

How do kinship (family and friends)
foster carers experience their role
and working relationships within the
children's workforce?



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How do kinship (family and friends) foster carers experience their role and working relationships within the children's workforce?

Paul Adams and Sarah Bevan

Abstract

This research was undertaken in a London local authority and consisted of semi-structured interviews with five kinship foster carers approved by the local authority. The research used a qualitative approach consisting of one-off, face to face interviews with the aim of finding out how kinship foster carers experience their role and working relationships within the children's workforce. Kinship foster carers are family and friends who look after children and young people in public care, on behalf of the local authority and within the terms of the Children Act 1989.

A semi-structured interview schedule was devised to address the areas of interest, with a series of open questions and prompts. The interviews, with the participant's permission, were digitally recorded alongside contemporaneous notes being made, and were subsequently written up to produce the dataset for the analysis.

The main findings from the research include:

- The carers in this study were very positive about the support they received from their supervising social workers, but were critical of the fact that children were often not provided with a consistent social worker.
- Some carers in this study were dissatisfied with the level of financial remuneration.
- In terms of the working relationship with education and health professionals, all participants reported positive experiences, but while this study sought to see how kinship carers were viewed as part of the children's workforce, the carers themselves wanted to be viewed as 'family' and not professionals.
- In relation to the possibility that relative and non-relative kinship carers experienced their role differently, there is no evidence from this brief study to suggest that this may be the case. Both relative and non-relative carers demonstrate a warmth and commitment to 'their' children, reinforcing the importance of kinship care as a preferred placement option for many children.

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Introduction

Kinship foster carers are family and friends who look after children and young people in public care, on behalf of the local authority and within the terms of the Children Act 1989. In these circumstances kinship foster carers must be assessed, approved and supervised in line with the Fostering Services Regulations 2002, and are subject to the same legal requirements as 'stranger' foster carers who have no previous relationship with the child being placed.

The importance of kinship foster care is reflected in the Children Act 1989 (section 23 (6)) that requires wherever possible that children be placed with relatives and friends when they cannot live with their parents, and in the Human Rights Act 1988 that sets out a right to family life. Within this context, the numbers of children placed with kinship foster carers have been increasing in recent years (Nixon 2007), with estimates that kinship care now accounts for 17 to 30 per cent of all placements for children who cannot live with their birth parents (Calder and Talbot 2006).

It is generally accepted that kinship care in the UK is 'under-researched' (Flynn 2000), and research that has been undertaken tends to focus on comparing outcomes for children placed with kinship carers compared with stranger foster carers (Nixon 2007; Calder and Talbot 2006) or on the impact on the lives of kinship carers themselves (Calder and Talbot 2006; Broad 2004; Hunt et al. 2008).

While there has been *some* research into kinship carers' working relationships with social services (Broad and Skinner 2005; Hunt et al. 2008; Nixon 2007), this tends to be limited in that it does not often distinguish between social workers allocated to the child and social workers allocated to the foster carer, does not explore the impact of specialist kinship fostering workers (as this is a relatively new phenomenon), and does it look at working relationships with professionals other than social workers. Furthermore, studies do not tend to distinguish between kinship carers who are 'friends' and those who are 'family', and often assume that their experiences are uniform.

With this in mind – and while recognizing the obvious limitations of such a small sample - this research study sought to explore how kinship foster carers in a London local authority experience their role in an integrated children's workforce, and how they feel other professionals relate to them. It also sought to gain insight into whether having a specialist kinship fostering worker

might make a difference to that experience, and whether things feel different for carers who are 'friends' rather than 'family'. Specifically, the study aimed to explore the following questions:

- How do kinship foster carers experience the different stages of the process (placement, assessment, approval, ongoing supervision)?
- How do kinship foster carers experience working with education, health and social care services in the context of their fostering role?
- Do kinship foster carers experience support from a specific kinship fostering worker differently to that provided by a mainstream fostering social worker or the child's social worker?
- Do kinship foster carers who are 'friends' experience things differently from those who are 'family'?

Method

The study was undertaken with kinship foster carers who are approved by a local authority in London using a qualitative approach consisting of one-off, face to face interviews. The process for identifying the sample entailed the fostering team manager preparing a list of approved kinship carers who are related to the child they are caring for, and a list of carers not related to the child. Names were then removed from each list where the carers did not reside in London (due to practicalities of arranging interviews) or where – in the opinion of the fostering team manager – to involve them in the study would have been distressing, stressful, or otherwise not in the best interest of the child in placement.

The fostering manager then telephoned four kinship foster carers in alphabetical order from each list and provided information about the study, before seeking their provisional agreement to participate. Where carers were agreeable, an information sheet about the project was sent out and this was followed up with a telephone call from the researchers. Further information was provided as required, and dates were set to conduct the interviews with six kinship foster carers who were willing to participate. Of these, three were relatives of the children they cared for, and three were not blood relatives.

Interviews were subsequently undertaken with five kinship foster carers, as one of the six was not at home on the date of the agreed interview, then cancelled a second date, and was not available to rearrange within the time-scales of the study. A semi-structured interview schedule was devised to address the areas of interest, with a series of open questions and prompts. The interviews, with the participant's permission, were digitally recorded alongside contemporaneous notes being made, and were subsequently written up to produce the dataset for the analysis.

Ethical considerations were paramount in formulating the study and written permissions were sought from a senior manager in the host fostering agency. Full information was provided to, and consent forms were completed by, all participants. The researchers were mindful of the importance of participant confidentiality and safe storage of data throughout, and the researcher who undertook the interviews had no direct professional relationship with the carers. Any potential participants who might have been stressed or distressed by being approached in relation to the study were excluded at the outset, and while this risked skewing the sample, it was nevertheless necessary in order to operate ethically.

Findings and discussion

How do kinship foster carers experience the different stages of the process (placement, assessment, approval, ongoing supervision)?

Initial placement

Research suggests that kinship foster carers are often thrown into their role in an unplanned way following a crisis (Hunt et al. 2008; Nixon 2007) and are not provided with the information that they need (Nixon 2007; Broad and Skinner 2005; Hunt 2003). Some of the carers in this study described similar experiences, with one making a complaint about how the case was managed in the early stages:

[I was] left in the air about what I could and couldn't do.

Other carers in this study felt differently, and although all of the children were placed following a crisis, this did not always mean an unsatisfactory experience:

'As time went on they filled me in very well on what I needed to know. They told me what I was entitled to and what they expected from me...information and numbers to get advice...it was all pretty cool from the beginning.'

Assessment

Within the research there is much criticism of the assessment process for kinship carers (Broad and Skinner 2005; Calder and Talbot 2006) and it is suggested that they 'are fitted into a foster care system that was designed for non-kinship carers' (Nixon 2007). However, within this study the majority of participants made comments to suggest that while at times they did find the assessment process intrusive, they also recognized the need for such a process, confirming the findings of Hunt et al. (2008):

'I'm a talker so it wasn't intrusive for me, but my ex-husband found it quite intrusive...the questions, the prying into his life, a lot has happened in his life...'

'It had to be done...as hard as it was I was willing to do that...[the assessor] had to ask some difficult questions and I was comfortable with her. She really was professional.'

'It took a month or six weeks; it wasn't quick. I went with the flow. If it meant he was going to be safe you do it.'

'[I found it] deep; having to talk about when I was a baby. I couldn't really understand the reason for that but they've got their job to do...I think it was done right.'

Panel

There is little research about how kinship carers experience the fostering panel, though Calder and Talbot (2006) conclude that many fostering panels are 'bureaucratic, inflexible processes that have potential to exclude relatives who offer the best placement choice for the child'. In this study, two carers had chosen not to attend, but all recognized the importance of the role of the panel. The three carers who did attend in person appeared to have satisfactory experiences:

'I felt nervous going into panel but [child] is part of my family so I was worried about what would happen to her if panel refused her. It felt a bit like walking into a court room, [but it] wasn't as bad as what I was expecting.'

'I did find panel nerve-wracking [but] it was really good, I didn't feel threatened by anyone.'

'I had to go to panel [and] I was treated very well. They were respectful and praised us for what we had undertaken.'

Support

It is clear from the research that the support offered to kinship foster carers varies greatly (Talbot and Calder 2006; Nixon 2007) and the support, finance and training available to kinship carers is often of inferior quality to that offered to non-kinship carers. Carers in this study appeared broadly happy with their support in terms of the supervising social work role and the training offered, but three of them did raise concerns around the issue of payments:

'It's crazy that if you're a foster carer and you're not related you get a different rate [of pay]. If you're kinship you do the same job and that's not fair; you've got to do the same job, the same meetings...'

'[I was told] as a kinship carer you don't get paid for looking after these kids. We'll give you £50 each [per week]. It was difficult to cope but I didn't complain because they said [it] was only temporary [but] this went on for nine months...'

'You want me, and you're treating me as a foster carer, and that's fine, but are you paying me a fee? No you're not, so why are you making demands on me in my home when I'm not employed by you?...The allowance is for the children, you're not giving me a fee, so you cannot come into my home making demands.'

How do kinship foster carers experience working with education, health and social care services in the context of their fostering role?

All of the carers interviewed were very positive about their relationship with the children's schools and health professionals who were working with them:

'I got to know quite a few of her teachers...I got on pretty well with them...she used to play football so we used to go and watch her. I got to know the parents, it was all pretty friendly.'

'I'm quite happy [with the school]. The teacher is excellent. I'm a "friend of the school"...they welcome anyone who wants to be involved. I'm really happy with the school, the parents, [and] the atmosphere.'

'The [looked after children] nurse has been absolutely brilliant. She has worked [hard] on my behalf...she is absolutely brilliant at her job.'

It is interesting that while this study was intended to look at kinship carers as part of a professional workforce, they themselves appreciated being treated not like a professional carer, but more like the child's parent or guardian:

'I find it quite amusing when they send me a letter to invite me to a review or to a meeting in my own home.'

Do kinship foster carers experience support from a specific kinship fostering worker differently to that provided by a mainstream fostering social worker or child's social worker?

Within the research to date there appear to be few positives reported by kinship carers regarding their relationship with social services departments (Broad and Skinner 2005; Hunt et al. 2008; Nixon 2007), and some

grandparent kinship carers appear to hold quite negative views about social workers (Mind the Gap). The research does not tend to explore this in much detail however, and does not usually distinguish between children's social workers and supervising social workers.

The kinship carers in this study were clear about the different roles played by their supervising social workers and the children's social workers. All participants were very positive about the support they received from their supervising social worker:

'[My supervising social worker] is brilliant...we have our little differences...[but she] bends over backwards to help us out.'

'[My supervising social worker] has been with me right from the beginning. She visits once a month, we sit for an hour, we go through my paperwork, she looks at my records, talk about appointments, she asks how I feel, how are the children, is there anything I need, have I received my money.'

'If there's anything that I need I speak to my link [supervising social] worker. Everything I've needed I've got...I needed a chest of drawers...I needed money at the beginning for clothes...they helped out with taxis because I didn't want to interrupt her schooling...'

'[The supervising social worker] is my rock.'

Despite the researchers trying to explore whether having a specialist kinship worker had made a difference to carers' experience, it was difficult to reach any conclusions about this. However, what is clear is that the carers have valued their supervising social workers, and in particular the fact they have tended to be consistent over long periods of time.

By contrast, kinship foster carers consistently highlighted difficulties with children's social workers, and were largely critical of the service they had received, or not received:

'What [the child] needs is a stable social worker. She's got on fine without [one] and my [supervising] social worker also sees her sometime too. But it would be nice for her to get someone stable.'

'[The child] has had four or five social workers in the past year.'

'I've had more than my fair share...we didn't have a social worker for about three years. Only when [the child] was playing up at school did the deputy head phone social services...I'd been left to get on with it. In a very short period of time I had three or four social workers; six social workers in ten years...When they're little they need somebody stable.'

“In the first couple of years the boys were allocated a social worker every other month, and then no-one for about six months, but for the last four years they have had a steady social worker.’

‘Some social workers are very by the book, you do this, you do that, but on the other hand they weren’t doing their bit...’

‘He explained that we would have to undergo police checks. I had no problem [with this, but when I asked for help in getting them to school] the clown turned and said “would it be possible to get the neighbours to help?”...It’s only because I’m not a rude person that I didn’t tell him to get the heck out of my house.’

Where social workers were allocated to children and stayed for any length of time the carers seemed to get on with them well enough, and there were occasional positive comments about children’s social workers:

‘The worker [in the leaving care team] has been very, very helpful and done lots for [the child].’

Do kinship foster carers who are ‘friends’ experience things differently from those who are ‘family’?

It is recognized that kinship care is not limited to blood relationships and could be provided by a friend or other adult known to the child, but the question about whether relative and non-relative carers have different experiences is not addressed in the research, and there is a tendency to consider that the views of relative carers represent all kinship carers.

It is difficult to reach any meaningful conclusions from this study given the small sample consisting of two non-relatives, but there was no evidence to suggest that those carers who were relatives had significantly different experiences to those who were not. It would appear that for both sets of carers the relationship with the children was the key issue for them, in that they considered the children they were looking after as ‘like family’ even if they were not.

It became clear that the distinction between family and non-family was at times blurred, with one of the participants defined as a non-relative carer looking after the nephews of his ex-wife, who as such could be considered relatives. The other non-relative carer was looking after the daughter of a long-standing friend:

‘I was there at her birth. Her sister is my god-daughter. I have had a lot of contact in the past with them...she often used to come and stay with us...to think of her being with strangers...she’s part of my family.’

Conclusion

This study confirms the findings of previous research that the process of becoming a foster carer for a relative or friend is a challenging one. However, in the main, the carers in this study felt appropriately supported, and had a good understanding of why social services needed to operate in a procedural manner. Carers recognized the need for in-depth assessments, and understood the fostering panel role in the approval process, finding both aspects demanding but necessary and appropriately conducted.

This group of carers were very positive about their supervising social workers and the working relationship that had developed, and this is an important finding for the service in the study. That said the carers were largely critical of the social work provision for the children they cared for, occasionally in terms of the failings of that individual worker, but more often, the inability of the department to allocate a consistent worker over time. The challenge of social work recruitment and of minimizing worker changes for looked after children has been recognized as a practice challenge (DfES 2007).

Some carers in this study were also dissatisfied with the level of financial remuneration available to kinship carers, and how this linked to the expectations on them. While the agency in question may wish to review the level of payment to kinship carers, the reality is that local authority's operate within limited and competing budgets, and are rarely able to increase expenditure unless it is likely to have a significant impact on service delivery. In this case it is clear that kinship carers will continue to care for their relatives and friends even if they consider the allowances inadequate or unfair.

In terms of the working relationship with other professionals such as education and health, all participants reported positive experiences, and felt they had been treated with respect. However, it is worth noting that while this study sought to see how kinship carers were viewed as part of the children's workforce, the carers themselves did not define themselves in this way, but wanted to be viewed as 'family' and not professionals. This raises questions about the whole issue of where kinship carers fit in a professional child care service, and whether government agencies should be viewing them as such.

In relation to the possibility that relative and non-relative kinship carers experienced their role differently, there is no evidence from this brief study to suggest that this may be the case, although more extensive research may have highlighted some differences. It is important to recognize that all the kinship foster carers in this study talked incredibly warmly about the children they were looking after, and in so doing demonstrated their deep commitment. This was the same whether they were blood relatives or not.

This reinforces the consistent research findings that emphasize the importance of kinship care as a preferred placement option for many children, and this is always worth highlighting:

'[The best thing is] changing my [child's] life. He's a lovely boy. I helped make his life different. I want him to know he can trust me more than anyone else in his life.'

'[The best thing is] knowing that we've made a home for him; that he's safe, not being pushed from pillar to post. He's just like one of my kids – he's definitely part of the family.'

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