

##### *Supporting friendships*

Many of the carers identified that they needed help to understand how best to support children's friendships, particularly in cases where there were difficulties with empathy or a lack of understanding of boundaries.

##### *Supporting ongoing relationships with siblings*

In some cases the carers reported that their kinship child had siblings or half siblings who were in different care arrangements, in some cases living with the birth parent. Enabling children to understand these relationships and continuing contact was seen as a priority.

##### *Managing contact with birth parents*

Supporting the child's ongoing relationship with birth parents was seen as a strong priority. In particular, carers reported that it was really difficult to maintain a positive approach when the children were let down or disappointed. Some carers reported that contact with the birth parent de-stabilised the home situation and left the child unsettled for weeks before and afterwards. Others reported that their child did not want to visit the birth parent but were required to by court orders, which also resulted in disruptive, or in some cases, depressed, behaviour.

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#### *Managing Challenging Behaviour*

Managing behaviour was seen as a major priority for the kinship group. The group acknowledged that all behaviour has a reason and was keen to understand the root causes of behaviour as well as dealing with the behaviour itself. However, the carers further identified the need for strategies that work, particularly in mid and late childhood. The need for consistent approaches between home and school was identified as an important concern.

#### ***Working in partnership with other agencies:***

The group identified significant issues in relation to dealing with agencies. They reported very low levels of awareness regarding the issues facing kinship families. The carers reported having to tell their story over and over. The group identified relationships with social workers as particularly problematic. There were reports of support offered but not delivered, disagreements about what was best for the child and lack of support to negotiate complex legal situations. There were some perceived inequities, and many accounts of differing levels of support / entitlement relating to which Local Authority the child was supported by. It is important to note however that not all kinship families had social work input, depending on the type of kinship arrangement.

The questionnaire asked specifically about relationships with social workers. Out of the 16 respondents four had had experiences that caused them to select "5" on the Likert Scale, with one adding "10", suggesting that this had been a very negative experience. However seven respondents recorded only a "1", or a "not applicable" and the others spread evenly across the scale in between (Two recorded "4", two recorded "3", and one recorded a "2"). One explanation might be that the kinship carers already had SGO's in which case the allocation of a social worker is discretionary.

Access to support services varied enormously across the group, partly dependant on the kinship care arrangement and partly attributed to a "postcode lottery". Where support had been provided it was generally perceived as useful. However the timeliness of support was questioned, with some families claiming that they reached crisis point before support was offered. Access to Child and Adolescent Mental Health Services was seen as a particular difficulty with frequent reports of lengthy delays and waiting times, or assessments that were not followed up with meaningful support provision.

Relationships with the children's schools varied across the group. Some carers identified that the school had provided excellent support whilst others identified difficulties in communication, joint approaches and engaging with the carer.

The role of General Practitioners was seen as being vital to providing support for both carer and child, but again it was felt that levels of awareness of kinship care issues varied greatly. Many of the group stated that they were taking anti-depressants, and GP's were seen as an important resource for identifying "tipping points" which might result in carer breakdown and signposting to other sources of support.

The Carers were unanimous in their view that the Kinship Care Group provided a "lifeline". The important role of peer support could not be over-emphasised, and carers reported that it was only within the group that they felt their situations, challenges and difficulties were fully acknowledged and understood. There was a sense that the group could use their own experiences to help each

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other negotiate difficult situations and that this was a real strength. It was also recognised that the group provided a useful source of advocacy as well as enabling the carers to self-advocate with services. The existing programme of visitors and speakers during the period of the research was diverse and relevant, including advice on financial issues such as energy costs, an attachment course a visit from a local councillor and a presentation from kinship carers relating to taking care of self. These inputs were viewed as helpful by the group. An interesting model was presented by a representative of Citizen's Advice Bureau, who was promoting a community development approach whereby one or two members of the group attend volunteer training and then have access to the CAB software to provide advice and guidance in-house. This offered an innovative solution which could potentially be replicated for other needs.

#### ***Other identified Issues not directly related to parenting focus:***

A number of issues emerged which were of great importance to the kinship Carers and whilst not directly related to their parenting needs, invariably had significant impact on their parenting and indeed wellbeing more generally. These issues included the following:

##### ► *Financial impacts of kinship carer role*

In line with the findings of previous studies it was found that there were significant financial implications arising from their status as kinship carers. In some cases kinship carers reported that they had had to give up work in order to take care of children, others reported having to delay retirement to ensure that they were able to provide financially for the children. There was a real sense that eligibility criteria for certain benefits disadvantaged children in kinship care arrangements. The costs incurred in gaining the appropriate legal arrangements to support the kinship care agreement were prohibitive and in some cases Kinship Carers reported depleting their life savings or having to re-mortgage their house in order to secure custody of the children. This was the case even when all parties, including statutory services were agreed that this was the best solution for the child.

Of the 16 respondents to our questionnaire ten recorded a "5", using the Likert Scale, when asked to prioritise how much financial burdens impacted on their well-being, making it the highest cause for stress and anxiety in the lives of these kinship carers. One carer did receive regular payments and so prioritised this as "1" on the scale. One noted a "2" on the scale, two noted a "3" and two others noted a "4". Any future support should include regular input on relevant financial advice.

##### ► *Legal issues Connected to kinship Carer Role*

A number of legal issues were identified which impacted upon individual kinship families. These were related to understanding legal processes, prohibitive costs of legal advice and the implications and entitlements associated with different legal arrangements, e.g. Special Guardianship Orders. The different legal statuses enable different levels of support and entitlement to services/ benefits. Hence it was strongly articulated by the group that the one



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single change that would make a difference to most kinship families would be to allow kinship children to give the same status as looked after children.

Of the 14 kinship carers who completed the questionnaire (two respondents were foster carers, so this question was not relevant to them), seven responded on a Likert Scale gaining a Special Guardian Order (SGO) was rated as no 5, severe impact on well-being. One respondent wrote that they were not allowed to have an SGO, one was a testamentary guardian through her daughter's will, two respondents rated gaining an SGO as "2" and "3" on the scale, adding that "it was rushed through so they could leave us alone with no support". One was in an informal care arrangement where the kinship carer still had close contact with the child's mother, negating the need for an SGO. One had had good advice from the Citizens' Advice Bureau and a solicitor whilst another had found that steps she thought had been taken in court for a Full Residency Order were never actually put in place. Any future support should include regular input on relevant legal advice.

#### ► *Children of kinship carers as young carers*

In many cases the kinship carers themselves had significant disabilities or long term, life limiting health conditions. In these cases children (some very young) were undertaking caring roles for the Kinship Carer. The group expressed concern that often there was a "creep" around this, it would begin with the child undertaking small tasks to help out but could result in the longer term in the children undertaking significant caring duties which would impact on the child's wellbeing. Further research to explore and quantify this inter-relationship between being a child in a kinship care arrangement and the experience of being a young carer would provide further insight.

#### ***Conclusions***

Kinship Carers report many fulfilling aspects connected to their role:

*"I look at a photograph of when our girls came to us. They had been in care and seen drugs and all sorts of things they shouldn't have" Their eyes were dead. Now I look at them and there is a spark in their eyes again. They are in a safe place and thriving"*

*Kinship Carer to two granddaughters*

Having their kinship children in a safe place and watching them thrive and develop, along with the affection and fun times they share are chief amongst these rewards. However, kinship families are challenged by multiple adversity. From a kinship carer perspective there is a real belief that their needs and circumstances are not widely known and understood, particularly by the agencies they need to work with in order to ensure good outcomes for the children and themselves. Studies show that this leads to resentment and a strong sense of injustice at the lack of perceived reward for their role compared to the perceived rewards of others. Hence there is a need for awareness raising with agencies and the general public at both Local and National levels. Once the place of kinship carers is more widely recognised in society the kinship carers can begin to feel that they are valued. This will impact positively on their parenting abilities.

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Moreover, there is a need for timely and appropriate support to kinship families to prevent the difficulties escalating and to enable both the children and the kinship carers to thrive. In particular services working closely with kinship carers need to be aware of the “tipping points” and provide instrumental support (financial help, equipment, etc.) and more holistic support (counselling, moral support), in order to prevent carer breakdown, potentially resulting in further loss and trauma for the child. Respite arrangements are essential in enabling the carers to take some time out whilst knowing that the children are being cared for and supported elsewhere.

The “parenting” needs of the kinship carers are diverse and complex. It is certainly the case that no existing single programme could address all of these needs. (See appendix 1). In most cases, the existing programmes tend to focus on understanding and responding to behaviour, with only limited reference to their carer’s own wellbeing needs or indeed the challenges of working with other agencies. Whilst some of the existing programmes are generic in their reach, there are programmes which are designed to support families with complex difficulties. These programmes (which include Incredible Years, Triple P and Mellow Parenting) have very robust evidence bases, supported by longitudinal studies.

One solution for supporting kinship carers could be the development of a bespoke, therapeutic parenting programme designed to support kinship carers within their role. However, it should be recognised that this would be a major piece of work demanding considerable resources both at the development stage and also in terms of ensuring sustainability. However, a more pragmatic solution may be to develop a patchwork of support which draws upon existing parenting programmes and supplements these with other sources of support to include a programme of visits from agencies/ individuals with specific expertise and also the continued development of “in house” expertise / knowledge capital to enable the group to share solutions. Appendix 2 provides a suggestion as to what this patchwork of support may include.

Whilst this report did not seek the views of the children, the needs of the child and the needs of the kinship carers are irretrievably intertwined. Following a thorough review of published research literature in this field it is clear that children and kinship carers contribute to their situation in a bidirectional way. To have lasting success, the parenting needs of kinship carers should be addressed in duality with the needs of the children; for example, this may take the form of regular 3 hour workshops where kinship carers and the children are separate initially and supported to gain further insight into a significant aspect of their experience. One such factor might be coping effectively with grief, the children led by a youth worker and the adults by an equivalent trained professional. The two groups could then combine together for the final hour and an opportunity to build effective bonds and encourage positive attachment could be facilitated in a fun activity. There is no reason why the “lifesaving” role of the kinship carer group reported by the kinship carers in this research should not have the same benefits for the kinship children. The opportunity to build supportive and understanding friendships with other kinship children will likely enable them to develop useful social skills that will be transferrable to school and provide some protective factors when facing rejection.

Other research into the needs of kinship carers has found success in bringing kinship carers and professionals from other agencies, such as education and health, together so that kinship carers can

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explain their needs and work on finding solutions together. This is likely to contribute to increased self-advocacy and empowerment.

Further research has also indicated that the highest risk of severe depression is in the early weeks and months of becoming a kinship carer. More established kinship carers could be trained to mentor those new to the role, providing moral support and signposting to specific support. This would also reduce the risk of burn-out for the Kinship Group CEO and other leaders.

#### ***Limitations of research process:***

It is recognised that this research captures only the perspectives of the kinship carers. Children's perspectives are only seen through the lens of the carer. Hence there is real opportunity to undertake additional research to gain insight into children's own perspectives on their lives. This project has also identified the need for further research to identify the levels of understanding of kinship care issues amongst multi-agency professionals. Specific research to explore the intersection between kinship carers and young carer roles would also provide considerable insight.

#### **Recommendations:**

It is recommended that a joint funding proposal be developed in order to take forward the following actions:

- Development, piloting and evaluation of a "patchwork" approach to supporting the needs of kinship carers and their children, to reflect parenting needs but also with an emphasis on carer empowerment, community development approaches and ensuring sustainability;
- Development of kinship carer mentors to support new families and reduce the chance of burnout for the leaders of the group;
- Further research to capture the perspectives of children in kinship families;
- Further research to identify levels of awareness of kinship care issues with multi-agency professionals with a view to developing a training package; and
- Further research to explore the intersection between kinship caring and the young carer role.

It is further recommended that the findings of the research be disseminated to the group members and other interested parties in order to foster a collective understanding of the issues faced by Kinship Carers within Worcestershire.

#### **Potential Next steps:**

In order to support the recommendations, the following potential next steps have been identified:

- An initial search of funding sources to support the project(s) identified above;
- The development of a robust research proposal to support the project(s) identified above;
- The development of an ethics proposal to support any bid for project funding

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#### Appendix 1: Comparison of features identified as important for supporting Kinship Carers with existing programmes

Features identified as important for Kinship Carers		Existing Programme				
		Solihull Approach	Triple P	Incredible Years	Family Links Nurturing Programme	Mellow Parenting
General Features	<i>Overall approach</i>	Therapeutic	Behaviourist	Behaviourist	Therapeutic	Attachment based
	<i>Delivery Length</i>	10 weeks	Menu of options	12 weeks	10 weeks	Modular
	<i>Delivery Mode</i>	Weekly face to face or online	Face to face informal seminars + one to one support available	Weekly face to face	Weekly face to face	Face to face
	<i>Evidence Base</i>	preliminary	strong	strong	preliminary	intermediate
Content Features Understanding and Supporting complex child needs	<i>Impact of trauma, bereavement and loss</i>	medium	low	low	low	medium
	<i>Attention needing behaviour</i>	Medium	high	high	high	high
	<i>Developmental delay</i>	medium	low	low	low	medium
Content features ( Parenting issues arising from child needs)	<i>Attachment</i>		medium	medium	medium	high
	<i>Behaviour Management</i>	high	high	medium	medium	high
	<i>Resilience</i>	medium	low	low	low	high
	<i>Positive relationships</i>	high	high	high	high	high
	<i>Developing / Supporting Aspirations</i>	low	low	low	low	

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	<i>Supporting self esteem</i>	medium	medium	medium	high	high
	<i>Developing independence</i>	medium	medium	medium	medium	medium
<b>Content features (Kinship Carer Wellbeing Needs)</b>	<i>Taking care of self</i>	low	low	low	medium	medium
	<i>Own Health needs</i>	low	low	low	low	low
	<i>Respite</i>	low	low	low	medium	low
	<i>Understanding own emotions</i>	medium	medium	medium	high	high
<b>Content features ( Dealing with other agencies)</b>	<i>Advocacy</i>	x	x	x	x	x
	<i>Education</i>	x	x	x	x	x
	<i>Health</i>	x	x	x	x	x
	<i>Social Care</i>	x	x	x	x	x
	<i>Voluntary organisations</i>	x	x	x	x	x
	<i>Signposting to sources of support</i>	x	x	x	x	x
<b>Delivery features</b>	<i>Problem Solving</i>	yes	yes	yes	yes	yes
	<i>Peer Learning</i>	yes	yes	yes	yes	yes
	<i>Home based tasks</i>	yes	yes	yes	yes	yes
	<i>Support materials</i>	yes	yes	yes	yes	yes

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**Appendix 2: Potential patchwork of support for kinship carer group**

