Kinship care:

How is the role perceived? What are the specific difficulties and support needs?

A Thesis submitted to The University of Manchester for the Degree of Doctor of Educational Psychology (DEdPsy) in the faculty of Humanities

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CONTENTS

Contents............................................................................................................................................. 2

List of tables......................................................................................................................................... 6

List of Figures...................................................................................................................................... 6

Word Count: ...................................................................................................................................... 7

Abstract:............................................................................................................................................... 8

Declaration: ......................................................................................................................................... 9

Copyright statement: .......................................................................................................................... 9

Abbreviations Used in This Thesis: .................................................................................................... 10

Glossary OF Terms: .............................................................................................................................. 11

Acknowledgements: ............................................................................................................................ 12

Chapter 1: Introduction .......................................................................................................................... 13

  1.1 Background to this Study:........................................................................................................... 13

  1.2 Context of study: LA Context ..................................................................................................... 14

    1.2.1 Aims of this Study ................................................................................................................ 16

  1.3 Research Questions ..................................................................................................................... 16

  1.4 Structure of Thesis ..................................................................................................................... 16

Chapter 2: Literature Review: ............................................................................................................... 17

  2.1 Definitions and Legal Framework within the UK ................................................................. 18

  2.2 Prevalence of Kinship Care: .................................................................................................... 20

  2.3 Advantages of Kinship Care ..................................................................................................... 23

    2.3.1. Stability of Placement ........................................................................................................ 25

    2.3.2. Placement Quality ............................................................................................................. 27

    2.3.3. Relationship Quality ......................................................................................................... 31

    2.3.4. Child Functioning: .......................................................................................................... 32

    2.3.5: Protection and Safeguarding: ............................................................................................ 33

  2.4 Disadvantages of Kinship care: ................................................................................................. 33
2.4.1 Difficulties for Kinship Carers: .................................................................34
2.4.2 Difficulties for Professionals: .................................................................38
2.4.3: Difficulties for Children and Young People in Kinship Care: .........................41
2.5: Educational Progress made by Children and Young People in Kinship Care ..........42
2.6: Interventions Specifically Supporting Kinship Care ........................................44
2.7: Views of CYP ..............................................................................................47

Chapter 3: Positive Youth Development: ..........................................................49
3.1: Positive Psychology: ....................................................................................49
3.2: Positive Youth Development as a Conceptual Framework ..............................49
3.2.1: Positive Youth Development (PYD) ..........................................................49
3.3: Implications for Psychologists working with Children and families: ...............54
3.4: Positive for Youth: An approach to cross-Government policy for young people aged
13-19 in England and Wales. ..................................................................................55
3.5: Research Questions: ....................................................................................56

Chapter 4: Methodology .....................................................................................57
4.1: Research Questions: ....................................................................................57
4.2 Ontological Stance: .......................................................................................57
4.3 Research Design: ............................................................................................60
4.4: My role as Researcher: ................................................................................63
4.5 Ethical Issues ..................................................................................................65
4.5.1: Informed consent .......................................................................................65
4.5.2: Confidentiality ............................................................................................66
4.5.3: Sensitive Issues ..........................................................................................66
4.6: Methods: ........................................................................................................66
4.6.1. Overview of the methods of data collection used .......................................66
4.6.2: Rationale for the use of interviews with a semi structured questionnaire .....68
4.6.3: Piloting of Questionnaire: .........................................................................71
4.6.4: Rationale for the use of archival records ......................................................... 71

4.6.5: Rationale for the use of a research diary ......................................................... 73

4.6.6. Sampling and Participant Recruitment ............................................................ 73

4.7: Data Analysis ........................................................................................................ 75

Chapter 5 Contextual Description of Participants: ...................................................... 80

5.1 Case 1 .................................................................................................................... 80

5.2 Case 2 .................................................................................................................... 80

5.3 Case 3 .................................................................................................................... 81

5.4 Case 4: .................................................................................................................. 81

5.5 Case 5: .................................................................................................................. 81

5.6 Case 6: .................................................................................................................. 82

Chapter 6: Research Findings ...................................................................................... 85

6.1: Case 1 .................................................................................................................... 85

6.2: Case 2 .................................................................................................................... 97

6.3: Case 3 .................................................................................................................... 106

6.4: Case 4 ................................................................................................................... 115

6.5: Case 5: ................................................................................................................ 119

6.6: Case 6: ................................................................................................................ 124

6.7: Additional Data: Social Worker 7 ...................................................................... 131

Chapter 7 Discussion and Conclusion ..................................................................... 135

7.1 RQ1: What do KCs think about the support they receive, the role they are
undertaking and how support services might help them further? .......................... 135

7.1.1 Support received: common themes ................................................................. 135

7.1.2 Differences: .................................................................................................... 137

7.1.3. Role undertaken ............................................................................................. 137

7.1.4. What would help further: ............................................................................. 139
7.2 RQ 2. What do professionals supporting KCs think about the support KCs receive, the role that KCs undertake and how KCs might be supported further? ......................140

7.2.1: Support received: ..............................................................................................................140
7.2.2: Role undertaken: ..................................................................................................................140
7.2.3: Further support: ......................................................................................................................141

7.3 RQ3: How are children and young people cared for by their KCs achieving within the school context? ................................................................................................................141

7.4 RQ 4: Is Positive Youth Development (PYD) a useful conceptual framework to Inform practice when working with KCs? .................................................................143

7.5 Contribution to Knowledge: ......................................................................................................147

7.5.1: Implications for practice in Children’ s Services: ...............................................................147
7.5.2: Implications for Child and Educational Psychologists: ......................................................149

7.6: Limitations: ..............................................................................................................................150

7.7: Questions for future research: .................................................................................................152

7.8: Final Thoughts: .........................................................................................................................152

Chapter 8: References: ......................................................................................................................153

Appendices: ....................................................................................................................................162

Appendix 1: Ethical permission form Research ethics Committee..................................................163
Appendix 2: Approval from the Thsis Proposal Panel.......................................................................165
Appendix 3: Letter inviting Kinship Carers to take part in the Research .......................................167
Appendix 4: Information sheet for Kinship Carers interested in taking part in the research.............................171
Appendix 5: Information letter regarding the research for Headteachers of children whose Kinship Carers had agreed to take part in the research.....................................................176
Appendix 6: Information letter for Social Workers of Kinship Carers who had agreed to take part in the research........................................................................................................181
Appendix 7: Semi structured interview schedule for Kinship carers.............................................186
Appendix 8: Semi structured interview schedule for Social Workers ...........................................189
Appendix 9: Semi structured interview schedule for SENCos .......................................................... 191

Appendix 10: Semi structured interview schedule for Social Worker who had run a Kinship carer Support Group within the LA. ..............................................................................................................193

Appendix 11: A Priori Codes Used In Thematic Analysis .................................................................. 195

Appendix 12: Extract from Code book: Emergent Codes ................................................................. 197

Appendix 13: Summary of Data Analyses Across 6 Cases ..............................................................225

LIST OF TABLES

Table 1 Definition of the Five C's, Indicators of PYD ........................................................................ 51

Table 2 Data obtained to address Research Questions and their Source ....................................... 68

Table 3 Thematic Analysis Procedure: Braun & Clarke (2006) .......................................................... 76

Table 4 Brief Case Description ........................................................................................................... 83

Table 5 Summary of Findings across Child and Young People’s Ecology ........................................ 227

LIST OF FIGURES

Figure 1 The Resilience Matrix (Daniel, Wassell & Gilligan (2010)) ................................................ 40

Figure 2 A conceptual pathways model to promote positive youth development in children raised by their grandparents. Taken from Edwards & Taub (2009) ............................... 52

Figure 3 The Case and Units of Analysis ............................................................................................. 62

Figure 4 Flow diagram illustrating data analysis process for each case ....................................... 79

Figure 5 Themes around KC1 .............................................................................................................. 95

Figure 6 The 5 C’s of PYD: Case 1 .................................................................................................... 96

Figure 7 Themes around KC2 ............................................................................................................ 104

Figure 8 The 5 C’s of PYD: Case 2 .................................................................................................. 105

Figure 9 Themes around KC3 ............................................................................................................ 113

Figure 10 The 5 C’s of PYD: Case 3 .................................................................................................. 114

Figure 11 Themes around KCs4 ....................................................................................................... 117
Figure 12 The 5 C’s of PYD: Case 4 .................................................................118
Figure 13 Themes around KC5 ....................................................................122
Figure 14 The 5 C’s of PYD: Case 5 .............................................................123
Figure 15 Themes around KC6 ....................................................................128
Figure 16 The 5 C’s of PYD: Case 6 .............................................................129
Figure 17 Suggested Adaptation to Resilience Matrix for Home LA (based on Daniel, Wassell & Gilligan, 2010) .................................................................145
Figure 18 Summary of Key Themes across 6 cases ......................................225
Figure 19 Summary of The 5 C’s of PYD across 6 cases ..............................226

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ABSTRACT:

Many countries have seen an increase in the last 20 years in the number of children cared for by their Grandparents (Edwards & Sweeney, 2007; Edwards & Taub, 2009; Worrall, 2009). In the UK, Looked After Children (LAC) are increasingly being placed with kinship carers, formally known as ‘Family and Friends Care’ following guidance from The Children’s Act (2004). Support for this growing group of carers appears sporadic, and there has been some delay both in practice and procedures in responding to this increase in placement type.

Children who are looked after by any carer other than their birth parents are more likely to experience difficulties within the educational context (Dent & Cameron, 2003). The increasing number of these children has implications for child and educational psychologists and other professionals within Children’s Services, as research suggests that children’s success in school depends upon contextual variables associated with the child, their home and school environments.

This study explores the characteristics of kinship carers, how they perceive their role and the support currently available to them and also examines the reported educational progress made by children in their care. In addition, this exploratory study considers whether a model developed from Positive Youth Development (PYD) is a useful conceptual framework for professionals supporting KCs. This research uses a case study design; qualitative data has been obtained using semi-structured interviews and analysed using thematic analysis.

Difficulties and support requirements varied across kinship carers, the majority of whom were pleased with the support they received, particularly from their families. There were some criticisms of Children’s Services support. Recommendations are made for both Children’s Services staff generally and child and educational psychologists specifically.
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<th>ABBREVIATIONS USED IN THIS THESIS:</th>
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GLOSSARY OF TERMS:

**Adoption** relates to the legal ownership of a child. It describes a situation in which the full parental rights are transferred from biological parents to ‘social’ parents, as opposed to:

**Fostering** which occurs when parental rights are only partially transferred. Although a foster family exercises the same child caring responsibilities as adopters, within the fostering arrangement, the biological parents or state retain parental rights.

‘**Family and Friends Care’** describes a formal type of care and living arrangements for children who have to live away from their parental home, are known to Social Care Services and are cared for full time by a family member or friend. A Family and Friends Care placement is initiated by a relative or friend or by Social Care and usually involves arrangements including decisions about legal orders, financial and social work support.

**Kinship care** describes the living arrangement of children who live with relative or friends. This arrangement might or might not involve Social Care.
ACKNOWLEDGEMENTS:

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Finally, I dedicate this thesis to my lovely daughters, Elizabeth and Emma.
CHAPTER 1: INTRODUCTION

1.1 BACKGROUND TO THIS STUDY:

As a practising child and educational psychologist (CEP) I had a patch of schools and settings within a relatively small geographical area which I knew well, having worked there over a number of years. I noticed over time that this area appeared to have more and more kinship carers (KCs), in particular grandmother kinship carers (GKCs). I worked closely with one GKC as we endeavoured to support her two grandsons. Both boys attended a school I knew well, which was described by OFSTED as ‘outstanding’ and was considered to have a very positive inclusive ethos. Unfortunately, despite a lot of support from a surprisingly large number of professionals, one of these boys was excluded from school. I was asked to attend a meeting about this boy and arrived at his school at the same time as the GKC. When we entered the room there were seventeen professionals present, and the GKC commented to me that, in her opinion, none of them had a good understanding of her situation.

Following this meeting and during continued efforts to support this family, I read as widely as I could and found myself in the role of advocate for this GKC on several occasions. Then, in 2007, a paper was published in Educational Psychology in Practice entitled: ‘Theory based interventions for School Children cared for by their Grandparents’. This paper stated:

“The growing social phenomenon of grandparents caring for their grandchildren has implications for educational psychology in practice, since children who are wards of their grandparents frequently experience problematic school functioning” (Edwards & Sweeney, 2007, p177.)

Further:

“A paucity of research data exists regarding children raised by their grandparents in Britain” (ibid p178)

Leading the authors to conclude that:

“Unfortunately the available literature reveals a dearth of data regarding the social emotional and academic functioning of grandchildren in care specifically, but as suggested by the literature available [more generally] it is possible that [these grandchildren] experience similar difficulties...[to those in care]” (ibid p183).

Given that I was aware of the growing number of GKCs within the geographical patch I worked, it seemed that further investigation would be a useful exercise both in terms of
1.2 CONTEXT OF STUDY: LA CONTEXT

The following information has been collated from a number of documents produced by and about the Local Authority (LA). Some of the information is from my personal observation. I have worked in this LA since 2000.

The LA is located in England. The area covers 350 square miles and includes a city, several industrial and market towns and many rural settlements. Several national and international companies have bases here and employment levels are higher than the national average.

In terms of demographics, there has been an increasing number of older people and a decreasing number of children and young people in recent years. The total population is approximately 329,500, of whom 205,400 are of working age, and 18% are aged 65 or above, which is higher than the England average of 16%. The number of people aged 65 or above has increased by 27% since 1992, with the over 85s increasing by 79% during the same period. The number of adults expected to be diagnosed with dementia is predicted to rise locally by a third to 6,500 by 2025 and dementia advisers are currently being recruited. This has implications for children placed in the care of their grandparents, since if the practice is increasing there is a greater likelihood that children will be placed with older carers, who are more likely to have care needs themselves. (Edwards & Sweeney, 2007).

The percentage of younger people (0-15 years of age) is also 18% of the population; however overall numbers of young people are decreasing with an 8% reduction since 1992. The area has a steadily growing proportion of black and minority ethnic background (BME) residents, estimated to be 22,700 people, in mid-2009, almost doubling since 2001.

The area is assumed to be leafy and affluent, and whilst this is accurate in parts, 33 of the 211 lower layer super output areas are within the 20% most deprived areas in England. Whilst the incidence of child poverty is lower in the area than the English average for under 16s, some 4, 700 children are living in households that depend on benefits and information collected by Social Care suggests that a significant proportion of kinship carers are included in this number.
There are a number of government indicators for which the area performs badly in comparison with statistical neighbours, including childhood obesity, children achieving a good level of development at age 5 and teenage pregnancy rates. Teenage pregnancy is cited as one of the reasons for the increase in kinship care placements (Broad, 2004) so this figure may have particular implications for kinship care locally.

As nationally, affordable housing is a challenge within this LA and people residing in the rural areas may be isolated with healthcare and employment facilities not sufficiently local, and access to these limited by the expense and availability of transport. Almost 20% of the area’s residents do not have access to a car. Rural isolation is therefore a particular issue for some families.

The LA failed its safeguarding of children and young people OFSTED inspection in 2009 and a major improvement plan was subsequently put in place in order to pass the recent re-inspection. One of the key features of the first inspection report was the very high number of cases held by each social worker and the high number of agency staff employed by the LA. Such findings were likely to have had a negative impact upon those kinship carers working with Social Care.

As a result of the first OFSTED report significant structural and procedural changes have been made within the LA. The latest available Annual Report from the Local Safeguarding Children’s Board (2012) found a 52% increase in child protection plans in 2011, with the highest number of increases in the 0-2 and 15years + age ranges. Most plans were written as a result of neglect or emotional abuse. Over 35% of children with a child protection plan were subject to domestic abuse as a primary cause. Generally the number of children in care and the length of time that these children spend in care was increasing in 2011. Those aged 15 to 18 years represented the largest sub group within the LAC population. Relatively high numbers of children in care also had special educational needs: 42% compared with 28 % nationally. The educational attainment of LAC was described as poor, but attendance at school was described as improving on previous years and averaged 95%. The majority of LAC were described as white (92%) and from poorer areas.

In August 2012, 338 children and young people within the LA were Looked After Children. Of these, 21 % i.e. 71 were cared for by kinship carers.
1.2.1 AIMS OF THIS STUDY
This study was designed to understand the specific experiences of kinship carers with particular reference to the support available to them and their support of their children’s educational progress.

1.3 RESEARCH QUESTIONS
More specifically, this study was designed to investigate the following research questions:

1. What do Kinship Carers think about the support they receive, the role they are undertaking and how support services might help them further?

2. What do professionals supporting Kinship Carers think about the support Kinship Carers receive, the role that Kinship Carers undertake and how Kinship Carers might be supported further?

3. How are children and young people cared for by their Kinship Carers achieving within an educational context?

4. How useful is Positive Youth Development as a conceptual framework to inform practice when working with kinship carers?

1.4 STRUCTURE OF THESIS
Following this Introductory Chapter (1), Chapter 2 comprises a Literature Review of Kinship Care. In Chapter 3, I briefly discuss Positive Psychology and introduce Positive Youth Development (PYD) as a conceptual lens. Chapter 4 outlines the Methodology of this study. The rationale for the choice of method is examined and the procedures for data analysis are discussed. Chapter 5 describes the situation of the Kinship Carers who participated in the study.

In Chapter 6, I describe and discuss the results for each of the six case studies in turn, with particular reference to the research questions. In Chapter 7, I summarise the findings across cases with reference to the literature review and discuss the contribution they make to knowledge and their implications for practice within Children services. I conclude with limitations of the study and possibilities for future research in this area.
Kinship care has been a common practice for centuries and across cultures (O’Brien, 2012; Owusu-Bempah, 2010). In ancient Greece and Rome the chief purpose of adoption, for example, was to ensure the continuation of a high ranking family. The adopted person was frequently related to his adopter and this was a culturally acceptable way of providing heirs. Both adopter and adoptee were seen to benefit from the arrangement.

Adoption and fostering amongst relative and friends is an established and continuing custom in many contemporary societies, including East, South and West Africa, numerous islands in the Pacific Ocean, India and Poland. In these societies, unlike in many western societies, the act of fostering is not just a crisis response, but a more common method of child rearing designed to facilitate many goals; including re-marriage, migration, employment and to reduce the impact of poverty and family size (Owusu-Bempah, 2010).

Some research highlights the link between poverty and child fostering; in communities suffering high levels of unemployment, for example, fostering out to family and friends is commonly viewed as a coping mechanism (Brown, Cohen & Wheeler, 2002).

If fostering and adoption within these societies is a common way to solve such problems, why are there societies in Europe and North America where fostering and adoption are viewed as the exceptional? Alber (2004) has argued that parents in the latter areas do not move their children to kin, not because the social problems it could solve do not exist, but because the practice is inconsistent with social and cultural norms; and also the belief that biological parents are the best placed to educate a child, and the belief that a change in parent causes damage to a child’s development. Owusu-Bempah (2010) concludes that kinship care has become an ‘archaic concept’ (p42) within western society. The author argues that this is for a variety of reasons, including the move from ‘community’ to nuclear families, together with the migration of families for economic and political reasons following the industrial revolution.

Within those contemporary societies who continue to foster and adopt kin for a variety of reasons, there does not appear to be a link between adoption, fostering and negative outcomes for children. In contrast, in those western societies where kinship care is more unusual and an exception to the norm, children who are fostered either by kin or strangers (non-kin) frequently experience developmental problems (Department for Education, 2010). Why? Perhaps motivation is one answer, child protection provides the main rationale for the state care of children; when parents cannot nurture or care for
their children in Western society, the state generally intervenes. These children have frequently been subject to abuse and or neglect. When this happens, the state increasingly looks to placing children and young people with their kin (Edwards & Taub, 2009).

2.1 DEFINITIONS AND LEGAL FRAMEWORK WITHIN THE UK

There is no single agreed definition of kinship care and no agreement about what it should be called (Nixon, 2007). In its simplest form, kinship care is the placement of children with their relatives. The definition of who is a relative varies across cultures, from those who are related by blood, marriage and adoption to any persons with whom the child has close emotional ties; ‘connected person’ is a common phrase.

Within the UK, ‘Family and Friends Care’ describes a formal type of care and living arrangements for children who have to live away from their parental home, who are known to Children’s Services and are cared for full time by a family member or friend. A Family and Friends Care placement is initiated by a relative or friend or by Social Care and usually involves arrangements including decisions about legal orders, financial and social work support.

Research suggests that there are four different routes into Family and Friends Care (Broad, 2004):

- A continuation of support for birth parents already provided by kin
- The first option for Social Care Services once the family situation had broken down
- An option selected by the child or young person themselves following crisis at home.
- A final resort for Social Care Services after all other care options have failed.

There is a further distinction between formal and informal kinship care. Formal kinship care describes the arrangement when a ‘Family or Friends Carer’ has been assessed and approved by the LA as a kinship foster carer and is caring for a Looked After Child (Department for Education, 2011). Formal kinship care also includes kinship families where a legal order, for example a Special Guardianship or Adoption Order is in place. Informal kinship care describes the situation in which a relative or friend assumes responsibility for a child without the state sharing responsibility.
The Children’s Act (1989) asserted that when birth parents are unable to care for their children, priority should be given to placement with members of their extended family or social networks, unless this is not in the child’s best interests. Nineteen years later however, Hunt, Waterhouse & Lutman (2008) suggested that “kinship care was slow to take off” (p2). Indeed kinship care rates in both the UK and Sweden, whilst increasing, remain relatively low compared with the rest of the western world (Owusu-Bempah 2010).

A later Government initiative, Quality Protects (Department of Health, 1998), had led to a slight increase in Family and Friends Care placements in the belief that they could address another key priority: the reduction in the number of moves experienced by looked after children during their care. Whilst Family and Friends Care was not referred to in later legislation- Every Child Matters (DFES, 2003), it was signalled as important that Family and Friends carers receive support and recognition in the later White paper- Care Matters: Time for Change (DfES, 2007). This paper discussed the need to develop a new framework for Family and Friends Care, which would help Local Authorities (LAs) to address several concerns including:

- Sporadic policies across the country to promote and support Family and Friends Care. In a survey by Family Rights Group in 2007, 69% of LAs responding did not have a written coherent approach to Families and Friends Care.

- Variation between LAs regarding the use of Family and Friends care placements

- Lack of transparency regarding Family and Friends carers’ entitlements to support services available to them.

The Children and Young People’s Act (2008) stated that:

As well as encouraging greater use of Family and Friends Care, where this is appropriate, we want to establish a more visible and strengthened framework which will set out the expectations of an effective service to support these children and families.

There have been several calls for a rethink in the way in which services are provided to Family and Friends carers (eg Nixon, 2007). In particular, there is an argument that kinship care should have its own framework for policy, rather than being subsumed by traditional foster carer frameworks. Aldgate & McIntosh (2006), following their review of kinship care in Scotland, concluded that:
kinship care is seen as a complex solution to serious family problems. It demands an equally sophisticated and varied response from professionals.

*Family and Friends Care* (DfE, 2011) required all Local Authorities to publish a policy by the end of that year detailing how they promoted and supported the needs of children living with Family and Friends carers. Further, it required that the policy be underpinned by the principle that support should be available based on the *needs of the child* rather than their legal status. Key messages from research were outlined and the use of Family Group Conferences (FGCs) was promoted as an effective way to identify resources available to children and their carers, should the need for support arise.

2.2 PREVALENCE OF KINSHIP CARE:

Hunt (2003) reported that full time parental care of children by Grandparents in the UK was one of the fastest growing forms of care placement. Broad (2004) reported that the percentage of children living in kinship placements according to Department of Health figures in 2002 was larger than the number of children living in children’s homes and twice the number of children placed for adoption. Edwards & Sweeney (2007) anticipated that the number of KC placements would further increase. O’ Brien (2012) has argued that this increase reflects a scarcity of alternative child care options rather than a coherent, child-centred policy. Between 1996 and 2000 there was a reported 32% increase in children placed in Family and Friends care in England, compared with a 15% increase into ‘stranger foster care’ or non-kin foster care (Nixon, 2007). Almost half of these family and friends placements were with grandparents (Broad 2004). National Statistics for 2008 suggest that 12% of children who were Looked After were placed in Family and Friends Care (Department for Children Schools and Families, 2008). It is of course, acknowledged that the real total of kinship carers is unknown, because significant numbers of families who raise their kin without a formal legal arrangement and so are not included in prevalence estimates (Dunne & Kettler, 2007). Indeed the number of children living with family and friends is difficult to estimate even when the state has intervened; since placements can be classified as kinship fostering, for example, without being formally approved as foster care (Broad, 2004).

Selwyn & Nandy (2012) used data from the UK Population Census carried out in 2001 to estimate the prevalence of formal and informal kinship care. They estimated that there were 173 000 children being brought up by relatives in 2001. Of these, only 10% were
Looked After and so the authors concluded that the majority of kinship care arrangements were informal and therefore had no entitlement to support from Children’s Services. The authors further reported that the vast majority of these children were living in poverty. Carers already stressed by low income, housing problems and legal insecurity frequently report poor physical and mental health (Farmer & Moyers, 2008).

The increase in kinship care placements has a number of drivers: kinship care is believed to be more stable for children and young people. The children benefit from being in a familiar ethnic community and are likely to be more secure about their identity and their longer term care future. Broad (2004) points out that it is likely that prevalence has also increased, however, within the national context of:

- Crises reported in residential care (National Foster Care Association, NFCA 1997)
- The prevalence of more diverse family structures (Health Development Agency, 2000)
- Poor outcomes reported for children leaving care (Broad, 2003)
- A shortage of foster carers (NFCA, 1997)
- An over-representation of black young people in public care (Barn et al., 1997)
- Financial pressures on Children’s Services budgets (NFCA, 1997).

Broad concludes that:

“Against this background, and a rediscovered belief that child welfare systems should meet the cultural needs of all children, it was almost inevitable that kinship care would emerge as a fast growing alternative arrangement to state interventions for children in need. Yet as the research findings indicate, its information base, practice guidance and support structures, and social work training are lagging well behind legislative requirements” (NFCA, 1997, p. 213).

Whilst increasing, UK prevalence rates do not reflect global statistics. In Poland, for example, where the state routinely seeks family to care for children when parents cannot, 91% of foster carers are related to the child(ren) they care for and 79% of these are grandparent kinship carers. In parts of the USA, including Illinois, New York and California, Kinship Care accounts for between 50 and 60% of care placements (Sykes, Sinclair, Ginns & Wilson, 2002). US research provides a fairly consistent profile of kinship carers as more likely to be African American grandmothers, older, less wealthy and less educated. The body of research in the UK is smaller, but there are some similarities, in that most kinship
carers are grandmothers or aunts, are of lower social class and are less likely than other carers to be white (Broad, 2004).

Despite the increase in prevalence, research in the UK regarding the kinship care of children is relatively sparse (Nixon, 2007). Furthermore, international comparisons are problematic. Farmer & Moyers (2008) conclude that there are considerable differences between kinship carers and the children they care for in the USA and the UK, for example:

- Kinship care accounts for a significantly higher proportion of care arrangements in the USA and Australia than the UK
- Within the USA, African American and Hispanic children are disproportionately represented among those within kinship care.
- Much of the research from the USA suggests that children in kinship care are less likely to have experienced traumatic events and are more likely to be placed in kinship care because of neglect rather than abuse.
- Kinship carer households in the USA are more likely to be older, poorer, less educated and be headed by a single female.

Within the UK, kinship care givers tend to be older than non-kin carers and the majority of kinship carers are grandparents (Nixon, 2007). Within their sample of kinship carers Doolan, Nixon & Lawrence (2004) found 57% were grandparents, 25% were aunts and uncles, 9% step parents and 5% friends.

In 2013 Gautier, Wellard & Cardy conducted a survey for Grandparents Plus, a charity based in the UK. The survey was based on 310 responses from members of the charity, caring for 420 children and young people. This survey was designed to give a clearer picture of Family and Friends Care in terms of demographic, personal, and economic circumstances. Given the nature of the charity’s members, the authors were careful to point out that those new to Family and Friends Care and aunts and uncles were under-represented in their sample. In their key findings, the authors reported that:

- The median age of children cared for was eight and a half
- 45% of the kinship carers were aged between 55 and 64 years
- 80% of the children had lived with their kinship carers for three years or longer
- 45% were living with kinship carers as a result of abuse and neglect; 11% had experienced the death of a parent
• 44% of the children and young people had never received help from Children’s Services
• 22% of the children and young people had received mental health services
• 80% of kinship carers reported finding caring for these children more difficult than raising their own
• 54% of the children had a special need or disability. 40% had emotional and behavioural difficulties, 16% had a learning disability and 8% had autism.
• Generally kinship carers reported that schools were supportive. 65% of their children were achieving at or above their expected level, 32% were receiving help for their special needs,
• 40% of kinship carers reported having a health condition; 27% received disability benefit
• 32% of kinship carers were working and 22% were retired
• 32% cared for someone else, including their partner, an older relative or neighbour

In their UK study of four LAs, Farmer & Moyers (2008) reported that kinship care was increasingly being used as a means to manage the pressure on other foster placements, but that policies regarding kinship care were being developed on an ad hoc basis and that this was proving to be more complex than any of the LAs had first envisaged. The administration, financial assistance and social worker support for these kinship placements varied considerably, depending upon the LA in which the children lived.

2.3 ADVANTAGES OF KINSHIP CARE

Owusu-Bempah (2010) has argued that knowledge about one’s hereditary background is an essential factor in Looked After Children’s long term adjustment to placement. The author argues that this knowledge forms the basis of their identity, self-worth and general outlook. There is evidence to show that, compared to children placed with foster carers they previously did not know, those placed with relatives are more likely to experience placement stability, a key factor in attaining good outcomes for looked after children (Hunt et al., 2008). These CYP are also more likely to have contact with their parents, remain with siblings and sustain schooling in their own locality (Worrall, 2009).
Doolan et al. (2004) described how social workers in their UK sample supported kinship care and stated that a large majority of social workers viewed this placement type as the best option for children and young people. In the USA, Beeman & Bosen (1999) reported that 77% of their sample of social workers agreed that children were better off in kinship care. Social workers gave many advantages to kinship care including:

- enhancing a child’s identity
- preserving family ties
- reducing stigma for the child
- promoting contact with birth family. It was pointed out that contact can be problematic, however, if it generates strong feelings within the carers which the children witness.

In addition, it has been argued that kinship carers can be role models supporting the parenting skills of birth parents (eg Strijker, Zandberg & Meulen, 2003). Research has also noted that kinship care can decrease what some social workers have referred to as the ‘unrealistic fantasy of the perfect family’ (Peters, 2005). The child’s more realistic understanding of their biological family was seen as helping them to avoid a later second crisis of being disappointed with their parents.

Winokur, Holtan & Valentine (2009) carried out a meta-analysis of sixty two studies as part of a Cochrane review, which examined the well-being, safety and permanence of children in kinship care. The authors suggest that the health and general development of children in kinship and non-kinship foster care is similar, but children placed in kinship care experience better mental health and placement stability than those in non-kinship foster care.

As a result of the Quality Protects Programme, two relatively large scale studies were commissioned into kinship care in the UK, conducted by Farmer & Moyers (2008), and Hunt, Waterhouse & Lutman (2008). Both studies compared kinship and foster care in terms of characteristics and outcomes. As Hunt et al. (2008) point out, however, comparisons between these two groups were problematic from the start, for example, most kinship placements were intended to be long term. A significant minority of non-kinship placements were designed to be short term, whilst the child was awaiting a move to long term foster care or adoption placement. Whilst Farmer & Moyers (2008) found no significant difference between CYP cared for by kin and foster carers in terms of the
primary reason for the child becoming looked after, it was noted that CYP placed in non-kinship foster care had spent significantly more time in care prior to placement, suggesting increased exposure to harmful environments.

In contrast to international data, particularly from the US, Farmer & Moyers (2008) found:

- Very few differences between children in kinship care and foster care. US studies suggest that children in kinship care have fewer problems.
- Children from black and minority ethnic backgrounds living within the four sample LAs were significantly more likely to be placed with non-kinship stranger foster carers, the opposite of the US situation.

Three Quality Protects framework headings will be used to describe in more detail the advantages of kinship care: namely placement stability, placement quality and relationships within the household.

### 2.3.1. STABILITY OF PLACEMENT

Stability of placement is frequently cited as an advantage of kinship care in the research (e.g. DCSF; 2008). The definition of ‘stability’ is open to debate however, with some researchers suggesting that a care history of three or more placements is an indication of instability; others refer to one placement disruption within the child’s care history as instability (Messing, 2006).

It has been reported that kinship foster placements tend to last longer than those with non-kinship carers (Department of Health, 2001). In a rare study which examined children and young people’s views, Doolan et al. (2004) interviewed 11 children subject to kinship care and all but one described their placement as long term and stable.

One large scale study in the USA found that non kinship foster placements were three times more likely to break down than kinship care placements (Chamberlain et al. 2006). It was however reported that children placed away from kin had more significant difficulties which carers find harder to support. Within a smaller British sample, Farmer & Moyers (2008) found little difference between breakdown of kin and non kin foster care, the rates being 18% and 17 % respectively. Some research has suggested that kinship care is more stable for the first three years of placement and then subsequent chances of breakdown become the same as for non-kinship care (Testa & Shook- Slack, 2002). The
chances of disruption with kinship care were increased however, when the children placed were over 10 years of age (Farmer & Moyers, 2008). Variation has been reported within the kinship carer group itself: for example Farmer & Moyers (2008) found that children placed with grandparents were least likely to experience disruption (8% of their sample) compared with 27% placed with aunts and uncles, 30% placed with friends and 23% placed with non-related foster carers. Owusu-Bempah (2010) might explain this as being the result of the ‘Hamilton Rule’ i.e. because close relatives share more similar genetic makeup, a person can increase their evolutionary success by promoting the reproduction and survival of these closely related individuals.

In the UK, Richards (2001) surveyed 180 grandparents caring for children with or without a court order and found that 21% had cared for their grandchildren for 10 years or more and 15.5% had cared between 5 and 10 years. 50% of these children had contact with their parents, and for 39% this contact was daily.

Hunt & Macloed (1999), Harwin et al. (2003) and Farmer & Moyers (2008) all suggested that placements with grandparents may be less vulnerable to breakdown than those with aunts and uncles. Hunt et al.’s (2008) data would support this suggestion. In their sample, 84% of placements with grandparents lasted as long as needed or were continuing, compared with 46% of those with an aunt or uncle. The data set was limited, but Hunt et al. (2008) suggest that:

- Aunts and uncles were more likely to have their own children, and thus were spreading their resources more thinly
- Aunts and uncles were more likely to have children of a similar age to their nieces and nephews, so their households were more likely to have larger numbers of children present
- Aunts and uncles were more likely to be working, and thus had less time to spend with their nieces and nephews
- It was speculated that grandparents had a greater sense of obligation and were therefore more likely to persist in the face of adversity

The Hunt et al. study (2008) reported that only 1 carer (3% of their sample) was unable to carry on with the placement because of their ill health. When there was placement breakdown, the majority (55%) occurred either because the carer could not manage the child’s emotional and behavioural difficulties or the child asked to leave. Farmer &
Moyers (2008) found that 20% of placement disruptions in their sample were reported as due to the child’s behaviour. Hunt et al. (2008) stress the unimportance of the carers’ ages; indeed placements with grandparents were more likely to be stable, but no more likely to raise concerns on any other outcome measures.

Although it has been argued that kinship placements are more likely to include all siblings (Nixon, 2007), this was not the case in the Farmer & Moyers (2008) study. They found that, within kinship and foster care arrangements, groups of siblings were placed into two settings with the same frequency as with non-kinship arrangements.

In conclusion, kinship placements appear as stable and often more stable than non-kinship placements (Nixon, 2007). In terms of longevity, within non kin placements, the carer and the system are all aware that foster carer obligations and payments cease when the CYP reaches 18 years of age. Children in kinship care do not usually face such a daunting prospect (Owusu Bempah, 2010). Nixon (2007) found that children in kinship care were more likely to know their carers before being placed and that the relationship with them was more likely to continue into adulthood.

### 2.3.2. PLACEMENT QUALITY

Social workers in one study reported that children’s growth and development was better in terms of positive outcomes when placed in kinship care (Peters 2005). It was reported that kinship care placements helped CYP stay familiar with their family, its rituals and its ways of operating. This placement was found to facilitate long term ties and hence maintain a child’s sense of belonging. Through this contact with the family, the child develops:

> shared memories and experiences... such that the child ‘knows their story’ with a full richness of detail which can never be achieved through a ‘lifebook’ (Peters, 2005; p600).

Owusu-Bempah (2010) refers to the process whereby a child acquires a sense of connectedness to their kin as socio-genealogization. The author argued that children cared for by kin are less likely to experience confusion about their identity. The author further reports that children in kinship care placements have reduced stigma compared with those in non kin foster care. Although, Pitcher (2002) found that children in his relatively small sample reported that they felt different to others and would appreciate help to explain to others why they did not live with their parents.
A further advantage of kinship care over foster care is that CYP are more likely to remain in their local area and less likely to have the additional change of moving schools. This proximity however, can be a double edged sword if contact with parents is problematic, since ease of access to parents made kinship carers’ supervision more difficult (Hunt et al. 2008). Farmer & Moyers (2008) found that children in kinship care had more contact with their fathers (46%) than those placed in non-kinship care.

Within the Farmer & Moyers (2008) study, kinship carers were more likely than foster carers to experience circumstances which might impact negatively upon their ability to care. For example, the authors found that kinship carers were more likely than foster carers to:

- Be lone carers, most of whom were grandmothers
- Experience financial difficulties (73% compared to 13% of foster carers). This finding echoed that of Richards (2001) but was not supported by data from the Hunt et al. study (2008)
- Be living in overcrowded conditions at the beginning of care (35% compared to 4%)
- Have a chronic health problem or disability (31% compared to 17%).

In both kin and non kin arrangements, placements were of poorer quality if birth parents had misused drugs (Farmer & Moyers, 2008). If placements were considered unsatisfactory, children were moved much more quickly from non-kinship care arrangements than from kinship care.

Data from the Hunt et al. study (2008) suggest that the following eleven variables are protective factors when considering the possible quality of a kinship placement:

- Younger children
- Previous full time care by carer
- Grandparent care
- Single carer care
- Pre placement assessment
- Positive assessment of parenting capacity
- Child’s acceptance of care
- No other children in household other than siblings
- Disagreement about placement during proceedings
- Placement instigated by carer
- Low level of child difficulties pre placement

Concerns about intergenerational abuse featured strongly in the minds of social workers when placing children (Nixon, 2007). Hunt et al. (2008) found clear records in eight children’s files where a social worker had recorded their concerns about the grandparent’s ability to bring up their own children and the implications of this for children being considered for placement. Whilst safety is clearly the highest priority, this fear may be disproportionate. A study by Berrick, Barth & Needell (1994), for example, found that 31% of kinship carers had initiated contact with the child protection services. Broad (2004) reviewed 50 cases of children and young people up to age 15 placed with family and friends. He found that they reported feeling safe, and many actually talked about the importance of their ‘being rescued’ from LA care.

In 52% of cases in the Hunt et al. study (2008) the LA appeared resistant to long term kinship placements. Concerns expressed by social workers included:

- Health or advanced age of the carers
- Inexperience or relative youth of the carer
- Possible inability to control parent contact
- Criminal record of carer or carer’s partner
- “unstable” lifestyle of kinship carer (defined as having several sequential partners)
- Ability of carer to protect the child

Family assessments within kinship care arrangements may be less stringent than those of stranger-placements, and these children are more likely to have unsupervised access to parents who are considered not able to provide for their needs (Worrall, 2009). Two American studies reported that between 25 and 50 % of Social Workers did not believe that kinship carers provided competent parenting for children in their care (eg. Beeman & Boisen, 1999). In their review, Sinclair et al. (2007) reported that kinship placements tended to be judged as being of poorer quality than non-kinship care placement. Hunt et al. (2008) further found that the most common problem to impact upon competent
parenting was the carer’s age or physical disability. Farmer & Moyers (2008) found that 31% of their grandparent carers had “severe health difficulties”. Hunt et al. (2008) concluded that the message from both of their and the Farmer & Moyers (2008) studies seem to suggest that:

the majority of kinship placements are probably good enough, but there is a not unsubstantial minority which raise serious quality issues (p37).

In the USA, Peters (2005) specifically tried to address how professional thoughts and attitudes may influence placement decisions. He described how professionals had both positive feelings towards kinship care, whilst at the same time negative reactions about the additional time taken with kinship care placement management and the lack of a clear policy regarding working with kin, resulting in an increased sense of risk. In particular, professionals found family dynamics were particularly difficult, and also kinship carers required more professional time to help negotiate the child welfare system. In one study, 42.7% of social workers surveyed thought kinship placements were more difficult to supervise (Beeman & Boisen, 1999) as a result of:

- More complex family dynamics, requiring more intensive support, particularly in terms of contact with parents (Hunt et al., 2008)
- Some difficulties with co-operation (although not all studies agree), e.g. Beeman & Boisen (1999), found 58% of Social Workers found kinship carers more co-operative
- A need to be more sensitive to the feelings of the carers about the reasons the child was looked after

Within the Hunt et al. (2008) sample, social workers described non kin foster carers as easier to work with because they were professionals who had chosen to look after children and had received training. However, in other studies, social workers have suggested that kinship carers were easier to support and less likely to ‘know it all’ than non kin carers (Nixon, 2007). Interestingly, Strijker, Zandberg & Meulen (2003) found no significant differences between foster carers and kinship foster carers in their measurements including the child’s attachment to the carer, their attitude towards birth parents and their contact with parents. These authors suggested that the extent to which a family is able to offer ‘positive relationships and clear structures’ might be more important for the child’s functioning than the extent to which the child is related to the carer. Clearly matching the child to the placement is important. There is not yet enough
evidence to answer the questions: do relationships and structures have more influence or does having a common cultural background have more influence on placement quality, or do both factors explain variance on a foster child’s functioning (Owusu Bempah, 2010)?

2.3.3. RELATIONSHIP QUALITY

Assessing relationship quality is problematic and this has not been systematically researched in kinship care placement (Nixon, 2007), although there are many anecdotal examples of children and carers describing their relationships in positive terms (Farmer & Moyers, 2008). Wilson and Conroy (1999) reported that children in kinship care in their sample were more likely to report that ‘they always felt loved’ when compared to children in non-kinship care.

In terms of attachment, Farmer & Moyers (2008) found that the vast majority of children in both kinship (97%) and non-kinship (93%) were attached to an adult carer, but having a close relationship did not ensure that the child did not want to live elsewhere. Hunt et al. (2008) reported that 24% of their sample had some difficulties in their relationship with their carer and that in these cases, most of the placements had ended. The authors reported that CYP were more likely to have difficulty developing a relationship with their kinship carer if they were older (above 8 years) when placed and if they were cared for by a couple, rather than a lone carer.

In conclusion, Hunt et al. (2008) reported that in terms of the three outcomes from the Quality Protects Programme:

- 33% of kinship placements had positive ratings on all three measures, stability, quality and relationship quality
- 21% had problematic ratings on all three measures
- 24 % had positive ratings on only one measure and in almost all of these cases the positive was relationship quality
- 22% had positive ratings on two measures, with placement stability most likely to be the problematic outcome

In addition to the three Quality Protects headings, it was felt important to review the literature in terms of the safety and functioning of CYP in kinship care.
2.3.4. CHILD FUNCTIONING:

There is a wealth of evidence to suggest that being Looked After by the state leaves children and young people vulnerable to poor outcomes in terms of psychological and physical health, educational attainment and subsequent employment (e.g. Dent & Cameron, 2003). Children placed in Family and Friends placements often receive care from kin as a result of birth parents’ substance abuse, abuse and neglect, teenage pregnancy, death, illness, divorce or incarceration. These factors give rise to numerous risks of psychopathology amongst custodial children including exposure to prenatal toxins, early childhood trauma, and limited interactions with parents, family conflict and uncertainty about the future. Further, these children are at greater risk of emotional and behavioural difficulties because of the numerous challenges that their carers face, including social stigma, isolation, disrupted life plans, age related illness, family conflict and financial difficulties. International research shows that kinship carers are more likely to be financially less well-off and less educated and to receive less support from child welfare agencies than non-related carers. Presumably these factors impact negatively upon their ability to care for their kin, thus children cared for by their kin might be doubly disadvantaged.

Despite these issues however, the evidence regarding child functioning within kinship care placements, although limited, is broadly positive (DFES, 2008). On several measures, including health, education and emotional development, children placed with their kin appear to do as well as those placed with non kin foster carers, despite the increased likelihood that their carers are older or frailer. Hunt et al. (2008) report that most children in Family and Friends placements were doing reasonably well, with almost half (46%) showing no problems in any of the their measured wellbeing domains. In their Norwegian study, Holtan, Ronning, Handegard & Sourander (2005), reported that children in kinship care had fewer emotional and behavioural difficulties than non-kinship care placed children as measured by the Child Behaviour Check List (CBCL.; Achenbach, 2001). The authors suggested this was as a result of the protective factors when placed, including a sense of personal and cultural identity, fewer numbers of placements and more regular contact with birth parents. They further suggest that children placed with kin are less subject to stigma; although Pitcher (2002) reported that some children cared for by their grandparents reported ‘feeling different’ and not knowing anyone else brought up by their grandparents.
There are relatively few long term studies within the field of kinship care, but Benedict, Zuravin & Stallings (1996) interviewed 214 adults who had been looked after. Forty percent of these had been placed with kinship carers. Social workers had reported that those cared for by kin were functioning significantly better as children. In adulthood however, these differences appeared to wash out, both groups were reportedly functioning similarly in terms of education, employment and physical and mental health.

2.3.5: PROTECTION AND SAFEGUARDING:
Despite the obvious importance of safeguarding, there is surprisingly little literature addressing the question of how safe kinship care is (Nixon, 2007). International research is contradictory as to whether rates of abuse are higher or lower in kinship care (Department for Children, Schools & Families, 2008). In his review of the available literature, Nixon concluded that kinship care appears to provide the same level of safety as non-kinship care placements. O’ Brien (2012) has questioned how safeguarding should be measured, by examining incidences of abuse or numbers of children removed from kinship care or by considering disruption and stability rates, given that some children report that they were rescued from the care system by their families?

As already stated, some social workers have concerns about intergenerational family dysfunction (Nixon, 2007). During my casework I have experienced ‘the apple doesn’t fall far from the tree’ attitude from school-based staff. Peters (2005) reported that social workers also vocalised their concerns that kinship carers might collude with abusers, that they are difficult to work with and perhaps do not have the skills sought in professional non-kinship carers. Farmer & Moyers (2008) found 73% of kinship placements were a positive experience for the child and 10% were considered detrimental Hunt et al. (2008) found that whilst few kinship placements were completely free from concern, 20% raised major issues.

2.4 DISADVANTAGES OF KINSHIP CARE:
Problems and issues for children in kinship care and their carers are frequently related to the reason the children went into care in the first place, rather than being caused by the kinship care itself. The fact that kinship carers are reportedly more likely to be older, poorer and experiencing stress can further exacerbate an already difficult situation. This
section will address difficulties and barriers experienced by those offering and receiving kinship care and by those attempting to support it.

2.4.1 DIFFICULTIES FOR KINSHIP CARERS:
Compared to their possible first parenting experience, KCs, particularly grandparents, are fulfilling an ‘off time’ role (Laundry-Meyer & Newman, 2004). Because they are unable to engage with experiences traditionally associated with late adulthood, fulfilling this ‘off time role’ has been associated with feelings of loss (Laundry Meyer & Newman, 2004). This can impact negatively on wellbeing and parenting effectiveness. Some grandparents grieve the loss of their role as stated by a GKC in the Hunt et al. (2008) study:

*I was looking forward to being a grandparent. You’re a parent not a grandparent* (p170).

KC are vulnerable because they usually take on the role of kinship care under difficult circumstances. One retrospective study found that navigating the different rules and expectations related to the additional generational gap was a source of stress for both grandparent carers and children (Dolbin-Macnab, Rodgers & Traylor, 2009). In their survey of Australian grandparent kinship carers, Fitzpatrick & Reeve, (2003) described grandparents as having ‘low energy’ for their grandchild’s activities and a lack of knowledge of modern parenting practices.

American literature suggests that KCs are more likely not to receive the correct social security benefits, have limited access to legal services and can fall between the gaps of service providers. US Researchers have suggested the need for services to be more educated about grandparents’ individual needs, to be more accessible and to be willing to serve as advocates (e.g.Hayslip & Kaminski, 2005). Further, although custodial parents and grandparents were equally likely to experience obstacles in seeking help with parenting, the obstacles differed according to the caregivers; Grandparent carers were more likely to report that they did not know what help was available or how to access it and that they did not have the time to attend support groups.

Sykes, Sinclair, Gibbs & Wilson (2002) conducted a relatively large scale study within seven LAs in England, including rural and urban communities, comparing kinship and non-relative foster care. Their results were similar to findings reported in the USA, they reported that kinship carers were:
• Significantly less educated beyond compulsory education, 67% of kinship carers had no educational qualifications

• Almost twice as likely not to be receiving support from immediate family

Unlike the American data however, kinship carers in this study were more likely to have partners, although their partners were more likely to be unemployed. These data led the authors to conclude that fostered children who come from disadvantaged groups are doubly disadvantaged if their kinship carers are disadvantaged. Osuwu-Bempah (2010) argues:

It is an irony that financial assistance and other support and services provided by child welfare agencies are skewed against kinship carers; evidence shows they have greater needs than non-relative foster carers (p92).

Richards (2001) found that 72% of the KCs in his UK study reported financial hardship as the result of becoming carers; 43% either gave up working or reduced their hours of working. However Hunt et al. (2008) reported financial hardship to be a significant factor in only 8% of their sample. It appears that variation exists across the country in terms of support available for kinship carers and remuneration received; paying family members for what some perceive should be done out of a sense of family loyalty and affection is a thorny issue. Should the state be paying relatives to do what families should be doing anyway? Clearly there is a broader debate about where the line should be drawn between family and governmental responsibility (Geen, 2004).

In September 2001, the English High Court judged that an LA was wrong to pay carers of children who are related to the child at a lower rate than that paid to foster carers (Mr Justice Munby v Manchester City Council). However this would not impact upon the vast majority of kinship carers who care informally and whom Farmer & Moyers (2008) describe as experiencing the greatest financial hardship.

O’ Brien (2000) emphasised that although kinship caregivers in her sample wanted support with the task of raising relative children, they did not see themselves as agency clients. Their self-perception was that of a relative who stepped in to provide care. The author argues that this did not however provide justification for denying them financial support and services to carry out their childcare responsibilities.

American research suggests that grandparents raising grandchildren face a greater risk of psychological distress (Park, 2009). Factors linked to their lower levels of psychological health included being a relatively young grandparent, having poor health, not having a
High School Diploma, not being employed, living in poverty, caring for grandchildren below the age of 5 and caring for grandchildren with severe behavioural problems. Further, findings suggest that both grandchildren and their grandparents experience decreased social emotional wellbeing during kinship care arrangements (Solomon & Marx, 1995).

In Ireland, O’Brien, Massat & Gleeson (2001) interviewed 35 kinship carers and reported that:

- The majority had become carers without advanced notice
- They felt love towards the child, but also burdened by them
- They lacked information and support
- They needed help to identify where support might come from
- All experienced a change in their family dynamics
- Many felt pressured into obtaining legal orders for the child

In their UK survey, Farmer & Moyers (2008) found significantly more kinship carers were struggling to cope with the children in their care when compared to non-kinship carers (45% kin vs 30% non kin). GKCs in particular faced many issues including social stigma, isolation, disrupted life plans, age related illness, family conflict and financial difficulties. Researchers have also found that GKCs have shown elevated rates of anxiety, irritability, anger and guilt (Smith & Palmeri, 2007). GKCs in one sample were found to be twice as likely as those without care taking responsibilities to experience depression (Minkler et al., 1997). KCs can find themselves dealing with contentious wider family relationships, custody disputes and the various problems of the children’s parents which led to the children being taken into care.

In the Farmer & Moyers sample (2008), kinship carers described how they were visited by social workers during periods of difficulty, but were not offered the same range of support as non kin carers at other times. O’Brien (2000) described how kinship carers perceived support offered as an attempt to monitor the child. Pitcher (2002) interviewed 33 sets of Grandparent kinship carers and found that, for many, there was a high level of anxiety that if they appeared in any way demanding of help then social services would judge that they could not manage and would place the children elsewhere. Pitcher
described how these carers would like someone to talk to, independently of the children but did not want to ‘burden’ family or friends.

Farmer and Moyers (2008) noted that social work supervision of contact with birth family was much lower with kinship care than non-kinship care and that this caused difficulties for some kinship carers. Richards (2001) reported that one third of his sample of grandparents said that their relationship with their own child had ‘worsened’ since caring for their grandchild and this could further impact upon difficulties managing contact.

Within the Farmer & Moyers (2008) sample, several kinship carers described their view that being a kinship carer was more difficult than being a foster carer because they felt kinship carers:

- experienced more hostility from the birth parents and family
- received less support from social care
- received less financial support from LAs
- had less knowledge of services in the area which might be able to help them
- were sometimes told by services that, as they were relatives of the CYP, they were not entitled to help
- found it difficult to be honest in review meetings if the CYP parents were present

Pitcher (2002) reported that grandparent kinship carers had difficulty with social care assessments, particularly when they began with a historical profile; some reported that fear of losing their grandchild led some to give incorrect responses, which were interpreted by social workers as dishonest. Scannapiecio & Hegar (2002) argued that following the rise in the prevalence of kinship care, support services should use different types of approaches to assessment and intervention. Further O’ Brien (2012) has argued that there is a lack of conceptual frameworks to understand the difference between support and supervision.

In reviewing the literature, kinship carers particularly appreciated experienced social workers who are accessible, approachable and who kept them informed (Farmer & Moyers, 2008). They valued:

- Specific help from social workers regarding parental contact and behaviour management (Hunt et al. 2008)
• Advice and signposting regarding other services, for example making arrangements for the child’s education (Farmer & Moyers, 2008)

Sykes et al. (2002) conducted a large scale study of kinship carers in the UK and concluded that:

• Kinship carers are not a homogenous group; they have different training needs to foster carers and some do not see themselves as requiring training

• Some kinship carers want the support available to non-kinship carers, but not all do

• When kinship carers take on children they frequently suffer financially and in terms of their living accommodation

• The potential of kinship care to ‘unlock’ support and help from grandparents and within ethnic communities is not sufficiently realized

• There may be particular difficulties for kinship carers in relation to managing contact with parents.

2.4.2 DIFFICULTIES FOR PROFESSIONALS:
Following several high profile and tragic cases, some involving children cared for by kin, child protection and risk management have dominated social work practice in recent years. This and more robust agency standards and procedures, have left less time and space for social workers to develop effective partnership with families (Smale, Tuson & Stratham, 2000). Within this context, kinship care placements within the UK have risen, but there appears to be very little guidance regarding kinship care for professionals compared to that available for foster care and adoption (Nixon, 2007).

Furthermore, there is still no consensus on the extent to which the state should support and monitor relatives who look after children from their own families, (Nixon, 2007). In addition, there are, of course, concerns about the level of resource that might be required to support these placements, particularly within the current economic climate and given the estimated number of informal kinship carers identified by Selwyn & Nandy’s (2012) census review.

In its White Paper Time for Change (2007) the then Government identified four main concerns to address within kinship care provision:
- National variation in the extent to which Family and Friends placements are used
- Inconsistent application of policy or lack of policy, Morgan (2003) surveyed 55 LAs and only 38% had a clear definition of Family and Friends care.
- Lack of transparency regarding entitlements and services available
- The need for a suitable and consistent approval process for these placements.

Non kinship foster carers attend training and can access support groups. This is rarely the case with kinship carers (Farmer & Moyers, 2008). Statutory Guidance (2011) states that services, such as Children’s Centres, should be confident that they are accessible and welcoming to all generations and offer a comfortable environment for people of all ages with a variety of relationships to the child. The guidance further states:

“It is essential that services are not allocated solely on the basis of the child’s legal status, and that commissioners are providers of services which are aware that many children in Family and Friends care have experienced multiple adversities similar to those of children who are looked after by local authorities” (p10).

And that:

Workers are likely to need help and training to fully understand the particular support needs of Family and Friends foster carers(p47).

Within the Farmer & Moyers study (2008), 86% of kinship placements were initiated by kin offering themselves as carers. Research suggests that family group conferences are more successful in engaging the CYP’s family than more traditional decision making processes within social care. These CYP are subsequently more likely to be placed with family; but the use of these conferences varies across the country (Nixon, 2007).

Recent social work texts recommend using a strengths-based model of assessment, in order to help families investigate, with their social worker, the support they might need to further enhance their care (Daniel, Wassall & Gilligan, 2010). Some have been critical however, of the lack of focus upon risk and social workers have reported difficulties incorporating risk into their assessments (Brandon et al., 2006). Within the LA where I am employed a Risk & Vulnerability Matrix (Daniel, Wassall & Gilligan, 2010) has been adopted which prompts professionals working in Children’s Services to consider protective and resiliency factors in addition to a child’s vulnerability when completing assessments:
This is a familiar two dimensional bio-ecological layout, describing within child factors and their interaction with environmental variables (Toland & Carrigan, 2011). Resilience can be surmised as the outcome of the interaction between the balance of protective and risk factors at the within child level and the balance of protective and risk factors at the environmental level. Whilst a useful starting point, in that this model suggests that the best interventions will be achieved through a two pronged approach, seeking to enhance assets and reduce risks, care should be taken that practitioners do not simply use the Matrix as a ‘tick sheet’. The presence of strengths or protective factors are no guarantee of subsequent resiliency (Rutter, 2013). Resilience is a dynamic concept (Toland & Carrigan (2011)), the quality of a child’s adaptation results from interactive processes between factors which operate at the individual, family, school and community levels. Thus there are multiple ways of intervening that must take into account processes within the ecology in addition to factors. Rutter (2013) cautioned that practitioners should focus upon the ‘mediating mechanisms’ when investigating risk and protective factors in order
to inform the design of intervention programmes. Theron & Donald (2011), for example, described such resilience promoting processes within the South African culture as meaning making, self-regulation, problem solving and mastery.

2.4.3: DIFFICULTIES FOR CHILDREN AND YOUNG PEOPLE IN KINSHIP CARE:
There is some literature to suggest that the effects of being Looked After vary with placement type. Many studies which compared the developmental outcomes for Looked After Children have found that being placed in residential care settings has more adverse effect than being placed with foster carers (eg. Dubowitz & Sawyer, 1994). There is some evidence that children and young people placed with kin fare better than those placed with non kin foster carers for example, Solomon & Marx (1995). Children and young people’s views on their kinship care placement are relatively scarce in the literature (O’ Brien, 2012). I was able to locate one American study which consisted of focus groups with forty children cared for by kin living in San Francisco Bay (Messing, 2006). These children described the fluidity of their families; their primary connections were not with the nuclear, but the extended family. They also described a lack of stigma. Messing (2006) concluded that their feelings around placement were complex:

_They love their caregiver, yet hope to live with their Mother; they understand that their Mother cannot care for them, yet yearn for a time when she can_ (p1432)

Hunt et al. (2008) used several factors to assess how well children fared post placement including physical health, learning difficulties, schooling, peer problems, sexual behaviour and emotional and social development. Children and young people cared for by kin had most problems with emotional and behavioural development (35% of the sample) and schooling (32%). Overall however, 47% of the sample had no problems in any domain.

Farmer & Moyers (2008) and Hunt et al. (2008) found that unsatisfactory kinship care placements lasted significantly longer than unsatisfactory non kin foster placements and this clearly has implications for the wellbeing and progress of these children. Children may spend longer in a poor kin placement than a non-kin placement, as social workers seek to prolong family contact where possible. Worryingly, some of the KCs in the Farmer & Moyers (2008) study, who did not meet the standards of care required, were reportedly encouraged to pursue a Residence Order. This may further disadvantage CYP in their care, since once in place, a Residence Order means that social work support and monitoring cease and payments became discretionary.
If a kinship-care placement does break down, it might be expected to have a more negative impact on the child than a non kin breakdown, if the child or young person perceives that they have been rejected by a family member. There is some evidence to suggest that if the initial placement disrupts, children are more likely to be placed with another relative, thus minimising discontinuity and that the original carer will remain in contact, thus supporting attachments (Department for Children, Schools & Families, 2008).

### 2.5: EDUCATIONAL PROGRESS MADE BY CHILDREN AND YOUNG PEOPLE IN KINSHIP CARE

It is widely reported that the academic performance and behaviour of Looked After Children are significantly poorer than that of their peers (e.g. Jackson, 2001; Dent & Cameron, 2003). The percentage of Looked After Children achieving 5+ A*-C at GCSE or equivalent including English and Mathematics increased from 13.6% in 2011 to 14.6% in 2012. This is significantly lower than the attainment of their non-Looked After peer group, which was 58.4% and 58.1% respectively (DfE, 2012).

The Department for Education and Skills reported that 2.9% of children in England and Wales had a statement of Special Educational Needs in 2005 (DfES, 2005). Around this time, the prevalence of statements in the overall population of Looked After Children was reported to be 27% (DfES, 2006). In the Farmer & Moyers (2008) sample, 28% of the children cared for by kin had a statement and 52% of the sample were reported to be underachieving at school. In the Hunt (2008) study, 27% of their sample of children were described as underachieving at school.

Grandparent kinship carers have reported that one of the most challenging elements for them in raising grandchildren is in supporting them to do well at school (Strozier et al., 2005). More encouragingly, Lawrence Webb, Okundaye & Hafner (2003) reported that kinship carers prioritised education with the children they care for. Some GKCs have reported that the educational context has changed since theirs and their children’s schooldays and this can have a negative impact on their ability to support the education of their grandchildren (Harrison, Richman & Vittimberga, 2000). Doolan et al. (2004) found that some children in kinship care reported school to be an important source of stability in their lives.
There is very little research examining the academic progress of children specifically raised by family and friends (Cunningham & Lauchlan, 2010). The few studies that are available offer contradictory findings, some suggest that children raised by grandparents are very similar to their peer group; for example, Solomon & Marx (1995). Others report these children experience higher rates of social and emotional problems in school (e.g Edwards, 2006; Shore et al., 2002). Farmer and Moyers (2008) reported that when progress in school was described as poor, disruption was more common in both kinship and non-kinship placements, but that children with statements of SEN had an increased chance of disruption in non-kinship care. Poor school attendance was related to disruption for both kinship and non-kinship care, but particularly kinship.

Dubowitz & Sawyer (1994), in a relatively large study of 374 children in the care of relatives in Baltimore, described the incidence of school behaviour problems in children raised by kin as similar to that reported for children fostered by non kin carers (approximately one third reported difficulties requiring special educational services). Interestingly however, they found that almost half their sample of children in kinship care had poor work study habits and attention control skills, with most children described as ‘non-compliant’ with their homework when compared to children placed with non kin carers. They also described how attention problems in their sample correlated highly with anxiety and sadness. Teachers in this study described externalising behaviours as their most problematic areas, including demanding attention, over activity and aggression. Internalising behaviours were rarely described in children being cared for by kin. On a positive note, and perhaps surprisingly, most of the children in the sample were described by their teachers and carers as having average or better than average peer relationships. The authors reported that kinship carers rated their children’s behaviour much more positively than did their teachers, possibly because they were less aware or more tolerant of these behaviours or because communication between school and home was inadequate. Indeed 41% of the carers were rated by teachers as less than moderately involved in their children’s education. In a further paper (Sawyer & Dubowitz, 1994) described that factors such as placement at a later age and fewer children living in the house were associated with higher academic achievement within their sample.

Edwards (2006) reported that teachers perceive children raised by their grandparents experience significantly more internalising and externalising problems than their peers. The author also referred to an earlier study in which children cared for by their
grandparents made up to 10% of the school population within a district of Florida. Disproportionately, these children accounted for about 70% of the behaviour problem referrals to the schools’ administrators. Research by Cunningham & Laughlan (2010), found that whilst professionals were concerned about lower motivation and emotional issues impacting upon a child’s education, Kinship carers were more concerned about bullying and stigmatization.

In the UK, a survey by Grandparents Plus (2008) found 40% of their respondents reported that the children they cared for had difficulties in school. In contrast to the Dubowitz & Sawyer (1994) study, the most common problem reported was difficulty making friends. 7% reported that the children they cared for had suffered bullying. One carer reported that a child they were looking after had been permanently excluded and just 5 of the 239 carers who responded stated that truancy was a problem. Non-attendance at school was also rare in the Hunt study (5%). Rowe, Cain, Hundleby & Keane, (1984) found that while kinship carers appeared to have slightly more difficulty in getting children to school, they were less likely to report problems to their social workers than non-kinship carers.

2.6: INTERVENTIONS SPECIFICALLY SUPPORTING KINSHIP CARE

There is broad agreement in the literature on the types of help required by KCs (Hunt et al. 2008):

- Assistance to manage parent contact
- Adequate financial help (75% of the Farmer & Moyers (2008) sample had financial difficulties)
- Information and advice regarding legal, benefit, education and social care systems and sometimes advocacy
- Practical help, including regular respite care
- Provision of some equipment, particularly at the beginning of placement
- Access to transport
- Assistance with housing
- Assistance to KCs so that they can help children with school work, their feelings and their behaviour (23% of the Farmer & Moyer’s sample were struggling with managing their child’s behaviour)
Following their UK survey, Sykes, Sinclair, Gibbs & Wilson (2002) reported that 77% of kinship carers claimed that they had received no training since they began fostering, compared with 21% of non-kinship carers. However, a third of the kinship carers went on to state that they had refused training because of a lack of child care facilities or inconvenient timings. The most common reason given however, was that the training offered was ‘not relevant to their needs’. Some saw training as unnecessary because they were caring for a family member and had previous experience of doing so.

Some American research suggests that kinship carers are more likely to engage with support groups than with more formal training (Mc Fadden, 1998). Interestingly, 85% of kinship carers in the UK based Sykes et al. (2002) study stated that their LA offered these support groups, but they were much less likely to attend than non-kinship carers and, when they did attend, they did so less regularly. One American study described how grandparents who took part in both parent training and a support group experienced a decrease in negative affect scores (Hayslip & Kaminski, 2005).

Kolomer (2008) reported several factors more likely to increase support group participation by means of building the credibility of the organisation providing the group:

- Provision of child care
- Location of group, in an easily accessible venue or else transportation be provided
- Flexibility. In particular meeting at times that suit the needs of care givers rather than professionals

One American study found that GKCs felt that support groups for children cared for by kin would be helpful, particularly if restricted to children of a similar age (Smith, Savage-Stevens & Fabien, 2002).

Cunningham & Lauchlan, (2010) asked social workers and kinship carers how child and educational psychologists might best support them and their children. Both responded that support to help these children to manage their emotions would be most beneficial. Findings from the Farmer & Moyers (2008) study suggest that some kinship carers of CYP with emotional and behavioural needs:

- experience difficulty getting services to support them
- would like additional support to explain to CYP why they were placed in care
- want support with difficult contact with their parents
would benefit from respite care (only 8% received regular respite care)

In addition,

- CYP would benefit from advice regarding how to explain to friends why they lived with kin (Pitcher, 2002)
- Some KCs would welcome access to a support group of kinship carers and this may ease their sense of isolation

In the Grandparents Plus Survey (2008), 33% reported that they were currently in touch with Children’s Services and 50% said that they had had contact in the past. Of the 163 carers who stated that they had asked for support, 32% reported that they had received the help required, 68% said they had not.

Pitcher (2002) found that several grandparents in his study refrained from seeking much needed help from social care for fear that they might appear wanting and the grandchildren subsequently removed from their care. When specifically asked what messages they would like to be reported to the Director of Children’s Services, Grandparents in this sample reported that they would benefit from:

- Easy, reliable access to advice with practical support, preferably with a named person.
- Clear written information about entitlements at the beginning of a placement, together with a package of help with transport and financial support.

Morgan (2003) surveyed English Local Authorities and reported that 87% do not provide written information about support available to kinship carers.

The American literature has described several interventions designed specifically to support kinship carers and the children they care for, including for example:

- Kinship Care Connection (Strozier et al., 2005)
- Project Healthy Grandparents (Kolomer 2008)

Two American school psychologists described a programme of support for children cared for by their Grandparents within an English primary school with a relatively high proportion of kinship carers (Edwards & Sweeney, 2007). The authors described three aspects to the support programme including:
• The allocation of a peer counsellor
• The allocation of a member of staff as a named mentor
• Counselling groups offered to grandparent kinship carers, incorporating parent training and information about how to support homework

Brintnall-Peterson et al. (2009) described a web-based fact sheet series for grandparent kinship carers, and concluded that this was a useful way to reach some kinship carers. Within the UK, the National Foster Care Association (NFCA) has produced open learning training materials to support Family and Friends foster carers and social workers (Flynn, 2006).

2.7: VIEWS OF CYP

As already reported, the views of children and young people have not been a source of much of the research into kinship care. Wilson and Conroy (1999) found that children placed with kin reported that they ‘always felt loved’ (94% compared to 82% in foster care). Broad (2006) interviewed 20 children and young people in his kinship care sample from Wandsworth aged 10 years and over. These CYP described the main advantages of kinship care as:

• Feeling safe and settled
• Not being in LA care
• Confirming their identity, in particular supporting links with their family and friends.

The CYP identified the following disadvantages of being in kinship care:

• Limits on lifestyle, many CYP felt that their kinship carers placed limits on their independence
• Financial hardship, some carers of kin subsequently spoke about how siblings in non-kinship care fared much better financially

Farmer & Moyers (2008) found that when a child was placed by themselves with kinship carers, they were more likely to describe the loneliness of living with an elderly relative and having few children to play with. These placements were also more likely to end than those in which children were placed in kinship placements with other children present.
5000 children and young people were consulted about the Green Paper ‘Care Matters: Transforming the lives of children and young people in care’ (2006). 75% of those consulted agreed that it was ‘really important to see if there are other relatives who could look after a child before they go into care’. (DfES, 2006, p5). Given that placement with kin and with grandparents is increasing (Hunt, 2003) and that research in the UK is relatively sparse (Edwards & Sweeny, 2007) and also that findings from the UK do not fully concur with the international literature, the present study was designed to provide up to date local data to inform professionals in supporting LAC and their KCs within an LA in the North West area of the country. Specifically this study will focus on the following questions:

1. What do KCs think about the support they receive, the role they are undertaking and how support services might help them further?

2. What do professionals supporting KCs think about the support KCs receive, the role that KCs undertake and how KCs might be supported further?

3. How are children and young people cared for by their KCs achieving within a school context?

In addition, the study will investigate whether Positive Youth Development (PYD) is a useful conceptual framework to inform practice when working with KCs. A description of this follows in Chapter 3.
CHAPTER 3: POSITIVE YOUTH DEVELOPMENT:

3.1: POSITIVE PSYCHOLOGY:

According to Seligman and Csikzentmihalyi, psychology should be as concerned with strength as with weakness, as interested in building the best things in life as repairing the worst, and should create interventions that make people happier. Positive psychology has studied success, what makes people resilient and effective and able to cope with life’s challenges in order to devise interventions. This is not a new idea, but, as many have pointed out, during the second half of the 20th century ‘mainstream’ psychology largely operated within a disease model (Boniwell;2006, p4); not exclusively however, because at the same time humanistic psychologists were critical of this pathology-orientated approach (eg Rogers, 1980 & Maslow & Lowery, 1998).

Many CEPs have incorporated aspects of positive psychology within their work without necessarily using this specific title or articulating this paradigm (Gersch, 2009). The use of solution-focused techniques, for example, to support children and families has been widely adopted by practitioners over the last 20 years (Stobie, Boyle & Woolfson, 2005; Brown, Powell & Clark, 2013). Redpath and Harker (1999) describe the application of this approach in five different areas including work with individual children and young people, consultations with teachers, meetings, group work and training. As a child and educational psychologist, I frequently use solution orientated approaches and questioning techniques in my everyday work.

3.2: POSITIVE YOUTH DEVELOPMENT AS A CONCEPTUAL FRAMEWORK

3.2.1: POSITIVE YOUTH DEVELOPMENT (PYD).

Positive psychology has become increasingly prominent since the 1990s, and the premises of Positive Youth Development (PYD) appear to echo those of the positive psychology movement. However,

“the roots of a positive youth development perspective were not linked to this work” (Silberesisen and Lerner, 2007, p3).
Rather

“The PYD perspective emerged from the work of comparative psychologists and biologists who had been studying the plasticity of developmental processes that arose from the ‘fusion’ of biological and contextual levels of organisation” (Lerner 2005, p13).

PYD originates from a range of psychological perspectives, and was developed as an example of prevention science in the USA. Crucially, it has roots in developmental psychology which stresses the relative plasticity of human development: that this potential for systemic change exists because of mutually influential relationships between the developing person, their biology, their psychological characteristics, family, community and culture. Adaptive development occurs when these bi-directional interactions between the individual and their context advance the well-being of both components. This potential for plasticity at both individual and contextual levels constitutes a fundamental strength of all human development:

More than before, our times of societal change require the self-selection of goals for one’s development from a variety of opportunities and a fine tuning of actions to achieve them. To be capable of achieving this, one needs a range of competences for analysing the demands of situations, to communicate with others involved, to trust in one’s own efficacy, to regulate effects so that they exploit opportunities at best, to be driven by optimism, and of course to reach out to others. Without such capabilities, the autonomous regulation of one’s development would not be possible. More specifically, the absence of such capabilities would not only restrict the development of mediating processes, but also the longer term outcomes we call positive development, such as a sense of competence, usefulness, belonging, and empowerment” (Silberesisen and Lerner, 2007 p11)

According to Edwards & Taub (2009), whilst the PYD model ‘builds upon’ resiliency models it focuses more upon the strengths and resources of young people and their communities. Where resiliency models might emphasise intervention to interrupt specific processes, Catalano, Berglund, Ryan, Lonczak & Hawkins (2004) described a successful life trajectory as requiring more than “avoiding drugs, violence, school failure or precocious sexual activity” (p100).

American researchers who promote PYD therefore seek to promote the healthy development of children and young people, rather than reactively attempt to protect them from risk and challenge. Hence the developing person can be directed to desirable outcomes, rather than be the focus for prevention of undesirable outcomes. It is suggested that by varying reciprocal relationships between children and their contexts, advantage can be taken of the child’s plasticity. Children are viewed as resources that can
be developed, rather than as challenges that must be managed (Edwards & Taub, 2009).

In contrast to problem-focused approaches, PYD:

emphasises [that the] prosocial behaviours necessary for good mental health and successful functioning in peer groups, schools and communities is considered systemic, proactive and beneficial to healthy child outcomes (Edwards & Taub, 2009, p164).

Unlike positive psychology and solution-focused approaches, PYD has its roots in developmental psychology. In accordance with the stress on the importance of ecological factors, advocates of PYD suggest expanding interventions beyond a single problem approach and that the professional should consider risk and protective factors across family, peer, school and community environments. These ‘prevention’ scientists stress the importance of social and environmental factors that affect the successful completion of developmental tasks.

Further, Lerner (2005) suggests that the positive development of children can be proactively advanced by fostering the ‘Five Cs’ of PYD, namely, Competence, Confidence, Character, Connection and Caring/Compassion.

**Table 1 Definition of the Five C’s, Indicators of PYD**

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<thead>
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<th>C</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Competence</strong></td>
<td>Positive view of one’s own actions in domain-specific areas: social, academic, cognitive and vocational</td>
</tr>
<tr>
<td><strong>Confidence</strong></td>
<td>An internal sense of overall positive self-worth and self-efficacy</td>
</tr>
<tr>
<td><strong>Connection</strong></td>
<td>Positive bonds with people and institutions that are reflected in the bi-directional exchanges between the individual and their peers, family, school and community</td>
</tr>
<tr>
<td><strong>Character</strong></td>
<td>Respect for societal norms, a sense of right and wrong</td>
</tr>
<tr>
<td><strong>Caring</strong></td>
<td>A sense of empathy for others</td>
</tr>
</tbody>
</table>

Cited by Bowers et al. (2010; derived from Lerner, 2005).

The child, KC and society become partners in the process of child development, with shared rights and responsibilities. The suggestion is that communities (including schools and LAs) can help children and KCs to function effectively by facilitating supportive environments based on the PYD model that proactively seeks to offer substantial access to the five Cs. Lerner (2005) suggested that when an individual manifests these five Cs over time, they are more likely to be on a positive life trajectory, with mutually beneficial interactions that contribute to self, family and community. Several studies describe a situation when subsequently a sixth C has emerged, namely youth Contribution.
Edwards and Taub (2009) suggested that PYD could be:

*used as a viable theoretical and applied developmental science framework to understand the children cared for by kin and to promote favourable school outcomes (p160).*

The authors suggest that when bidirectional relationships between kinship carers and children and young people are positive, they help to support the CYP along a ‘*healthy developmental trajectory*’ (p168). The authors further recommend that research is required to test the usefulness of the framework.

**Figure 2 A conceptual pathways model to promote positive youth development in children raised by their grandparents. Taken from Edwards & Taub (2009)**

This diagram better illustrates the complexity of child development than the Risk and Vulnerability Matrix (Daniel, Wassall & Giilligan 2010) on page 40. This more ecologically focussed model takes into account local or unique resources available to the child or young person and:

“...cautions against a generic explanation, let alone prediction, of the pathways to resilience because it recognises the complexities of any given system” (Theron & Donald, 2011, p 54)
Realigning a child’s ecology, if possible, can lead to positive youth development because this takes advantage of the child’s capacity for plasticity. Figure 2 describes the interface among people in the young person’s environment, the ecological context, the Five Cs and developmental outcomes. This figure illustrates how the Five Cs can be ‘activated’ to shape a young person’s developmental trajectory. The concentric circles represent the social relationships and access to any of the Five Cs that promote PYD. The model is derived from the notion that the closer the emotional relationship between another person and the young person, the greater the influence on the young person’s wellbeing (Edwards & Taub, 2009). Grandparents are generally closer to younger children for whom they are the primary caregiver and their interactions with the children tend to be more influential that that with teachers or friends. However, as the child matures, interactions with adolescent social networks may become more influential than interactions with teachers. The outer circle depicts the Five Cs and children and young people can develop these as a function of their interactions with significant others. The dotted lines indicate the mobilisation of the Five Cs and the arrow shows the direction. The inner circle, shaded pink depicts the young person’s attributes, including motivation, skills etc. and ecological context including protective and risk factors. The shading itself represents a filter that promotes or impedes the development of the Five Cs that could be described as processes. The pyramid in the centre depicts the child or young person and their psychological wellbeing and favourable school functioning, with Contribution at the apex.

In this conceptual pathways model, nurturing and connected social relationships, positive child attributes and ecological contexts help to foster the Five Cs and achieve PYD. Using this more transactional model, children and young people are not passive recipients of support and intervention.

“Children and their ecologies need to co-direct their pathways to resilience, and these pathways are constantly evolving”, (Theron & Donald, 2011, p61).

One aspect of this study therefore, will be to explore PYD as a conceptual framework to be used by professionals within Children’s Services, including child and educational psychologists (CEPs), to consider action and inform future practice when supporting children and their carers. The 5 Cs will inform the design of the semi structured interviews and the subsequent thematic analysis. Much of the American research evidence supporting the PYD framework consists of quantitative evaluations using the positivism
paradigm (eg Catalano, Berglund, Ryan, Lonczak & Hawkins, 2004) I wish to investigate its usefulness in an English context and in more qualitative terms.

3.3: IMPLICATIONS FOR PSYCHOLOGISTS WORKING WITH CHILDREN AND FAMILIES:

Edwards & Ray (2008) argued that within the current climate of change for American School Psychologists (SPs), they should offer services to children in addition to those who have special needs. They argue that School Psychologists can offer a “sense of connectedness” to students who may feel disconnected from their schools, teachers and guardians. The authors concluded that SPs can enhance the school experiences of children raised by their grandparents and provide interventions that support the development of more favourable internal working models, social relationships and school satisfaction. The authors suggested a range of interventions including:

- co-operative grouping
- peer and teacher mentoring to improve social interactions and affiliations to school
- social skills training to develop students’ personal and social capacity to enhance their life and school satisfaction
- consultation to school staff to facilitate the development of secure and caring environments for these children
- Advice to KCs to develop homework friendly environments

Edwards and Benson (2010) suggested that School Psychologists can support children cared for by their kin at both system and school levels to increase social support by raising awareness of the needs of such children, by designing training for school staff about interventions to support children and encourage good communication between carers and teachers. Further, they recommend training for school staff in issues faced by these children around stress, insecure attachment and feelings of ambivalence towards grandparents.

Within the UK, Cunningham & Laughlan (2010) examined the support needs of kinship carers and concluded that CEPS could support this increasingly common care placement by:
3.4: POSITIVE FOR YOUTH: AN APPROACH TO CROSS-GOVERNMENT POLICY FOR YOUNG PEOPLE AGED 13-19 IN ENGLAND AND WALES.

Whilst completing this study, I became aware of the UK Government’s ‘Positive for Youth’ initiative. In February 2012, the Department for Education published Positive for Youth: A New Approach to Cross Government Policy for Young People aged 13 -19. This document described as a “radical new approach to youth policy” (Ministerial Forward), outlined all of the Government’s policies for young people living in England which promote successful outcomes.

In March 2011 a Positive for Youth summit was attended by young people, professionals, ministers and officials from seven government departments to identify key issues faced by young people and the support and services they require. In the Forward, the Secretary of State described several ways in which the current government has tried to address contextual factors in an effort to promote positive outcomes for young people including:

- Addressing underperformance in the education system to raise attainments
- Increasing the age of participation in education to ensure every young person has the skills for further study and employment
- Early intervention to address poor parenting and support families with multiple problems

our focus is on helping young people to succeed, not just on preventing them from failing. (Ministerial Forward)

It is possible this initiative was part of the response to the summer riots in 2011, indeed reference is made in the Executive Summary to:

A very small minority of young people feel no sense of belonging and as a result do not respect the communities in which they live (p3)
One significant proposal is the piloting of a National Citizen Service to support the personal and social development of young people and to ‘help build a more integrated, responsible and engaged society’ (p41).

This research study will investigate whether Positive Youth Development (PYD) is a useful conceptual framework to inform practice when working with KCs.

3.5: RESEARCH QUESTIONS:

Specifically, the study will focus on the following four research questions:

1. What do KCs think about the support they receive, the role they are undertaking and how support services might help them further?
2. What do professionals supporting KCs think about the support KCs receive, the role that KCs undertake and how KCs might be supported further?
3. How are children and young people cared for by their KCs achieving within a school context?
4. How useful is PYD as a conceptual framework to inform practice when working with kinship carers?
CHAPTER 4: METHODOLOGY

4.1: RESEARCH QUESTIONS:

The overall aim of this study was to investigate KCs and practitioner views about the support available to KCs and progress made by the children in their care. Specifically, the following research questions were devised:

1. What do KCs think about the support they receive, the role they are undertaking and how support services might help them further?
2. What do professionals supporting KCs think about the support KCs receive, the role that KCs undertake and how KCs might be supported further?
3. How are children and young people cared for by their KCs achieving within a school context?
4. How useful is PYD as a conceptual framework to inform practice when working with kinship carers?

Given the exploratory nature of these research questions, they are well suited to a qualitative inquiry. Two of the most recent surveys into kinship care within the UK have used both qualitative and quantitative measures (Farmer & Moyes, 2008; Hunt et al., 2008). I designed my study to add further depth to qualitative data.

Much of the research evidence supporting the utility of the PYD framework consists of American quantitative evaluations within the positivism paradigm (e.g., Catalano, Berglund, Ryan, Lonczak & Hawkins, 1999). Information from this qualitative study may, therefore, add helpfully to the literature within an English context.

4.2 ONTOLOGICAL STANCE:

A paradigm is a way of looking at the world. It is composed of certain philosophical assumptions that guide and direct our thinking and action. A researcher’s theoretical orientation will have implications for decisions they make during the research process and they should therefore be mindful of the assumptions they make about the world when they design and conduct research (Trochim & Donnelly, 2008).

*It is my position…. that a researcher’s theoretical orientation has implications for every decision made in the research process, including choice of method (Mertens, 2005, p7)*
The traditional positivist paradigm rests on the assumption that there is one reality that can be studied by an objective researcher who manipulates variables to determine causal links. Post positivists since the mid-20th century have qualified these assumptions and conceded that the one reality can only be known in an imperfect way, within the boundaries of probability, because of the limitations of the researcher who cannot ‘prove’ a theory but can strengthen a case by discrediting alternative explanations. Further, post positivists stress that objectivity is the standard to strive for in research, so the researcher should remain as neutral as is possible to prevent bias, by following prescribed procedures rigorously. Positivism and post positivism are common paradigms when designing quantitative research.

Positivism and post positivism have been challenged within social science however, particularly in terms of their relevance to practitioners in their everyday workplace, for example teachers, psychologists and social workers. Cohen, Manion and Morrison (2005) state that the manipulation of variables in an attempt to ensure external and internal validity is likely to produce:

..a pruned, synthetic version of the whole, a constructed play of puppets in a restricted environment (p19).

I have specifically designed this study to answer questions about the needs of Kinship Carers (KCs) following my recent experiences of trying to support some as part of my role as a child and educational psychologist. I intend that findings from this study will be as far as is possible from "a pruned synthetic version of the truth" and will, instead, further inform the practice of child and educational psychologists, and possibly other professionals working in Children’s Services within the Local Authority. This means that I will be taking individual informants’ explanations and descriptions of their particular circumstances into account. I will not, therefore, be using methods within the post positivist paradigm. The aim is not to control variables, make statistical generalisations or establish causal links, rather it is to describe in detail the experiences of KCs and what they find helpful to their situation in raising their grandchildren (Cohen, Manion & Morrison, 2005).

Rationalism, the belief that individuals construe their own world, has influenced many psychologists, including Kelly, who developed the approach known as Personal Construct Psychology (PCP; Kelly, 1955/1991). Kelly defined his philosophy as constructive alternativism and elaborated:
Man looks at his world through transparent patterns or templates which he creates and then attempts to fit over the realities of which the world is composed. The fit is not always very good. Yet without such patterns the world appears to be such an undifferentiated homogeneity that man is unable to make any sense out of it. Even a poor fit is more helpful to him than nothing at all (Kelly, 1991, p7)

Kelly thus suggests that a real world exists and that individuals strive to understand this, but in trying to understand individuals only ever construct their own version of it. This implies that there are a large number of ways to make sense of the same situation.

Individuals are bound by their understanding of the world. In order to understand an individual, we need therefore to understand the meaning they give to their ‘transparent patterns’ or constructs.

Social constructionists believe that reality is constructed through language. Whilst PCP places greater emphasis upon the unique way individuals make sense of their experiences, social constructionists emphasise the importance of a common belief system held by a group or community. Social constructivists believe that experiences are shaped by the society we live in (Butler & Green, 2007). Warren (2004) suggested that PCP and social constructivism can together explain in more depth how individuals construe their worlds, by examining both a person’s psychological and social life, respectively.

I am interested in examining the understanding and experiences of those KCs who volunteered to take part in this study, within a constructivist paradigm, but not at the level of the flow of consciousness. I am also interested in the views of the professionals who support KCs and their grandchildren. Within this exploratory study, multiple constructions are possible and the perceptions of reality may change over time. In designing this study I was therefore influenced by my basic beliefs which can be most effectively summarised by the constructivist paradigm. This paradigm states that there are multiple, socially constructed realities, and that the researcher can interact with the participants in such a way as to create findings together. The assumption is that knowledge is socially constructed by the people who are active in the research and that researchers should try to understand the complex world from the experiences and opinions of those who live it. I will therefore examine a number of cases in order to explore the phenomena of kinship care.

Initially I considered using a postal questionnaire to obtain data from KCs within the LA. This could possibly have led to a larger number of respondents, as KCs would have been asked to simply complete and return forms in a stamped addressed envelope. The idea of
a postal questionnaire was rejected however, because I felt it could not possibly cover all of the disparate experiences of KCs to ensure the questions were relevant to all; and a questionnaire which did not allow for such a potentially wide range of responses might affect KCs motivation to take part in the research and/or to contribute data fully and richly. I wanted to

“work on the case level, primarily with informants, not respondents
(Swanborn, 2010 p 129)

Instead a semi structured interview schedule was selected, with questions used to prompt discussion. The open nature of most of the questions was designed to encourage a free flowing discussion so that myself as researcher and the KC, social worker and SENCo constructed an agreed version of reality. Confirmability replaces objectivity as an objective within the constructivist paradigm; and so I ensured that data could be tracked to their sources and that the logic used to determine my interpretations was as explicit as possible by providing a ‘chain of evidence’ (Yin, 1994), I planned to collect data from as many different sources as possible; and used direct quotations from participants to support any inferences made. Guba & Lincoln (1989) suggest that transferability is a qualitative equivalent to external validity in post positivist research. In qualitative research the burden of transferability rests with the person reading the research to determine the similarity between the context of the study and their situation. My responsibility as researcher, therefore, was to provide enough contextual detail for the reader to make this judgement. Detailed description of time, place, context and structure are given in Chapters 1 and 4. This is an exploratory case study and I did not therefore intend to make causal assertions. Rather than validity, I was concerned with ensuring that my data was as authentic and trustworthy as was possible. I will describe a rigorous and systematic approach.

This section will continue with a description of the research design, including methods of data collection and analysis, and will address some ethical considerations. Finally, this chapter will address methods of data collection and analysis.

4.3 RESEARCH DESIGN:

I chose my methodology based on practical considerations, past experiences and personal preferences. Having read the two large scale case file based studies available regarding kinship care in this country, (Farmer & Moyers, 2008; Hunt, Waterhouse & Lutman, 2008),
I felt that it would be useful to focus more on individual experiences within the Local Authority. This study is planned using epistemology that seeks to explore and understand experiences within home and community settings within one LA.

This is an exploratory case study which will be flexible in the light of collected data. It is hoped that this will facilitate the emergence of interesting themes, without increasing bias. One disadvantage of exploratory research however, is the time it takes. Swanborn describes how “researchers show a tendency to drift around” (p30) and this has certainly been my experience.

I remain convinced that a case study is the best approach in this instance because:

A specific asset of a case study is that it enables us to understand emerging problems and their practical solutions in the social system under study. Gaining insight into these aspects is very profitable in optimising our design or policy advice (Swanborn, 2010, p33).

Given that the LA part funded my studies and was keen for me to complete research around kinship care in the light of its new Family and Friends policy, this seemed an important consideration.

In addition, the case study:

is an appropriate way to answer broad research questions, by providing us with a thorough understanding of how the process develops in a case (Swanborn, 2010, p 3)

As a case study, this research is a study of a social phenomenon, i.e. the experience of KCs who care for their grandchildren. Six KCs volunteered and were interviewed in familiar surroundings. The semi structured interviews were designed to gain detailed descriptions. I used several sources of data including interview transcripts and documents. I began with broad research questions and avoided “prefixed procedures of data collection and data analysis” (Swanbourne, 2012 p 22). In addition, I heeded Swanbourne’s advice to:

always keep[s] an eye open to newly gathered data in order to: flexibly adjust subsequent research steps (Swanborn, 2010 p22).

For example, several KCs mentioned a local support group which had disbanded. Their experiences of this differed, so I arranged to interview the social worker who had run the group to gain her perceptions of the usefulness of the group and the reasons it disbanded. This was also a very useful opportunity for me to describe some of the initial themes gained from interview transcripts with kinship carers and social workers and to determine whether they mapped onto her professional experiences.
The case is the kinship carer. Data was analysed case by case initially. During the second phase of analysis, I sought similarities and differences between the themes across cases. By working with six cases I hoped that I would generate data that would converge to identify any common features for this heterogeneous population in order to further inform and hopefully enhance the future work of professionals within the LA when working with KCs. If the KC cases raised issues as described in the literature review, this would be useful in terms of confirming the theories generated so far about kinship care. If there are cases that do not fit the literature, the investigating reasons for this will elicit data that can possibly be used to further inform the work of professionals within this LA. Whether the case study results can be generalised to the literature, is what Yin (2012) terms analytical generalisation.

This is an exploratory study, designed to be flexible in the light of collected data. The Case was the Kinship carer. The Units of Analyses described above do not include Children and Young People’s perceptions. I did not anticipate that I would interview CYP, unless during the data analyses it became obvious to me that further information from the CYP was required. My reasons for not including CYP perceptions at the planning stage were:
The focus of this research is Kinship Care. The research questions focus upon what they and professionals supporting them feel that they need and benefit from when supporting the CYP in their care.

Data about how CYP are achieving within the educational setting (RQ3) are plentiful in terms of school records.

Many of the CYP cared for by the volunteer kinship carers have worked with several different professionals. I did not plan to interview CYP because I did not want to add to this list. It subsequently became apparent that one of the CYP discussed as part of this research had worked with five different social workers as part of his foster care and three as part of the adoption process. He had also worked with three different CEPS. Given that other informants could provide data to answer the research questions posed, it seemed potentially unethical to interview some of these CYP.

4.4: MY ROLE AS RESEARCHER:

During the course of this study I was a child and educational psychologist (CEP) employed by a Local Authority (LA). This position did have several advantages when designing and conducting this research. Firstly, ease of access to participants and data; given that I worked for the LA, it was relatively easy for me to request contact information for all KCs living locally from the Director of Children’s Services, who knew my work and that I was subject to local protocols; he was also keen to be informed of the outcome of the research.

Secondly, my working experience thus far utilises many of the skills required to obtain these data. Many of the methods and skills used in my professional role were employed in my researcher role. For example, as a CEP I regularly interview children and young people, their carers and the professionals who support them. Whilst interviewing or consulting I frequently paraphrase, summarise, reframe and reflect their comments to ensure that I capture their meaning as accurately as is possible. These techniques are designed to ensure that a practitioner gains as accurate a description as is possible within an interview situation consisting of two willing participants. As a result of past experience, I was more confident about the quality of the data I collected in terms of the
techniques I used and my approaches to checking out, revising and evaluating data obtained.

Undoubtedly, “what people say to you is influenced by who they think you are” (Drever, 1995, cited by Mercer, 2007). There was confusion on occasion over my role when collecting data and participants’ agendas were evident either overtly or covertly. During the interviews, for example, several KCs and SENCos asked for advice to support their case and I was able to signpost accordingly. Whilst I viewed myself primarily as a researcher within these interviews, KCs, SENCos and social workers may have perceived another aspect of my role, for example as an LA officer, or as a child and educational psychologist, as more influential. This may have affected the information they chose to share with me and I was careful to consider this during the collection and analysis of the data.

KCs may, for example, have chosen to perceive me as an LA officer with the power to change a system. Thus they could have chosen to focus on weaknesses in support, believing that information collected could change practice. I did stress that data would be shared anonymously with managers from the LA to inform practice and this may have affected the way in which KCs responded. Alternatively, KCs could have provided an exaggerated positive report, in order to protect their care status or to seek re-assurance about their care. They may have felt concerned that I would report back on the quality of their care, particularly since my letter asking them to participate, did, of necessity, state that I would keep their data confidential unless I felt that anyone was at risk of harm.

Social workers might have been keen to put their service in a good light, and thus described practice to a fellow officer of the LA accordingly. SENCos may have focused upon my role as an LA officer and been keen to describe problems which might have supported their argument for additional funding from the LA. It was important for me to bear others’ possible agendas in mind as I both collected and analysed the data. I was always mindful that my LA badge may have affected the authenticity of information shared. I attempted to address possible bias by making use of the semi-structured interview schedule to refocus discussions on occasion and when possible, I also sought to triangulate data from different sources within each case.

Mercer (2007) describes the advantages and disadvantages of being an insider researcher as a “double edged sword”, she concludes that:
Insider researchers may enjoy easier access and greater rapport, but they also have to contend with the fact that their informants have known them longer and have had that much more time to form preconceptions about them and their research (Mercer, 2007, p 713).

Whilst I am employed within this LA, I did not interview anyone during this research with whom I had worked with directly in my role as a CEP. I hoped that this minimised KC, SENCo and social worker’s preconceptions about me, but does not eradicate this concern completely. Most of the social workers and one of the KCs had worked with other CEPs and this may have influenced the way they perceived my role and affected the information they chose to give me, although precisely how it is hard to know.

4.5 ETHICAL ISSUES

Approval for this study was obtained from Manchester University Research Ethics Committee, (Appendix 1). This research was completed in accordance with the British Psychological Society Code of Ethics and Conduct (2009) and the Division of Educational and Child Psychology Practice Guidelines (2002). At all points in the study research processes have been conducted respectfully and responsibly. Ethical issues specific to the study are as follows:

4.5.1: INFORMED CONSENT

In order to ensure informed consent, all KCs received a letter (Appendix 2) and an information sheet (Appendix 3 ) when first contacted. Both documents gave details of the aims of the study and the fact that it formed part of a doctoral study. All were assured that they would receive a summary document of the thesis. It was also made clear that KCs could withdraw from the research process at any time, without needing reason and without subsequent consequence. The information sheet gave contact details of my line manager at work and my tutor at the university, should the participants have concerns they felt they could not discuss directly with me.

It was made clear to all KCs that they were unlikely to benefit directly from taking part in the research, but that the information obtained would be shared to inform LA practice regarding the support of KCs in future.
4.5.2: CONFIDENTIALITY

All KCs were assured that they would remain anonymous and that it would not be possible to identify them from the tape recordings, transcripts or subsequent thesis document. Given the relatively small sample size, and the fact that the thesis will be in the public domain, quotations have been used with care, and identifying characteristics such as age and sex have been randomly altered to protect identities.

4.5.3: SENSITIVE ISSUES

As a child and educational psychologist with 15 years’ experience I was confident that I would be able to manage and be sensitive to the range of issues that could potentially be discussed during interviews with KCs, SENCos and social workers. When required, I was able to signpost KCs to relevant services. Three of the KCs, who appeared keen to talk beyond the planned hour, confided to me that they had enjoyed having ‘someone to talk to’. I was careful to ensure that they did not subsequently have expectations of me in terms of providing future case work for them or for the children in their care. Specifically, the letter inviting them to take part was explicit that information gathered during the interview would be anonymised and used to:

- design training for Kinship Carers in the LA about how to support their children’s educational progress and
- design training for school based staff about how to support kinship carers in the interests of CYP on their school roll
- inform managers within the LA about the support KCs reported was useful and any additional support they feel might be beneficial
- inform my research and be included in my thesis as part of my doctoral studies.

During the interviews the above points were discussed at the beginning and readdressed as required.

4.6: METHODS:

4.6.1. OVERVIEW OF THE METHODS OF DATA COLLECTION USED

In this research I used a case study design, with qualitative data collection methods and thematic analysis. I selected data collection methods commonly used in case study research, namely semi structured interviews, a review of archival records and the keeping
of a research diary (Mertens, 2005; Swanborn, 2010). These methods are conducive to the assumption that the social construction of reality can be conducted only through interaction between and among researcher and respondents. I sought to collect data from four types of respondents in order to enhance the possible theory generating capabilities of the case study and to provide additional validity to any assertions made by the KCs or myself as the researcher, whilst bearing in mind that because all accounts are context bound, they cannot be verified simply by generating data from multiple sources.

Four semi-structured interview questionnaire schedules were prepared for:

- Kinship Carers, (Appendix 7)
- Social Workers who supported the KCs (Appendix 8)
- Head Teachers or Special Needs Co-ordinators or Teachers, which ever professional knew the child best within the school setting (Appendix 9)
- A Social Worker who had recently run a local support group for KCs (Appendix 10).

Questions were formulated following a review of the literature regarding support for kinship care and positive youth development (PYD). Particular reference was made to the 5 C’s outlined in Chapter 3 (page 51).

In addition, I sought permission from each KC to look through their child’s educational records and information held by Social Care.

Establishing rapport was very important during the study and I aimed to ensure this at each stage. Using the initial letter requesting involvement (Appendix 2) and also during the introduction to the semi structured questionnaire, I took care to explain to all why I was completing the research, how I would keep their data securely and anonymously and how I hoped that the outcomes would possibly inform future practice within the LA. I stressed repeatedly that I wanted to know more about kinship care and that I was genuinely interested in what they were able to tell me about their experiences.

A summary table is provided below, to illustrate how each research question was investigated.
Table 2 Data obtained to address Research Questions and their Source

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Participants</th>
<th>Transcripts from interviews</th>
<th>Archive records</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What do KCs think about the support they receive, the role they are undertaking and how support services might help them further?</td>
<td>KCs</td>
<td>5 x transcribed interviews</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x set of analysed notes from interview not recorded</td>
<td></td>
</tr>
<tr>
<td>2. What do professionals supporting KCs think about the support KCs receive, the role that KCs undertake and how KCs might be supported further?</td>
<td>KC’s Social Workers, SENCos &amp; Head Teachers of child cared for by KC, Senior Social Worker who ran KC support Group</td>
<td>2 x transcribed interviews</td>
<td>2 obtained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 x transcribed interviews</td>
<td>4 obtained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 x transcribed interview</td>
<td></td>
</tr>
<tr>
<td>3. How are children and young people cared for by their KCs achieving within a school context?</td>
<td>SENCos &amp; Head Teachers of child cared for by KC</td>
<td>4 x transcribed interviews</td>
<td>4 obtained</td>
</tr>
<tr>
<td></td>
<td>KC’s Social Workers</td>
<td>2 x transcribed interviews</td>
<td>1 obtained</td>
</tr>
</tbody>
</table>

Research question 4 was addressed during data analysis.

4.6.2: RATIONALE FOR THE USE OF INTERVIEWS WITH A SEMI STRUCTURED QUESTIONNAIRE

This study is an exploratory case study. The semi-structured interview enabled each participant to be asked broadly the same questions, whilst also retaining the flexibility to explore emergent themes as their stories became more familiar. The semi-structured interview schedule was designed to obtain rich data about the type of support accessed by KCs and whether they perceived additional support would be beneficial to them. Why and how questions were asked in an open-ended way so that the KC was not constrained.

*The semi-structured questionnaire sets the agenda, but does not presuppose the nature of the response (Cohen, Manion & Morrison, 2000, p248).*

The questions were posed in as open a way as was possible to allow KCs to interpret them as widely or as narrowly as they wished. Within the semi structured interview situation, it was possible to change question order and wording if required to facilitate understanding and build rapport with the interviewee. I designed the questionnaire for KCs, SENCos and
Social Workers using solution focussed questions as far as was possible. I was interested to know what support KCs and professionals believed contributed to successful outcomes, in order that I could hopefully identify and describe best practice. For example:

From the KC semi-structured interview schedule:

- Q 17: Which of these supports is most helpful to you and why?

From the Headteacher/SENCo semi-structured interview schedule:

- Q 4: Please could you describe the child's strengths?

As described in Chapter 3, I planned to explore the use of PYD as a conceptual framework to be used by professionals within Children’s Services, to consider action and inform future practice when supporting KCs. In order to address the usefulness of this conceptual lens, the Five Cs were used to inform the design of the semi-structured interviews with kinship carers, social workers and head teachers and they also served as a-priori codes to structure my thematic analysis. Much of the research evidence supporting the PYD framework consists of quantitative evaluations using the positivism paradigm (eg Catalano, Berglund, Ryan, Lonczak & Hawkins, 1999), I wanted to investigate its usefulness within a constructivist paradigm.

Given this, five questions were devised to address the 5 Cs. For example, Kinship carers were asked in relation to children and young people in their care:

7. How would you describe (name of child)’s self esteem? (Confidence)

9. Does (name of child) attend any groups or clubs? If so, which and how frequently? (Connection)

SENCOs were asked how they would rate on a scale of 1-10 the child or young persons:

Confidence when faced with school work tasks? (Competence in academic domain)

Character, including sense of right and wrong? (Character):

Empathy for other people? (Caring)

The semi structured interview schedule seemed the most appropriate tool for the purpose of allowing KCs and SENCOs to express their views and perceptions in their own way, whilst allowing me broadly to guide and structure the situation and also to seek views on topics for comparison across cases. In addition, the nature of the interviews
involved discussions which suggested other potential interviewees who could usefully contribute to the study, an occurrence sometimes described as snowballing. Following the mention of a support group led by a local social worker by several interviewees, I arranged an additional interview with her. This interview was very useful, conducted after some analysis of the KC interview transcripts; it allowed me to discuss some of the themes with a social worker who knew most of the participants.

The use of interviews as a method to obtain data is not without disadvantages. Most notable is the problem of invalidity, caused by bias. Bias can be introduced from a number of sources, including poorly constructed questions. I attempted to avoid this kind of bias by reading for the literature review before drafting the interview schedules. In addition, when people are interviewed they can present a misleading picture by overstating or understating an issue, with the intent of making themselves appear in a more positive light. Interviewees may fail to tell the truth, they may not remember details and they may not understand the questions posed. It is important to consider ways to reduce the amount of bias by ensuring that questions are intelligible to the interviewee, by reflecting on the interview once complete and by triangulating data with information from other sources where possible. For the purposes of this study I checked the clarity of the questions by piloting the questions with a non-participant KC, and I attempted to triangulate by interviewing other professionals and by analysing archival records, where available. This helped with factual data, but, given that reality is socially constructed, I also expected some differences between data sources.

With consent, I used a digital recorder to record interviews with most of the study's participants. On one occasion however, the tape recorder did not work and so I took notes of the responses made by these KCs. This particular interview served to illustrate that:

- Writing extensive notes during interviews disrupts the rapport and flow of the exchange
- Notes were not as useful as tape recorded conversation when conducting thematic analysis. They did not provide the extensive data available from the transcripted interviews and I was also unable to return to these notes and reanalyse them in the same depth as with the transcripts.
4.6.3: PILOTING OF QUESTIONNAIRE:

In order to ensure the face validity of the interview schedule, I piloted it with a KC known to me through my role as a CEP, who had not volunteered to take part in the study, but who was happy to comment on the contents and relevance of the questions. Following discussion, two of the questions were amended to improve intelligibility thus:

Do you have any concerns about (name of child’s) development

Was changed to:

Does (name of child) have any health or development difficulties?

And

How would you describe (name of child’s) relationships with people outside of your family?

Was changed to:

How well do (name of child) get on with people outside of your family?

Very Well

Fairly Well

Poorly

4.6.4: RATIONALE FOR THE USE OF ARCHIVAL RECORDS

Children who are Looked After (LAC) have files and paperwork about their journey into care kept by a Local Authority (LA). The purpose of these files is to inform practitioners about a child’s past and hopefully assist in planning effectively for the child’s future. These files are obviously not kept for the purposes of research.

I felt it important to look through data kept about children cared for by their kin because this was an unobtrusive way to triangulate data collected from interviews. It also appeared an efficient way to collect data, rather than using valuable interview time to ask more specific questions about progress.

Since April 2009, all LAs have been required to monitor the mental health of children aged 4 to 16 years and looked after for more than a year using the Strengths and Difficulties Questionnaire (SDQ, Goodman 1997). The SDQ is a screening tool to assess whether a child has or may develop emotional or behavioural difficulties. It was designed to meet the needs of researchers, clinicians and educationalists (Goodman, 1997). Data
can provide predictions about how likely it is that a child or young person has significant mental health problems as unlikely, possible or probable. Since its publication in 1997, the popularity of this tool has soared, as indicated by the fact that it has been translated into 40 languages, has normative data from many counties and is available free of charge on the internet for non-commercial use (http://www.sdqinfo.com). Research by the authors and their colleagues suggest that the SDQ was particularly effective in detecting conduct, hyperactivity, depressive and some anxiety disorders in a community sample of 8000 British children and young people, but relatively less effective in detecting phobias, separation anxiety and eating disorders (Goodman, Ford, Simmons, Gatward & Meltzer, 2000).

LAs are required to return an annual summary of SDQ figures for each Looked After Child (LAC). Use of this data is intended to enable LA managers to address poor progress and make changes to improve the health of LAC. In addition, summary figures from each LA are intended to ensure that trends can be monitored nationally over time.

The SDQ consists of three questionnaires, one for caregivers of children aged 4 to 16, one for teachers of children aged 4 to 16 and one for young people aged 11-16. The questionnaires incorporate five scales relating to: prosocial skills, hyperactivity difficulties, emotional problems, behavioural problems and peer problems. The parent questionnaire has been proposed as a particularly valid measure for the prediction of psychiatric disorder in looked after children and can be used to identify high risk individuals who warrant further assessment. This was endorsed by the Care Matters white paper as an indicator of the psychological and emotional health of children.

There are several reported advantages of using the SDQ in practice, including the fact that it is a relatively brief screening tool, it covers strengths as well as weaknesses and consists of a single form for parents and teachers. In addition, and particularly relevant to this study, one American study supports the validity of use with custodial grandmothers responding as non-traditional informants (Palmieri & Smith, 2007).

Permission was sought from each KC to allow me to access their child’s files. The main disadvantage of using archival records are that they are not designed for the purposes of research and there is a need to consider possible bias from author(s). In addition, I had to decide how to manage the issue of missing data, which was considerable in this case study.
4.6.5: RATIONALE FOR THE USE OF A RESEARCH DIARY

Swanborn (2010) recommends the use of a research diary in addition to the research protocol. I used the diary to make notes and record impressions during and after interviews and tutorials and whilst reading the literature. I also wrote notes regarding my thoughts when coding during data analysis. As suggested by Swanborn (2011) the diary was a useful record when I deviated from protocol. For example when the tape recorder did not work, I made extensive notes. I did not systematically analyse the diary using thematic analysis, rather it helped me to plan, act and reflect.

Together, the protocol and research diary create a case study database and maintain a chain of evidence between the data and any subsequent conclusions (Yin, 2009). The diary was a reflective space for me and assisted me in reflecting on how my ideas changed over time.

4.6.6. SAMPLING AND PARTICIPANT RECRUITMENT

Initially, I sought permission from the Director of Children’s Services to access the LA’s database listing its Looked After Children, their carers and contact details. A social worker assisted me in isolating KCs from the more generic list of Family and Friends Carers. I wrote to all 35 identified KCs in May 2011 (Appendix 2). There were no exclusion criteria. The letter asked KCs whether they would be willing to take part in the study and if so, to return a signed consent form by post. Three KCs responded to this initial letter and a further two responded to the subsequent follow up letter. The resulting dataset comprised 5 kinship carers (3 married, 1 single, 1 recently widowed). Several months later, whilst a colleague from the Psychology Team was supporting a KC, the research was described and this KC asked to take part. This KC was unknown to Social Care. Thus whilst I had an opportunistic sample of kinship carers, the sample achieved maximum variability in terms of breadth of experience; one KC had taken care without support or knowledge of social care, another set of KCs was just about to begin to care for their grandchildren and another was the longest serving KC in the LA. This study was intended to be illuminatory; in having such diverse set of circumstances I was able to ensure rich data by capturing a range of experiences in depth. Details regarding the characteristics of each case will be outlined in the following Chapter.

With kinship carer consent, I wrote to five social workers describing the study and requesting an interview (Appendix 5). Three social workers responded and all provided
rich descriptions of the support required and available to KCs but none were able to provide me with SDQ data. In one case I received no reply in another I received an email informing me that following long term sickness the case had moved to another social worker, who later emailed me to say that she had only recently taken the case on. These social workers were polite, but told me they were too busy and/or did not know the case well enough to take part in an interview. I was aware that the LA had recently failed a safeguarding inspection and that this had resulted in several re-organisations, additional workload, and to some extent, a defensive culture. In the sixth case, the KC did not have a social worker and had never been known to social care.

With kinship carer consent I also contacted five Head teachers or Pre School managers and asked whether they would take part in the research (Appendix 4). In all cases, this request was redirected to the relevant SENCos and four responded positively. One SENCo refused an interview and explained that as the child had left her school she did not feel it was appropriate to discuss him. The SENCo of this child’s new school also refused, stating that she did not know the child and his family well enough. One other child was too young to attend either a school or setting and so a SENCo interview was not possible.

When designing the study I assumed that once KC consent was obtained, other professionals would be willing to and have the time to be interviewed. In certain cases, I did wonder about the sense of a case ‘belonging’ to anyone with a professional overview. Social workers changed frequently for several of the children and new ones described how they did not know the case well enough. SENCos also changed for one child. Whilst frustrating for me as a researcher, I wondered how this impacted upon support and progress for KCs and the children they care for.

In addition, I naively took the presence and content of archive data for granted. Three of the social workers explained that, whilst there were guidelines requiring that the children completed an annual SDQ, data from this had not proved useful and did not help to inform planning for children and so was not routinely taken. Instead, social workers analysed information from interviews and observations to investigate the child’s progress and placements. Notes regarding this analysis were available in two cases.

And so, the data collected from six KCs became central to this study. For three of the six cases I had complete information, because I was able to interview both their Social Workers and SENCos. I used partial data from the remaining three KC cases to check out the conceptual frameworks generated by the first three. In addition, once I had
completed initial data analysis, I interviewed a senior social worker who had run a support group for KCs in the past within the LA. This assisted me in checking out some of the themes identified.

Each KC, Social Worker and Headteacher/SENCo I interviewed gave consent for the interviews to be tape-recorded. Notes were also made to record areas of interest to explore later in the interview and to record spontaneous thoughts which occurred to me during the interview. These records were also useful in the event of the technology not working, which happened on one occasion.

I was grateful to KCs for giving their time to this study and careful to ensure that arrangements suited them. All interviews took place within their home for their convenience. This proved problematic with two participants because of the number of interruptions we experienced. Interviews varied in length from forty-five minutes to one hour and a half. I began by introducing myself, and then went through the letter inviting them to take part in the research. In so doing I ensured that they knew the aims and purposes of the research and what to do if they had a query or complaint. Once I had asked the questions from the semi-structured interview I asked whether the KC would like to ask me any questions and then thanked them for their time.

All of the interviews with social workers and school-based professionals took place at their place of work for their convenience. Most of the interviews varied in length from three quarters of an hour to one hour. Many of the interviewees appeared keen to talk for longer, one in particular continued talking well beyond the allotted hour. I began by introducing myself, and then went through the letter inviting them to take part in the research. In so doing I ensured that they knew the aims and purposes of the research and what to do if they had a query or complaint. Once I had asked the questions from the semi-structured interview I asked whether they would like to ask me any questions and then thanked them for their time.

4.7: DATA ANALYSIS

A total of 14 interviews took place, generating approximately 20 hours of tape-recorded data. The tape recorder did not work during one of the interviews and in this case I analysed the notes I took both during and immediately following the interview.
All proper names including children, carers, schools and settings were deleted to preserve confidentiality.

Qualitative research generates a large amount of data, which the researcher must systematically focus down upon. The task is to analyse the data in an organised manner which allows all the data to be accounted for and explained (Cohen et al. 2000). For every hour of data collection

*the typical researcher needs another 6 hours for planning, negotiating, pondering, writing, explaining and other practical activities* (Stake, 2006, p4).

Some researchers have pointed out that there is no universally agreed method to data analysis which researchers can follow (e.g. Lyons 2007). Others, for example Braun & Clarke (2006), offer an example approach to thematic analysis which I chose to adopt. Their outline consists of six phases of analysis, which were followed systematically for all 6 cases:

**Table 3 Thematic Analysis Procedure: Braun & Clarke (2006)**

<table>
<thead>
<tr>
<th>Phase:</th>
<th>Process:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarising yourself with the data</td>
<td>Transcribing data: Reading and re-reading the data, noting down initial ideas</td>
</tr>
<tr>
<td>2. Generating initial codes</td>
<td>Coding interesting features of the data systematically across the data set, collating data relevant to each code</td>
</tr>
<tr>
<td>3. Searching for themes</td>
<td>Collating codes into potential themes and gathering all data relevant to each potential theme</td>
</tr>
<tr>
<td>4. Reviewing themes</td>
<td>Check if the themes work in relation to the coded extracts and also the entire data set, generating a thematic map of the analysis.</td>
</tr>
<tr>
<td>5. Defining and naming themes</td>
<td>Further analysis to refine the specifics of each theme, gathering clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6. Producing the report</td>
<td>Selection of vivid extract examples, final analysis on selected extracts. Relate the analysis back to the research question and literature.</td>
</tr>
</tbody>
</table>

*Taken from Braun & Clarke (2006) p87*

Whilst this structure was a useful guide, this neat tabular layout suggests a linear straightforward process, which is not the case, since qualitative research often has a “messy quality” (Clarke & Braun, 2013 p 122). In reality stages 2 to 5 were very extensive since this was a reiterative process in an attempt to ensure consistency in codes.

I had complete datasets for KCs 1, 2 & 3 (phase 1). These data were analysed in depth. I used a range of a-priori codes from my reading of the literature and my experiences as a CEP. I also used the 5 Cs of PYD as codes. I was interested to see whether the five Cs could
provide useful and meaningful codes when analysing the data or whether alternative themes emerged (research question 4).

Data collected from KCs 4, 5 & 6 were analysed in the same way, but later in order to check the initial conceptual frameworks generated (phase 2), some amendments were made.

Thematic analysis is a method for identifying, analysing and reporting patterns or themes within the data. Thematic analysis requires the researcher to look across the data set to find recurring patterns of meaning. A priori codes came from both the literature and professional experience (Appendix 10). A priori codes did not account for all of the data however, so I examined data repeatedly to look for what coalesced and these became emergent codes generated from my own thinking. Key themes were collated in each category, using a code book system (Boyatzis, 1998; Appendix 10). I was interested in commonalities and also in anomalies which could provide insight into the experiences and perceptions of the participants.

During both phases of data analysis and following periods of incubation, I rejected some codes, kept codes that fit and created new (emergent) ones. Finally I looked at how codes fitted together within a case and between cases, with particular reference to commonalities and tensions and my literature review.

The data was analysed at 5 levels across and between the three types of respondents:

1. KCs
2. Social Workers
3. School based professionals

I did consider the use of a Computer Assisted Qualitative Data Analysis Software (CAQDAS) package to assist in the analyses of the data, for example Nvivo, but decided against this because I was more familiar with the manual technique and keen to immerse myself in the data. Initially I worked with paper copies of transcripts, cutting and sticking them onto different coloured sheets of paper and revising these over time (Appendix 11). Eventually, however, I moved to cutting and pasting texts into a code table or book, using Microsoft Word (see appendix 10 for an example extract). Once the transcript documents were empty I knew I had coded all the data. As I identified emergent themes, I revisited previously coded data to check whether the new codes applied. This process was repeated until no further emergent codes were identified. Some of the codes were
hierarchical. Although this was very time consuming, the resulting familiarisation with the data was helpful in increasing my confidence about the stability of emergent codes.

Finally, I asked a doctoral colleague to code one of the transcripts to ensure that my codes were robust and meanings of the codes clear. There were some differences but our construct systems did overlap with approximately 70% of the data coded similarly. The main difference in our approach was in response to the 5Cs. I had coded all information relating to that code whether positive or negative, yet, as my peer pointed out, the definitions were focused on the positive, for example, Competence is defined as:

*A positive view of one’s own actions in specific areas: social, academic, cognitive and vocational.* Following discussion, it became clear that I had envisaged this as a continuum rather than a cut off, but that I had not made this clear in my code definition. I subsequently re-checked the other transcripts in the light of our discussions.
Figure 4 Flow diagram illustrating data analysis process for each case

**Immersion Phase: listening and looking at data**
- Listen repeatedly to audio tapes of interviews
- Read and re-read transcripts and notes from interviews
- Generate Code book using a-priori codes from literature review & experience to check validity of meaning
- Cut and paste quotations under a-priori codes
- Examine data, does it fit into codes? Re-collate as required

**Incubation Phase: thinking and checking understanding**
- Note new codes which are not accounted for by data
- Check quotations under a-priori codes, do emergent codes better account for these?
- Re-read codes, change meanings as required in code book
- Ensure all data accounted for
- Establish stable codes
- How do themes relate to each other? Groups & Subordinate groups
- Generate Conceptual map for each RQ
Please note that in order to facilitate anonymity, I have changed some of the identifying characteristics of the carers who participated and the children they cared for.

5.1 CASE 1

At the time of our interview, Child 1 had been officially cared for by his Grandmother for two years. His Grandmother, Kinship Carer 1 (KC1) described how she came to be the official main carer for her Grandson when he was two years of age. Prior to this, she had cared for him unofficially for long periods since his birth. The reason given for the child becoming Looked After was emotional and physical abuse from his parents as a result of their addiction to alcohol. At the time of the interview with KC 1, the child had one hour’s supervised contact each fortnight with his parents.

This placement was classed legally as long term foster care and KC1 was actively refusing Special Guardianship as an option because she was concerned that this may result in less support from the LA. KC1 became a widow last year.

KC1 was very pleased with the amount of support and equipment that she had received from Social Care. She described a network of family support and had accessed voluntary groups.

5.2 CASE 2

Child 2 had been looked after by her Grandmother for two years. Her Grandmother, Kinship Carer 2 (KC2) described how she had cared for her since she was 13 years of age, following a request from her son, Child 2’s Father, to do so. Child 2 had been taken from the care of her Mother at the age of 5 following neglect and abuse. She had lived with her Father for 7 years before moving to the care of her elder Sister briefly and then subsequently her Grandmother. Child 2’s Mother had died three years earlier, and Child 2 had not had contact with her for 5 years. Child 2’s Mother had reported alcohol related difficulties and bipolar affective disorder.

KC2 had a letter from Child 2’s Father which she believed confirmed her parental responsibility. KC2 had no contact with Social Care. KC 2 reported that she would appreciate some respite care and some support for her Granddaughter regarding her transition to adulthood. KC 2 was a single carer.
5.3 CASE 3

Child 3 had been officially cared for by his Aunt (KC3) for eleven years. He lived with his Grandma, Aunt, Uncle and two of their three children. His Aunt explained that she was the longest serving kinship carer within the LA. She described how she came to care for her Nephew when he was two years of age. Child 3’s Mother was addicted to medication and her children were removed to kinship and foster care under an emergency protection order. Child 3’s Mother was serving a life sentence in prison and he had letter box contact once each year with her. Child 3 had regular contact with his Father who lived locally. KC 3 had three other birth children, two of whom lived with her, her Husband and her Mother and Child 3. KC3 and her husband had applied to adopt Child 3.

KC 3 described a range of support from her family and Social Care.

Child 3 had physical difficulties which affected his mobility. He also had speech and language difficulties and intermittent hearing loss. He had required surgery on several occasions and used a wheelchair for all but very short distances.

5.4 CASE 4:

Child 4 had been cared for by her Grandparents (KCs4) for 13 months since her birth. Child 4’s Mother suffered bi-polar disorder and was serving a prison sentence. Child 4 had regular contact with her Father.

KCs4 were initially classed as foster carers, but were later granted a Special Guardianship Order. Child 4’s elder sibling was adopted.

KCs4 described effective support from Social Care regarding equipment, transport and eventually with rehousing. They also described the support offered by friends and family.

5.5 CASE 5:

Child 5 was just about to go to live with his Grandparents (KCs5) when I interviewed them. KCs 5 were considering a Special Guardianship Order.

Child 5 had been taken from the care of his Mother at birth and had been placed in foster care. Adoption had been considered, but his Father was subsequently granted custody and was his sole carer for 5 years. KCs5 had regular contact with Child 5 whilst he was in
his Father’s care and they provided one day per week respite. Following mental health
difficulties, Child 5’s Father had been assessed as unable to parent him. Child 5 had no
contact with his Mother, who was hospitalised due to mental health difficulties. Contact
arrangements with Child 5’s Father were being considered at the time of the interview.
KCs5 were hoping for support from Social Care, but reported themselves to be unclear
about what form this might take.

5.6 CASE 6:

Child 6 had been looked after by her Grandmother (KC6) for 12 months. KC 6 was a single
carer. Child 6’s Mother had been described as unable to emotionally support her
daughter due to her mental health difficulties and drug addiction.

KC6 had given up work to care for her Granddaughter. KC6 was officially classed as a
foster carer and was considering Special Guardianship, although the plan was that Child 6
would return to her Mother’s care within the following 12 months. Child 6 had frequent
supervised contact with her Mother.

KC6 wanted respite support and advice regarding what equipment and resources she
could access.

A summative table follows:
Table 4 Brief Case Description

<table>
<thead>
<tr>
<th></th>
<th>Reason for Care</th>
<th>Legal Status of care</th>
<th>Status of KC</th>
<th>Length of time with KC</th>
<th>Contact with parents</th>
<th>Support received</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KC1</strong></td>
<td>Neglect: parents addicted to drugs</td>
<td>Long term Foster Care</td>
<td>Widow. Not working</td>
<td>2 years officially, longer in effect</td>
<td>1 hour per fortnight, supervised.</td>
<td>7 family members providing regular support. 2 Social Workers and a Learning Mentor supporting child in school.</td>
</tr>
<tr>
<td><strong>KC2</strong></td>
<td>Neglect: taken from Mother. Father asked Grandma to care</td>
<td>KC2 has letter conferring PR to her from father</td>
<td>Single carer, not working</td>
<td>2 years</td>
<td>Sporadic contact with Father. Mother deceased.</td>
<td>3 family members provide sporadic support</td>
</tr>
<tr>
<td><strong>KC3</strong></td>
<td>Parents addicted to drugs. Mother in prison</td>
<td>Long term foster care. Application for adoption being processed</td>
<td>Married with own children and own parent at home.</td>
<td>11 years</td>
<td>Father has weekly contact and provides some overnight respite. Mother has letterbox contact once each year.</td>
<td>3 family members provide regular support. 2 Social Workers provide regular support. Teaching assistants support child in school.</td>
</tr>
<tr>
<td><strong>KC4</strong></td>
<td>Neglect: Parents have mental health difficulties, Mother in prison</td>
<td>Special Guardianship</td>
<td>Married, retired</td>
<td>14 months</td>
<td>2 x per week with mother, 2 x per week with Father 1x per week with both parents, supervised.</td>
<td>6 family members provide regular support. 2 Social workers assist with equipment, contact and transport</td>
</tr>
<tr>
<td>Reason for Care</td>
<td>Legal Status of care</td>
<td>Status of KC</td>
<td>Length of time with KC</td>
<td>Contact with parents</td>
<td>Support received</td>
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</tr>
<tr>
<td>KC5  Neglect: Parents have mental health difficulties. Father was sole carer.</td>
<td>KCs being advised to apply for special guardianship, considering</td>
<td>Married, retired.</td>
<td>Placement imminent</td>
<td>No contact with Mother. Contact arrangements with Father to be determined.</td>
<td>KCs 5 would like as much support as possible.</td>
<td></td>
</tr>
<tr>
<td>KC6  Emotional abuse: Mother had mental health difficulties</td>
<td>Foster care</td>
<td>Single carer, left employment to care.</td>
<td>12 months</td>
<td>2 X per week supervised contact</td>
<td>2 family members, 2 social workers and 1 friend provide support.</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 6: RESEARCH FINDINGS

The main aim of this chapter is to provide a rich picture of each kinship carer using the research questions with reference to each case. In Chapter 7 I will consider any similarities and differences in themes between cases regarding the research questions and focus on implications for practice.

The following research questions structure this chapter:

1. What do KCs think about the support they receive, the role they are undertaking and how support services might help them further?

2. What do professionals supporting KCs think about the support KCs receive, the role that KCs undertake and how KCs might be supported further?

3. How are children and young people cared for by their KCs achieving within a school context?

4. How useful is PYD as a conceptual framework to inform practice when working with kinship carers?

6.1: CASE 1

RQ1: WHAT DOES KC 1 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES COULD HELP THEM FURTHER?

KC1 reported herself very pleased with the support from friends, family and Social Care. She presented as a very proactive carer who sought support when not readily available. For example, KC1 convened a family conference when Child 1 was first placed with her, in order to determine who might care for Child 1 in the event of her not being able to. This type of planning meeting is often organised by Social Care professionals:

KC1: I got all the family together in one room and I said ‘right we’re gonna be looking after him, we need help. Who’s gonna be helping us, what yer gonna do for us. And whose gonna be, whose gonna look after [Child 1] if anything happens to me and [husband] and the boys’ And me [niece] is, gonna be, looking after him. Anything happens to me and [husband] and the lads. She’s been passed by social services to take over the care of [Child 1].

KC 1 described seven friends and family who regularly help her to care for Child 1 and she had personally ensured that each had a Home Office Criminal Records Bureau (CRB) check.
KC1: But because of our age, we said, ‘well, we need, we’re gonna need help’. So we got our support and then came back and told Social Services what we’d done.

In addition, KC1 described numerous training and support sessions that she had attended, delivered through the workforce development council for foster carers. KC1 proudly showed me her learning log and reflections. The courses covered topics such as behaviour management, bullying and drugs awareness. KC1 went on to comment about her ‘unanticipated’ role, echoing the view of many grandparents in the Laundry-Meyer & Newman, (2004) study. When asked if she found the training helpful, her reply suggested that she appreciated up to date training to support her in this ‘off time’ role:

KC1: Absolutely. See I went from, having a thirty-five year old son....

KH: Huh hum.

KC1: To having a two year old grandson.....

KC1 presented as deeply committed to Child 1; she appeared keen to learn more about how she might help him more effectively. She talked about the social and school context being different now to what it had been like when she was caring for her sons at a similar age, for example:

KC1 We had problems because I was teaching [Child 1], before he went to school, his name, but I was doing it in big letters and they don’t do big letters anymore..

KC1 was keen to keep her status as Foster Carer, which she believed facilitated access to additional support. KC1 also attended a support group for foster carers and described a range of guest speakers. KC1 shared information about the kinship care website and the Fostering Network. She told me:

KC1 I’ve got all the information there on my laptop, which given to me ‘cause I’m a Foster Carer.

KC1’s social worker feels that KC1 has benefited from this training and support, partly because of her own outlook:

SW1: .... She goes with a really sort of open mind and I’ve not heard her say any training she’s done she’s not enjoyed and got something out of. She, she’s erm, very proactive on training...

Unfortunately KC1 does not drive and had relied on her husband to drive her to courses. She told me that since his death earlier that year others had offered lifts if it fitted in with their schedules, but this was clearly a barrier for her in accessing support.
Whilst KC 1 wanted support to manage difficulties with contact, she did not require support around handling emotional topics with Child 1. For example, she was able to support Child 1 appropriately in terms of his Grandfather’s death. She described several conversations she had with Child 1, including:

KC1: he said, ‘Grandma, why did grandad die?’ I said ‘well you know he wasn’t very well’. He said ‘yeah’, he said, ‘but couldn’t they, cut him in half and take the bad bit out and stick him back together again?’, I said ‘it doesn’t work like that’ … and we’ve got an angel in the hall, here, which is grandad’s angel. Yeah and we still talk about him all the time and he said ‘grandad’s still in my heart you know’....

As with the sample of kinship carers in the Farmer & Moyer (2008) study, KC 1 described several challenges specific to kinship care, including difficulties when Child’s 1’s needs did not correspond with her son’s for example:

KC 1:  ....and another incident was, erm, they [child 1’s parents] had a row and the police were, at half past two in the morning the Police knocked on my door to ask me to ask him [Father] to come in and I said ‘no’, and the Policeman said ‘can I come in?’ and I said ‘I don’t want him here’. He said ‘if you don’t put him here he goes in the cells overnight’.... So I said ‘alright he can stay’, but he stayed and the only spare bed I had was [Child 1’s] in the bunk. And [husband] was in hospital at the time and this was half past two on a Sunday Morning and I wasn’t thinking straight. The morning he got up and said ‘can I take [Child 1] to school’ with me other son that lives here? I said ‘yeah,’ but that day in school, he had a terrible day. And the teacher said he was awful, he was horrible, he was crying, bad tempered. He was causing fights.

Richards (2001) reports that one third of his sample of kinship carers described how their relationship with the parents of their charge had worsened. In terms of support however, KC1 appreciates that she can ask for help when required:

KC1: I need Social Services back up and I bring this up, every time we have statutory reviews... If he [Father] comes here and he’s drunk and I don’t think he should be here...I’ve got EDT s number....somebody will come and ask for him to be removed, he knows that

KC1 pointed out that foster caring and kinship caring were different:

KC1: If you’re an ordinary professional Foster Carer, you’re not as emotionally involved...with the family...you can shut the door. Because I am emotionally involved and as I said I love my son, but I hate him, for what he is doing

KC1 had resisted what she perceived as pressure to obtain a Special Guardianship Order (SGO). This pressure is also reported in the literature, for example by O’Brien, Massat &
Gleeson (2001). The perceived benefit of an SGO for a carer is privacy, given that Social Care no longer call reviews or share responsibility for their children. The perceived disadvantage is that less support is offered by Social Care. Whilst some kinship carers prefer to have an SGO, KC1 clearly appreciated the support afforded to her as a result of her Foster Carer status and was not willing to relinquish this.

KC1 listed three forms of support she would like that she is not currently receiving. She told me that she would appreciate “someone to talk to”, having the same social worker for a longer period of time; and financial assistance beyond the fostering allowance. This latter point concurs with the finding that 72% of kinship carers in Richard’s study who reported financial hardship. KC1 told me that the best support is that offered by her family because it’s always available.

In terms of self-perception, KC1 told me:

KC1: *see, I am a very strong willed person, so I’m very…. determined*

Later she added...

KC1: *because you see, I’m so stubborn.*

**Summary:** KC1 presented as committed to Child 1 and takes her role very seriously in terms of training and support for Child 1’s needs. She was pleased with the support she receives from her family, Social care and Child 1’s school.

KC1 concluded that she very much benefitted from Social Care support and from being and staying a registered Foster Carer in terms of:

- Financial support, including some assistance with transportation and equipment
- Support regarding contact supervision between Child 1 and his parents
- Support in the form of training courses which helped to keep her up to date with the latest developments and allowed her some contact with other carers.

KC1 described additional help that she would like as follows:

- More information from school about how to support Child 1 with school work, since she felt teaching methods had changed since she had supported her sons
- A support group, specifically for grandparent kinship carers, whose needs she considered different to foster carers
- Transport to training venues and other appointments
WHAT DO PROFESSIONALS SUPPORTING KC1 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY UNDERTAKE AND HOW THEY MIGHT BE SUPPORTED FURTHER?

KC1’s social worker has a lot of respect for her ability to care for Child 1 in difficult circumstances:

SW1: So there were real safeguarding issues for [Child 1], and whether Mum and Dad could erm, manage him, cause the likelihood is that they’d have been under the influence of alcohol, so [KC1] had a really difficult job there. Erm, a difficult job in the sense that it’s about sort of relationships and family relationships, she didn’t have any difficulty around safeguarding [Child 1]

KC 1’s social worker agreed that kinship care presents some different challenges to foster care. She agreed with KC1 that she and other kinship carers would benefit from their own support group rather than a generic foster carers’ group.

SW1 feels that the placement quality is good and that this quality makes up for some of her concerns, which she referred to several times:

SW1: He’s very settled, he’s a much loved little boy….Erm, my only fear for KC1 really is her age… and you know, Child 1 is only 5.

SW1 [I] was concerned regarding KC1s age, but felt that support from friends and family cancelled out some of these concerns...

SW1:….the real bonus for KC1 is that XXX, her son, lives with her. and he’s very supportive. and her other son, XXX lives round the corner.....And he, he’s very supportive...He pops in...

Hunt et al. (2008) found that the most common problem to impact upon competent parenting was the kinship carer’s age. SW1 acknowledges this, but also points out the protective factors in this case. In addition, Hunt et al.’s (2008) findings are supportive in this case because children from their sample aged below 5 at the end of proceedings, as is the case with Child 1, were more likely to have good outcomes than those placed with non kin, particularly when cared for by a single carer.

The Special Educational Needs Co-ordinator at the school (SENCo 1) suggested that KC1 had benefitted from courses at school, in particular she felt that these sessions had given KC1 an opportunity to talk to someone and SENCo 1 felt that this opportunity was more
important qualitatively than the content of the course. SENCo 1 agreed that KC 1 required more frequent contact with Child’s 1’s teacher than the ‘average’ parent might. KC1’s comments would support this. SENCo 1 also suggested that KC 1 would benefit from more respite, whilst she recognised that KC1 had family and professional assistance, SENCo 1 felt current respite arrangements were haphazard and reliant on family members doing the right thing, rather than planned, regular and consistent, which she perceived would be more helpful.

SENCo 1 reported herself to be surprised by the calm, and perceived ‘matter of fact’ approach from KC1 when discussing reduced contact with Child 1’s parents and I felt that this illustrated her lack of understanding of the reportedly negative impact of contact, despite the fact that Child 1 was found to be distressed in school following unexpected contact with his Father in the family home. SENCo 1 went on to speculate about KC1:

"SENCo 1: Having met her..the teacher and I were sort of chatting and we could sort of see autistic traits in her.."

This suggested some lack of understanding on the part of the SENCo, whom I felt was underestimating the emotional impact of discussions around contact on KC1. I do not think that SENCo 1 fully appreciated that KC 1 was supportive of reduced contact in the best interests of Child 1 and despite her feelings for Child 1’s Father, as illustrated by her comment:

"KC 1:...I love my son, but I hate him, for what he is doing................."

There was evidence of different understanding of KC1’s situation between professionals supporting her: SW1 admires the quality of the placement in terms of keeping Child 1 both safe and connected to his family, with support from a range of people whilst having a main carer who takes her role seriously and benefits from training. SENCo 1 felt that support from family was ‘haphazard’ and might be better planned more formally and predictably by Social Care for the benefit of KC1 and Child 1.

This SENCo did appear to have a negative view of Social Care generally, possibly as a result of OFSTED’s findings locally and this may have coloured her view. SENCo 1 felt that KC1 was needier than the average carer at her school in that she needed someone to talk to more frequently. SENCo 1 described how she had made additional arrangements to support KC1; for example she had changed the time of a training course to accommodate her.
Whilst not explicit, I also suspected that SENCo 1 questioned the appropriateness of placing a child with an older kinship carer. Edwards (2006) reported that teachers perceive children raised by their grandparent kinship carers as experiencing more difficulties than their peers looked after by non-kinship foster carers. Could it be that foster carers are perceived as more ‘professional’ by school based staff and kinship carers are perceived negatively because they are related to parents who could not care for their own children? This type of thought has been classified as ‘the apple doesn’t fall far from the tree’ (Owusu-Bempah, 2010). I was certainly made aware of this as a practitioner supporting families and schools. It could it be that SENCo 1 was not prepared to share such thoughts with me as an unknown researcher.

**Summary:** SW1 is very impressed with the quality and stability of care offered by KC1, despite her relatively older age and poorer health. SW 1 feels that the support network and the proactive attitude of KC1 were protective factors in this placement.

SW 1 described how the following could support KC1 further:

- Additional respite given KC1’s age and health- Child 1 is an active young boy
- The provision of a support group for GKC

SENCo 1 was less convinced of the quality of care offered by KC1 and was surprised by her ‘matter of fact’ attitude, speculating that both she and Child 1 had autistic traits as described in the next section.

SENCo 1 described how the following could assist KC1 further:

- Planned, predictable respite
- Opportunities to talk to adults outside the family

**HOW IS CHILD 1 ACHIEVING WITHIN THE SCHOOL CONTEXT?**

KC1 described Child 1 as a bright child with some attention control and emotional issues:

*KC 1:* when he first went [to school] he had a couple of problems, cause he’s, intelligent, and we talk to him, and we listen to him and, and we sit and read to him every night. Err, the first, when he first went last September, she [Child 1’s Teacher] said we had a problem with him. He’d been sitting on the carpet and he’d get up and he’d, go, disappear and, an, and she said, he’d go into the other back class room

KC1 was pleased by the support provided for Child 1 in school:
KC1: Yeah, he’s got a mentor and he’s got somebody who talks to him, twice a week, because of, err, losing……his granddad and he’s too friendly, for children. Well he’s too friendly with everybody. Erm, he, he come, goes up to people and hugs them and kisses them and gives them loves.

In terms of academic attainment, KC1 was pleased with Child 1’s progress. SENCo1 was also pleased and described his progress as ‘remarkable’ and in line with expectations for his year group, with the exception of writing, which was below that expected for his age. SENCo 1 was however, concerned about Child 1’s concentration and speculated that this might impact on further progress. Children in kinship care within the Dubowitz & Sawyer (1994) sample were reported as far more likely to have poor concentration and study habits.

SENCo 1 described Child 1’s social and emotional difficulties and likened them to characteristics found with children who have a diagnosis of autistic spectrum disorder (ASD):

*SENCo 1: When he cried erm he’d hurt himself and he cried and his response, which I found really upsetting, to his teacher was “my eyes are all wet why are my eyes wet?” Y’know he wasn’t, he couldn’t exp, he, he, he wasn’t identifying this emotion as, as sadness.*

SENCo 1 further expanded on Child 1’s social difficulties with:

*SENCo 1: …turn taking, negotiating with others, erm, participating in small group work with minimal support isn’t just not something he’s moving on with.*

SENCo 1 used her experience to speculate that Child 1 might have ASD. This is despite information to the contrary, from conversations and reports received from the school’s child and educational psychologist (CEP) and Child 1’s clinical psychologist (CP). As described in the previous section, she also speculated that KC1 had ‘autistic traits’.

Work completed with the CEP suggested that Child 1 made progress with reassurance that he was kept in mind, in the form of physical and verbal prompts. The latest CEP report available stated that

*“It is likely that Child 1 presents with needs related to attachment issues as described by his continual need to check in with his teacher”.*

Following a meeting with Child 1’s Kinship Carer, Social Worker and SENCo, the CP concluded in a letter to them all:

*“The close bond [Child 1] has with KC 1 is an enormously protective factor in his life. Through this relationship he will gradually develop the skills and*
neurological structure needed to form friendships. The structure and routines that are in place for him, as well as the access to a wide range of different activities ensures that [Child 1] will continue his development in an emotionally safe environment and over time should result in a settling in his behaviour both at home and at school.”

It could be that this long term time frame is a frustration for school staff working within a system in which children are expected to achieve developmental stages in a linear, predictable and timely way. This may explain why SENCo 1 appeared keen to describe the social and emotional difficulties as ASD, a within child disorder, that could possibly grant exceptions from these stages in a more straightforward way.

SW 1 was also pleased with Child 1’s academic progress in school, but had some understanding of his social difficulties:

SW1: he loves school, he’s very positive about school, he, he was looking forward to going back to school. So from that point of view he’s settled really well. I think he’s just erm, they’re just mindful that in school he probably needs a higher level of supervision.

In terms of possible outcomes, the literature suggests that Child 1 might be more likely to feel isolated as a result of being a lone child with an older carer (Farmer & Moyers, 2008). KC 1 has attempted to address this by taking him to extra-curricular activities. Fortunately, the literature also suggests that given that Child 1 was placed with his kinship carer before the age of 5, the likelihood of good outcomes in terms of stability and quality of placement and prognosis in terms of child functioning were positive (Hunt et al., 2008).

**Summary:** Child1:

- Is attaining in line with national expectations for most subjects with the exception of writing
- Has reported social and emotional difficulties
- Has reported concentration difficulties

Themes are summarised in Figure 5.

**IS POSITIVE YOUTH DEVELOPMENT A USEFUL CONCEPTUAL FRAMEWORK TO INFORM PRACTICE WHEN WORKING WITH KC1?**

KC 1 gave more positive scores on a 10 point Likert scale in terms of Child 1’s competence, confidence, connection, character and caring nature than SENCo 1 gave.
Discussions about the concepts with KC1 appeared potentially helpful in reassuring her that additional activities in the community were possibly helpful to Child 1’s progress.

The five Cs indicators of PYD were not useful however, if treated as a simple 5 concept tick box. For example, when asked about connectedness, KC1 scored Child 1 highly, describing him as a sociable child, but added that he was over friendly with strangers. During discussion, KC1 did recognise that this was problematic and that Child 1 required support to reduce his vulnerability. Rather than a checklist, the five Cs could more helpfully be viewed as a continuum.

During thematic analysis, the 5Cs were a priori codes and proved more useful. In particular Child 1’s connectedness with family and community was repeatedly evident and positive factors here account for many of the factors that led SW1 to conclude that this placement was the best available in terms of quality, despite KC1’s older age.

The concept of Contribution was not particularly relevant at this stage however, given Child 1 is only 5 years old.

Figure 6 describes information collected regarding Child 1 within the Five Cs categories.
Figure 5 Themes around KC1

**Negative**
- KC needs more support than average parent
- C1 has poor social skills: ASD?
- C1 has difficulty concentrating
- KC needs more planned respite and opportunities to talk to someone
- KC 1 appeared matter of fact: Does she have ASD?
- Active young boy placed with older KC in poor health
- KC needs different support to FCs
- Kinship carer support group would be helpful
- Child 1 has no stranger danger
- Financial difficulties
- KC 1 is relatively older
- Transport: rely on lifts
- Would prefer a kinship carer support group
- Changes in Social Workers

**Positive**
- KC1 Widowed Grandmother
  - 5 Year Old grandson
  - Cared for 5 year old grandson for 5 years
- KC needs more support than average parent
- Perceptions of self as proactive
- Pleased with family support
- Pleased with SC care support: Contact Courses, laptop Support group
- SW1 SW for 3 years
- Financial difficulties
- SW1: Social Worker
  - Son lives with KC and is supportive
- KC 1 is a good advocate for Child 1
- KC 1 is settled
- Good progress most attainments in line with peers
- SW1: Social Worker
  - Good progress most attainments in line with peers
- KC 1 is settled
- KC needs more support than average parent
- Good progress most attainments in line with peers

**Key**
- KC1: Kinship Carer
- SW1: Social Worker
- SENCo1: SENCo
Figure 6 The 5 C’s of PYD: Case 1

- **Competence**: Child 1 has good self esteem
- **Confidence**: KC 1 reported that Child 1 has friends at School. SENCO and Social Worker do not agree he has friends.
- **Connection**: Child 1 attends 3 out of school activities.
- **Character**: Child 1 has difficulty following classroom routines in Year 1.
- **Caring**: Child 1 was careful around his grandad’s bedside when his grandad was ill.
WHAT DOES KC 2 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES COULD HELP THEM FURTHER?

KC2 described how she had agreed to care for Child 2 following her son’s decision that he could not.

KC2: so when her Dad couldn’t cope, [Child 2’s sister] said ‘she can come to me’, so [Child 2] went to her and she couldn’t cope, so she came to me.. so well, me son said ‘I either put her in care or she comes to you’, so, what choice did I have?

KC 2 has been caring for Child 2 for two years without support from Social Care. She told me that she had three friends and family members who could help her and that one had offered her assistance in the last month. KC 2 told me that she would like more support, because whilst her family offered it verbally, practical help rarely materialised.

Isolation was a key theme when discussion with KC2 was analysed. This is perhaps not surprising given that she cares for Child 2 ‘informally’ with little additional support. KC2 described less contact with her other grandchild, which she feels is directly related to her caring for Child 2:

KC2: But erm, he used to come quite a lot, but since she’s been here he’s stopped. He said to me the other day he said, ‘Nanna’, he said ‘how d’you cope?’ He said ‘I can’t cope with her for 15 minutes’, I said, ‘what makes you think I’m coping?’

KC2 sought support from friends, staff at school and staff from voluntary agencies. For over a year Child 2 was out of school and KC2 found a charity who offered several hours a week tuition to improve basic numeracy and literacy skills:

KC2: She’d lived with me son here, she’d gone to X High School and she’s been really quite badly bullied there and then he moved to Y and she started school there and then same thing happened. So when she came to me there was no way in my head I was sending her to X High School to be bullied again”

KC 2 runs a local Rambling Group and she takes Child 2 with her. KC 2 reports that these ‘older’ walkers are happy to talk with Child 2 for long periods of time and that older people generally make allowances for Child 2’s relatively poor social skills.

Researchers have noted that kinship carers can decrease a child’s ‘unrealistic fantasy of the perfect family’ (Peters, 2005). Like KC1, KC2 was able to discuss emotional topics with Child 2, albeit rather bluntly. KC2 described her concern that Child 2 appeared to think of
both her parents in a very positive way and KC2 thought this was unhelpful. Following
discussion with school staff, family and friends, KC2 decided to challenge Child 2’s
perspective:

KC2: this is another thing...you know she’s built ‘em up.... ‘I really miss my
Mum’ when she gets upset, ‘I really miss my Mum, Oh I wish she was here to
look after me’ and I say [Child 2] ‘but she didn’t!’ I mean at first I was
puddyfooting round it, and I thought, its not like something she didn’t know...
cause the only things we know are what she’s told us, so I said ‘she wasn’t
nice to you was she?’ and she said, ‘No, but she was me Mum’ which is a fair
point I suppose

KC 2: but now she’s the same about her Dad. You know she thinks the sun
shines out of Dad’s backside and I said the other week, I said [Child 2] ‘I am
going to have to tell you some things about your Dad..’ I mean I spoke to
quite a few people, not experts or anything like that...but people with
common sense...she’s old enough to know... and then I felt awful cause she
started crying and I thought, I’ve shattered her illusions...

KC 2 told me that she would very much appreciate someone to talk to about the care of
Child 2. In my opinion, this would be very helpful in terms of KC2’s expectations of Child 2,
given what she has been through. It was unsettling, for example, that KC2 was surprised
that Child 2 was upset following their discussion about her parents. She also added:

KC2: What I would like is respite, that’s what I would like. And its brought it
home even more because me friends next door, they’ve just started fostering
three children. And when I see what they get, you know the help...I mean they
just had a holiday and a carer came in to look after the kids...

We discussed briefly why KC 2 had not sought support from Social Care. KC2 was not keen
to discuss this at length and I speculated that she was concerned that if she asked for help
she might appear wanting as is suggested by Picher (2002). KC appeared to have a
negative view of Social Care as a result of Child 2’s experiences and stated:

KC2: It took two years of constantly reporting her [Child 2's mother] to Social
Services, nobody did anything. It took two weeks to get the dog out reporting
it to the RSPCA, they could remove the dog within two weeks because of
badly treatment.... it took two years, because they [Child 2’s parents] weren’t
married for a start..

and

KC2: ..Every time they [Social Care] notified [Mother] they were going. So
there was no point, you know, everything was alright by the time they got
there. So I mean it wasn’t ideal, cause the house was dirty and messy and
things like that..but there wasn’t anything major they could see”
During the interview, KC 2 concluded that if she applied to be her Foster Carer, Child 2 would be too old for her to qualify for additional support by the end of the process. I gave details of local contacts to signpost and inform her of whom she could contact for additional information, but I did not get the impression that she wished to follow this up further. Again I felt that she was concerned that she might be assessed unfavourably.

KC2 also described Child 2’s social and emotional difficulties and their impact on others:

KC2: She told one of my Avon customers once, she said ‘your house smells’, which is true...but the best of it was, the woman didn’t hear her. So she said ‘what did you say?’ so I kicked her and she went ‘your house smells’...she didn’t even get the kick on her leg! I mean I’ve said to her, ‘if I kick you or glare at you, you might not have a clue why, but stop and I’ll explain afterwards.’ but her initial reaction is still ‘What?’, drawing more attention, really. And staring’s the other thing, staring at people on the bus, people who are different.

KC2 had spoken to her doctor and asked for a referral to the Child and Adolescent Mental Health Service (CAMHS). She told me:

KC2: I pushed for and she’s been tested for Asperger’s but she didn’t tick one little box, so she got a no for that..

KC2: ..a special needs teacher said, she sounds like she’s got dyspraxia and attachment disorders, but I haven’t done anything, asked about that yet.

Whilst Child 2 had been out of school, KC2 had been able to access counselling for her from the local Children’s Centre. She described how Child 2 had benefitted from Life Story work. When Child 2 began re-attending school, their counsellor offered bereavement counselling:

KC 2: and then they got her erm, bereavement counsellor. Erm, which I’m not sure she needed it for the bereavement, well I said you know, she lost her Mum a long time ago, you know, not just when she died.

This suggests a lack of communication between the school based staff and KC2 about what support would be helpful and why. The school counsellor had also offered Life Story work and KC 2 felt this would be repetitive and unhelpful. KC2 expressed concern that nothing further was available. Overall, she felt that Child 2 ‘needed someone to talk to’.

Summary: KC2 appears to care for Child 2 because she wanted to avoid her going into LA care. KC2 appears disappointed by the support offered to her by her family and friends. She has been proactive in seeking support from a charity and a Children’s Centre. She appears critical of Social Care and has not sought their assistance.
KC 2 particularly appreciated support in terms of:

- Tuition offered to Child 2 when she was out of school
- Support from school to facilitate her attendance there

KC 2 would like additional support in terms of:

- Regular respite
- Someone to talk to

WHAT DO PROFESSIONALS SUPPORTING KC2 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY UNDERTAKE AND HOW THEY MIGHT BE SUPPORTED FURTHER?

KC 2 does not have a social worker. SENCo 2 told me erroneously that Child 2 was ‘in care’. When asked about support for KC2, SENCo 2 stated:

SENCo 2: “KC2 gives me the impression that she gets no help what so ever, other than what she has found for herself. She found that maths course on Saturday at XXXX, I didn’t even know it existed. To me considering she has been out of school some time, I thought KC2 has done a fantastic job”

SENCo 2 told me that KC2 was supportive of and interested in Child 2’s education, but out of touch with the recent curriculum. For example, during their discussions KC2 had criticised the mathematics curriculum. The SENCo held the view that KC 2 had an ‘old fashioned view’ of what should be taught in Maths:

SENCo 2: KC2 says ‘well that’s not proper maths to me... who wants to know about probability, who cares whether you take two blue socks or a red one out of a drawer?’

Summary: SENCo 2 described how little support KC2 receives, but was impressed by her resourcefulness at finding a charity to provide tuition for Child 2.

SENCo 2 described how the following could assist KC2 further:

- Planned respite, particularly with younger carers, who might be more in touch with local youth culture

HOW IS CHILD 2 ACHIEVING WITHIN THE SCHOOL CONTEXT?

School records over the last two years suggest impressive progress. Child 2 was out of school for fourteen months before being re-admitted to her local High School. KC 2 had
requested a statutory assessment of her special educational needs prior to her starting at this school, but the request was turned down. Once Child 2 began school, SENCo 2 requested support from the LA and some individual pupil funding was made available. SENCo 2 chose to spend this on employing a part time teaching assistant (TA) to support Child 2, firstly within a small class inclusion unit setting within the school, and then within a year she transferred to the usual mainstream classes. Child 2 developed a good relationship with staff within the inclusion unit and with her TA.

Child 2’s teachers were pleased to report that she was able to integrate successfully into the mainstream classes within the school to take her GCSE options. The TA prepared Child 2 for lessons in advance and was able to prompt her when it was felt that interactions with peers were not positive. Comments from Child 2’s teachers were all positive and her attendance was recorded at 98.7% at the time of our interview. School were able to provide access to a hour a week with a counsellor and Child 2 had reported this as helpful.

SENCo 2 described what she felt had contributed to Child 2’s successful reintegration:

SENCo 2: We got [Child 2] to recognise that a lot of the bullying was caused initially by her and it took those few months for us to say ‘Look you actually brought it on yourself’ and once she started to realise that, we then she realised that she couldn’t say those things. You know, somebody spoke to her on the way home and said ‘Oh what are you doing here, why are you walking this way?’ She would take that as bullying... I got behind a lot of the stories. When I did integrate her out into a lesson, erm, I’d go and ask how she got on and then we’d discuss the lesson and what she’d done well and what she hadn’t done well

SENCo 2 felt that Child 2 was particularly immature and had difficulty socially interacting with young people her age. SENCo 2 told me that when upset, Child 2:

SENCo 2: Acts like a two or three year old when she loses it, biting, fighting

SENCo 2 told me that Child 2 had been called a ‘paedo’ (paedophile) by some people in the local community because she likes to play with younger children. She added:

SENCo 2: She likes to play with little ones because she’s better than them, cleverer than them, you know, she likes to boss them around...

Later in the interview, SENCo 2 suggested that she believed that because Child 2 was being brought up by her older relative, this further isolated her within their specific community setting, in which young people were being brought up by parents and carers
with a different approach to parenting. For example, young people of Child 2’s age are allowed out later in her community:

SENCo 2: Yes..because she can’t join in the chat, ‘cos she’s not walking the streets with them.. that’s not [Child 2’s] fault..I think it’s the peer group she’s got here. I mean they’re all there with thick make up and y’know, they’re all 18 going on 27..

KC2 was very pleased by Child 2’s progress at school; her concluding comment on the school report was particularly illustrative of this:

KC2: “There has been a big, no huge improvement, she is a different girl at home and at school….she needs continuing support but I never would have believed that we would get her into school full time again”.  

However, KC 2 also had doubts about the current education system:

KC2: This is controversial, cause they’re constantly telling me at school, she’s coming on leaps and bounds, she’s probably get eight GCSEs. Well, this might sound harsh, but if she gets eight GCSEs they’re not worth anything..I was trying to do basic algebra with her the other day, she hasn’t a clue...

Summary: Child2:

- Has exceeded her carers and teachers expectations by attending school full time and by being integrated into mainstream lessons with support
- Has reported social and emotional difficulties which impact upon her ability to integrate within the local community

IS POSITIVE YOUTH DEVELOPMENT A USEFUL CONCEPTUAL FRAMEWORK TO INFORM PRACTICE WHEN WORKING WITH KC2?

Child 2’s confidence and self-esteem were described as poor without adult support both at school and at home. Child 2 had described herself as ‘stupid’. It was agreed by both KC2 and SENCo 2 that she has better relations with older people, who it was felt made allowances and younger children, with whom Child 2 possibly felt she had better control over the activities. Child 2 had asked to attend the same school as her younger cousin, because, she told her carer, he could ‘look after her’.

In terms of connection, most of Child 2’s activities within the community are accompanied by her kinship carer. This is perceived as problematic by SENCo 2 who perceives KC2s parenting style to be ‘old fashioned’ and very different to the parenting
styles of Child 2’s peers parents. SENCo 2 feels that this further enhances Child 2 being ‘different’ and is a barrier to her integrating with her peers.

Child 2 has good relationships with teaching staff at the school and her improved attendance and progress has delighted all.

In terms of character, KC 2 and SENCo 2 disagree. KC 2 feels that Child 2 has little awareness of danger and a poor sense of right and wrong. SENCo 2 has found that Child 2 responds well to coaching and discussions about what she might have done differently in a difficult situations, these discussions have lead SENCo 2 to believe that Child 2 has a good sense of the difference between right and wrong. In addition, SENCo 2 has observed empathic behaviours towards peers, which KC2 appeared unaware of.

The PYD framework is helpful in that it could help to inform an intervention programme for Child 2, who would benefit from:

- Structured activities within the community, if possible, supervised by younger adults, with greater awareness of social norms within the community
- Social Skills training; coaching techniques around bullying in school were effective and could be utilised
- Specific activities to develop her self-esteem and self confidence
### Figure 7 Themes around KC2

#### Negative

- KC2's caring skills differ from those of others in community, possibly isolating Child 2 further
- C2 has poor social skills and no real friends
- KC2 questions appropriateness of curriculum
- No respite: Family and friends do not assist often
- Social care left Child 2 with her
- GCSEs not as challenging as should be
- Child 2's Social Difficulties: ASD?
- Lack of choice: KC care or LA care
- Repetitive support offered
- Child 2 needs someone to talk to

#### Positive

- Pleased that Child 2 attending school
- Pleased with support in school
- Child 2 good at Art & crafts
- Found charity offering tuition
- Able to tackle emotional subjects
- KC2 takes Child 2 to a Rambling Club that she runs
- KC Supported education whilst child 2 out of school
- Child 2 is perceived as helpful

#### Key

- KC2: Kinship Carer 2
- SENCo 2

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<td><strong>Child 2 needs someone to talk to</strong></td>
</tr>
</tbody>
</table>

**Attendance is 98.7%**

**On target to achieve GCSEs**

**Child 2 responded well to being told about her behaviour and coached**

**Good progress at school, is integrated into mainstream with support**

**Child 2 is perceived as helpful**

**KC Supported education whilst child 2 out of school**
### Figure 8 The 5 C’s of PYD: Case 2

<table>
<thead>
<tr>
<th>Competence</th>
<th>Confidence</th>
<th>Connection</th>
<th>Character</th>
<th>Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 2 is reported to have low self-esteem. Her social skills are reported as ‘poor’ and she is most successful socially with younger children or adults. Child 2 reports to others that she is stupid.</td>
<td>Child 2 lacks confidence and seeks help readily, for example she attended an activity holiday because her younger cousin was going and hoped to transfer to his school so that he might ‘look after’ her.</td>
<td>Most of Child 2’s activities are accompanied by her Grandma. Child 2 has good relationships with the teaching staff at school. Child 2 had a friend at school with learning difficulties, but this child now avoids her. Young people in the community make fun of Child 2, for example because she rides a scooter and plays with younger children. School staff report that Grandma’s parenting style is different to Child 2 peers and this makes her ‘different’.</td>
<td>KC 2 reports that Child 2 has little awareness of danger and a poor understanding of right and wrong. School staff report that she does understand right and wrong and has made progress with coaching.</td>
<td>SENCo 2 describes Child 2 as very caring towards others in school if they are hurt.</td>
</tr>
</tbody>
</table>
6.3: CASE 3

KC3 appeared very keen to describe her experiences and successes as a kinship carer to me. Whilst the same interview schedule was used and the same letter requesting an hour’s interview, in contrast to the other kinship carers, I spent over two hours in KC3’s home. In addition to KC3, KC3’s Mother, who lived in the same house and neighbour attended the interview at various points. This was a good illustration of their connectedness; they validated and supported each other and appeared keen for me to stay with them longer to witness this.

KC 3 informed me that she was the LA’s longest serving Kinship Carer and at the time of our interview she had just completed an application to adopt Child 3.

WHAT DOES KC 3 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES COULD HELP THEM FURTHER?

KC 3 told me about her experience when she first became carer of Child 3:

KC3: We had nobody. Nobody told us what we could and couldn’t do when we first became foster carers.... But we had a foster carer, because some of [Child 3’s] siblings went to [A foster carer] and she gave us, the shoulder to cry on, the support we needed, the role model to tell us what we could and couldn’t do

KC3 described two people whom she could rely on regularly to support her and was pleased generally with the level of support she received. She told me that family and friends support was most helpful and that she tended to request support from Social Care only when “there is a problem, school wise”. She told me that Social Care referred to her as “low maintenance” because if she had any problems, she tended to deal with them herself. KC3 described how the family had tried accessing respite care for Child 3, but because Child 3’s behaviour was challenging the decision was taken to stop it.

KC3: he can be, although thank God, it’s not, touch wood, it’s not happened at school, he can be very, very aggressive

KC 3 told me that Child 3 had been allocated five social workers in eleven years and a further three social workers had worked with him as part of the adoption process. KC3 described how upsetting it was when staff changed as Child 3 had become particularly attached to two of them. KC3 told me that she had sometimes found it difficult to contact Social Workers; in the worst case this had almost delayed surgery for Child 3, because
there had been confusion over which Social Worker could sign the parental consent form. KC3 described a few occasions when she had to be ‘forceful’ to get what she required.

KC 3 and her husband have looked after Child 3 since he was a baby and have applied to adopt him with Child 3’s father’s consent. KC3 was keen to describe how well integrated Child 3 is into their family. Her three older children all describe him as their ‘baby brother’. When younger, KC3’s daughter looked after him and carried him around when he could not walk, resulting in what KC3 described as a ‘special bond’ between them.

In a similar vein to KC 2, KC3 believed that Child 3 benefited from an honest and frank approach. KC 3 told me that she had never “wrapped [Child 3] up in cotton wool”. For example, KC3 described her response to him when he had complained about his wheelchair:

KC3: I turned round and I said ‘stop feelin so flippin sorry for yourself and get a grip’. He just went ‘phew!’ and I said ‘[Child 3], are you breathing? Are you alive? Have you got a life?’ He said ‘yeah’, I said, ‘are you wanting for anything?’ And then his immaturity came in, he said ‘yeah, I want my face painted’ [laughs] so we left it at that.

Child 3 has called his kinship carers ‘Mum and Dad’ for several years and expresses displeasure when called by his biological Mother’s surname. KC 3 is able to positively manage contact with Child 3’s Father without supervision. Child 3’s Father is very supportive of this placement and sees Child 3 once each fortnight as determined by the court and for days during the school holidays as determined following discussion with KCs3. KC 3 referred to this as “day respite”. In addition, when Child 3’s behaviour is a challenging, KC 3 has called his Father who has visited Child 3 to try to assist:

KC3:....he’d been an absolute nightmare, he’d be a sod in school, he’d been an absolute nightmare here and I just, [Father] rang at the wrong time.... and I splurted it all out. And he said ‘right’, well he was due to have him on the Saturday, this was like a Thursday. And I heard bang bang on the door, so I opened the door and it was him.. he went straight into his bedroom and he was... stern with him, he said ‘I’m not having this’, he shut the door and he said ‘this is out of order, you’ve got your Mum in tears’ and he backed us up that way..

As with KC1, KC3 told me that there were significant differences between foster care and kinship care, but she was the only carer within the cohort to describe this in financial terms:

KC3: See, as a kinship fosterer you can’t get level 3, that’s another £300.
KC3 further described perceived prejudice she had experienced from foster carers towards kinship carers:

KC3: There is a little handful, they tell kinship foster carers, you’re not real foster carers.

KH: Why?

KC3: They see themselves as foster carers because they have stranger’s children and not family children, but what they don’t understand is...it’s harder to foster a family member than a none family member...because I’ve had to, and me Mum and [Neighbour]’ll tell you, there’s been times when I’ve been told by the Social worker, when before [Mother] went to prison, not to let her over my door...

In addition, KC3 described how the Safe Caring Policy was difficult for Kinship Carers:

KC3:. We didn’t know that we couldn’t we weren’t supposed to, even though you’ve had this child, walk around in just your PJs. You had to have your dressing-gown on. Or you couldn’t walk across the landing in your underwear.....Apparently it’s rules. Well it, apparently it’s summat you’re not supposed to do. You know, but I think it’s more for non- kinship carers, erm.

KC3 felt a kinship support group had really helped her and her husband several years earlier, but it had disbanded. She gave me the name of the Social Worker who ran this group and told me to let her know that there were still carers who needed this support and who would attend. When I asked why it had disbanded, KC3 told me that it was on a school night and that some carers had difficulty getting child care. I subsequently interviewed this Social Worker, (SW7).

Summary: KC3 and her husband appear very committed to Child 3 and have applied to adopt him. Child 3’s biological Father is supportive of the placement and the adoption and provides regular respite and support. KC 3 particularly appreciates support:

- From her family and friends including Child 3’s Father
- From Social Care when there are issues around Child 3’s education

KC3 would like additional support in term of:

- Having the same social worker for a period of time
- Attending a kinship carer support group
- Financial assistance at a rate similar to foster carers
SW3 is particularly impressed with KC3s advocacy skills:

SW3: ..she’s a strong advocate for children with learning disabilities and always has been. And she, she, when she sees barriers she’s quite vocal in trying to knock those barriers down, which is great, absolutely great for me because she’s doing my job in essence. She’s advocating for [Child 3].

SW3 goes further to describe the stability of kinship placement in general terms:

SW3: They are so committed, and when you look at statistics for children in our LA, they stay longer and I know it’s the same country wide. They will tolerate far more difficult behaviours because it’s their own”.

KC3’s description would support this:

KC3: We have these periods where he just totally is a nightmare to live with. Erm, he’s just, he destroys things, he rips cupboard doors off doesn’t he? He, he, he just totally goes aggressive...

SW3 confided his opinion that KC3 enjoyed interacting with professionals and he further speculated that KC3 might miss this aspect of her role once the adoption was finalised.

SENCo 3 told me that she did not have to provide anything additional for Child 3’s carers; she described that some of the children’s parents at her school were not as supportive as Child 3’s kinship carers. SENCo 3 added:

SENCo 3: I think even if she didn’t work here, she’d be very forthcoming in, in communicating with us.

As a result of Child 3’s medical difficulties, he has to attend several regular medical appointments. SW3 described how KC3 and her husband have made arrangements with their employers to attend these.

Summary: SW 3 is very impressed by the quality and stability of this placement. Both SW3 and SENCo 3 described KC3 as a very effective carer and advocate for Child 3.

HOW IS CHILD 3 ACHIEVING WITHIN THE SCHOOL CONTEXT?

Child 3 has bilateral talapize which affects his mobility. He requires a wheelchair to transport himself around the school building. Corrective surgery on his feet has not been completely successful and he experiences some pain constantly. Child 3 had a statement of his special educational needs written in 2004, which described his physical difficulties, language difficulties, poor attention and social skills. He first attended a special school for
children with autistic spectrum disorder. Later assessment suggested that Child 3 did not have ASD and he transferred to a mainstream primary school with a resource base for children with complex learning difficulties. Finally, aged 11, Child 3 moved to a resource base within a mainstream High School, where KC3 had once worked and where his kinship siblings attended.

KC3 described Child 3’s progress at school as “not bad”. She added:

KC3: *He is meeting the targets appropriate for [Child 3], which is still below level...because he is delayed in a lot of areas. He’s a seven year old in a twelve year old body.....*

KC3 told me that she used to teach children and had some knowledge of the education system and that this had helped her to help Child 3, who frequently needed support with homework. Interestingly, though, she had decided that to help too much would be detrimental to him and that if he made enough progress, help might be taken away from him at school!

KC3: *“An I’ll say, that’s a level 3 mate, you’ve got the bones, it needs bulking out.. and then we’ll sit at the computer and bulk it out together, but I’ve gotta be careful with [Child 3] because, If I do too much, then he’s not gonna get the help he needs....*

This is an interesting notion, KC 3 wants Child 3 to receive help at all costs and fears that this may be withdrawn if he makes ‘too much’ progress. This does concur with SW3’s suggestion that KC3 likes to be dependable and Child 3 to be dependant. Whilst not specific to kinship care, I did get the sense that KC3 felt that she had ‘rescued’ Child 3 and would like to continue to do so. Given the adoption of Child 3 was in process, it is most likely that Child 3 will have a relationship continuing into adulthood with his family and some support around developing his independence would therefore be in his best interest. KC 3 had requested support from SW3 to obtain more TA support in school for Child 3, she appeared to see an important part of her role as securing help without questioning the impact upon Child 3’s independence skills.

In addition, and similar to SENCo 1 and KC2, KC 3 made reference to Child 3 having autism despite information to the contrary. KC 3 viewed these skills in a positive light:

KC 3: *Erm, oh he is an absolute, because of his autism side, absolute whizz at puzzle solving.*
SENCo 3 told me that Child 3 struggled with modern foreign languages and ICT, but was on target for most of his other subjects. SENCo 3 described Child 3 as enthusiastic and friendly, with “lots of friends”.

SW3 was very pleased by Child 3’s progress in school, measured by his level of integration:

SW3: *We moved him to mainstream at the end of Year 5 and for him to integrate into X High is a magnificent, really magnificent, achievement.*

It is interesting to note that KC 3 had previously worked at Child 3’s High School. Child 3 appears keen to attend activities when his family are involved, but less keen when they are not. SW 3 agrees that Child 3 appeared especially dependent upon his carers:

SW 3: *Well it’s interesting, because one of the things that was a concern and one of the challenges again was his move to independence…Erm because you have someone who is dependent and KC3, loves er…to be dependable*

SW3 explained that in his opinion, Child 3 ‘did not have the capacity to fully inform the Strengths and Difficulties Questionnaire’ but added:

SW3: *the resilience is observed through his recovery…. and his erm,…. lack of complaint. It’s seen sometimes in his frustration, he will exhibit some sort of you know, more aggressive, more confrontational behaviour.. that’s what’s linked to the pain.. Erm so we do know that he has that, you know I do, I do believe that he is a resilient boy.*

Child 3’s medical difficulties were an additional barrier. He showed an interest in Wheelchair Basket Ball, but the only clubs available were some distance away and both his Social Worker and carers felt he would be too tired to attend. Child 3 appears to favour activities and places in which his carers work or support. Social Worker 3 thus speculated that one challenge for his carers following adoption would be to promote Child 3’s independence skills.

**Summary:** Child 3:

- Is achieving in line with school targets predicted using Fisher Family Trust data, but below that expected for his chronological age

- Is well integrated into his resource base and has several friends at school
IS POSITIVE YOUTH DEVELOPMENT A USEFUL CONCEPTUAL FRAMEWORK TO INFORM PRACTICE WHEN WORKING WITH KC3?

Child 3’s self-esteem is described as fair. SW3 described him as resilient. KC3 told me that he was immature. Child 3 appears confident with family support available, but KC3 suggests that he can feel sorry for himself and can become frustrated and aggressive. This behaviour is not evident in school.

In terms of connectedness, it appears that Child 3 is strongly connected to his kinship carers whom he calls Mum and Dad and refuses contact with his biological Mother. He is very keen to be adopted and already uses his adopted surname in school. KC3 told me about the preparations for the big family party once the adoption order comes through.

KC3 had previously worked at X High School part time. KC3 described how Child 3 felt he belonged in X High School, where he accessed a small group resource and that two of the pupils who also attended this were his friends. KC3 told me that when Child 3 had been called names in school his elder brother had stuck up for him there.

In terms of additional activities, Child 3 attended Cubs whilst KC3 assisted in supervising it. He refused to transfer to Scouts however, possibly because KC3 was not there. Child 3 had enjoyed Taekwondo, organised by a neighbour, but had been advised by his doctor to give this activity up because of his brittle bones. School staff had encouraged Child 3 to take up Wheelchair Basket Ball, which he practised during games lessons. I understood that SW3 was investigating possible clubs in the local area.

In terms of caring, KC 3 felt that Child 3 was rather immature and self-centred.

The PYD framework could inform an intervention programme for Child 3, who might benefit from:

- Further activities in the community as he matures
- A specific programme, agreed with key adults to promote his independence skills
- An adult to talk to about his frustrations in order to help him to manage better outbursts of anger and aggression evident at home.
Figure 9 Themes around KC3

**Negative**

- Child 3 can be immature sometimes
- Child 3 can be easily distracted
- Medical needs are a barrier to accessing clubs
- KC3 dependable. Child 3 dependant
- KCs need different support to FCs
- Child 3’s medical needs, constant pain
- Difficulties managing contact
- Frequent changes of Social Worker
- Child 3’s challenging behaviour at home
- Less support financially than Foster carers
- Can’t help Child 3 too much academically in case his support in school is removed!
- Would like to attend reformed Kinship carer support group

**Positive**

- KC 3 Perceptions of self as forceful when required
- Pleased with family support, especially Father
- Kinship carers have applied to adopt Child 3
- KC 3 is a strong effective advocate for Child 3
- Child 3 is resilient
- Child 3 is achieving as expected in most subjects
- Child 3 is more supportive than many parents at school
- SW3 SW for 3 years
- SW3: Social Worker 3
- SENC03: SENCo 3
- Known C3 for 18 months
- Child 3 has friends in school, well integrated
- Child 3 is achieving as expected in most subjects
- Worked in the school and has some experience of teaching
- Special bond with Sister
- Pleased with Social Care support, especially with education

**Key**

- KC3: Kinship Carer 3
- SW3: Social Worker 3
- SENC03

KC3: Married aunt lives with two older children, Mother and Child 3. Cared for nephew for 11 years

Child 3 is achieving as expected in most subjects
Figure 10 The 5 C’s of PYD: Case 3

<table>
<thead>
<tr>
<th>Competence</th>
<th>Confidence</th>
<th>Connectedness</th>
<th>Character</th>
<th>Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem described as ‘fair’. Child 3 described as ‘thick skinned’, ‘resilient’ and ‘immature’</td>
<td>Child 3 confident within family environment and with activities which involve them. SW 3 describes him as ‘dependent’, but was impressed he had the confidence to sit his SATs with the other children. KC 3 describes how he sometimes feels sorry for himself</td>
<td>Carers have applied to adopt Child 3 and a big party is planned to mark the event. He is described as ‘baby brother’ and ‘uncle’; he has a ‘strong bond’ with his sister. He uses the family’s surname and calls carers Mum and Dad. He had friends in the SEN provision at school. He attends clubs his family are involved in, but brittle bones have stopped him attending Taekwondo</td>
<td>Child 3 can show aggression at home, carers and Social Worker feel this is a result of his frustration and his being in constant pain.</td>
<td>He is reported to find the concept of being an uncle ‘daunting’ KCs 3 feel that Child 3 is very self-centred.</td>
</tr>
</tbody>
</table>
WHAT DO KCS 4 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES COULD HELP THEM FURTHER?

The carers of Child 4 had been caring for her since birth. KCs 4 had been foster carers initially, but had subsequently been granted a Special Guardianship Order in respect of Child 4. Child 4’s older sibling had been adopted by a family unknown to KCs 4.

Kinship Carers 4 told me that they had a ‘big family’ and that they could regularly rely on up to six family members when they required help, and that two of their family had actually provided help in the last month. They described themselves as ‘very satisfied’ with the level of help received from their family. KCs 4 had noted some jealousy from their other grandchildren since caring for Child 4.

KC’s4 were very pleased with the support received from Social Care, who had provided equipment and supervised contact with Child 4’s parents. Social Care were in the process of supporting KCs 4 in their application for more suitable housing, given that they were looking after a toddler and would benefit from a bath and access to a garden. KCs 4 were also very grateful for the support and advice provided from their Health Visitor.

KC4 only criticism was of the Housing Department. They felt that better links between them and Social Care would avoid delay and requests for the same information to be repeated.

KC4 told me that they would not like respite from Social Care as their family were offering this support. They would appreciate a faster move to more suitable premises and transport to contact visits. When specifically asked, KCs 4 told me that they would find a kinship carer support group helpful.

Summary: Child 4:

KC4 were generally pleased with the support received from family and Social Care, particularly in terms of respite, provision of equipment and support with contact. In terms of additional support, they would appreciate it if:

- Services shared data more efficiently to facilitate their application for a new home
- Social Care could provide transport to contact with parents
- There was a kinship carer support group.
WHAT DO PROFESSIONALS SUPPORTING KC4 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY UNDERTAKE AND HOW THEY MIGHT BE SUPPORTED FURTHER?

Two social workers supported KC4 and Child 4. Neither responded to my request to arrange an interview.

Child 4 was just about to start sessions at a playgroup when I interviewed her carers and so a meeting with staff to discuss Child 4’s progress there was not appropriate.

HOW IS CHILD 4 ACHIEVING WITHIN THE SCHOOL CONTEXT?

Child 4 was 14 months old and therefore not yet attending school. At the time of my interview with her carers, Child 4 was just about to start sessions at a local preschool group, which two of her cousins also attend.

KCs 4 were pleased to describe Child 4’s progress. They described Child 4 as a happy sociable child, who was very adept at climbing! They described her self-esteem as very good. Child 4 was attending a swimming club once a week and making good progress.

IS POSITIVE YOUTH DEVELOPMENT A USEFUL CONCEPTUAL FRAMEWORK TO INFORM PRACTICE WHEN WORKING WITH KC4?

The connectedness theme within PYD comes through as the strongest with regards to Child 4. Child 4 was 14 months old when the interview took place and the other themes are more relevant when considering the skills of older children.

In terms of connectedness, Child 4’s grandparents have taken out a Special Guardianship Order, possibly because they fear that, otherwise, Child 4 might be considered for adoption in a similar way to her older sibling. They also told me that they hoped that having Special Guardianship would speed up their application to move to bigger, more suitable housing. Child 4’s carers did not require respite provided by anyone other than their family network at the time of the interview.
Figure 11 Themes around KCs4

**Negative**
- Some jealousy from other grandchildren evident
- Move to more suitable accommodation delayed
- KCs 4 had to repeat same information to apply for more suitable accommodation
- Transportation to contacts would be helpful

**Positive**
- KC4s Married Couple, caring for their 14 month old granddaughter since her birth. Have Special Guardianship Order
- Six family members regularly support
- Child 4 makes progress at swimming club
- Child 4 is happy, & sociable
- Child 4 has good self esteem

**Key**
- KC4: Kinship Carer
- Kinship Carers’s group would be helpful
- Some jealousy from other grandchildren evident
- KC4s Married Couple, caring for their 14 month old granddaughter since her birth. Have Special Guardianship Order
- Six family members regularly support
- Child 4 makes progress at swimming club
- Child 4 is happy, & sociable
- Child 4 has good self esteem
- KC4: Kinship Carer
- Kinship Carers’s group would be helpful
### Figure 12 The 5 C’s of PYD: Case 4

<table>
<thead>
<tr>
<th>Competence</th>
<th>Confidence</th>
<th>Connection</th>
<th>Character</th>
<th>Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 4 described as happy and sociable with her Cousins</td>
<td>Child 4 described as a confident child who enjoys climbing</td>
<td>Child 4 is looked after by her Aunts and Uncles on a regular basis, and spends time with her Cousins. She was just beginning a local preschool, but an imminent house move would possibly change this arrangement.</td>
<td></td>
<td>Not applicable at this age</td>
</tr>
</tbody>
</table>
6.5: CASE 5:

WHAT DO KCS 5 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES COULD HELP THEM FURTHER?

Kinship Carers 5 were just about to care for their grandson on a full time basis after four years of caring for him for brief periods of respite for his Father. They were about to meet Social Care to decide on proceedings and to determine the level of support they might need. They were pleased with their Grandson’s progress and described themselves as confident about their ability to care, having had two children themselves. Given that they lived in another LA from their Grandson, they were pleased that Social Care had answered queries over the telephone and were looking forward to sharing some local activities with him. They were pleased that, coincidentally, they had recently moved house and that their new house had better facilities for him.

KCs 5 were critical of the number of social workers that had worked with their grandson:

KCs 5 were critical of the number of social workers that had worked with their grandson:

KC5M: ...it was an agency social worker who sort of cleared, in my opinion cleared her desk before she went for a week’s holiday by shoving him into foster care, it’s not quite as bad as that, but that was, that was the sort of...the ..impression given...

KC5F: ...hasty really that, he was being taken into care, it could’ve been, we thought it could’ve been done differently but...

KC5M: Well we were with that, yeah I was about to say that, we were consulted, we were, well, well no we weren’t consulted we were asked.

KC5F: Well it was a phone call.

KC5M: It was a phone call said Child 5’s gonna go into care, would we like him.

KC5F: Erm, we were taking him in today, erm, phone me back in twenty minutes with what you feel about it.

They had some concerns that support groups and courses were a considerable distance away, but confident that they could source some closer to home.

KCs 5 had several worries, mostly around how Child 5 would cope with such a big change, moving from his Father, Foster Carers and school. They were also concerned about how they might manage contact with Child 5’s parents. Looking ahead, they described their concern that there was nothing for teenagers to do locally:

KC5M: And they’ve just started I think a scout group. But I suppose what I do worry about now we’re on the subject, is when he gets into his teens, if we’re
still around……is his teens……What we do, what he does and what we do with him. Cause there’s that, that’s where things you know, and it’s no different from a lot of places, is not so good.

KC’S 5 also made some comments which resonated with Laundry Meyer & Newman (2004) sample’s perception of the grandparent as parent role being ‘unanticipated’. For example, they told me that they had bought a motor caravan, but it slept two only. They also noted that they would no longer be able to take holidays during school term times.

KC5F:  Yeah. Yeah, but then we just never in our wildest dreams thought we’d be doing this I suppose….

Whilst they are not yet caring for their Grandson, KC’S 5 thought that once he was placed they would require respite and someone to talk through any difficulties with. They also had concerns about contact:

KC5M:  She [Mother]was allowed to see him when she was better because she was on medication……but, but she’s now, not too good shall we say and, if she turned up, well we’d end up having to, you know deal with a tricky situation. That is when we would want support but it probably won’t be available.

They described possible difficulties moving from being a respite carer to a full time carer:

KC5M:  Well certainly when he comes, I mean at the moment because of if you like when he comes infrequently he’s probably indulged a little bit isn’t he….but when he’s here full-time, then the indulgence will have to be, refined a little bit, shall we say...

Summary: Child 5:

KC 5 were considering the change from occasional respite carers to full time carers of their five year old Grandson. They had not anticipated this and felt that they would need to make some lifestyle changes, but they appeared excited by the prospect of arranging and attending activities with their grandson.

KC 5 had some concerns about how support might be obtained given that they lived a considerable distance from the host LA, but were confident they could source alternative help if required. They felt that they would require general advice but their biggest concern was assistance with managing contact with Child 5’s parents.
WHAT DO PROFESSIONALS SUPPORTING KC5 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY UNDERTAKE AND HOW THEY MIGHT BE SUPPORTED FURTHER?

SW5 did not respond to my requests for an interview. Her manager contacted me some time later to inform me that SW5 was on long term sick leave and that Child 5 had been placed with KCs 5 with support from an agency worker. Child 5 had also moved school and initial reports form the manager were positive.

I wrote to Child 5’s first school to request an interview and information regarding his progress whilst there. When I received no reply I telephoned the Head Teacher who informed me that Child 5s paperwork had been sent to his new school and that she would not be willing to discuss him without this. The Headteacher at Child 5’s new school also refused to take part in an interview regarding Child 5, because he had just entered the school and they did not feel that they had spent enough time with him to respond fully. It felt very much to me, as an outsider, that Child 5 was ‘in transit’ and not really belonging to any school at that point in time.

HOW IS CHILD 5 ACHIEVING WITHIN THE SCHOOL CONTEXT?

KCs 5 were pleased with Child 5’s progress at school, which they described as ‘average, despite his current situation’. I was unable to triangulate this data with information from professionals.

IS POSITIVE YOUTH DEVELOPMENT A USEFUL CONCEPTUAL FRAMEWORK TO INFORM PRACTICE WHEN WORKING WITH KC5?

KCs 5 described Child 5 as a confident child with high self-esteem and good resilience. Their main concern was that he had no fear of strangers.

In terms of connectedness, KCs 5 appeared very keen to engage with Child 5 in local activities once he was placed. At the time of my interview, Child 5 was very much in transit; he did not seem to belong to either school, in that neither was willing to discuss him.
Figure 13 Themes around KC5

**Negative**
- Concern about how Child 5 will cope with this change
- There is nothing for teenagers to do around here
- KCs 5 were not expecting to care for their Grandson
- KCs 5 unsure how to manage contact with parents
- KCs 5 have had two children and feel confident they can manage to parent Child 5
- Child 5 has no fear of strangers
- Child 5 has had several Social Workers
- Unsure of what support is available

**Positive**
- Child 5 is sociable
- New house is better accommodation for Child 5
- Child 5 is making progress at school
- Social Care have answered our queries when we ask
- KCs looking forward to joining local groups
- KCs have had two children and feel confident they can manage to parent Child 5
- KCs 5 unsure how to manage contact with parents
- KCs 5: have cared for their 5 year old Grandchild regularly as respite for his Father over the past four years. They are considering caring for Child 5 full time.
- Child 5’s Social Worker will be 70 miles away, how will this effect support available?

**Key**
- KC5: Kinship Carers
Figure 14 The 5 C’s of PYD: Case 5

**Competence:**
KC5 described Child 5 as having high self-esteem and good resilience as a result of having to look after himself more than might be expected.

**Confidence**
KC5 described Child 5 as fairly confident.

**Connection**
KC5 were concerned that Child 5 had no fear of strangers and saw this as a task for themselves to work on. Child 5 had been to After School Clubs in his previous school. KC5 intended to arrange swimming lessons, Beavers and to join the lantern parades once Child 5 placed. KC5 was a local volunteer.

**Character**
KC5 believe that Child 5 understood the difference between right and wrong.
WHAT DOES KC 6 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES COULD HELP THEM FURTHER?

Kinship Carer 6 had cared for her Granddaughter for 12 months. KC 6 reported that she was pleased with support received from her family, school staff and some Social Care Staff, adding:

KC 6: it’s not down to them it’s because I took Child 6 on, I feel that I shouldn’t go to them and dump it on them, do you know what I mean. I feel that I should do it by myself, so I only ask when I have to, do you know what I mean.

In terms of support from Social Care, KC 6 was very positive about a particular social worker who had guided her through what she was entitled to as a kinship carer and because this worker always returned her calls. KC 6 was critical of her previous social worker, who she felt was quick to intervene when things went wrong, but not quick to support in any other way. KC 6 told me that this worker rarely returned telephone or text messages.

KC 6 was concerned that she was bound by rules governing foster care, including the Safer Care policy; for example, she told me that she found it difficult to understand the rule that she should always leave a door open if she was alone with her four year old Granddaughter, given that the two of them lived together:

KC 6: Obviously as a foster carer, because I’m classed as foster carer not her grandmother you know, it’s quite hard you know with discipline and stuff, I’ve been told by SW6 I’m not even allowed to shut the door in the bedroom and read her a story because you know, I’m her foster carer and things could be said, I know grandmothers can do stuff like that as well but....

KC 6 was critical of services which she felt had let her Daughter down and resulted in her caring for her Granddaughter. In particular:

KC 6: and because different things have happened in her life, like she’s been taken into hospital for this and for that, different people have seen her at different times and nobody has got together in the hospital and thought well hang on there’s something wrong with this girl, do you know what I mean, so for a whole year now she’s not had counselling or anything because nobody has actually got together at the hospital and thought well you know, we need to do something. I mean [Mother] has got a mental health team now, she’s had them for a while. The hospital did send a crisis team out, then after that Richmond Fellowship were involved who are [Mother]’s mental health team and they regularly see her and she talks to them, they tell her the best way to do things, what they think is right, and it’s up to her, and make sure she’s
taking the medication and is it okay and all that, and she’s been a lot better since she seen them.

KC 6 was very positive about support from school:

KC6: It’s actually brilliant at school, you know, obviously I liaise with the teachers and the deputy head and all that, and they have been absolutely brilliant.

KC6 had stopped her part time job in order to care for Child 6. She missed this role, but was simply not able to release the time to do it.

Summary: KC 6 was critical of the lack of support provided to her Daughter which she feels resulted in her caring for her Granddaughter. She felt that one social worker had been quick to act when things went wrong, but not very supportive. KC 6 sees her Daughter daily and liaises very well with the school and her daughter regarding her Granddaughter’s care. KC 6 would like support for her daughter so that her Granddaughter can return to live with her.

WHAT DO PROFESSIONALS SUPPORTING KC6 THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY UNDERTAKE AND HOW THEY MIGHT BE SUPPORTED FURTHER?

SW6 did not respond to my requests for an interview. SENCo 6 is a very experienced member of staff, who works in a school with an unusually high number of Looked after Children. At the time of our interview, eight children were LAC and seven of these were placed with kinship carers.

SENCo 6 was very positive about the placement of Child 6 with her Grandmother, and commented repeatedly how well KC6 communicated with Child 6’s Mother and School Staff for the benefit of Child 6.

SENCo 6: But mum and nan work very closely together... which as I said is very unique and it’s very good. They come to school together it’s, it’s great you know and if,... I have got to speak to Child 6 then I’ll have mum and nan in with me. And if there’s been an incident nan straight away tells mum and they deal with it, very, very well together actually, they do have a, a good system, erm,, where they deal with, it. I’ve had quite a lot of support in them doing that, I think Mum has been on, one of the parenting courses, I think it’s, is it the Early Years one....

SENCo 6 appeared to work well with KC6 and Child 6’s Mother. SENCo 6 was able to support Child 6’s Mother and Grandmother to tackle some emotional issues:
SENCo 6: But I sat down [KC6] and [Mother] and we had a long chat and Child 6, and we had a long chat about why, she was with nanny. That you know mummy had been poorly and mummy was finding it very difficult so nanny has stepped in to look after Child 6 but, you know, mummy still loves her and is there, but, nanny’s helping out and, she was quite, she took that on board because nan said to me afterwards you know I’m really pleased, you did that. Yeah, I think I should be a social worker really. Does this make sense?

In a similar way to KC6, SENCo 6 was critical of Social Care

SENCo 6: And I think you know you sit and you talk to social workers and I think well why aren’t you doing that, because you know I went to the launch of Care into Care But there was not that many social workers there. And when I mentioned this to SW6 in a meeting, erm, she didn’t know, didn’t know about it, so I said I think that would be really good for Child 6 and now she has had a CAMHS consultation

SENCo 6 was, however, positive about the additional support provided from the Children In Care Team and the support of a Family Support Worker.

Summary: Child 6

SENCo 6 was very positive about the role that KC6 had undertaken. In her experience of kinship carers she found that KC6 liaised well with Child 6’s mother in the best interests of Child 6. SENCo 6 was less positive about support social workers in the case but told me that the support offered by the Children in Care Team and the family support worker was beneficial.

HOW IS CHILD 6 ACHIEVING WITHIN THE SCHOOL CONTEXT?

Both KC 6 and SENCo 6 were pleased with Child 6’s progress in school. Academically, Child 6 was making good progress. Socially she had made pleasing progress, following a behaviour support plan, it was felt that she had developed a friendship in Reception and that her peers were less likely to blame her when an incident occurred in the playground.

The school had also engaged a music therapist to support Child 6:

SENCo 6: Erm, she’s making good progress through erm, Letters and Sounds. She’s keen to read, segmenting and blending. I think she’s quite an intelligent little girl. Its just focusing her on that, cause obviously there’s a lot of other issues as well. She likes music, she’s quite musical and part of her pupil premium, we are engaging in a music therapist, she’s going to have music therapy once a week.
Summary: Child 6 is making pleasing progress at school. She appears bright and her behaviour difficulties, evident since she attended the school’s nursery, have lessened in response to intervention from KC6, Child 6’s mother and school based staff.

Is Positive Youth Development a Useful Conceptual Framework to Inform Practice When Working With KC6?

Child 6’s competence was described as poor, but improving. She was described as a confident ‘savvy’ child, who had developed good bonds with her carers and teaching staff and who was developing a good friendship with a peer. Both KC 6 and SENCo 6 felt that she knew the difference between right and wrong, but neither felt that she was old enough to have developed empathy for others.
**Figure 15 Themes around KC6**

### Negative
- Safe caring Policy not relevant to
- Gave up work to care for Child 6
- Information about support available was delayed
- Some social workers are hard to get hold of
- Lack of support for Mother, not joined up, necessitating care of Child 6

### Positive
- Satisfied with support from friends and family
- Satisfied with some aspects of SC support
- Child 6 has responded to Behaviour Plan
- Support from: FSW, CAMHS and Music Therapist
- Child 6 has made good progress in school
- Mother sees Child 6 daily and a return to her care is likely
- Mother and KC 6 work well together to support Child 6

**Key**
- KC6: Kinship Carer 6
- SENCo6
Figure 16 The 5 C’s of PYD: Case 6

**Competence**
Child 6 is a confident child whose self-esteem is improving. SENCO 6 describes her as an angry child.

**Confidence**
Child 6 was described as ‘savvy’.

**Connection**
There is a strong bond between KC 6, and Child 6’s Mother, they work well together in Child 6’s interest. Child 6 is too young to belong to specific groups. She has developed good bonds with teaching staff and one peer friendship is developing.

**Character**
Both KC 6 and SENCO 6 report that Child 6 knows the difference between right and wrong. She has responded well to a behaviour plan.

**Caring**
Both carers and school feel that Child 6 is too young to have developed empathy.
In addition to the 6 Kinship Carers and professionals supporting them, I contacted a local social worker whose name had been supplied by two of the kinship carers because she had run a kinship care support group. This social worker (SW7) subsequently agreed to an interview about this support group and kinship care generally.

SW 7 told me that she had set up a kinship carer support group in the LA several years earlier, when she first arrived as a Senior Practitioner. As a Senior Practitioner, she was expected to take ‘more difficult cases’ and many of these were perceived to be kinship care cases. SW7 joined with another social worker to run the group. Kinship carers were asked to join the group by invitation, which were posted out initially. The response to this had been poor, so social workers were urged to encourage kinship carers from their case loads to attend during their visits to families. SW7 was not hopeful that kinship carers would attend, but was thrilled when ten showed up to the first meeting.

This group had met weekly over several months. SW7 had hoped to facilitate more than to lead it, but this did not evolve because some of the carers were more vocal than others, which necessitated that SW7 adopt a chairperson role. SW 7 described the purpose of the group was to provide contact and support with others in a similar situation, to provide specific training to kinship carers and to give them a voice within the LA as a distinct group of carers:

SW 7: to give them a voice within the organisation because I do think that they were getting overlooked, even you know from social workers as well, there had always been a reluctance, .......we had very few kinship carers going through panel at that point, and I think we were criticized by OFSTED [pre 2009] for that as well...

The group folded after several months and SW7 felt that this was because:

- Some KCs found the travelling difficult
- It was difficult to find a time that suited the carers in the week. 7-9pm was agreed, but some carers found it difficult to get child care.
- The LA could not fund a crèche or child care

At the last group meeting a speaker arrived to talk about drugs and one kinship carer attended. SW7 found this “cringe worthy” and subsequently cancelled the following date.
Four months later the group was re-launched. SW 7 rang the kinship carers the night before to remind them of the meeting and seven carers attended. Over time, numbers in this second group also dwindled and SW 7 moved to a new position within the LA. To her knowledge no further group has been proposed for the last three years. SW7 does believe that kinship carers should have access to specific groups as she felt generic foster carer support groups were not relevant and were sometimes actively unhelpful to kinship carers. In particular this Social Worker was critical of the Safe Caring policy:

SW 7: I can’t imagine anything as nice than cuddling in bed with your grandkids, and we are telling our kinship carers, you are not allowed to do that.

SW 7 also described how unhelpful generic foster care training could be for kinship carers:

SW 7:... what would happen is, you would have a lot of people on the pre-approval who were mainstream, they were always in the minority the kinship, and you would have these scenarios that were being trained in case studies and things like that, and inevitably, somebody is a drug addict or an alcoholic or something and they would break up into small groups and you can imagine the criticism from Joe public who was there to be trained to as a foster carer, and you’re sitting there next to a grandmother, and their daughter is, there but for the grace of God go any of us, and that felt really uncomfortable for them, really uncomfortable....

SW7 added:

SW 7: we expect them to be and act like our foster carers, and they are not.

I described how many KCs had agreed that they would like a kinship carer support group.

SW7: I was dead enthusiastic, it was an area I was battling for with the department to get them recognised as deserving the same as what other mainstream, and I was on a bit of mission really, and I like working with them people, and so I had a passion for it. Then when it drifted I was a bit disappointed when it drifted.

I was surprised to hear that discrimination towards kinship care was not restricted to some foster carers and school staff. SW7 described the opinion that the apple does not fall far from the tree evident with social care colleagues:

SW7: it was very new when I joined the team for social workers to say anything positive, and they would use a similar expression to what we have already mentioned from the school, in that you know, they brought their own children up, and they have been brought up awful, in their opinion....,
SW7 further elaborated by telling me that that kinship carers were entitled to annual holiday payment to take the child on holiday. She felt some social workers were not quick to inform carers of this. When I asked why:

SW7: I still think there’s still an element of we’ve taken your child’s children away from them through the looked after system because they couldn’t look after them, and there is still an element of if you couldn’t look after your own, so you’re lacking in some way really, or you’re going to misuse the money and not give it to the child.

SW7 agreed that changes of social worker were frequent and unhelpful:

SW7: The number of Social Workers they have is ridiculous. So you never get, you know particularly a plan that is never followed through, I mean I do feel for them about that.

SW7 described several advantages of kinship care over foster care, including better stability and more understanding of identity. SW7 further reinforced the idea that kinship carers support their children by ensuring they do not have an ‘unrealistic fantasy of the perfect family’ (Peters 2005). SW7 described her view that kinship carers were much better at telling children their life stories, so they avoided shocks later. I had certainly found this during my interviews with KCs 1, 2 & 3:

SW7: Yes, and I think your nan and granddad, they tell it how it is, they don’t mask it, so you know, we flower it up, because you can still pick up life story books today that say you were removed from your mum because your mum was poorly, as opposed to you know she was a drug addict, and she neglected you, so that when they are 14 and they see them on Facebook and there is an awful lot of that at the moment, and they are found, and the mother says I really loved you, and I’m going to aunty Cilla’s at the weekend for a party, are you coming, then they tootle off, unbeknown that mum couldn’t look after them because she was poorly, it was because she wasn’t a very good mother really, or a good person. But you see grandparents will say that to the kids, they will say when your mum did this, she was good and we used to have a good laugh and that, but then they will also say oh she brought some right bloody horrors back here, some of the fellas, you know, they don’t flower it up really, and there is no opportunity then for the children to use their imagination, because that’s what kids do isn’t it?

This proved a good opportunity for me to check out some potential themes with SW7. I described how several of the kinship carers I interviewed perceived themselves as ‘stubborn’ and ‘forceful’ and that social workers had described two as ‘good advocates’.

SW7 agreed with me, but added a point I had not previously considered:

SW7: No they are quite strong individuals I think given a one to one situation, I think outside of that, and they tend to be quite strong women, quite matriarchal really, but and I think that’s what makes it worse for them when
you take them outside of their comfort zone, because it’s very strange for them and they are not used to feeling inadequate, intimidated, and they see that as an embarrassment and a shame to a degree, that they can’t argue on behalf of the child. Sometimes they don’t know when to stop do they..?

She added quite poignantly:

SW7: there are a lot of humbling situations really with grandparents, who, they lose far more than they gain...

SW 7 also agreed that it was difficult to liaise effectively with the Housing Department:

SW7: We had to argue to get the MP involved, but I wish we could try to get, you know, more clout really with the housing, but we haven’t.

SW7 presented as a professional who had sought to champion kinship carers, but became frustrated in the process. She suggested that KCs are usually well meaning and can manage some complex needs but that they can be limited when faced with a system, aspects of which even professionals found challenging.

In terms of supporting education, SW 7 felt that this was often a difficulty, particularly for Grandparent kinship carers:

SW7: and the kids in some ways are then at a disadvantage because they are not getting the appropriate help with their homework, if the grandparents/the carers aren’t understanding the system and the timetable, then they are not able to encourage them, and it’s really hard

SW7 told me that the latest OFSTED Inspection of the LA in 2009 had criticised the Department for approving too many Kinship Carers, without promoting SGOs. Certainly two of the KCs I interviewed described what they perceived as pressure to apply for SGO and one had applied, possibly because they wanted to ensure their granddaughter stayed with them given that her elder sibling had been adopted. This pressure is also referred to in the literature (e.g.Peters. 2005)

I discussed the PYD framework with SW7, who was particularly focussed upon ‘connectedness’. SW7 predicted that this would be a strong theme with kinship carer data because, in her experience:

- Contact with extended family members is often facilitated by kinship carers
- Children placed with kin were more likely to have stable placements and therefore better able to join and stay part of local groups and activities.
CHAPTER 7 DISCUSSION AND CONCLUSION

In this Chapter I will present a summary of my findings across the kinship carers using the research questions. Having analysed the case by case conclusions from the last chapter, I will highlight contribution to knowledge and implications for practice.

Much of my data support O’Brien’s (2012) assertion that kinship carers are a heterogeneous group with different needs, who require different types of assessment and intervention, but there were some common themes as outlined in Figure 17 (page 227) and Figure 18 (page 228) and as further described below:

7.1 RQ1: WHAT DO KCS THINK ABOUT THE SUPPORT THEY RECEIVE, THE ROLE THEY ARE UNDERTAKING AND HOW SUPPORT SERVICES MIGHT HELP THEM FURTHER?

7.1.1 SUPPORT RECEIVED: COMMON THEMES

A full range of support was described within this subgroup of six kinship carers living within the LA. In terms of support from Children’s Services, this support ranged from the provision of resources, for example a seven seater car to transport relatives visiting from another country, to intervention to support the return to school of an adolescent granddaughter. Five of the six kinship carers were happy with the support received, particularly from their family. Several talked positively about support received from Children’s Services in terms of both training and equipment. One KC appeared determined to keep her foster care status because she perceived that this would ensure continued support, funding & equipment. This KC was actively refusing suggestions that she apply for an Special Guardianship Order (SGO). I understand that the LA had previously been criticised for not having enough SGO placements by OFSTED, and if this is viewed as a positive step in the care of Children and Young people, the LA has to act to ensure that carers do not perceive SGOs as a way of reducing their support system.

For those caring for children of school age, all appreciated help from school staff. One particularly appreciated support from social workers when working through school based SEN procedures, suggesting that these procedures were difficult to understand without some knowledge of the system. Another KC was very appreciative of the support from the School’s SENCo in talking to the child about why she was placed with her grandmother.

Of those caring formally for their kin, two were very pleased with Social Care’s support when managing contact with the child’s parent. A further two were able to facilitate
regular, unsupervised contact with parents. Positive and frequent contact with birth parents is frequently cited as an advantage of kinship care (Worrall, 2009), although clearly this is not advantageous in every case and can therefore require support (Peters, 2005). One KC felt that help with transport to contact with parents would be useful, in easing their ‘tense’ situation; in this case this could have the dual advantage of offering support plus supervision of a problematic situation (O’Brien, 2012).

The KC who cared informally reported that contact with that child’s parent was rare, but positive. One KC reported that contact upset her Grandson and his behaviour was challenging following these sessions. In terms of implications for practice, there was some evidence of school staff not being aware of the issues relating to contact, particularly in one case, suggesting a lack of co-ordinated support for this carer and child. This echoed my case work experiences in that there appeared to be a lack of trust between school based staff and social workers about the reasons why the child was placed with kinship carers.

Some KCs were critical of Social Care’s support, with a particular theme around the negative impact of frequent changes of allocated social workers. Two carers were critical that social workers could be difficult to contact when required. In addition, two kinship carers were critical that in their view, Social Care had ‘allowed’ their child’s situation to deteriorate with their parents, thus necessitating their kinship care. The KC offering care informally was unwilling to seek support from Social Care, whom she appeared to distrust, possibly because she feared her Granddaughter might be removed as reported by Pitcher (2002). This KC did however seek alternative support from Children Centres, school staff and charitable groups.

Three KCs were concerned about transport and communication links, with one set of KCs particularly concerned that they lived outside the host LA and that this distance might impact negatively on the support received. Another KC could not drive and had difficulty getting to courses and meetings.

Five of the kinship carers did not work and one had given up work in order to care for their Grandchild. Most of the carers made comments to suggest that further financial assistance would be helpful to them and the children they cared for, as described by Richards (2001). One KC told me that she was worse off financially than she would be if a non-kinship foster carer, and she perceived this to be unfair. Given the Munby (2001) Judgement, this KC should be able to contest this legally if necessary.
7.1.2 DIFFERENCES:

Only one KC was unhappy with the level of support received from her family, and she was the only carer in my sample looking after her Granddaughter informally. This kinship carer reported that she felt she had little choice in offering care, since the rest of her family were unable to. Despite the lack of support from family and her reluctance to request support from social care, this KC had sourced her own support from universal services and had been able to ensure that her Granddaughter was able to attend school after a 14 month break.

Some of the KCs would like more respite, others not any, reinforcing the point that this is a heterogeneous group requiring individual assessment of family need (O’ Brien, 2012).

One KC felt that information about support available from Children’s Services was very slow to be shared with her and that this had delayed her obtaining equipment and suitable accommodation. Morgan (2003) found that written information was a helpful source of support for KCs, but that this was available in only a minority of LAs questioned.

One KC was critical of support offered in that it was repetitive across different agencies; in her case her Granddaughter was offered Life Story work by three different agencies; this may be the result of her caring informally. Informal KCs should be able to access targeted support however, by utilising a Team Around the Family (TAF) approach, for example. Repetition should be avoided since the process involves a key worker who coordinates support and intervention for the child and family.

7.1.3 ROLE UNDERTAKEN

The way in which KCs perceived their role varied. Two carers clearly relished their care giving; they attended training and took great pride in the progress made by their kin, as similarly reported by Farmer & Moyers (2008). One of the Social Workers speculated that one of these KCs enjoyed being dependable and that this might actually impact negatively on the child’s independence. I saw a clear role here for a child and educational psychologist to work with this child’s family and teachers to agree what could be done to support him in promoting his independence, and in supporting the carers in particular to reframe how the child might need different support as he matured.
One KC took on the caring role because the only other option was her Granddaughter going into care. Another KC had obtained an SGO, possibly as a preventative measure to ensure that their younger Grandchild was not adopted as her older sibling had been. A further KC perceived her role as a short term carer, whilst her Daughter solved some difficulties. One set of Grandparents were just about to care for their Grandson and had concerns about managing respite and accessing support from a distance.

Mine was an opportunistic sample of kinship carers who volunteered to take part in the interviews for this research. As a group they presented as assertive people and described themselves as ‘forceful’ (KC3) and ‘stubborn’ (KC 1). Whilst KC2 did not describe herself as proactive, the SENCo supporting her child did so, because she was able to source help for her Grand-daughter whilst she was out of school for a period. Whilst interviewing all three of these carers, I got the sense of them being matriarchal figures within the family context. Social worker 7 agreed with this suggestion and further elaborated that this type of carer might have particular difficulties engaging with professionals who did not further facilitate their familiar sense of control. Clearly, professionals should be mindful of this possibility when supporting CYP in kinship care placements.

In terms of quality of placement, all KCs appeared able to tackle difficult subjects with the children, ranging from the reason for being in their care, to the characters of their birth parents, death of a Grandfather and the impact of disability. At least two of these KCs appeared to effectively decrease the ‘unrealistic picture of the perfect family’ (Peters, 2005).

Three KCs mentioned how taking on the caring role had caused other family difficulties, including a worsening of their relationship with their children as cited by Richards (2001) and some jealousy from other grandchildren as discussed by Hunt et al. (2008).

Several KCs described the differences between kinship and foster care. One felt that she had been discriminated against by non kin foster carers, and had felt uncomfortable as a result during an LA training session. This implies that separate training should be available or, at the very least, trainers should be mindful of the carer differences. Two carers spoke about the difficulties of being a kinship carer in relation to managing contact, and both stated that, in their view, non-kinship carers would not have such difficulties. One KC specifically talked about discrimination in terms of the financial support offered to non-kinship carers, as being some £300 more than kinship carers.
As part of child protection, kinship carers are subject to the same Safer Care Policy as non-kinship carers. There was a strong sense that this was not relevant to kinship carers; several described how the regulations did not seem applicable to them as relatives of the children in their care.

Only one carer referred to her age as a problem, possibly because she had suffered two recent bereavements. This carer had independently convened a family conference to agree who might provide care if she was no longer able to.

7.1.4. WHAT WOULD HELP FURTHER:

All the KCs interviewed told me that they would welcome someone to talk to, and most stated that they would welcome a kinship care support group. It appears that being a kinship carer is an isolating experience for some, with kinship carers needing to talk, but simultaneously trying to avoid both ‘burdening’ their family and also appearing too needy in case this is interpreted as them not coping (Pitcher, 2002).

Given the information from social worker 7 however, kinship carer support groups within this LA have been cancelled in the past due to declining numbers. Clearly the time, venue and availability of child care would need to be carefully considered to meet the needs of the kinship carers attending such meetings as advised by Kolomer (2008). The group would also need to be relevant to their needs to ensure continued participation. For some KCs an alternative support would be more effective than support groups. The type of support required and how it is provided should be a focal part of Family Group conferences, and these should drive what an LA provides for its kinship carers rather than what well-meaning professionals feel able to offer (Scannapieco & Hegar, 2002).

One possible option is to raise the awareness of the needs of kinship carers at a universal level with staff in Children’s Centres and in Schools. By amending aspects of their own practice, for example changing the time of training to support a KC as SENCo 1 did, KCs might feel less isolated within the local community.

One KC felt that data between different agencies should be shared better, so they would not have to repeat their stories. The LA is now committed to Team Around the Family (TAF) meetings designed to address this issue, and to support and promote more holistic support. It will be interesting to see if this process effectively solves the difficulty of data sharing between agencies.
7.2 RQ 2. WHAT DO PROFESSIONALS SUPPORTING KCS THINK ABOUT THE SUPPORT KCS RECEIVE, THE ROLE THAT KCS UNDERTAKE AND HOW KCS MIGHT BE SUPPORTED FURTHER?

7.2.1: SUPPORT RECEIVED:
All SENCos interviewed felt that KCs benefitted from having someone to talk to, with all bar one stating that the KCs required more help than the average parent, and one making adjustments to the timing of training to accommodate a KC.

There were more differences than similarities with regard to this research question, although all the SENCos interviewed had some criticisms of Social Care. Two SENCos made comments supportive of carers’ criticism that changes in social workers were unhelpful. One SENCo was concerned that in her experience, social workers did not attend local Children’s Services training, and so were unaware of what support was available locally, another SENCo was concerned that the KC required more regular planned respite from Social Care rather than what she perceived as more haphazard respite from family. On reflection, having reread this interview script and the child’s file, I concluded that this SENCo appeared particularly ill informed about the factors in this child’s case. A TAF could support her understanding of the myriad of family issues to be considered in offering support. This SENCo, whilst not explicitly, implies that the care offered by the KC is questionable. In particular, she had difficulty with the KC managing parental contact without support.

One SENCo spoke particularly favourably about the support from family support workers and from staff from the Children in Care Team.

7.2.2: ROLE UNDERTAKEN:
All three of the social workers interviewed spoke about KCs being impressive advocates for their children. In each case, social workers felt that the quality of the placement far outweighed any concerns regarding the age of the carer, similar to the Hunt at al. (2008) study. One social worker speculated that the KC he supported enjoyed interacting with professionals and might miss this following the child’s adoption. This social worker also described his perception that the KC enjoyed being dependable and that this might impact negatively on the child’s independence.
One SENCo spoke favourably about how a GKC worked effectively with the child’s Mother in the child’s best interest. This SENCo was supporting several kinship carers with children who attended her school and she felt that this impressive liaison between Mother and Grandmother was unusual. I wondered whether this relationship was enhanced by the fact that both the KC and the child’s Mother very much viewed the placement as a temporary arrangement, until the mother resumed care?

7.2.3: FURTHER SUPPORT:
All the social workers agreed that kinship carers required different support to that offered to non-kinship foster carers. All agreed that a support group would be one useful vehicle for this bespoke support.

7. 3 RQ3: HOW ARE CHILDREN AND YOUNG PEOPLE CARED FOR BY THEIR KCS ACHIEVING WITHIN THE SCHOOL CONTEXT?
All carers and professionals interviewed felt that children and young people were making progress. Whether the children were at preschool or school, key adults reported that they were achieving either within the average range given their chronological age or, for those with specific needs, in line with their personal targets. Of the 5 children at school, four were receiving additional support for social and emotional needs, one of whom also had learning and medical needs. Three SENCos described how well children had responded to their individual support programmes.

In terms of impressive progress:

- KC 2 was particularly pleased that her Granddaughter had been re-integrated into school after 14 months away and was able to access mainstream lessons.
- KC 3 was thrilled that her Nephew was attending and achieving in mainstream school after previously attending specialist provision.

Social difficulties were reported for four of the children; with a lack of awareness of strangers being a common theme. This echoes findings of Edwards (2006) and Shore et al. (2002) and could of course, reflect attachment difficulties. Two SENCos mentioned concentration difficulties, similar to that reported in the Dubowitz & Sawyer (1994) sample.
I had naively assumed that I would be able to access SDQ data regarding these children’s progress over time in relation to their social and emotional development. However, this data was not available for any of the children in my sample. One social worker told me that the child was unable to understand the questions posed and two others told me that the data it yielded was not that effective in building intervention, and this made me question the usefulness of this measure. It is a Government requirement that LAs report annually on the progress of LAC, including SDQ data in their return. This measure was chosen as a screen to identify possible mental health needs. It is a readily available, supposedly easy to administer questionnaire, and relatively cheap, but it does not appear to impact on practice locally. The relevance of this measure to informing the quality of kinship care placements is further questioned given that the majority of placements are informal (Selwyn & Nandy, 2012) and therefore not subject to any kind of assessment.

In considering themes around this research question, two particularly interesting points came to light in relation to KC2 and KC3.

KC2 was very pleased with her Granddaughter’s progress at school, in particular that she was attending after time out. This KC was, however, openly critical of the school’s curriculum and I speculated that she used this as a distraction from her difficulties in supporting her Granddaughter with a curriculum that was unfamiliar to her. My concern was that this KCs negativity about the curriculum would not foster her Granddaughter’s self-esteem or interest. I wondered whether a general guide to the National Curriculum and its aims relevant to her Granddaughter’s age would have supported a more positive approach?

KC3 was pleased that her nephew received additional help in school and whilst supporting his homework, was keen not to help too much. This KC described her belief that if Child 3 made ‘too much’ progress, support would be taken away from him. In my opinion, the placement of Child 3 might be further enhanced if some work was done with KC3 about what success might look like for Child 3 in terms of less support as he matures. This could be effectively taken on by CEPs in supporting kinship carers locally. I would argue that CEPs are uniquely placed to have a holistic view, spanning both school and home, which could support Child 3 in both these environments.

The use of the Autistic Spectrum Disorder (ASD) label to explain some difficulties was a prominent theme in three of the cases. Whilst all three carers described their children as having ASD, file reviews gave details that, following assessment, these children had not in
fact met criteria for this diagnosis. One SENCo speculated that both child and KC might have had this condition, despite verbal and written information about the child to the contrary from the school’s CEP and the child’s CP. There is a need for professionals to be aware of this tendency to ‘diagnose’; I wondered how widespread it was and anecdotal conversations with colleagues suggest that there are many school staff who speculate about ASD diagnoses. In terms of support, this could be problematic if this explanation leads staff to conclude that these within-child factors are resistant to progress and therefore reduce their expectations.

The intervention required by kinship carers in supporting their child’s education also varies. One SENCo reported that a KC was more supportive of education than many of the parents of children in her school. Another SENCo described how effectively the KC had supported her Granddaughter whilst she was out of school, but had then caused some difficulty in school by questioning the appropriateness of the curriculum. Another KC told me that education methods had changed and so she found it difficult to support her Grandchild with school work, similar to the findings of Harrison et al. (2000).

7.4 RQ 4: IS POSITIVE YOUTH DEVELOPMENT (PYD) A USEFUL CONCEPTUAL FRAMEWORK TO INFORM PRACTICE WHEN WORKING WITH KCS?

Edwards and Taub (2009) concluded that PYD had several implications for the practice of School Psychologists in the USA, in particular as they moved away from their traditional activities of assessment and support for children and young people with special educational needs. The authors suggest that PYD can inform practice at a systems level within schools to promote the wellbeing of all CYP, including those cared for by kin.

I used the Five Cs of PYD to inform the construction of my semi structured interviews and during thematic analysis. As expected, Connection was the most relevant code from the PYD framework when considering kinship care. In cases where the quality of care was felt to be effective by KCs and the professionals supporting the child and carer, Connection produced the largest amount of data. In particular kinship carers were able to promote contact with other family members and local activities, facilitating bilateral reciprocation considered helpful to the development of CYP (Edwards & Taub, 2009).

For a young person experiencing difficulties within her community, the PYD notion of Connectedness was able to illuminate some of the issues. In particular, the Child’s SENCo shared her concerns that the KC caring skills were different to those normally employed
in the local community and that this further isolated her Granddaughter from her peer group and was therefore a barrier to her ‘connectedness’. A child and educational psychologist is well placed to advise both School and Grandmother accordingly.

During both the semi-structured interview and subsequent coding activity, there was some difficulty in distinguishing between Competence defined as ‘a positive view of one’s own actions in social academic cognitive and vocational activities’ and Confidence, defined as ‘an internal sense of overall positive self-worth and self-efficacy’. When I asked KCs and SENCos about these in relation to the children, they often summarised both as ‘self-esteem’. Interestingly, Edwards & Taub (2009) also combine these two codes within their description of the application of PYD. Bowers et al. (2010) made the distinction that ‘competence’ refers to a positive view of one’s actions in domain-specific areas, i.e. social, academic, cognitive and vocational whereas ‘confidence’ refers to a global self-regard, rather than domain-specific beliefs. This implies that Competence would be a useful starting point for assessment and intervention when working with CYP so that targets and strategies are better understood by carers and professionals.

As expected, PYD was less appropriate for younger children, particularly in relation to Caring, for example, these children were more likely to be egocentric as part of their expected developmental stage. The majority of the children cared for by the kinship carers who volunteered to take part in this study were not adolescents.

The Framework did seem helpful however, in prompting discussion about activities within the community which might facilitate the child’s bilateral reciprocation. In addition, the discussions about Competence and Confidence, whilst merging into one, did serve to highlight areas of strength, detailing what the child did well. This approach would fit well into the existing framework employed by the LA and discussions utilising competence, confidence and connectedness could inform intervention choice, in terms of what might be the next step in supporting the child in general rather than specific terms. The framework could be extended thus:
This matrix could helpfully be considered during TAF meetings, facilitating communication between professionals and hopefully leading to a holistic view of progress. It may also support the more Person Centred Planning approach as recommended by the Children and Families Bill, due to become law in 2014.

Whilst this framework appears to have face validity, this does not guarantee the extended matrix’s usefulness however, as illustrated by the lack of use of the SDQ in the LA. A pilot would need to be completed locally to investigate whether the extension was useful in further enhancing practice, before asking all staff to use it.
In addition, given the criticisms outlined earlier (pages 52-3) it is recommended that Psychologists assist in the design and evaluation of the pilot so that an improved model might be co-designed within the LA which reflects the importance of assessing the reciprocal, dynamic, contextually influenced interaction between children and their ecologies before devising intervention programmes.

7.5 SUMMARY OF KEY FINDINGS:

Most Kinship carers in this study were happy with the level of support received from their family and professionals in facilitating their care. Most would appreciate some financial assistance. Some described the negative impact of changes in social work personnel. The way in which kinship carers perceived their role varied from relishing the opportunity to, feeling that there was no choice but to offer care. All of the carers described being able to discuss difficult subjects around care with the CYP. Several described how their relationships with other family members had worsened since they had offered care. All KCs and Social Workers interviewed felt that kinship care was qualitatively different to foster care and that policies and procedures should reflect this.

All SENCos interviewed were critical of Social Care and some were unaware of the CYPs correct care status. All of the Social Workers interviewed felt that KCs in the study were impressive advocates for the CYP in their care and that the quality of the placements outweighed any concerns regarding the age of the carer.

All the KCs, SENCO and Social Workers felt that CYP were making progress. Two CYP in particular had made very impressive progress in terms of returning to mainstream schooling. Most of the school aged children were receiving additional support for their social and emotional needs. Three of the KCs described their CYP as having autistic like difficulties, despite this diagnosis being refuted by professionals. There was some evidence that KCs were unsure of the National Curriculum and how to support the CYP in their care in terms of their education; one KC was openly critical of the content of the curriculum for her granddaughter.

The PYD framework was helpful when considering young people of High School age. Of particular relevance to this group of CYP was the level of ‘connectedness’ afforded them as a result of being cared for by their kin.
7.5 CONTRIBUTION TO KNOWLEDGE:

In earlier sections I have described this research’s contribution to theory. The following two sub-sections highlight how this knowledge could be translated into recommendations for policy makers and CEPs.

7.5.1: IMPLICATIONS FOR PRACTICE IN CHILDREN’S SERVICES:

A consistent theme in research is that Family and Friends care is a distinctive form of care that requires its own policy and practice guidance, with services tailored to meet the needs of these families and a fair system of remuneration. Whilst child protection is of such importance there is little room for flexibility in terms of redesign, other aspects, such as assessment, intervention and contact arrangements could afford more opportunity for changes in practice (O’Brien, 2012).

Working in a more bespoke way can be challenging for professionals used to following protocols and policies and who are possibly more familiar and comfortable with the notion of nuclear families. The challenge is for managers to create policies which support creative and reflective practice, since working in kinship care might confront professional’s beliefs and aspirations of family. If necessary, professionals in Children’s Services will need to improve their skills in engaging with extended family networks to provide a more bespoke service (O’Brien, 2012). Working with children and carers to identify needs and create an appropriate service package should be central to the assessment and review processes. Practitioners are likely to need training and support to understand the unique features of this form of care and to develop the additional knowledge it requires.

In my opinion, practitioners in Children’s Services and Schools and Settings need to examine their own attitudes in the light of research evidence; and challenge any prejudice experienced towards KCs by providing up to date information from the research. Outcomes for children cared for by kin are at the very least comparable to non kin carer placements and at best provide better and more stable placements (Broad, 2004; O’Brien, 2012). Whilst my data did not support the notion of widespread prejudice against these kinship carers, there was some evidence of it, as also reported by Peters (2005). As a practising child and educational psychologist engaged with case work I have experienced the discriminatory attitude of ‘the apple doesn’t fall far from the tree’ from school based staff, but it could be that professionals who contributed to this research were wary of talking to me about their concerns regarding the possibility of
intergenerational abuse because they saw me as a researcher rather than as a practitioner during the semi-structured interviews.

One way to tackle the prejudice I experienced as a practitioner working in schools is to involve school staff in planning and review meetings, so that they are aware of the consideration that goes into placement decisions. Ultimately of course, if school and setting staff have grounds to fear that kin might collude with abusive parents they need to feel ‘safe’ enough to say this so that those who complete family assessments can investigate and act or reassure as required.

Bearing in mind the key findings of this study, as outlined previously and summarised on page 146, I would recommend that professionals within Children’s Services should be mindful that:

1. Kinship carers and others view this type of care as a distinct group which requires different policy and procedures.
2. Professionals who work with children and young people on a regular basis, for example school based staff, would benefit from information about the placement and contact with parents to address their possible concerns about the quality of placements for CYP.
3. Kinship carers are frequently strong advocates for their kin, who can feel uncomfortable and disempowered when professionals become involved.
4. Some kinship carers would benefit from specific training about the current curriculum being taught in schools and about procedures to support children and young people with special educational needs.
5. Some kinship carers would benefit from specific training about the difficulties children with disrupted attachment are likely to encounter and strategies to support these. Such training could also discuss ways to encourage the age appropriate development of independence skills.
6. Written information should be available for kinship carers about support available and about processes, including for example, TAF.
7. Kinship carers appreciate Children’s Services staff who are consistent and available. They appreciate someone to talk to and do not always want to
burden their family. Some worry however, that if they talk to professionals they might be judged to be not coping well.

8. Many kinship carers would appreciate a support group specifically for them, with crèche facilities available.

9. A lack of transport can be a barrier for kinship carers accessing support.

10. There is a need to develop a tool to measure CYP’s progress, which all carers and professionals involved with a CYP can feed into. This tool should be easy to understand and relevant to all. The Resilience Matrix could be further developed locally for this purpose and embedded into the TAF approach.

7.5.2: IMPLICATIONS FOR CHILD AND EDUCATIONAL PSYCHOLOGISTS:

Although the role of the child and educational psychologist has not been the focus of this research, there are some implications for CEPs in terms of the contributions they could make to support this growing number of families by:

- Providing training for staff in universal settings, schools and children’s centres to raise awareness of the distinct requirements of kinship carers and the children they care for, in particular using research evidence to challenge prejudices and inform staff of the difficulties experienced by KCs and the children they care for as a result of these (Cunningham & Laughlan, 2010).

- Working with colleagues from Children’ Services to review the progress of this particular subgroup of children and offering intervention to those who require it. For example, designing interventions to increase emotional literacy and concentration skills (Cunningham & Laughlan, 2010).

- Contributing to specific kinship carer support groups, following a review of the needs of attendees, to ensure content is perceived as relevant to members of that group.

- Contributing to specific support groups for children and young people in kinship care, following a review of the needs of attendees, to ensure content is perceived as relevant to members of that group.
• Offering consultation directly to kinship carers, bearing in mind that KCs have reported their fears that being honest may lead others to conclude that they are not coping.

• Writing and delivering a specific training for kinship carers, covering factual information, for example, about the school curriculum and SEN procedures.

• Designing parenting courses with care. Such courses would need to take into account previous parenting experiences so practitioners should perhaps encourage KCs to evaluate their skills or adopt a solution-focussed approach in which KCs work together to share successes and concerns. This might serve to decrease defensiveness and also to validate KCs existing experiences. These courses need to address the unique challenges associated with parenting nephews, nieces and grandchildren (Dolbin-McNab et al. 2009) within the context of kinship care.

7.6: LIMITATIONS:

This study had a number of limitations, most notably that it was cross sectional rather than longitudinal in nature, as is the case with much of the research cited in the literature review.

It would have been useful to track progress over time and this might have produced more useful data for RQ 3 in particular. With hindsight, when contacting the kinship carers I could have asked whether they would have been willing to meet with me for a second interview following the first semi-structured interview, in order to check out my hypotheses, and this could have ensured more robust construct validity (Yin, 2009). However, it is also possible that this could simply have changed the data to another set which required further checking rather than support ‘trustworthiness’. This is of particular concern in the current context given the quite dramatic cuts to services experienced both nationally and locally over the last 12 months. Also, the data from some KCs was collected more than 12 months ago, people’s lives have moved on and in one case a child was adopted. I felt uncomfortable about the prospect of re-interviewing a KC who had moved away from service support and question whether this would be ethical practice. On a practical level, I am completing my doctorate on a part time basis in addition to working for the LA and so time limitations have become an increasing concern. Instead, I
sought to maximise construct validity and reduce bias by linking my exploration back to the literature, by ensuring an audit trail and by attempting to use several sources of data as advised by Yin (2009).

This study focused on KCs, other carers were not interviewed and it could be that some of the themes were not specific to kinship care. During thematic analysis I was mindful that I needed to treat themes with care, by examining existing literature.

All KCs within the LA were asked to take part and they consented to this by completing a consent form and posting it back. It could be that this method of recruitment excluded a range of KCs including those with literacy difficulties. I certainly noted that the KCs who volunteered were able, assertive, informed advocates for their kin. However as Yin (2003) has pointed out, the case study researcher is not concerned with statistical generalisation, but rather ‘analytical generalisation’

*in which a previously developed theory is used as a template with which to compare the empirical results of the case study. If two or more cases are shown to support the same theory, replication can be claimed (p33)*

Much of my data supports findings both in the UK and internationally as evidenced through chapters 6 and 7.

A real frustration for me as a researcher within my own LA was the difficulty I experienced engaging with some professionals. Two social workers refused to take part in the semi-structured interviews. The OFSTED report in 2009 had criticised the LA because of the high numbers of children and families on each social workers case load and whilst this has since improved, it is feasible that the social workers may have felt over loaded at the time of my request. Two SENCos also refused to be interviewed, one because the child had just left the school, the other because (the same) child had only just arrived at their school.

Finally, I could have interviewed the children and young people cared for by their kin to ascertain their perceptions of the advantages and difficulties experienced. This would have added to research, since relatively few studies have considered the voice of the child in kinship care.
7.7: QUESTIONS FOR FUTURE RESEARCH:

During the course of this research, several questions have occurred to me including:

- How do the children and young people in kinship care feel about their placement and progress?

- Will the Team around the Family (TAF) approach ensure ‘joined up’ coordinated support so that children and their kinship carers do not have to repeat their stories or be offered repetitive intervention? Will TAF help professionals articulate their decisions and actions to other professionals, thus increasing understanding and reducing distrust and criticism?

- How can informal kinship care best be supported and do universal services meet the needs of this group?

7.8: FINAL THOUGHTS:

Placement with kin appears to promote positive outcomes for many children, but can place significant burdens on the carers. In addition, existing service systems and practice appear to discriminate against kinship placements (Nixon, 2007). I would agree with Nixon and others that Kinship Care should be re-examined as a distinct care type, different to foster care, requiring different policies, financial and support arrangements. This is particularly pertinent at a time when service delivery models are being recalibrated within the context of the economic downturn (O’Brien, 2012). I would agree that:

*In order to assure quality placements that honour family, safety, and wellbeing for families and children, kinship care providers must be valued and cared for by society (Scannapiecio & Hegar, 2002, p 326).*
CHAPTER 8: REFERENCES:


Gersch I (2009) A positive future for educational psychology-if the profession gets it right. *Educational Psychology in Practice* 25, 9-19


Palmieri P A & Smith GC (2007) Examining the structural validity of the strengths and difficulties questionnaire (SDQ) in a U.S sample of custodial grandmothers Psychological Assessment 19, 189-198


Pitcher D (2002) Placement with Grandparents: The issues for grandparents who care for their grandchildren. Adoption and Fostering 26, 6-14


Dear Catherine

Research Ethics Committee 5 (Flagged Humanities)

I am writing to inform you that the above committee met on Monday 7\textsuperscript{th} February 2011 to consider your recent application form for approval of a research project. I can confirm that the committee gave your research project a favourable ethical opinion, subject to the following clarifications and conditions:

- The committee has requested that you provide further information on how you intend to distribute the questionnaire to participants. You should also make it clear that it is an independent study and that there will be no detrimental outcome if any member of target audience decides to decline.
- That the current information sheet deletes the reference to Karen Scafheutle who has left the university.
- That the current information sheet makes it clear that not everyone will be invited to take part in the full study.
- The committee was concerned that at section 4.6 of the application full consideration of the implications of failing to give informed consent had not be taken into greater consideration particularly when dealing with people with mental illness and/or dementia. The mental capacity act of 2005 (see link below) makes it clear that all potential participants in a research study have to competent to consent to take part in the research. These are not decisions that independent researchers can make on their own. At this stage the committee has asked for further clarification from you as to how you might deal with such issues if or when they arise.
- \url{http://www.legislation.gov.uk/ukpga/2005/9/contents}
Your response to the above points should be sent to me ideally no later Friday 18th February 2011.

This approval is effective for a period of five years and if the project continues beyond that period it must be submitted for review. It is the Committee’s practice to warn investigators that they should not depart from the agreed protocol without seeking the approval of the Committee, as any significant deviation could invalidate the insurance arrangements and constitute research misconduct. We also ask that any information sheet should carry a University logo or other indication of where it came from, and that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a university computer or kept as a hard copy in a location which is accessible only to those involved with the research.

Finally, I would be grateful if you could complete and return the attached form at the end of the project or by September 2011.

I hope the research goes well.

Yours sincerely

Jared Ruff
Senior Research Manager
Faculty of Humanities and Secretary to URC 5 (Flagged Humanities)
0161 275 0288
Jared.ruff@manchester.ac.uk
25th October 2010

Kate Hughes

Dear Kate

Re: Feedback Professional Doctorate Thesis Panel – 12th October 2010

On behalf of the research panel I would like to thank you for your presentation and accompanying research proposal.

The Panel recommends that you proceed. However there are some recommendations that will need to be discussed with your supervisor:

- The Panel proposes that the quantitative element of your research is extremely unlikely to yield an appropriate response rate. You have a very small number of potential participants to begin with and only a small proportion of those are likely to respond, so the Panel suggests that the quantitative element of your research be abandoned and that you focus on developing the qualitative element (which the Panel felt was the stronger element of your proposal anyway).
- At the moment you are planning two analyses of your qualitative data - the Panel felt that you could do this with a single overall thematic analysis of data.
- You need to make sure that you have provision within your ethics application to give adequate consideration of the ethical issues around the disclosure of sensitive information that will almost certainly come up as a result of the topic upon which you are focusing. Also be sure to address consent issues in relation to the archive data within the local authority.
- For the qualitative element of your study the Panel felt that it would be worth broadening your case studies to include the perspectives of teachers, social workers and possibly other professionals who may be involved in supporting your participants.
If you would like further clarification about this feedback please do not hesitate to contact your supervisor.

Yours sincerely

[Signature]

Neil Humphrey
Professor: Psychology of Education

Supervisor (Dr Garry Squire)
Student File
APPENDIX 3: LETTER INVITING KINSHIP CARERS TO TAKE PART IN THE RESEARCH

Our Ref: KH1

Information for Grandparents about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

Dear

I would like to ask you to take part in a research project designed to find out what support Grandparents may need to support their Grandchild’s education. I am writing to all Grandparents in [Redacted] who look after their Grandchildren.

This research will form part of my doctorate research and is sponsored by The University of Manchester. I am a Registered Educational Psychologist employed by [Redacted]. There is very little research at the moment about the needs of Grandparents and the children they care for in the UK.

If you agree to take part, I ask that you kindly complete and return the enclosed consent sheet, using the stamped addressed envelope. You will be asked to provide address and telephone details. I will then contact you to arrange a convenient time for an interview with you.

Please note that you are free to withdraw from the research and any time, without giving reason. Alternatively you may decide that you would rather they did not take part at all.

During the research, I plan to:

- Interview Grandparents who are willing to meet with me to discuss support further
- During the interview I will ask for your permission to contact your Grandchild’s Social Worker and if applicable Head teacher so that I can interview them.

[Signature]

Grandparent Information letter,
Version: 8.11.10
• If applicable, I will also ask for your permission to look at your Grandchild(ren)'s progress information from their school.

Please note that any information collected during this project will be kept securely by me for a period of 12 months whilst I write up the project. No one else will have access to the information collected. Once I have written the about the findings, my notes and any other information collected will be stored securely by the University of Manchester. It will not be possible to identify you or your Grandchild from the data.

I cannot promise that the research will help you, but the information obtained might help other Grandparents and the Grandchildren they care for in the future.

Finally, I will be writing up the research and will use the information gained in four ways:

• To plan training sessions for Teachers in schools who support Grandchildren looked after by their Grandparents, so that they might better understand the needs of Grandparent Kinship Carers and their Grandchildren.

• To plan training sessions for Grandparents in [__________] so that they know more about their Grandchild(ren)'s education and how to support them.

• To meet with County Managers to share my findings so that professionals who work with Looked After Children might better understand the needs of Grandparent Kinship Carers and their Grandchildren.

• To write a document that will form part of my doctoral research in Educational Psychology at the University of Manchester. At the end of the research, you will be offered a summary copy of this document. Please note that it will not be possible to identify you or your Grandchild(ren) from this document.

I would be most grateful if you would agree to take part in this research. If you do decide to, please complete and return the enclosed consent sheet using the stamped addressed envelope. I will then contact you.

Please do not hesitate to contact me if you have any questions about the project. I can be reached by telephone on [__________] or by email [__________]. Further information about the research can be found in the Information Sheets included with this letter.

Thank you.

Yours sincerely,

[Signature]

Kate Hughes
SENIOR EDUCATIONAL PSYCHOLOGIST

Phone: [__________]
Information for Grandparents about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

Dear

I would like to ask you to take part in a research project designed to find out what support Grandparents may need to support their Grandchild’s education. I am writing to all Grandparents in [redacted] who look after their Grandchildren.

This research will form part of my doctorate research and is sponsored by The University of Manchester. I am a Registered Educational Psychologist employed by [redacted]. There is very little research at the moment about the needs of Grandparents and the children they care for in the UK.

If you agree to take part, I ask that you kindly complete and return the enclosed consent sheet, using the stamped addressed envelope. You will be asked to provide address and telephone details. I will then contact you to arrange a convenient time for an interview with you.

Please note that you are free to withdraw from the research and any time, without giving reason. Alternatively you may decide that you would rather they did not take part at all.

During the research, I plan to:

- Interview Grandparents who are willing to meet with me to discuss support further.
- During the interview I will ask for your permission to contact your Grandchild’s Social Worker and if applicable Head teacher so that I can interview them.
If applicable, I will also ask for your permission to look at your Grandchild(ren)’s progress information from their school.

Please note that any information collected during this project will be kept securely by me for a period of 12 months whilst I write up the project. No one else will have access to the information collected. Once I have written the about the findings, my notes and any other information collected will be stored securely by the University of Manchester. It will not be possible to identify you or your Grandchild from the data.

I cannot promise that the research will help you, but the information obtained might help other Grandparents and the Grandchildren they care for in the future.

Finally, I will be writing up the research and will use the information gained in four ways:

- To plan training sessions for Teachers in schools who support Grandchildren looked after by their Grandparents, so that they might better understand the needs of Grandparent Kinship Carers and their Grandchildren
- To plan training sessions for Grandparents in [Enter Location], so that they know more about their Grandchild(ren)’s education and how to support them
- To meet with County Managers to share my findings so that professionals who work with Looked After Children might better understand the needs of Grandparent Kinship Carers and their Grandchildren.
- To write a document that will form part of my doctoral research in Educational Psychology at The University of Manchester. At the end of the research, you will be offered a summary copy of this document. Please note that it will not be possible to identify you or your Grandchild(ren) from this document.

I would be most grateful if you would agree to take part in this research. If you do decide to please complete and return the enclosed consent sheet using the stamped addressed envelope. I will then contact you.

Please do not hesitate to contact me if you have any questions about the project. I can be reached by telephone on [Enter Number] or by email [Enter Email]. Further information about the research can be found in the Information Sheets included with this letter.

Thank you.

Yours sincerely,

Kate Hughes
APPENDIX 4: INFORMATION SHEET FOR KINSHIP CARERS INTERESTED IN TAKING PART IN THE RESEARCH

Part 1: Information Sheet for Grandparents about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information and to discuss the study with your grandchildren and their teachers if you wish.

What is the research about?

During this research I hope to find out about Grandparents who look after their Grandchild(ren). I would like to find out what support Grandparents get and what additional support they might need to help their Grandchild(ren) do well at school.

This study forms part of my doctoral research. Some of the information obtained will be written up and marked as part of my doctorate course at the University of Manchester. It will not be possible to identify your or your Grandchild(ren) or their school from this document. A summary the document will be made available to you if you wish.

Why have I been asked to take part?

All Grandparent Kinship carers in [insert area] have been asked to take part in this research. I am hoping to find out what help from the Local Authority assists Grandparents to support their Grandchildren.

It is up to you whether they take part. If you agree to take part, you may then be asked to complete a consent form and to take part at least two interviews. If a large number of Grandparents volunteer, a smaller group will be asked to take part.
Do I have to take part?

No, it is up to you whether you take part. If you do agree to take part you are of course free to withdraw from the research at any time, without giving a reason. If you decide to withdraw, this will not have any negative effects for you or your Grandchild(ren).

What will happen during the research?

During the research I plan to:

- Interview you at a venue of your choice on two occasions

And also, with your permission:

- Interview your Grandchild’s Social Worker and Headteacher
- Access the educational progress records of your Grandchild(ren).
- Share anonymised information with LA colleagues
- Give details of anonymised data in the thesis document.

During the interview you will be asked whether the conversation can be tape recorded. This helps to make sure that what is said is recorded properly and fully. I will keep these tapes until they are transcribed. All the information will be stored securely for 12 months whilst the study is written up. The information will be stored in such a way that it will not be possible to identify you or your Grandchild(ren). As with similar studies, transcriptions and questionnaires are then kept securely and without names for 10 years by my supervisor, Dr Garry Squires at The University of Manchester.

What are the possible benefits of taking part?

There may not be any direct benefit for your grandchild in taking part in this research, but the information we get might help other Grandparent Kinship carers and their Grandchild(ren) in the future.

Who can I contact to talk about the study?

Please do not hesitate to ask if anything is not clear or if you require further information.

My contact details are:

Kate Hughes
Alternatively, you may want to contact my supervisor at Manchester University:

Dr Garry Squires  
School of Education  
University of Manchester  
Oxford Road  
Manchester  
M13 9PP  
Tel: 0161 275 3546  
Email: garry.squires@manchester.ac.uk

Thank you for reading so far, if you are still interested, please read Part 2 of the information sheet.

GKCs will be asked to sign a consent form, which will give the researcher permission to:

- Interview them at a venue of their choice
- Interview their Grandchild’s social worker and Headteacher
- Access educational progress records of Grandchildren in their care.
  (Information sheet and consent form attached).
- Share anonymised data with LA colleagues
- Give details of anonymised data in the thesis document.

As an applied Psychologist I always seek formal consent to work with children, young people and their families. Those with parental responsibility sign a form designed by the Educational psychology Team.
Part 2: Information Sheet for Grandparents about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren's education.

What will happen to the results of the Study?

The information gained will be used to:

- Design training for Grandparent Kinship Carers about how to support their Grandchild(ren)'s Educational progress.
- Design training for school staff about how to support Grandparent kinship carers and their grandchildren in school
- Inform Managers within [insert organization name] of the support you feel is useful and any additional support you feel would be beneficial
- Inform a written document which will be submitted to the University of Manchester as part of my doctoral studies.

Will I or my grandchild(ren) be identifiable?

No. The study will be written up in such a way that it will not be possible to identify individual Grandparents, Children or schools. Data will be stored for 10 years without names.

Who is organising this research?

This study is being organised by myself, Kate Hughes, I work for [insert organization name] and I am also a student at Manchester University working towards a doctorate qualification.

Who has reviewed this research?

All research is looked at by an independent group of people called a Research Ethics Committee to make sure that it is fair. This study has been reviewed and checked by Manchester University's Research Ethics Committee.

Contact details
My details are given in part 1 of this document. Other people you may wish to contact are:

My line manager [insert name]
Alternatively, you may want to contact my supervisor at Manchester University:

Dr Garry Squires  
School of Education  
University of Manchester  
Oxford Road  
Manchester  
M13 9PP  
Tel: 0161 275 3546  
Email: garry.squires@manchester.ac.uk

What if there is a problem?

Finally, if you have complaints or any other concerns which you would not like to discuss with me or those above, you could contact the Research Practice and Governance Co-ordinator at the University. Contact:

Research Practice and Governance Co-ordinator  
Research Office  
Christie Building  
The University of Manchester  
M13 9PL  
Tel: 0161 275 7583  
Email

Thank you for taking time to read this information sheet,

Kate Hughes.
APPENDIX 5: INFORMATION LETTER REGARDING THE RESEARCH FOR HEADTEACHERS OF CHILDREN WHOSE KINSHIP CARERS HAD AGREED TO TAKE PART IN THE RESEARCH

Part 1: Information Sheet for Head Teachers about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

_______ (name of Grandparent) has agreed to take part in a research study. Part of this research involves discussion with professionals supporting _________ (name of Grandparent) and ___________ (name of Grandchildren).

We would be most grateful if you would agree to meet with me to discuss support available to ___________ (name of Grandparent) and progress made by ___________ (name of Grandchildren).

Before you decide you need to understand why the research is being done and what it would involve for you. I would be most grateful if you could read the following information.

What is the research about?

There is very little research at the moment about the needs of Grandparents and the children they care for in the UK. I would like to investigate this area. I would like to find out what support Grandparents get and what additional support they might need to help their Grandchild(ren) to do well at school.

This study forms part of my doctoral research. Some of the information obtained will be written up and marked as part of my doctorate course at the University of Manchester. It will not be possible to identify Grandparents, Grandchildren or their schools and settings from this document. A summary the document will be made available to you if you wish.
Why have I been asked to take part?

__________________________ (Grandparent name) has agreed to take part in this study. They have given their consent for me to contact you about their support and the progress of their Grandchild.

It is up to you whether you take part. If you agree to take part, you will be asked to meet with me for an interview. It would be most helpful if you could share any data about __________________________ (Grandchild’s name) progress over the time you have known them time during this interview. The interview should take approximately an hour.

Do I have to take part?

No, it is up to you whether you take part in the interview. If you decide not to take part or if you subsequently decide to withdraw during the study, this will not have any negative effects for you, Grandparent or Grandchild(ren).

What will happen during the research?

During the research I plan to:

- Interview Grandparent kinship carers on two occasions
- Interview the Grandchild’s Social Worker and Headteacher
- Access the educational progress records of their Grandchildren.
- Share anonymised information with LA colleagues
- Give details of anonymised data in the thesis document.

During the interview you will be asked whether the conversation can be tape recorded. This helps to make sure that what is said is recorded properly and fully. I will keep these tapes until they are transcribed. All the information will be stored securely for 12 months whilst the study is written up. The information will be stored in such a way that it will not be possible to identify you, the Grandparent, Grandchild, School or Setting.

As with similar studies, transcriptions and questionnaires are then kept securely and without names for 10 years by my supervisor, Dr Garry Squires at The University of Manchester.

What are the possible benefits of taking part?

There may not be any direct benefit for ____________________________ (Grandchild’s name) in taking part in this research, but the information we get might help other Grandparent Kinship carers and their Grandchild(ren) in the future.

Who can I contact to talk about the study?

Please do not hesitate to ask if anything is not clear or if you require further information.
My contact details are:

Alternatively, you may want to contact my supervisor at the University of Manchester:

Dr Garry Squires
School of Education
University of Manchester
Oxford Road
Manchester
M13 9PP

Tel: 0161 275 3546
Email: garry.squires@manchester.ac.uk

Thank you for reading so far, if you are still interested, please read Part 2 of the information sheet.

Information sheet for Headteachers
Version 2: 13.2.2011
Part 2: Information Sheet for Head Teachers about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

What will happen to the results of the Study?

The information gained from this research will be used to:

- Design training for Grandparent Kinship Carers about how to support their Grandchild(ren)’s Educational progress.
- Design training for school staff about how to support Grandparent kinship carers and their grandchildren in school.
- Inform Managers within CWAC of the support you feel is useful and any additional support you feel would be beneficial.
- Inform a written document which will be submitted to the University of Manchester as part of my doctoral studies.

Will I or the grandchild(ren) be identifiable?

No. The study will be written up in such a way that it will not be possible to identify individual Grandparents, Children or Schools, Settings. Data will be stored for 10 years without names.

Who is organising this research?

This study is being organised by myself, Kate Hughes. I work for [redacted] as a Senior Educational Psychologist. I am also a student at Manchester University working towards a doctorate qualification.

Who has reviewed this research?

All research is looked at by an independent group of people called a Research Ethics Committee to make sure that it is fair. This study has been reviewed and checked by Manchester University’s Research Ethics Committee.

Contact details:
My details are given in part 1 of this document. Other people you may wish to contact are:

My line manager at: [redacted]

Information sheet for Headteachers
Version 2: 13.2.2011
Alternatively, you may want to contact my supervisor at the University of Manchester:

Dr Garry Squires  
School of Education  
University of Manchester  
Oxford Road  
Manchester  
M13 9PP  

Tel: 0161 275 3546  
Email: garry.squires@manchester.ac.uk

What if there is a problem?

Finally, if you have complaints or any other concerns which you would not like to discuss with me or those above, you could contact the Research Practice and Governance Co-ordinator at the University. Contact:

Research Practice and Governance Co-ordinator  
Research Office  
Christie Building  
The University of Manchester  
M13 9PL  

Tel: 0161 275 7583  
Email

Thank you for taking time to read this information sheet.

Kate Hughes.
Part 1: Information Sheet for Social Workers and Professionals within the LAC Team about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

_______ (name of Grandparent) has agreed to take part in a research study. Part of this research involves discussion with professionals supporting _________ (name of Grandparent) and ___________ (name of Grandchildren).

We would be most grateful if you would agree to meet with me to discuss support available to _________ (name of Grandparent) and progress made by _________ (name of Grandchildren).

Before you decide you need to understand why the research is being done and what it would involve for you. I would be most grateful if you could read the following information.

What is the research about?

There is very little research at the moment about the needs of Grandparents and the children they care for in the UK. I would like to investigate this area. I would like to find out what support Grandparents get and what additional support they might need to help their Grandchild(ren) to do well at school.

This study forms part of my doctoral research. Some of the information obtained will be written up and marked as part of my doctorate course at the University of Manchester. It will not be possible to identify Grandparents, Grandchildren or their Social Workers, Schools and Settings from this document. A summary the document will be made available to you if you wish.
Why have I been asked to take part?

_________ (Grandparent name) has agreed to take part in this study. They have given their consent for me to contact you about their support and the progress of their Grandchild.

It is up to you whether you take part. If you agree to take part, you will be asked to meet with me for an interview. It would be most helpful if you could share any data about ____________ (Grandparent) and _____________ (Grandchild's name) progress over the time you have known them time during this interview. The interview should take approximately an hour.

Do I have to take part?

No, it is up to you whether you take part in the interview. If you decide not to take part or if you subsequently decide to withdraw during the study, this will not have any negative effects for you, Grandparent or Grandchild(ren).

What will happen during the research?

During the research I plan to:

- Interview Grandparent kinship carers on two occasions
- Interview the Grandchild’s Social Worker and Headteacher
- Access the educational progress records their Grandchildren.
- Share anonymised information with LA colleagues
- Give details of anonymised data in the thesis document.

During the interview you will be asked whether the conversation can be tape recorded. This helps to make sure that what is said is recorded properly and fully. I will keep these tapes until they are transcribed. All the information will be stored securely for 12 months whilst the study is written up. The information will be stored in such a way that it will not be possible to identify you, the Grandparent, Grandchild, School or Setting. As with similar studies, transcriptions and questionnaires are then kept securely and without names for 10 years by my supervisor, Dr Garry Squires at The University of Manchester.

What are the possible benefits of taking part?

There may not be any direct benefit for ___________ (Grandparent’s name) or ___________ (grandchild’s name) in taking part in this research, but the information we get might help other Grandparent Kinship carers and their Grandchild(ren) in the future.

Who can I contact to talk about the study?

Please do not hesitate to ask if anything is not clear or if you require further information.
My contact details are:

Alternatively, you may want to contact my supervisor at Manchester University:

Dr Garry Squires
School of Education
University of Manchester
Oxford Road
Manchester
M13 9PP

Tel: 0161 275 3546
Email: garry.squires@manchester.ac.uk

Thank you for reading so far, if you are still interested, please read Part 2 of the information sheet.
Part 2: Information Sheet for Social Workers and Professionals within the LAC Team about the Research Project: Investigating the needs of Grandparent Kinship Carers with regard to supporting their Grandchildren’s education.

What will happen to the results of the Study?

The information gained from this research will be used to:

- Design training for Grandparent Kinship Carers about how to support their Grandchild(ren)’s Educational progress.
- Design training for school staff about how to support Grandparent kinship carers and their grandchildren in school.
- Inform Managers within the support you feel is useful and any additional support you feel would be beneficial.
- Inform a written document which will be submitted to the University of Manchester as part of my doctoral studies.

Will I or the grandchild(ren) be identifiable?

No. The study will be written up in such a way that it will not be possible to identify individual Grandparents, Children, Social Workers, Schools or Settings. Data will be stored for 10 years without names.

Who is organising this research?

This study is being organised by myself, Kate Hughes. I work for [ REDACTED ] as a Senior Educational Psychologist. I am also a student at Manchester University working towards a doctorate qualification.

Who has reviewed this research?

All research is looked at by an independent group of people called a Research Ethics Committee to make sure that it is fair. This study has been reviewed and checked by Manchester University’s Research Ethics Committee.

Contact details

My details are given in part 1 of this document. Other people you may wish to contact are:

My line manager at Cheshire West and Chester Council, Daphne Jones:

[ REDACTED ]

Information sheet for Social Workers
Version 2: 13.2.2011
Alternatively, you may want to contact my supervisor at the University of Manchester:

Dr Garry Squires
School of Education
University of Manchester
Oxford Road
Manchester
M13 9PP

Tel: 0161 275 3546
Email: garry.squires@manchester.ac.uk

What if there is a problem?

Finally, if you have complaints or any other concerns which you would not like to discuss with me or those above, you could contact the Research Practice and Governance Co-ordinator at the University. Contact:

Research Practice and Governance Co-ordinator
Research Office
Christie Building
The University of Manchester
M13 9PL

Tel: 0161 275 7583
Email

Thank you for taking time to read this information sheet,

Kate Hughes.
APPENDIX 7: SEMI STRUCTURED INTERVIEW SCHEDULE FOR KINSHIP CARERS

Semi Structured Interview Schedule 1: Grandparent Kinship Carers:

Introduction:
1. How many Grandchild(ren) are currently in your care?
2. Please could you tell me their names and ages and the school/Nursery they attend if old enough?
3. How long have you been caring for ____?
4. Please could you describe how you became the primary caregiver of your Grandchild?

Grandchild’s Progress
5. Does ____ have any health or developmental difficulties?
6. How well is your grandchild progressing for example at Nursery/School? Do you have any concerns about their progress?
7. How would you describe their self esteem?
   Good         Good         Good
   Fair         fair         fair
   Poor         Poor         Poor
8. How well do they get on with people outside of the family?
   Very Well     Very Well     Very Well
   Fairly well   Fairly well   Fairly Well
   Poorly       Poorly       Poorly
9. Does your Grandchild(ren) attend any groups or clubs? If so which and how frequently?

Version 1
1.12.2010
10. What would say are your Grandchild(ren) strengths?

Support received:

11. Roughly how many people can you count upon if you need help?

12. How many of these actually provided some help in the last month___?

Year ____?

13. How satisfied are you with the support that you receive from Family & friends as you meet the needs of your Grandchild(ren)

- Very satisfied
- Satisfied
- Not satisfied

14. Please could you describe the support that you currently receive from Children’s Services or other agencies?

15. How many of these actually provided some help in the last month___?

Year ____?
16. How satisfied are you with the support that you receive from services as you meet the needs of your Grandchild(ren) 
   Very satisfied
   Satisfied
   Not satisfied

17. Which of these supports is most helpful to you and why?

18. Which of these supports is least helpful to you and why?

Support Required:

19. Is there a type of support that you would like that is not available to you? If so please describe it?

Ending:

20. Would you like to add anything?

21. Would you like to ask me anything?

Thank you for your time.

[Type text]         [Type text]         Version 1 
1.12.2010
Semi Structured Interview with GKC's Social Worker

**Intro & consent**

1. How long have you been supporting this GKC?
2. If less than 12 months, who was your predecessor?
3. What is the current legal status of the care given by this GKC?

**Support:**

4. What support is available to this GKC from Children’s Services?
5. Have you any evidence of positive outcomes for them and their grandchild?
6. How does the support offered to this GKC differ, if at all, from non GKC's?
7. Do you think that there is any other type of support which this GKC would benefit from?
8. Roughly what percentage of your case load relates to GKC's?
9. What do you feel are the main challenges faced by GKC's generally?
10. What do you feel are the main challenges, if any, faced by this GKC?

11. What are the main challenges which you face in supporting GKC's?

12. What are your main challenges, if any, in supporting this GKC?

The Child:

13. How well is (the child) developing?

14. How well is (child) doing at school/Nursery?

15. Do you feel that there is anything that school/setting might do better to support this GKC and their Grandchild?

Ending:

16. Would you like to add anything, perhaps anything I have not covered?

17. Would you like to ask me anything?

Access to Strengths & Difficulties Questionnaires? Child’s Social worker? Does GKC have equivalent ‘measure’?

Thank you for your time.
Semi Structured Interview with Head Teacher/SENCO.

1. How long have you known the GKC?

2. Has the child always been in their care whilst you have known them?

3. What is the current legal status of the care given to this GKC?

4. Does the child have any strengths? If so, how would you describe these?

5. Does the child have any difficulties? If so, how would you describe these?

6. Does the child receive any additional help in School? If so what?

7. Is the child is making progress?

8. Can you provide data about their level of functioning / progress over time? First and last PEP

9. Does the GKC require any additional help (other than what you may expect a parent to require) from your school?

10. What are the challenges you face, if any, in supporting the GKC and their grandchild?

11. Are you aware of any support available to GKC?
12. Do you feel that the GKCh has needs which are not being met? If so, please describe.
13. Does the child attend any after school/out of school clubs to your knowledge?

How would you describe the child’s:

Self esteem:

1 2 3 4 5 6 7 8 9 10

Confidence when faced with tasks:

1 2 3 4 5 6 7 8 9 10

Bonds with peers and teaching staff:

1 2 3 4 5 6 7 8 9 10

Character, sense of right & wrong?

1 2 3 4 5 6 7 8 9 10

Empathy for other people?

1 2 3 4 5 6 7 8 9 10

First & last PEP, S & D questionnaire
APPENDIX 10: SEMI STRUCTURED INTERVIEW SCHEDULE FOR SOCIAL WORKER WHO HAD RUN A KINSHIP CARER SUPPORT GROUP WITHIN THE LA.

Semi Structured Questionnaire for SW who ran Kinship carer group.

Introduction:
Describe the research.

The support Group:
1. I understand that you ran a support group for kinship carers, when was this, how long did it run for and why did you decide to run it?
2. Was the group for all kinship carers or GKC's?
3. What was the aim of the support group as distinct from others?
4. How did kinship carers benefit from attending the group?
5. When & why did the group fold? What were the barriers?
6. Do you think it should be reinstated? If so, what might be the barriers to this?
7. Do CWAC currently offer support to kinship carers that is different to that offered to other carers? If so, what?

More generally:
8. What do you feel are the main support requirements of GKC's/ Kinship carers?
9. Do you feel that KCs/GKC's have characteristics in common? (eg strong personalities/ advocates)
10. What do you think are the advantages of placing CYP with their kin for CYP and for carers?
11. What do you feel are the biggest problems facing kinship carers/GKCs?

12. Do you have any ideas about how support could be better tailored to meet the needs of KCs/GKCs?

13. Do you feel that there are particular concerns re education for CYP placed with their kin/GKCs?

14. In your experience, how do schools and settings work with KCs/GKCs? Could they offer better support? How?

15. Some GKCs perceive that they are under pressure to become Special Guardians, is this the case? If so, why?

16. Do you feel that KCs/GKCs need support from Children’s Services that they cannot currently access? If so, what support?

17. Are you aware of any tensions between KCs/GKCs and foster carers? If so, what are they?

18. Do you feel that the SDQ is a helpful measure of CYP progress within the review process? How do results impact on support?

19. Roughly what percentage of carers are kin in CWAC?

20. What are the main challenges for Social workers in supporting KCs?

Ending:

21. Would you like to add anything, perhaps anything I have not covered?

22. Would you like to ask me anything?

Thank you for your time.
<table>
<thead>
<tr>
<th>A Priori Code</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for care</td>
<td>Reason why the Child or Young Person (CYP) was living away from parents and with Kinship Carers (KCs)</td>
</tr>
<tr>
<td>Contact with parents</td>
<td>Whether the CYP has contact with parents and if so frequency</td>
</tr>
<tr>
<td>Impact of contact with parents</td>
<td>What impact contact with parents appears to have on CYP and KC</td>
</tr>
<tr>
<td>Legal Status</td>
<td>What is the legal status of the CYP in relation to the KC, for example Special Guardianship</td>
</tr>
<tr>
<td>Stability of Placement</td>
<td>How long the CYP has been placed with the KC, whether the plan is for this to continue, and whether contingency plans have been made</td>
</tr>
<tr>
<td>Relationship Quality</td>
<td>How attached CYP is to KC, evidence of an affectionate bond</td>
</tr>
<tr>
<td>Placement Quality</td>
<td>Ability of KC to keep CYP safe from harm, meet their needs including emotional needs and behaviour management skills</td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>Any described difficulties as a result of lack of finance</td>
</tr>
<tr>
<td>Housing</td>
<td>Whether housing conditions impact on CYP and KC</td>
</tr>
<tr>
<td>Advantages of Kinship Care placement</td>
<td>How the CYP benefits from being with KC</td>
</tr>
<tr>
<td>Educational Progress of CYP as described by KC</td>
<td>What the KC states about how the CYP is progressing at their school or setting</td>
</tr>
<tr>
<td>Educational Progress as described by staff at the CYP’s school or setting</td>
<td>What the staff state about how the CYP is progressing at their school or setting</td>
</tr>
<tr>
<td>Support available to Kinship Carer</td>
<td>The number of people who can be relied upon consistently and regularly to help the KC in caring for the CYP.</td>
</tr>
<tr>
<td>Kinship carer satisfaction with support received</td>
<td>How satisfied are KCs with the support received from Family and Friends?</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How satisfied are KCs with the support received from Professionals?</td>
<td></td>
</tr>
<tr>
<td>Support from Social Workers</td>
<td>Type of support received from Social Workers</td>
</tr>
<tr>
<td>Support Groups</td>
<td>Name duration and frequency of support groups offering to KCs</td>
</tr>
<tr>
<td>Support desired by KC</td>
<td>Support that is perceived as potentially useful by the KC, but is not available</td>
</tr>
<tr>
<td>Difficulties experienced by KC</td>
<td>Any difficulties experienced by KC during their care</td>
</tr>
<tr>
<td>Difficulties experienced by CYP</td>
<td>Whether the CYP has any health or developmental difficulties</td>
</tr>
<tr>
<td>Health of KC</td>
<td>How the KC describes their health</td>
</tr>
<tr>
<td>Employment of KC</td>
<td>How the KC describes their employment status</td>
</tr>
<tr>
<td>Strengths of CYP as perceived by the KC</td>
<td>Skills, interests and achievements of CYP as described by the KC</td>
</tr>
<tr>
<td>Weaknesses of CYP as perceived by the KC</td>
<td>What the KC perceives the CYP finds difficult to achieve</td>
</tr>
<tr>
<td>Disabilities of the CYP: Distinct labels</td>
<td>Whether the CYP has a diagnosis of a disability</td>
</tr>
<tr>
<td>Off Time role</td>
<td>Whether kinship care was unexpected at this point in KCs life</td>
</tr>
<tr>
<td>CYP Functioning: Competence</td>
<td>KC, SW and SENCO perceptions of CYPs positive view of their own actions in specific areas, e.g. social, academic, cognitive</td>
</tr>
<tr>
<td>CYP Functioning: Confidence</td>
<td>KC, SW and SENCO perceptions of the CYPs overall sense of self worth and self efficacy</td>
</tr>
<tr>
<td>CYP Functioning: Connection</td>
<td>KC, SW and SENCO perceptions of CYPs positive bonds with people and institutions. Examples of bidirectional exchanges between the CYP, their peers, family, school and community.</td>
</tr>
<tr>
<td>CYP Functioning: Character</td>
<td>KC, SW and SENCO perceptions of CYPs respect for societal norms, sense of right and wrong</td>
</tr>
<tr>
<td>CYP Functioning: Caring</td>
<td>KC, SW and SENCO perceptions of CYP’s sense of empathy for others, with examples</td>
</tr>
</tbody>
</table>
Codes which were devised during analysis phase 2.

KH is me, the interviewer.

<table>
<thead>
<tr>
<th>Code:</th>
<th>Differences between Foster care and Kinship care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>Differences in financial support received</td>
</tr>
<tr>
<td>Example:</td>
<td>SW1: Now the difference in that is, kinship carers can only, err, go up to band 2.</td>
</tr>
<tr>
<td></td>
<td>KH: Why because band 3 is seen as specialist, people who are dealing with emotional behavioural problems?</td>
</tr>
<tr>
<td></td>
<td>SW1: Well they're, no, it's err, so some people will, now to attract the banding if fee you've gotta do pre-approval training.</td>
</tr>
<tr>
<td></td>
<td>KC 3: band three, goes into children that are looked after that are not family and things like that. See, as a kinship fosterer you cant do level three...that's another £300...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code:</th>
<th>GKCw: Foster Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>Differences between the two roles</td>
</tr>
<tr>
<td>Example:</td>
<td>KC1: If you’re an ordinary professional foster carer, you’re not emotionally involved...</td>
</tr>
<tr>
<td></td>
<td>KH: No, no.</td>
</tr>
<tr>
<td></td>
<td>KC1: ...with the family, you can ...you can shut the door.</td>
</tr>
<tr>
<td></td>
<td>KH: And you can say this child is my job.</td>
</tr>
<tr>
<td></td>
<td>KC1: Yeah, yeah.</td>
</tr>
<tr>
<td></td>
<td>KH: And they, they often love them as well don’t they.</td>
</tr>
<tr>
<td></td>
<td>KC1: Yeah.</td>
</tr>
<tr>
<td></td>
<td>KH: So I look after this child, I don’t have any responsibility to the parents at all.</td>
</tr>
<tr>
<td></td>
<td>KC1: Mmm.</td>
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<tr>
<td></td>
<td>KH: An, and I think that’s easier.</td>
</tr>
<tr>
<td></td>
<td>KC1: Yeah, I think it would be easier if you’re not emotionally involved.</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm, mmm.</td>
</tr>
<tr>
<td></td>
<td>KC1: Because I am emotionally involved and as I said I love my son, but I hate him, for what he’s doing.</td>
</tr>
<tr>
<td>SW1:</td>
<td>Erm, it is, whereas KC1 will always, always agonise, over the dilemma of, you know and she’s reminded every day cause Child 1’s living with her...</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Code:</th>
<th>GKC5: Foster Carers</th>
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<tbody>
<tr>
<td>Meaning:</td>
<td>Differences between the two roles</td>
</tr>
</tbody>
</table>

that you know, her son can't, err...
K1:  Cope with it.
SW1:  ... address his sort of issues really

KH:  D'you think there's anything I haven't asked you that you think is really important.
SW1:  No. No I think you know if you've got my thinking with a little bit more understanding about kinship carers being treated exactly the same as other carers... but have a lot more baggage, err, to bring. Because other foster carers choose it as a role, you know whether, erm...
KH:  It's thrust upon kinship carers in it.
SW1:  ... well it's that sort of it's family but it doesn't mean because it's family there's a, there's a secondary, assessment or a different, err, service, they have to step up to the plate and the requirements for the fostering panel, and I've sat, I've been to three different fostering panels they've all be equally rigorous.

GKC5M:  Well err, one of our future problems is potentially going to be not so much is, erm, managing, but arranging contact with dad who...
GKC5F:  Yes.
GKC5M:  ... who will continue to be able to see...
GKC5F:  Yes.
GKC5M:  ... and more, an one, an a great more difficult one is, is, is our daughter, Child S's mum, who, as we said suffers with mental health issues, problems, schizophrenia as it happens. Its hard...
KH:  Huh hum...
GKC5M:  Err, who really is not allowed to see him. She was allowed to see him when she was better because she was on medication...
GKC5F:  Yeah.

GKC5M:  Well certainly when he comes, I mean at the moment because of if you like when he comes infrequently he's probably indulged a little bit isn't he.
GKC5F:  Mmm, yeah.
GKC5M:  So we, if he's here full-time
GKC5M:  But when he's here full-time, then the indulgence will have to be, refined a little bit, shall we say.
GKC5F:  Restricted a bit. Mmm.
| Codes: | KH: Memm.  
|  | GKC1: Because I mean we’ll pick him up to school on time and all that and, malarkey which we just, at the moment we just, well sometimes we drift about a little bit don’t we in the morning.  
|  | GKC51: Well yes if we’re not rushing on.  
|  | KH: That’ll be an adjustment for him though won’t it, if he comes here, thinking oh great grandma and granddad they’re gonna spoil me rotten.  
|  | GKC51: A whole new ball game, I think.  
|  | KH: *ok. Erm, would you say, I mean you’ve talked a lot about this actually but erm, that KCB, needs more support than a parent would, you’ve already talked about, helping her in terms of, sitting down with her daughter and her granddaughter to explain haven’t you.  
|  | SENCO 6: *yeah, she’s quite open about what she tells you and I think she’s had quite a tough time with her as, as obviously a younger, as a teenager. Erm, and she’ll often say you know I just hope that you know Child 6’s behaviour is not going to be the same as Mother’s and I think there’s lots of lessons that have been learnt because of that and I think probably Mother, now you know is a better person before, because of that.  
|  | SENCO 8 1, I think for a grandparent they’ve got a, a, a heavy load on their shoulder because, with one family I can think of, erm, the grandparent got a lot of stick from, from mum. A lot of stick, if she hadn’t given her information about, parent’s evenings or times of, or even a week there as well she expects nan to say, well you ha, you didn’t tell me the right time for the parent’s evening and I’ve missed it, you didn’t tell me the play was happening. I think it’s a huge weight that they have to carry some of them And I know that, she finds it very difficult you know to, erm, relay messages back to mum and she feels she’s in the middle. You know she wants to support her daughter but she wants to support her granddaughter and Yeah and, and I think she feels bad because she’s the one that contacted social care about, her daughter  
|  | SENCO 6: *It’s very hard. She said cause I feel in some respects I’ve turned my back on my daughter and that’s what the other grandparent said to me she said, if only she would listen to me she said, and know that I am here, for her, for my granddaughter cause I want to make it better.
<table>
<thead>
<tr>
<th>Code:</th>
<th>Differences between KC and FC. Difficulty being far away from host LA, how this might affect support</th>
</tr>
</thead>
</table>
| Example: | GKCSM: "...but, she's now, not too good shall we say and, if she turned up, well we'd end up having to, you know, deal with a tricky situation. That is when we would want support but it probably won't be available."
|         | KH: Immediate. |
|         | GKCSF: Mmm. |
|         | KH: Immediate support, yeah. |
|         | GKCSF: Mmm |
|         | GKCSM: And of course, one of the reasons it won't be available is cause we're sixty miles down the, she's... |
|         | GKCSF: Yeah. |
|         | GKCSM: "...she's still based up in [LA] so the authorities, well, shall we say, the social workers who look after her are not based anywhere near here. So we'd be on a limb, if you see what I mean."
|         | GKCSF: Yeah. |
|         | KH: Mmm, does your daughter know that the plan is for Child 5 to come here. |
|         | GKCSM: No. |
|         | GKCSF: No. No she. |
|         | GKCSM: No I don't think anybody's. |
|         | KH: Discussed it with her. |
|         | GKCSF: Well because it's not... |
|         | KH: Define. |
|         | GKCSF: "...it's not definite, erm, we haven't..."
<p>|         | GKCSM: I mean she'll will have to be. |
|         | GKCSF: Mmm. |
|         | GKCSM: She'll have to be told that clearly and we don't know what, but at, the last count she didn't want him to come did she. |
|         | GKCSF: No. |
|         | GKCSM: And made, made her feelings... |
|         | KH: Mmm, that's really hard. |
|         | GKCSM: &quot;...obvious. Which is especially why we've got to be approved, because of the, comments that she made at the time.&quot; |</p>
<table>
<thead>
<tr>
<th>Code:</th>
<th>KC supporting CYPs education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>Difficulties KCs have experienced in trying to help their CYP with school</td>
</tr>
<tr>
<td>Example:</td>
<td>KC1. We had problems because I was teaching him, before he went to school, his name, but I was doing it in big letters and they don’t do it in big letters anymore...</td>
</tr>
<tr>
<td></td>
<td>KC2. Yeah, because well she’d lived with me son here and she’d gone to XXX High and she’d been really quite badly bullied there and then, he moved with his new partner to X, somewhere round there. Erm, so she started going to school there, but again the same thing happened. So then when she came to me, there was no way in my head I was sending her to XXX High to be bullied again so.</td>
</tr>
<tr>
<td></td>
<td>KC3. Sometimes he’ll come down, well sometimes he’ll come down and say can you read this especially if it’s English or...</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm.</td>
</tr>
<tr>
<td></td>
<td>KC3: ...erm, History where he’ll say I’m aiming for, a level six or seven and I’m going that’s a level three...</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm.</td>
</tr>
<tr>
<td></td>
<td>KC3: ...because I used to teach English.</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm, mmm.</td>
</tr>
<tr>
<td></td>
<td>KC3: An I’ll say that’s a level three mate, it needs bulking out, it’s I said you’ve got the bones, you just need to put the flesh on it.</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm, mmm.</td>
</tr>
<tr>
<td></td>
<td>KC3: And then we sit at the computer and we bulk it out together.</td>
</tr>
<tr>
<td></td>
<td>KH: You do it together: yeah.</td>
</tr>
<tr>
<td></td>
<td>KC3: Erm, and do that and he gets either a six or a seven and I go, oh yes.</td>
</tr>
<tr>
<td></td>
<td>KH: Ah.</td>
</tr>
<tr>
<td></td>
<td>KC3: Erm, and I do the same with [child 3], but, I, I’ve gotta be careful with [child 3], because if I do too much, then he’s not gonna get the help he needs.</td>
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<thead>
<tr>
<th>Code:</th>
<th>KCs supporting their CYP’s education</th>
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<tbody>
<tr>
<td>Meaning:</td>
<td>What social workers think are difficulties and support for KCs supporting their child’s education</td>
</tr>
<tr>
<td>Example:</td>
<td>SW1: But the, the changes, it’s a generational thing isn’t it.</td>
</tr>
<tr>
<td></td>
<td>KH: Yeah, of course it is yeah.</td>
</tr>
<tr>
<td>SW1:</td>
<td>That you know if, you, if you’re a parent with a young child you grow up with you know, your children doing SATS... And what you don’t know when your child starts school you’re an expert by the time they, you know...</td>
</tr>
<tr>
<td>KH:</td>
<td>Mmm...</td>
</tr>
<tr>
<td>Code:</td>
<td>KOs supporting their CYP's education</td>
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<tr>
<td><strong>Meaning:</strong></td>
<td>What social workers think are difficulties and support for KOs supporting their child's education</td>
</tr>
<tr>
<td>SW1:</td>
<td>move in to secondary school, you, you know exactly what SATS are about.</td>
</tr>
<tr>
<td>KH:</td>
<td>Mmm.</td>
</tr>
<tr>
<td>SW1:</td>
<td>And when they sit them and what's involved and how the school......approach it. But if you've missed all that and suddenly you're, caring for a child whose just started school. It must be really daunting.</td>
</tr>
<tr>
<td>SWG:</td>
<td>We did have somebody who used to go along to the house, but [teacher in children in care team] used to get somebody to come round to the house to explain some of the educational procedures.</td>
</tr>
<tr>
<td>SWG:</td>
<td>Access to extra tuition. We used to get that as well.</td>
</tr>
<tr>
<td>KH:</td>
<td>Did you?</td>
</tr>
<tr>
<td>SWG:</td>
<td>Well I did through [teachers team]'s team. I paid what was it, what was the old, you know when the PEP, there was some money that was allocated in the PEP.</td>
</tr>
<tr>
<td>SWG:</td>
<td>I think it really helps to identify somebody to go to, because there is so many people, and so many of the receptionists are quite snotty to them, and I think they need to be told.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yes, well we do tell them on a regular basis, there is some famous ones.</td>
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<tr>
<th>Code:</th>
<th>Criticisms of Support from KOs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaning:</strong></td>
<td>Examples of support not being helpful or available or being repetitive</td>
</tr>
<tr>
<td><strong>Example:</strong></td>
<td></td>
</tr>
<tr>
<td>KH:</td>
<td>No. So it was all just sorted out family-wise?</td>
</tr>
<tr>
<td>KC2:</td>
<td>Yeah, yeah. But I say it took, two years of constantly reporting her to the Social Services, nobody did anything. It took two weeks to get the dog out reporting it to the RSPCA, they could, dog remove the dog within two weeks because of badly treatment it took two years, because they weren't married for a start...</td>
</tr>
<tr>
<td>KH:</td>
<td>Mmm, mmm.</td>
</tr>
<tr>
<td>KC2:</td>
<td>So that he had to get parental responsibility...</td>
</tr>
<tr>
<td>KH:</td>
<td>Mmm.</td>
</tr>
<tr>
<td>Code:</td>
<td>Criticisms of Support from KCS:</td>
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<tr>
<td>Meaning:</td>
<td>Examples of support not being helpful or available or being repetitive</td>
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KC2: ….so that was a, a thing…
KH:  Right.
KC2: ….but every ti, every time they notified her when they were going. So, there was no point you know, everything was all, was alright by the time they got there. So, I mean it wasn’t ideal, cause the house was dirty and messy and things like that.

KC2: …and they got her erm, bereavement counsellor. Erm, which I’m not sure she needed it for the bereavement, well I said you know she lost her mum a long time ago, you know not just when she died…
KH:  Mmm.
KC2: …she lost her mum before then.
KH:  Yeah.
KC2: But, she got, but she used to go and see, erm, at the Children’s Centre and she got her to do erm, all about me book…
KH:  Mmm…
KC2: …whatever you call it.
KH:  Mmm.
KC2: And then, somebody else she was seeing…. But she did one of these books, and then with the bereavement counselling, I thought…
KH:  She’d did all about me.
KC2: …I think she knows who she is now...
KH:  Yeah.
KC2: …I’m not sure
KH:  Yeah.
KC2: …she needs any…
KH:  Yeah.
KC2: …more of these. But she’s asked can she still see, can she see the counsellor, she wanted to see her. But they said her course with her is finished so she can see the school counsellor. So…
KH:  Mmm.
KC2: …I think she just, wants somebody…
KH:  Wants someone to talk to.
KC2: …to talk to really, yeah.
<table>
<thead>
<tr>
<th>Code:</th>
<th>Criticisms of Support from KS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>Examples of support not being helpful or available or being repetitive</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah. Err, what support do you currently get from Children's Services.</td>
</tr>
<tr>
<td>KC3:</td>
<td>When you can get hold of them.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Erm.</td>
</tr>
<tr>
<td>KH:</td>
<td>Does that mean when you phone nobody answers.</td>
</tr>
<tr>
<td>KC3:</td>
<td>When you phone they are, I'll put it in the book, because they're not there. Obviously [child 3's] isn't the only one on the books.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Or the person's off poorly or [child 3] has had, five social workers.</td>
</tr>
<tr>
<td>KH:</td>
<td>Since.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Since he's been, since 2000. He's had five social workers and the only one. I mean SWJ who we've got now is brilliant.</td>
</tr>
<tr>
<td>KH:</td>
<td>Muh hum.</td>
</tr>
<tr>
<td>KC3:</td>
<td>And [child 3] likes him but the one.</td>
</tr>
<tr>
<td>KH:</td>
<td>Does it help he's a bloke.</td>
</tr>
<tr>
<td>KC3:</td>
<td>I don't know.</td>
</tr>
<tr>
<td>KH:</td>
<td>Right.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Because the person before him was SWJ.</td>
</tr>
<tr>
<td>KH:</td>
<td>Never heard of him.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Err, he, di, wasn't there long. Because he was err...contract.</td>
</tr>
<tr>
<td>KH:</td>
<td>Oh Agency.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Agency.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Err, [child 3] clicked with that man like you would not believe.</td>
</tr>
<tr>
<td>KH:</td>
<td>Ah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>And he was fantastic. And [child 3] felt it when he, he left.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>But SWJ was really, really annoyed because he wanted to see the adoption through, cause he was aware that [child 3's] had so much, erm, movement. Err and now SWJ is like social worker number five. But SWJ's great he is.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>But again I say no disrespect to SWJ, he's never had consistency in his social workers they've all moved on.</td>
</tr>
<tr>
<td>Code</td>
<td>Criticisms of support from KC3</td>
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<tr>
<td></td>
<td><strong>Examples of support not being helpful or available or being repetitive</strong></td>
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<tr>
<td></td>
<td><strong>Erm, and trying to get hold of them in an emergency is a nightmare.</strong></td>
</tr>
<tr>
<td>KH</td>
<td>Yeah, do you mind giving an example.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>Erm.</strong></td>
</tr>
<tr>
<td>KH</td>
<td><strong>What kind of emergency and what, who did you try and get hold of.</strong></td>
</tr>
<tr>
<td>KC3</td>
<td><strong>Well, we had an issue with, because we are only foster carers...</strong></td>
</tr>
<tr>
<td>KH</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>...we can’t sign...[child 3’s] operation forms.</strong></td>
</tr>
<tr>
<td>KH</td>
<td>Yeah, Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>And trying to get a social worker to get out to [Hospital] to sign the form before the operation is a nightmare.</strong> And this one day for some God unknown reason he was going in for this big op, to reconstruct a, for his foot.</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>And I phoned up [Hospital] and said, has the forms been signed. And they said, no.</strong></td>
</tr>
<tr>
<td>KH</td>
<td>Right.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>We were going.</strong></td>
</tr>
<tr>
<td>KH</td>
<td><strong>And he was due in that day.</strong></td>
</tr>
<tr>
<td>KC3</td>
<td><strong>We were, err, two days well it was two days before. And I phoned up and I couldn’t get hold of his social worker, I was panicking because without it, it wouldn’t have gone ahead.</strong></td>
</tr>
<tr>
<td>KH</td>
<td><strong>And he was ready for it in his head.</strong></td>
</tr>
<tr>
<td>KC3</td>
<td><strong>Erm, well that’s its, I mean.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>KC3: we’ve tried respite, err, in the past, [D] was his Social Worker. She, found this lady that was overnight respite, an it just didn’t work.</strong></td>
</tr>
<tr>
<td>KH</td>
<td><strong>why didn’t it work.</strong></td>
</tr>
<tr>
<td>KC3</td>
<td>Erm.</td>
</tr>
<tr>
<td>KH</td>
<td><strong>He didn’t like it, [child 3] didn’t like it or.</strong></td>
</tr>
<tr>
<td>KC3</td>
<td><strong>I think e, because [child 3]’s quite challenging. And this lady I think she found him difficult.</strong></td>
</tr>
<tr>
<td>KH</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>So I think we had two, overnights and that was it.</strong></td>
</tr>
<tr>
<td>KH</td>
<td>That was it, ok.</td>
</tr>
<tr>
<td>KC3</td>
<td><strong>But he does see his biological father.</strong></td>
</tr>
<tr>
<td>Code</td>
<td>Criticisms of Support from KS</td>
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<td></td>
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</tr>
<tr>
<td>KC3</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td>That’s been the downside of it, the social workers [child 3]’s had.</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah, yeah ok.</td>
</tr>
<tr>
<td>KC3</td>
<td>I mean even the adoption team, we’ve had three adoption people.</td>
</tr>
</tbody>
</table>

GKCSM: Well you know I mean, we had the opportunity if we were coming here, February time when all this kicked off if you like and he’s been there, far too long already because of changes of social workers. I mean he’s had about four, five social workers in the last, this is why you know when you asked about support...

KH: Yeah.

GKCSM: I said what I said. An it’s just messed, it’s messed it up summ. 

KH: He’s had four social workers since February.

GKCSM: No, no sorry, since in the last twelve months or so.

GKCSF: Since.

KH: Yeah.

GKCSF: Cause they’ve been Agency social workers.

KH: So they’ve, yeah, they’ve not been as joined up and when...

GKCSF: No.

KH: …when someone else has taken over.

GKCSM: It’s not been, it’s not been joined up at all and in fact...

GKCSF: At all.

GKCSM: …It was an Agency social worker who sort of cleared, in my opinion cleared her desk before she went for a weeks holiday by shoving him into foster care. It’s not quite as bad as that, but that was, that was the sort of...

GKCSF: It seemed really...

GKCSM: …impression given.

GKCSF: …hasty really that, he was being taken into care, it could’ve been, we thought it could’ve been done differently but.

GKCSM: Oh dear?

KH: That just means I need to turn the tapes over.

KC6: Plus at times she also had agoraphobia where you can’t go out, she had that, so I wasn’t helping that she had to go to the CBT thing at the time, I
mean she’s not like that now, and because different things have happened in her life, like she’s been taken into hospital for this and for that, different people have seen her at different times and nobody has got together in the hospital and thought well hang on there’s something wrong with this girl, do you know what I mean, so for a whole year now she’s not had counselling or anything because nobody has actually got together at the hospital and thought well you know, we need to do something. I mean [Mother] has got a mental health team now, she’s had them for a while. The hospital did send a crisis team out, then after that if Fellowship were involved who are [Mother]’s mental health team and they regularly see her and she talks to them, they tell her the best way to do things, what they think is right, and it’s up to her, and make sure she’s taking the medication and is it okay and all that, and she’s been a lot better since she seen them, but she is due to have counselling for the first time on Friday, but she rang in unfortunately she’s in Spain. So hopefully she can get back tomorrow and reschedule it. She’s due back tomorrow but I don’t know if she can fly yet because of the dust clouds, I did hear this morning it said they might be able to fly tomorrow.

KC 6: I have been there I just had to get on with it basically. In the early days I have been there, and I can never get hold of eh, considering SW6’s Child’s social worker, she’s the main person that I need to get hold of, I can never get hold of her. It doesn’t matter if I text, whether I ring, whether I leave her a voicemail, I can’t get hold of her.

KH: So she doesn’t return the calls?

KC 6: No, not at all. Actually I feel that with SW6, she’s been there when she’s been ‘dump’, you know jumped on top of [Mother] when things have gone wrong, but when things are going right she’s not there, she’s not moving things along for things to be better, it’s like she sits back and drags her heels when things are getting better, do you know what I mean? Like she’s had numerous tellings off in these meetings because, you know such and such could have been done to move [Mother] forward in having Child6 and it hasn’t been done, do you know what I mean. In fact last time I took it on myself to let [Mother] have Child6, which I shouldn’t have done, but that was because SW6 was meant to give me a phone call after the first initial overnight stay to see if it went fine, to say yes she could have her every Friday now, and I actually rung her and left a message to say your meant to be ringing me today to let me know if [Mother] can have Child6, but you haven’t got back, so can she, and I get no answer so I just took it on myself to do it.

KH: When you did it you got told off?

KC 6: Oh no, she didn’t actually, she don’t care tell me off because I’ll throw it right back at you. So she didn’t actually tell me off. SW6 seems to do the talk, but doesn’t do the walk, do you know what I mean?

SENCO 6: say, she’s trying to have my, she wants my daughter she wants my daughter I’m not allowed to have her and they don’t clearly see the picture,
<table>
<thead>
<tr>
<th>Code</th>
<th>Code of Support from KGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>Examples of support not being helpful or available or being repetitive</td>
</tr>
<tr>
<td>but I also do think social care have got a lot more work to do, in explaining, to some of these very young mums, why, the children have gone from child protection, to looked after...</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>KGS perceptions of themselves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>How KGS describe themselves to me</td>
</tr>
<tr>
<td>Examples</td>
<td>K1: See I'm a very strong willed person, so I'm very...</td>
</tr>
<tr>
<td>K1:</td>
<td>Mmm.</td>
</tr>
<tr>
<td>K1:</td>
<td>...determined, so.</td>
</tr>
<tr>
<td>K1:</td>
<td>Erm, whereas others are maybe less energetic and they haven't got the fam, level of family support you've got. So maybe they need more then from Children's Services.</td>
</tr>
<tr>
<td>K1:</td>
<td>Yeah, well they would do wouldn't they because you see I'm so stubborn.</td>
</tr>
<tr>
<td>K1:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>K1:</td>
<td>That's my problem and I've always been stubborn.</td>
</tr>
<tr>
<td>K1:</td>
<td>That should be a criteria shouldn't it, you've gotta be stubborn...</td>
</tr>
<tr>
<td>K1:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>K1:</td>
<td>...to be a grandparent...</td>
</tr>
<tr>
<td>K1:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>K1:</td>
<td>...kinship carer.</td>
</tr>
<tr>
<td>K1:</td>
<td>Mmm.</td>
</tr>
</tbody>
</table>

K1: Sometimes I've been a bit annoyed on that but I've, I've don't tend to access them a lot because. Erm Because I, I've tended I've always tended to sort it, things out meself and if I've, it's only when, I've not got, the input I want, or there's been a problem. |

K1: If you're, if you're stuck, you can't get SW3, , erm, I tend to say right I need the duty manager then, I need to talk to somebody. That's
<table>
<thead>
<tr>
<th>Code:</th>
<th>KC's perceptions of themselves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>How KCs describe themselves to me</td>
</tr>
<tr>
<td></td>
<td>happened about three times in all the time we’ve been.</td>
</tr>
<tr>
<td>KH:</td>
<td>Three times since 2000.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Yeah, where I’ve said no, I need to talk to somebody, now. An I’ve, I’ve sort of been quite forceful.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Code:</th>
<th>SW perceptions of KCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>How social workers described KCs to me</td>
</tr>
<tr>
<td>Example:</td>
<td>SWG: They are not a very proactive group of people, so you very rarely get anything back, even if you put stamped addressed envelopes in, you very rarely get much back, but because we were working with the majority of the kinship carers anyway, then we were able to influence people’s attendance, by us being supervising social worker’s really, and having built up that relationship, we don’t black mail them, but we kept saying that we feel that it would be really beneficial, you know, come along and speak to other grandparents and aunts and uncles, pretending to be grandparents, a couple of aunts, and they really found it useful, and what we would do is, after the first couple of visits, we would ask them what training they would have liked, so we set it up, and I have to say, I wasn’t very hopeful to begin with, I think, can clearly remember the first night, and we did it at the Park Family Centre, and we have gone and bought nice biscuits and we had tea and coffee and everything, and I still thought of things but I really was excited like a child, you know, we got about 10 people who had come.</td>
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<tr>
<td></td>
<td>SWG: No they are quite strong individuals I think given a one to one situation, I think outside of that, and they tend to be quite strong women, quite matriarchal really, but and I think that’s what makes it worse for them when you take them outside of their comfort zone, because it’s very strange for them and they are not used to feeling inadequate, intimidated, and they see that as an embarrassment and a shame to a degree, that they can’t argue on behalf of the child. Sometimes they don’t know when to stop do they but you know.</td>
</tr>
<tr>
<td></td>
<td>SWG: Kinship could also access a level 2 with further training, they had to demonstrate that they could meet 8 out of 14 competencies and write about them. I have never worked with any kinship carers at level 2, because none of them have got the confidence time or inclination. But I did work with a lot of the level 1’s....</td>
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<tr>
<td>Code:</td>
<td>Frequency of KC in this LA</td>
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<tr>
<td>Meaning:</td>
<td>Perceived number of KC cases in relation to KC cases</td>
</tr>
</tbody>
</table>
| Example: | SWG: we had very few kinship carers going through panel at that point, and I think we were criticized by Ofsted for that as well.  
SWG: then we were criticised about 4 or 5 years down the line, that we were approving far too many kinship carers, instead of looking at Special Guardianship, which again is fair comment, you see it’s the hares and the hounds isn’t it.  
SENCO: Yes and we’ve got, we’ve only got one child that is with foster carers, out of all of our looked after children are with Aunt’s, or grans.......Yeah. Child G’s family, her family so that’s one, two, three, four, five, six, seven. Seven are family, one foster carer. |

<table>
<thead>
<tr>
<th>Code:</th>
<th>Criticism of support</th>
</tr>
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<tbody>
<tr>
<td>Meaning:</td>
<td>SENCO criticism of Social Worker support</td>
</tr>
</tbody>
</table>
| Example: | SENCO: And I think you know you, you sit and you talk to social workers and I think well why aren’t you doing that, because you know I went to the launch of Care into Care but there was not that many social workers there.  
And when I mentioned this to SW6 in a meeting, erm, she didn’t know, didn’t know about it, so I said I think that would be really good for Child 6 and she has had a CAMHS consultation. |

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<thead>
<tr>
<th>Code:</th>
<th>Best type of support</th>
</tr>
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<tbody>
<tr>
<td>Meaning:</td>
<td>The support which KCs describe as the most helpful to them</td>
</tr>
</tbody>
</table>
| Example: | KH: Which of all the helps that you’ve got, are most helpful to you and why. Of all the people and all the services, which is the most helpful and why.  
KC1: I think it’s my family.  
KH: Yeah, yeah [indistinguishable].  
KC1: Because they’re always there if I need em.  
KH: Yeah.  
KC1: Am I’ve got all erm, I’ve gotta, as i’ve said i’ve gotta good family network to fall back on, i’ve got some good friends. |
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<tbody>
<tr>
<td>Meaning: The support which KCS describe as the most helpful to them</td>
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<table>
<thead>
<tr>
<th>KH</th>
<th>Mmm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>KC1</td>
<td>The only ones that live here, are J and S.</td>
</tr>
<tr>
<td>KH</td>
<td>Huh hum.</td>
</tr>
<tr>
<td>KC1</td>
<td>The rest of em are all on the W.</td>
</tr>
<tr>
<td>KH</td>
<td>Ok. Erm, so the most helpful people have been family.</td>
</tr>
<tr>
<td>KC3</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KH</td>
<td>In terms of their consistency and being able to give you stuff you haven’t, is there anyone else who’s given you any support that’s been really helpful.</td>
</tr>
<tr>
<td>KC3</td>
<td>Erm, see SW3’s more for [child 3].</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td>Erm, he, he’s [child 3]’s and, I mean if, when I’ve had a problem with [child 3], he has come round when, when [child 3]’s, I mean we went through a situation not long ago where [child 3] was a living nightmare wasn’t he [neighbour]. Cause [neighbour] also lives next door.</td>
</tr>
<tr>
<td>KH</td>
<td>Oh hi (indistinguishable)</td>
</tr>
<tr>
<td>KC3</td>
<td>Erm, and I’ve been in tears with him, erm, his behaviour’s been absolutely atrocious. He’s, he’s just been an absolute, every now and again we get these times when I just quite cheerfully...</td>
</tr>
<tr>
<td>KH</td>
<td>He’s too much.</td>
</tr>
<tr>
<td>KC3</td>
<td>Erm, we have these periods where he just totally is a nightmare to live with. Erm, and he’s just, he destroys things, he rips cupboard doors off doesn’t he, he, he just totally goes aggressive and if anybody...</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td>...I mean, a, an I’ve phoned SW3 and I’ve said I’m and the end, wits end here and SW3’s come and he’s gone into his bedroom and he’s had a chat with him and, sort of done that. But, then it’s.</td>
</tr>
<tr>
<td>KH</td>
<td>Then he goes again.</td>
</tr>
<tr>
<td>KC3</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah, yeah. So when, you’re feeling at your wit’s end and there’s nobody really in Children’s Services who can help with that...</td>
</tr>
<tr>
<td>KC3</td>
<td>No.</td>
</tr>
<tr>
<td>KC3</td>
<td>...yeah what’s going on [child 3], I need somebody to say, right [child 3] come on let’s get you out the situation and let mum and dad or mum, have an hour or a couple of hours, or half a day where, you don’t, you’re not here.</td>
</tr>
<tr>
<td>KH</td>
<td>You could also do with that respite couldn’t you. I know you said it didn’t work.</td>
</tr>
<tr>
<td>KC3</td>
<td>Yeah. Day, day respite I mean [father]’s great.</td>
</tr>
<tr>
<td>Codes</td>
<td>Best type of support</td>
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<tr>
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</tr>
<tr>
<td>KH</td>
<td>Day respite, yeah.</td>
</tr>
<tr>
<td>KC3</td>
<td>Err, if I'm at me wits end, I will just say [father], I mean we had.</td>
</tr>
<tr>
<td>KH</td>
<td>That's his father.</td>
</tr>
<tr>
<td>KC3</td>
<td>Yeah, we had a, a time earm, I phoned [father] up, he'd been an absolute nightmare, he'd been a sod in school, he'd been an absolute nightmare here and I just, [father] phoned at, the wrong moment...</td>
</tr>
<tr>
<td>KH</td>
<td>And you, you told him.</td>
</tr>
<tr>
<td>KC3</td>
<td>...or the right. And I just went, 'I'll tell you what's going on (making noise - indistinguishable). I splatted it all out. And he said right, well he was due to have him on that Saturday this was like a Thursday. And I heard bang, bang, bang on the door, so I opened the door and it was him, he come, he said I've come on the bounce. And he, he went straight into his bedroom and he (indistinguishable) him, just told him, he was stern with him, he said I'm not having this...</td>
</tr>
<tr>
<td>KH</td>
<td>Mmm.</td>
</tr>
<tr>
<td>KC3</td>
<td>...err, he shut the door and he literally told him off and he said this is out of order he said you've got your mum in tears, blah, blah, blah. And he backed us up that way.</td>
</tr>
<tr>
<td>KH</td>
<td>Right.</td>
</tr>
<tr>
<td>KC3</td>
<td>Which he does tend to.</td>
</tr>
<tr>
<td>KH</td>
<td>And did that help [child]. Did he calm down.</td>
</tr>
<tr>
<td>KC3</td>
<td>Well I mean he could see us all, cause we all...</td>
</tr>
<tr>
<td>KH</td>
<td>Did it together.</td>
</tr>
<tr>
<td>KC3</td>
<td>...work together.</td>
</tr>
<tr>
<td>KH</td>
<td>That's brilliant.</td>
</tr>
<tr>
<td>KC3</td>
<td>An he's, but I get, I do, I tend not to phone Social Services now, because there's not a lot SW3 can say to him. So I, if, if I just say [father] we're having problems again, J's had a word with him, can you come and have your say and he, nine times out of ten he's here on the, within minutes.</td>
</tr>
<tr>
<td>KH</td>
<td>So basically you sort it out yourself.</td>
</tr>
<tr>
<td>KC3</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KH</td>
<td>Yeah and it, it works.</td>
</tr>
<tr>
<td>KC3</td>
<td>It does work yeah, I mean we have times where it doesn't work I mean even [father]'s brought him home early cause he's, he's been a holy nightmare and he's said I just can't cope cause, his partner's not well and, and he's just said, I can't cope with him, he said I'm so sorry. And he's brought him back and earm.</td>
</tr>
<tr>
<td>KH</td>
<td>But if you can help each other like that.</td>
</tr>
<tr>
<td>KC3</td>
<td>Yeah.</td>
</tr>
<tr>
<td>Codes</td>
<td>Best type of support</td>
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<tr>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Meaning</td>
<td>The support which KCs describe as the most helpful to them</td>
</tr>
<tr>
<td>KH:</td>
<td>If you can, there are times when you can’t cope and he can’t cope it’s.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Er, an he, I mean his contacts are set down by Social Services, the full day, once a fortnight. But what we arrange with ourselves is, that when he’s, when it’s a school holiday, [father] also comes mid-week and takes him away for the day.</td>
</tr>
<tr>
<td>KH:</td>
<td>That’s nice.</td>
</tr>
<tr>
<td>KC3:</td>
<td>And that gives me a day, peace.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Or a break.</td>
</tr>
<tr>
<td>KH:</td>
<td>Yeah.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Erm, and if it’s a two-week holiday he’ll do that.</td>
</tr>
<tr>
<td>KH:</td>
<td>Both weeks.</td>
</tr>
<tr>
<td>KC3:</td>
<td>Both weeks, in the six weeks holiday…</td>
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</tbody>
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\[\text{KC6:} \text{ It’s actually brilliant at school, you know, obviously I liaise with the teachers and the deputy head and all that, and they have been absolutely brilliant.} \]

\[\text{KH:} \text{ How often do you liaise with them?} \]

\[\text{KC 6: Well I've got a meeting on Thursday actually but we meet about every 3 months, then we've had one interim sort of thing about 3 weeks ago.} \]

<table>
<thead>
<tr>
<th>Codes</th>
<th>Challenges for SW in supporting KCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>What social workers say is difficult when supporting KCs</td>
</tr>
<tr>
<td>Examples</td>
<td></td>
</tr>
<tr>
<td>KH:</td>
<td>Ye.</td>
</tr>
<tr>
<td>SW1:</td>
<td>I think it’s a, for me it, personally it’s around the sort of juggling the, the, the sort of family dynamics really and…</td>
</tr>
<tr>
<td>KH:</td>
<td>Ye.</td>
</tr>
<tr>
<td>SW1:</td>
<td>…and supporting carers, KC1 I have to say made it easy.</td>
</tr>
<tr>
<td>KH:</td>
<td>Ye.</td>
</tr>
<tr>
<td>SW1:</td>
<td>From the point of view when a serious safeguarding issue arose, she really acted…</td>
</tr>
<tr>
<td>KH:</td>
<td>She did what she had to.</td>
</tr>
<tr>
<td>SW1:</td>
<td>…wholly appropriately I mean, which could, you know it was a Saturday, you know there weren’t any social workers around, she could’ve contacted JUT but she…</td>
</tr>
<tr>
<td>Code:</td>
<td>Challenges for SW in supporting KCs</td>
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<tr>
<td>-------</td>
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</tr>
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<td>Meaning:</td>
<td>What social workers say is difficult when supporting KCs</td>
</tr>
</tbody>
</table>

SWG: I think it’s a balance between trying to treat them as you would mainstream carers, with the respect that they deserve, but also be more understanding because they are not mainstream, and there are issues that affect kinship in relation to being mentioned in the safe care and stuff, the relationship that they have with children’s parents, the in house stuff. I think we have to advocate very strongly on their behalf with everybody.

<table>
<thead>
<tr>
<th>Code:</th>
<th>What schools/society need to know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>What social workers perceive schools and the community should consider about KCs</td>
</tr>
<tr>
<td>Example:</td>
<td></td>
</tr>
<tr>
<td>SW1:</td>
<td>You know around an, an particularly just an awareness in schools that, how they, in the position they’re in and it’s not about erm, you know either doing it for the money cause that’s that’s a, a general sort of feeling from, lot’s of quarters in social work...</td>
</tr>
<tr>
<td>KH:</td>
<td>There is.</td>
</tr>
<tr>
<td>SW1:</td>
<td>...that foster carers only do it for the money. And erm.</td>
</tr>
<tr>
<td>KH:</td>
<td>No I know, I know.</td>
</tr>
<tr>
<td>SW/KH:</td>
<td>So from that a teaching point for schools would be that they need to be more au fait with social care policy.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Code:</th>
<th>Difficulties with running KC support group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning:</td>
<td>Description of difficulties from SW who ran KC group locally</td>
</tr>
<tr>
<td>Example:</td>
<td></td>
</tr>
<tr>
<td>SWG:</td>
<td>Yes because it was always in [places] and they struggled to get from [place 2], although we did say that we would run another couple who lived on the Wirral, because our kinship carers, we have them up in [place 3], [place 4], they are all over the place, so yes transport was an issue. The time was another issue, because we thought we were running it at the time which was convenient for them which was 7-9, although inevitably we wouldn’t always finish at 9, but if they couldn’t get a babysitter, or what was quite often the case, the children were that difficult, they were reluctant to get a babysitter in.</td>
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<td>SWG: Yes, it's resources. So they started to dwindle off. We got somebody to come in to do little talks, nothing too heavy, just little talks about drugs or sexual health and stuff like that, or we got an IRO to come in to say what was you know, because a lot of them would sit there and wouldn't know what an IRO was, we use abbreviations and still use jargon don't we, so they found that useful. So it dwindled off, and then, so it dried up, and I remembering inviting somebody one night and one person turned up, you know like a, speaker, I mean its cringe worthy, and then I go to them, hey, where was you last Thursday. You know, so it dwindled, and then other things took over, and to be fair I most probably lost it as well. And then about 4-6 months later I would say you know let's give it another go again, so I did this 5 times, so we relaunched it, so we sent all letters out and at team meetings we would say to all the supervising social workers who had kinship carers, can you nag them, you know just say you'll find it really useful, please come along. I would phone them up, and what I did in the middle one of the launch, I actually phoned everybody the night before, after 5 o'clock so they knew I was making an effort, it wasn't in office hours, and I would phone up and say I'm just checking you are coming tomorrow aren't you, and we did we got about 7 or 8 coming on that occasion, and they stayed again, and then it dwindled off again, and then somewhere down the line I relaunched it again, but I think that was it</td>
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<tr>
<th>Code:</th>
<th>Special Guardianship</th>
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<tbody>
<tr>
<td>Meaning:</td>
<td>Perceptions of what special guardianship means for KCs</td>
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<tr>
<td>Example:</td>
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<tr>
<td>SW1:</td>
<td>Err, assessment for special guardianship.</td>
</tr>
<tr>
<td>KH:</td>
<td>Mmm.</td>
</tr>
<tr>
<td>SW1:</td>
<td>Cause that really is about permanence.</td>
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<tr>
<td>KH:</td>
<td>Mmm.</td>
</tr>
<tr>
<td>SW1:</td>
<td>Err, but for some children, I think it's great, you know...</td>
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<tr>
<td>KH:</td>
<td>Mmm.</td>
</tr>
<tr>
<td>SW1:</td>
<td>...that they haven't got the stigma of being in care.</td>
</tr>
<tr>
<td>KH:</td>
<td>No (indistinguishable).</td>
</tr>
<tr>
<td>SW1:</td>
<td>Having a social worker.</td>
</tr>
<tr>
<td>KH:</td>
<td>No.</td>
</tr>
<tr>
<td>SW1:</td>
<td>Err, but for some, some are, you know it isn't, it isn't</td>
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<tr>
<td>SW3:</td>
<td>The local authority are really, really driving around special guardianship now if not adoption. And the Special Guardianship order was I mean it, it</td>
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<tr>
<td>Code: Special Guardianship</td>
<td>Meaning: Perceptions of what special guardianship means for KCs</td>
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<td>Came out around 2000, 2004 I think around that time.</td>
<td>Yeah, I need to look at that yeah.</td>
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<td>And I think, and I, and I think it was initially taken up and it was relatively slow. Erm, like, like a lot of legislation takes a little bit of time to digest.</td>
<td>Mmm.</td>
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<td>And integrate in to, in to, in to policy because there's issues around finance and support err, which local authorities were unclear about and so put a lot of foster carers off. Erm, I've got, I've got another group. I've got another two children, who were placed with auntie and uncle and there's no reasons for these children to be on care orders. The local authority seems to think they should be on special guardianship orders which would give parental responsibility to the auntie and uncle erm, because for us erm, there's no safeguarding issues, there's no concern about parenting capacity and, but foster carers are, are uncertain, about what special guardianship actually means because there's been a lot of change in and around the commitment and support linked, especially financial support linked, erm.</td>
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<td>...but we're saying there's children out there who have been used to all. And, and also kinship carers become used to the support that they do get and, and the systems. Even sometimes they can be quite impersonal sometimes, sometimes they don't want you there, but you like that erm, contingency really. But what we're saying is that if there's been a period of time, a number years whereby there's no real emerging issues and they're at the stage well they're happy, they're happy to be there, we're saying to them, lets explore special guardianship. And the Special Guardianship, can't be, it has to be initiated from the carers. They have to, put a written request in that we, apply to discharge the care order so, if they don't wanna do it they don't do it full stop. That's the, we can't.</td>
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<tr>
<td>And the, the finance certainly comes up when you're talking about special guardianship and a lack of...</td>
<td>Yeah.</td>
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<td>...as I say it's, it's a mistrust really and that mistrust is found, is well founded because of a lot of uncertainty around local authority policy and procedures.</td>
<td>But it's hard as well isn't it when things keep changing really.</td>
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<td>It does yeah, so yeah and I quite understand it.</td>
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KH: Some of the kinship carers I have spoken to, have said that they feel under pressure to become special guardians. Do you think they are right in feeling that pressure?
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SWG: I think there the local authority, I understand, is trying to reduce its looked after population, and so there is also an element of its going to be more cost effective to have children under special guardianship orders than it is to be in the looked after system, but also from a child’s perspective, it’s got to be better for a child not to be subjected to all these meetings after meetings, and social worker visits, and unannounced visits, which I can’t see it as being healthy for children.

KH: The only thing is that the grandparents perceive it and this is why at the moment my research is becoming interesting, the grandparents perceive it as if they sign that piece of paper to become special guardian, the social work support will stop, and they need it. Particularly in terms of contact, they feel need that support.

SWG: But they can, I mean along with special guardianship, there has to be a support plan, but granted I think it’s been a bit flimsy to date, but the adoption team that I am currently on is also the special guardianship team.

KH: So, support doesn’t stop?

SWG: I’m not going to say hands on heart its exactly the same as it would be if they were still looked after, but there is still an element of support, and because that’s a court document, whatever, they need to be a bit more forceful, the grandparents, the special guardianship applicants, they need to insist that certain recommendations are placed within that, because once the authority has agreed it and its been to court, they can’t back out of it, but I don’t know as I say hands on heart whether it would be as good as the support if they were still looked after.

SWG: an SGO shouldn’t be prevented just because, and it says that in all the dialogue that I have ever read, due to finances or contact issues, and it shouldn’t, but you’re quite right to in relation to the contact, and that’s, I’m going back to the support groups, that was what was valued I think the most, because LA was assisting then, and I sort of intimated to it early on that it is going to change, but when their approved as kinship carers, it wasn’t mandatory at that point. It is now, to attend pre approval training, so they didn’t have to attend pre approve training, and they would just get the standard boarding out for the child, which is exactly the same as any mainstream foster carers, that doesn’t differ. If they did the pre approval training, they would access a band 1 fee, which currently is about £68 per week, per child.
<table>
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<tr>
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<td></td>
<td>SWG: I actually am in favour of SGO’s, I like SGO’s, but they need to ensure that appropriate support plans are in place and they input into them.</td>
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<td>SWG: You see in an SGO, that’s one of the luxuries is that if anything untoward happened to you, you can bequeath the guardianship to somebody, you don’t have any nosy social worker coming round.</td>
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<td></td>
<td>KC 6: No, we’ve already had that meeting about rehabilitation, it’s been decided yes, she is definitely going back to [Mother] full time, but they’ve tried this twice before you see, and every time they backed off because, she’s got mental health problems, so every time she backed off when it got to having Child 6 more and more, she couldn’t cope with it, so that’s why we were going down the line of special guardianship. That’s still going ahead in case things go pear shaped again, but this time I think it does look good, [Mother]’s on different medication, doing different things, and she’s got her head together and she’s totally different to what she was when they tried last time, so I do think it will happen this time. They have given her a last chance if you like, to have her back.</td>
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<td>KH: Is she feeling pressured?</td>
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<td>KC 6: No not really, no I don’t think she is this time, I think she did with the last 2 times, but this time, whereas the last 2 times SWG the social worker was telling us ‘right you must have her such and such and such and such’, this time they have let [Mother] do it at her own pace, which I’m quite happy with because I’ve got Child 3 anyway, what’s the difference you know. So it’s working out a lot better because they are leaving it to [Mother] really to dictate how quickly she has her back, you know what I mean.</td>
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<th>Code:</th>
<th>Independence</th>
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<tr>
<td>Meaning:</td>
<td>Ability of KC to promote CYPs independence skills</td>
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<td></td>
<td>SWG: Erm, but, but, but, erm, err, KC’s’s shortcoming is around understanding and I, I have, I, I have got a, a grip of, child 3Is, inter, internal workings I, I very much, erm, she does treat them up, she does treat [child 3], as, as their own, they do treat him, but sometimes, they need to show a greater understanding of, of his wishes and feelings sometimes, rather than KC 3 talk for him, erm, fill the gaps in which is quite a you know as it gets older, can be frustrating for [child 3] I feel.</td>
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<td>Code:</td>
<td>Criticism of Schools</td>
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<tr>
<td>Meanings:</td>
<td>Social workers criticism of schools in relation to supporting LAC.</td>
</tr>
<tr>
<td>Example:</td>
<td>SW3: Yeah, yeah... I, I mean, it’s, it’s, it’s an interesting area isn’t it, I mean, I, I, I’m not best pleased and, and best impressed by secondary schools, the role of the designated teacher. Err, I got, I’ve got schools, and most of them don’t even know who the bloody designated teacher is. I’ve got a lot of issues around, what they’ll understand the role.</td>
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<td>KH: In LA (indistinguishable).</td>
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<td>SW3: Yeah, and also out of counties as well, they go, I’ve got Cumbria and Lancashire, Leicestershire, Liverpool. I’ve got kids pl, quite a lot of my kids are placed outside. And they’re not proactive at all. You know they don’t really, they don’t really erm, buy in to the, the, the purpose of the personal educational plan. Err, but and they’re very long and not aware of the recent changes of social policy in and around the designated teacher, specially coming from the children and young persons act, 2008 and the care matters agenda, they don’t, they’re not conversant with the care matters agenda and it just surprises me if you know what I mean, because but then again it’s like social workers, erm, they keep getting moved around. Some schools, [child’s] school it’s the only school I know of, the designated teacher is the head of year, so they changed, designated teacher every year. And I think why, why would you do that, you’d need to know who, all the way through...</td>
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<tr>
<th>Code:</th>
<th>Praise of schools</th>
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<tbody>
<tr>
<td>Meanings:</td>
<td>Social workers praise for schools in supporting KCs and their CYP.</td>
</tr>
<tr>
<td>Example:</td>
<td>SW1: Err, she, I’ve not heard KC1 say anything but erm, be very positive about the school.</td>
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<td></td>
<td>KH: Brilliant, ok.</td>
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<td>SW1: So she’s, she’s been very happy.</td>
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<tr>
<th>Code:</th>
<th>Off time changes</th>
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<tbody>
<tr>
<td>Meanings:</td>
<td>How need to make changes to accommodate looking after child</td>
</tr>
<tr>
<td>Example:</td>
<td>GKCSM: We, we’ve, we are trying to think of the bright side we used to, we had a motor caravan before this one, years ago and we used to go to France and we used to, always go to the campsites that were Euro camps.</td>
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<td></td>
<td>KH: Mmm.</td>
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<td></td>
<td>GKCSM: Not because we wanted a Euro campsite but, but we realised that they’d be good sites.</td>
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<td>KH: They’ve got pools haven’t they, outdoor pools, that are (indistinguishable).</td>
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<td>Code:</td>
<td>Off time changes</td>
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<tr>
<td>Meaning:</td>
<td>How need to make changes to accommodate looking after child</td>
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<tr>
<td>GKSF:</td>
<td>Yes.</td>
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<tr>
<td>GKSFM:</td>
<td>Well. Yeah but we didn’t, that, that, we didn’t bother about things this time, maybe we will.</td>
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<td>KH:</td>
<td>Take him.</td>
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<tr>
<td>GKSFM:</td>
<td>Well there’s creche’s and activities and we can just sit and...</td>
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<tr>
<td>KH:</td>
<td>Kid’s clubs.</td>
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<tr>
<td>GKSF:</td>
<td>Activities.</td>
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<tr>
<td>GKSFM:</td>
<td>...that’ll be our respite.</td>
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<tr>
<td>GKSF:</td>
<td>Yeah. Yeah, but then we just never in our wildest dreams thought we’d be doing this I suppose.</td>
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<tr>
<td>GKSFM:</td>
<td>No.</td>
</tr>
<tr>
<td>GKSF:</td>
<td>So, that’s the erm.</td>
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<tr>
<td>GKSFM:</td>
<td>Well I’ve got no worries about it I mean it’s just something we always did with our girls.</td>
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<tr>
<td>GKSF:</td>
<td>Yeah, yeah.</td>
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<tr>
<td>GKSFM:</td>
<td>So I, you know, I’m half looking forward to it in an odd kind of way cause it sort of opens up a whole new avenue of...</td>
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<td>Senco 6:</td>
<td>No, I don’t, I, I think they need a lot of support because as you’ve said with grandparents they’re just getting their life back together aren’t they. And suddenly they’ve got, four year olds.</td>
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<tr>
<th>Code:</th>
<th>Differences between KCS and FCs</th>
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<tbody>
<tr>
<td>Meaning:</td>
<td>Thoughts about possible prejudice expressed to KCS from FCs</td>
</tr>
<tr>
<td>Example:</td>
<td>Have you come across erm, prejudice, amongst foster carers and kinship carers.</td>
</tr>
<tr>
<td>SW1:1:</td>
<td>No.</td>
</tr>
<tr>
<td>KH:</td>
<td>Right be, (indistinguishable)...</td>
</tr>
<tr>
<td>SW1:1.1:</td>
<td>The only couple of kinship.</td>
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<tr>
<td>KH:</td>
<td>They have said to me that they feel like second class citizens...</td>
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<tr>
<td>SW1:1:</td>
<td>Oh do they.</td>
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<tr>
<td>KH:</td>
<td>Sometimes foster carers have said to them, you mean you get paid to look after your own children.</td>
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<tr>
<td>SW1:1:</td>
<td>Oh, you know I think it’s, I’ve not experienced that from foster carers but I have, I think there is, a sort of, a misunderstanding around.</td>
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<td>Code</td>
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<td>that, that you know this is your family you should look after your family, come what may.</td>
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<td></td>
<td>But what people don’t realise is if they’re on a care order they’ve gotta be an approved foster carer...</td>
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<td>But there is a little handful that tell kinship foster carers, you’re not a real foster carer.</td>
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<td></td>
<td>Why.</td>
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<td>Because you are fostering family. They see themselves as foster carers because they have stranger’s children and not family children, but what they don’t understand is...</td>
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<td></td>
<td>How.</td>
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<td>...how...</td>
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<td></td>
<td>Hard it is.</td>
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<td>...excuse my language, it’s harder to foster a family member, than a none family member...</td>
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<td></td>
<td>Yeah, I agree.</td>
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<td>...because I’ve had to and me mum and Neighbour will tell yer, there has been times when I’ve been told by the social worker, when, before [child J’s mother] went to prison, not to let her over my door.</td>
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<td></td>
<td>That must be hard when it’s family.</td>
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<td></td>
<td>Yeah. Now if it was a stranger, you could say to that person...</td>
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<td>Do you think there’s an element and I’m speaking kind of from personal experience now, supporting a kinship carer in XXX who was having big issues. If you think there’s an element of erm, schools being a bit prejudiced against grandparent, or, or aunty or kinship care.</td>
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<td></td>
<td>I would, I would, I would have no reasons to, to, I, I can’t think of any reason why that should be the case. I’ve certainly had no experience of it.</td>
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<td></td>
<td>So, is that, is that more to do about, yeah, to certain individuals who drive that agenda, I don’t know but, for me family is, whatever family life is should be supported and I, I’ve never experienced schools, teachers, er, inferring about the care of grandparents, I’ve never experienced that.</td>
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<tr>
<td>Code:</td>
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<tr>
<td>Meaning:</td>
<td>Prejudice from Social Workers towards KCs: The apple doesn’t fall far from the tree...</td>
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<tr>
<td>Example:</td>
<td>SWG: I still think there’s still an element of we’ve taken your child’s children away from them through the looked after system because they couldn’t look after them, and there is still an element of if you couldn’t look after your own, so your lacking in some way really, or you’re going to misuse the money and not give it to the child.</td>
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<tr>
<th>Code:</th>
<th>Problems encountered by having Foster care policy and practice applied to KCs</th>
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<tbody>
<tr>
<td>Meaning:</td>
<td>Difficulties with safe care policy designed for all foster carers and applied to kinship carers</td>
</tr>
<tr>
<td>Example:</td>
<td>SWG: They are the grandparents aren’t they, and that’s significantly different because when they go on the training, and one of the biggest issues for me was we do a session called safe caring, and whether its unsavoury or not, our children make allegations, not all, but quite a lot make allegations, and it can be very distressing yes, so we have a safe caring policy, and one of the sessions in the pre approval training, [Trainer] talks through about safe caring – well I’m afraid I think it’s a load of tosh in relation to grandparents, because it’s saying things like.....</td>
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<tr>
<td>KH: Not leaving the door open.</td>
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<td>SWG: Its issues like, you read a bedtime story downstairs, don’t ever have a child in your bed, I can remember having an argument really with [Trainer] saying I’m telling you what now, if I’m ever lucky or fortunate enough to have grandchildren, I’m having them, I’m encouraging them in my bed. I can’t imagine anything as nice than cuddling in bed with your grandkids, and we are telling our kinship carers, you are not allowed to do that.</td>
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<td>KC6: It would make my life easier. Obviously as a foster carer, because I’m classed as foster carer not her grandmother you know, it’s quite hard you know with discipline and stuff, I’ve been told by SWG I’m not even allowed to shut the door in the bedroom and read her a story because you know, I’m her foster carer and things could be said, I know grandmother’s can do stuff like that as well but.</td>
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<tr>
<td>KH: You can’t shut the door when you’re reading a story?</td>
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<tr>
<td>KC6: No, there’s rules you know, I’m not allowed to shut the door, if there’s just me and her alone in the room, well there’s only me and her in here anyway, so what does it matter if the doors shut or not.</td>
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<tr>
<td>Meaning:</td>
<td>Difficulties experienced by KCs when trained alongside FCs.</td>
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<tr>
<td>Example:</td>
<td>SWG: But the criticism that kinship carers would, they are very clear on is, they found it really very difficult attending the training.</td>
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<td>KH: Because of the time?</td>
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<td>SWG: Not just the time, but what would happen is, you would have a lot of people on the pre approval who were mainstream, they were always in the minority the kinship, and you would have these scenarios that were being trained in case studies and things like that, and inevitably, somebody is a drug addict or an alcoholic or something and they would break up into small groups and you can imagine the criticism from Joe public who was there to be trained to as a foster carer, and you're sitting there next to a grandmother, and their daughter is there but for the grace of god go any of us Kate, and that felt really uncomfortable for them, really uncomfortable.</td>
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<thead>
<tr>
<th>Code:</th>
<th>Social worker support for KCs</th>
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<tbody>
<tr>
<td>Meaning:</td>
<td>Differences in skills required to support KCs as opposed to FCs.</td>
</tr>
<tr>
<td>Example:</td>
<td>KH: So there's no particular challenges, for you as a social worker, in supporting grandparent kinship carers that isn't present with any other carer, really is there. A, apart from the juggling of the family, but that...</td>
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<tr>
<td></td>
<td>SW1: Yeah.</td>
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<td></td>
<td>KH: I think what you're saying is that puts you in more of a kind of, counselling role because...</td>
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<td></td>
<td>SW1: Yeah.</td>
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<td>KH: ...you have to listen to them.</td>
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<td>SW1: And a supporting role.</td>
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<td></td>
<td>KH: Yeah.</td>
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<td></td>
<td>SW1: And, and it's acknowledging that, that that is a fundamental difference between mainstream carers.</td>
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<td></td>
<td>KH: Yeah.</td>
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<td></td>
<td>SW1: Because mainstream carers, whose children have contact with birth family members.</td>
</tr>
<tr>
<td></td>
<td>KH: Yeah.</td>
</tr>
<tr>
<td></td>
<td>SW1: Usually they're picking up the fallout from the children seeing, birth family members, six times a year you know that's...</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm.</td>
</tr>
<tr>
<td></td>
<td>SW1: ...not, that's a not unusual level of contact.</td>
</tr>
<tr>
<td></td>
<td>KH: Mmm.</td>
</tr>
<tr>
<td>Code</td>
<td>Social worker support for KCs</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Meaning</td>
<td>Differences in skills required to support KCs as opposed to Foc.</td>
</tr>
<tr>
<td>SW1</td>
<td>For long-term looked after children, who, who are gonna remain in foster care, erm, but I think, no I think it’s about erm, the ever changing sort of dynamics of their family really.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Problem around ageing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>Concern about ageing and long term care of child</td>
</tr>
<tr>
<td>Example</td>
<td>GKC5M: And they’ve just started I think a scout group. But I suppose what I do worry about now we’re on the subject, is when he gets into his tee, if we’re still around...</td>
</tr>
<tr>
<td></td>
<td>GKC5F: Yeah.</td>
</tr>
<tr>
<td></td>
<td>GKC5M: ...is his teens.</td>
</tr>
<tr>
<td></td>
<td>GKC5F: Mmm.</td>
</tr>
</tbody>
</table>
APPENDIX 13: SUMMARY OF DATA ANALYSES ACROSS 6 CASES

Figure 18 Summary of Key Themes across 6 cases

Negative

- 4 CYPs have poor social skills: 3 KCs have queried ASD
- 2 CYPs have difficulty concentrating
- 3 KCs have concerns about managing contact with the child’s parents
- 3 KCs reported financial difficulties as a result of their care for the child
- 4 KCs were concerned about frequent changes of Social Worker
- 2 KCs reported difficulties with transport
- 3 KCs would prefer a kinship carer support group
- 4 KCs described that the Foster Care Policy was not applicable to them

Positive

- 5 KCs and 2 SWs were pleased with support received by KC from their family
- 2 CYPs successfully integrated into Mainstream school after some time away
- 4 CYPs were described as making good academic progress
- 3 KCs were able to tackle difficult & emotional subjects with CYP
- 4 KCs and 2 SWs were pleased with support provided by school staff
- 3 CYPs attend after school or community clubs
**Figure 19 Summary of The 5 C’s of PYD across 6 cases**

<table>
<thead>
<tr>
<th>Competence</th>
<th>Confidence</th>
<th>Connection</th>
<th>Character</th>
<th>Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 CYP were described as having ‘good’ self esteem</td>
<td>3 CYP were described as ‘confident’ with family support.</td>
<td>4 CYP attended out of school activities with family support</td>
<td>2 CYP were reported to know the difference between right and wrong</td>
<td>2 CYP were reported to be caring towards others if ill or hurt.</td>
</tr>
<tr>
<td>2 CYP were described as lacking in confidence and dependent upon their carers</td>
<td></td>
<td>3 CYP were described as indiscriminately friendly and lacking ‘stranger danger’</td>
<td></td>
<td>2 CYP were described as being too young to have developed empathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 CYP were described as having ‘good relationships’ with teaching staff in school.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5 Summary of Findings across Child and Young People's Ecology

<table>
<thead>
<tr>
<th>Children</th>
<th>Kinship Carers</th>
<th>Families</th>
<th>Schools</th>
<th>Communities</th>
<th>Professionals</th>
<th>Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor social skills (4)</td>
<td>Difficulties encountered because of frequent changes of social worker (4)</td>
<td>Pleased with extended family support provided to KC and CYP (5 KC + 2 SW)</td>
<td>School Staff pleased with CYP’s academic progress (4)</td>
<td>Attend out of school activities with family support (4)</td>
<td>Frequent changes of SW (4 KCs &amp; 2 SENCOs)</td>
<td>LA policy of applying Foster Care regulations to Kinship Carers described as ‘not relevant’</td>
</tr>
<tr>
<td>Indiscriminately friendly (3)</td>
<td>Concerns about managing contact (3 KC)</td>
<td>Relationship between KC and birth parents of CYP ‘worsened’ since CYP in kinship care (3)</td>
<td>4 CYP receive additional support in school for their social and emotional needs.</td>
<td>3 KCs and 2 SW described themselves as ‘pleased’ with support received from school</td>
<td>Pleased with support from school staff (2 SW)</td>
<td>Most KCs would appreciate a Kinship Carer support group (4)</td>
</tr>
<tr>
<td>ASD suggested (3)</td>
<td>Financial hardship (3)</td>
<td>Can tackle difficult subjects with CYP(3)</td>
<td>Described as having a ‘good relationship’ with CYP (3)</td>
<td>Following interventions, 2 CYP were able to attend mainstream school after some time away (2)</td>
<td></td>
<td>Following interventions, 2 CYP were able to attend mainstream school after some time away (2)</td>
</tr>
<tr>
<td>Good Self Esteem (3)</td>
<td>Can tackle difficult subjects with CYP(3)</td>
<td>Perceived by SW as strong advocates for CYP (3SW). Described by themselves as ‘forceful’ (1) and ‘stubborn’ (1)</td>
<td>Kinship Carers described as ‘more needy’ than parents (2 SENCOs).</td>
<td>‘System’ had allowed care for CYP to deteriorate, necessitating kinship care (2 KCs).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>