

EU Kinship Carers Project

Forgotten Families - Needs Assessment





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Forgotten Families - The Needs of Kinship Carers in Europe

Understanding the needs of kinship carers and the children they care for is a critical part of the EU Kinship Carers Project. This report provides an overview of the needs of this group based on interviews with over 180 carers in 7 European countries. It draws conclusions that will be used by partners on the project to develop resources which are intended to protect children and young people in these placements from the harms that drugs may cause.

Mentor UK

www.eukinshipcarers.eu

The EU Kinship Carers Project is managed by Mentor UK and has received funding from the European Union in the framework of the Public Health Programme.

Mentor UK

Mentor UK is a registered UK Charity that works in conjunction with its partners in the international Mentor family, with whom it shares the same mission: The Mentor Foundation focuses on the prevention of drug misuse in its efforts to promote the health and wellbeing of children and young people and to reduce damage to their lives. Mentor aims to support the effective use of human, financial and intellectual resources to achieve its goals.

Registered Charity No. 1112339

Registered Company No. 5609241

EXECUTIVE SUMMARY

"I am desperate for my granddaughter to grow up and become a beautiful, bright young woman with so many opportunities at her fingertips; she deserves it following the life she has had so far." **Carer - UK**

Partners in the EU Kinship Carers Project

- Belgium – De Sleutel
- Italy – Regione Abruzzo
- Lithuania – Mentor Lithuania
- Romania – Holt Romania
- Spain – University of Navarra
- Sweden – Mentor Sweden
- United Kingdom – Mentor UK

This report is a synthesis of reports from each partner taking part in the EU Kinship Carers Project. The project aims to improve the quality of prevention programmes targeting children and young people living with kinship carers, thus preventing vulnerable children and young people from experiencing harm as a consequence of alcohol or drug use.

It is being managed by Mentor UK and has received funding from the European Union in the framework of the Public Health Programme.

Over the last year our project team have been speaking with kinship carers from across the 7 countries where we are carrying out the project. All the carers were looking after children or adolescents because their parents had drug or alcohol problems and were no longer able to take care of the children themselves.

We have spoken to 183 carers asking them about their lives and the lives of the children they are caring for. 115 of our interviewees were grandmothers, 35 were aunts, 13 were grandfathers and 8 were uncles, 4 were siblings and finally we also spoke to 8 other relatives including 2 great aunts.

We would like to express our thanks to everyone who gave their time to speak to us about their situations. They often had to recall painful experiences and emotions in the hope that we could bring their voices to a wider audience and to help kinship carers and the children they care for in the future.

Similarities

In carrying out the interviews we found there are considerable similarities across the 7 countries where we are working, Belgium, Italy, Lithuania, Romania, Spain, Sweden and the United Kingdom. Carers told us:

- Becoming a carer is stressful, carers and the children are grieving and uncertain of what the future holds.
- Carers are often financially worse off as a result of the decision to become a carer; some made decisions to leave their jobs to look after the children, others found they had to return to work just to get by.
- There often doesn't seem to be a choice in becoming a carer; carers said they felt a duty and some told us they felt pressured to take on the role by circumstance or by other members of the family.
- Carers put their own health and well-being behind the needs of the children.
- Carers relationships with other adults suffered; they didn't have the time or money to sustain their adult friendships and felt shame for what their families had been through.
- Professionals were sometimes seen as officious and uncaring.

Carers also spoke about their hopes and concerns for the children they were looking after. They told us:

- The children had deep emotional needs as a result of what they had experienced.
- They wanted to be able to give the children as normal a childhood as they could.
- The carers expressed concern about being able to help the children with their education; they felt that the curriculum had moved on from their day.
- Many carers were worried about the role that drugs and alcohol might play in the children's lives; they called for better drug and alcohol education and resources that could help the children avoid the harms that substances can cause.
- As the children grew older behaviour became a concern, and carers expressed a desire to be able to employ strategies that would allow the young people to manage their anger.

Differences

In the different countries the substances that caused the most concerns were different. However, for many, alcohol was prominent.

The different ways that countries deal with housing has a big impact on how families are constituted and to whether the children are still in contact with the drug or alcohol misusing parents.

Not all of our carers had material needs, which is perhaps unsurprising given the range of countries we are working in, but where they do the carers are often put in difficult situations, and if often felt as if they were worse off than foster carers.

Different countries had different approaches to parenting the challenging behaviour evidenced by the young people. The country where these issues were most prominent appeared to have the most authoritarian parenting style.

Messages

From these interviews we've been able to learn a considerable amount about the needs of kinship carers and the children they care for. The analysis we have done of the interviews gives us a good basis for the next phase of our project when we will pilot resources which we hope will help address some of the needs we've identified.

However, it is also clear that some of the needs we've uncovered cannot be addressed by a project of this nature. They take the will of politicians and policy makers in the countries concerned to face and resolve. We hope they will listen to what our report tells them and find ways to address the issues that are raised.

INTRODUCTION

About the Project

The EU Kinship Carers Project aims to improve the quality of prevention programmes targeting children and young people living with kinship carers, thus preventing vulnerable children and young people from experiencing harm as a consequence of alcohol or drug use.

Where children are unable to be cared for by their parents because of drug or alcohol problems other family members often step in. Evidence suggests that where family members become kinship carers they can reduce the risks of the children facing the same problems as their parents.

Across Europe there are hundreds of thousands of children and young people being cared for by family members because of the alcohol and drug problems of parents. Sometimes these relationships are sanctioned by the courts or supported by the social services. But often grandparents, uncles, aunts and siblings take on these roles on an informal basis.

The EU Kinship Carers project works across 7 countries - Belgium, Italy, Lithuania, Romania, Spain, Sweden and the United Kingdom - to support the needs of families where kinship carers are looking after children because of the drug or alcohol problems of their parents.

The project is being coordinated by Mentor UK, the leading drug and alcohol prevention charity for children and young people in the UK.

About the Report

The project starts from the basis that we need to understand the needs of kinship carers and the children and young people in their care. The partners have spent the last year talking to carers about their experiences and the needs they and the children they look after have.

This report will draw together what we have been told and will help us to develop resources that we can be confident will be genuinely wanted by kinship carers.

We recognise that the experiences and needs of kinship carers in one part of Europe don't always match the needs and experiences in other countries. Nevertheless, we think there are a number of common themes in what we were told, and believe that carers would recognise the pain and difficulty that others in their situations have been through across the partnership.



BACKGROUND

The background for each country in the partnership is inevitably different; they have different legal and political systems, policy for kinship care is more or less developed and the drug issues in different member states are also different.

Belgium

There is no legislation or regulation which specifically targets kinship care and addiction. And we are not aware of any programmes supporting grandparents or other family members taking care of children of addicted parents. In 2007 the Federal Government financed three projects for children of dependent parents. These projects are intended to help children of dependent parents to understand and to deal with the addiction of the parent and the consequences in the family.

There is no specific carers' organisation or network in Belgium, so it is difficult to gauge the actual numbers of carers.

Italy

The national drug strategy within Italy recognises kinship carers as a discrete group, but there is no national network to support them.

Lithuania

Kinship care is well established in Lithuania with 55% of children from Vilnius, the capital of the country, being placed with family members, compared to 36% going into residential care and 9% in non-kinship foster care.

Romania

Romania as an ex-communist country and a recent member of E.U. is in transition. The Health Ministry estimate that 10% of the population are alcohol addicts. Addiction to illegal drugs is less common.

Spain

The Spanish constitution sets out that social welfare is a matter for regional authority. In Spain there are 17 Regions, and two Autonomous cities Ceuta and Melilla.

The Spanish drug strategy does not recognise kinship carers needs at present.

Sweden

In Sweden the social welfare system takes care of the interests of the child where they are in need. Where children need to be placed outside the parental home social services should always check first whether the child can be taken care of by a relative or other person close to the child.

Figures from 2008 show that 16,200 children were taken into care, of which it is estimated 9-16 % are in kinship care.

UK

Social care is a devolved policy issue under UK law. The main focus of the Mentor UK project has been in Scotland where there are approximately 1,600 children now in a kinship care arrangement. This is a 91% increase over the last seven years of those being placed with relatives and friends.

RECRUITMENT METHODOLOGY

To assess the needs of kinship carers and the children in their care the project aimed to recruit 210 carers. We recognised the risks around recruitment in developing the project and said:

Mentor UK is aware that kinship carers can be a very hidden and hard to reach population, the Grandparents Project and national and international research indicates that the numbers of kinship carers are high (though there are no accurate figures) and that they are frequently without support.

In planning this aspect of the project we expected project officers in the partnership to recruit through existing networks, via media work and by contacting faith groups, community centres, hospitals and social services departments.

Partner organisations reported that the most successful methods for recruitment were through existing networks and social services networks. For example Mentor Sweden developed a pamphlet explaining the role of the project which they circulated to social services departments and followed this up with telephone calls to assess interest in the project.

Mentor UK developed a partnership with a family services charity in Scotland, Circle Scotland, and made contact with other organisations throughout Scotland who were working directly with kinship carers.

We then contacted the carers on an individual basis and relayed the aims of the project and what exactly would be required of them. From the onset and throughout the process all carers were encouraged and were fully aware of their role.

In Romania and Italy recruitment was achieved by contacting kinship carers directly. Holt Romania said:

Based on Holt's great experience in Romania (more than 15 years in Family Preservation and Crisis Counselling) we decided to identify the cases of kinship carers from our own caseload.

Barriers to recruitment

Almost all partners found the process of recruitment took longer than anticipated and most reported a number of setbacks in their strategies; for example, where media work was carried out it failed to add to recruits for the project.

It should also be noted that in this phase of the project two partners faced significant issues in recruiting carers. The University of Navarra was the subject of a terrorist attack in October 2008 injuring 27 and subsequently a further 250 who needed treatment for respiratory problems. Fortunately there was no loss of life; however staff working on the project were involved in caring for those affected.

Mentor Sweden joined the project late, in September 2008, after an original partner was unable to commit to the project. This has meant that Mentor Sweden had a truncated period to find and recruit kinship carers.

A number of partners mentioned that not having ethic committee approval for the project made developing partnerships with statutory agencies more difficult. For example, De Sleutel, the Belgium partner, reported that 2 agencies felt unable to help the project because of this.

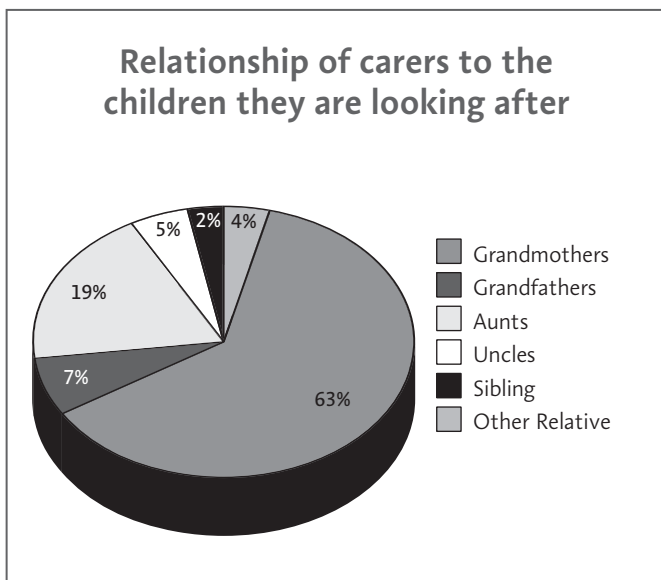
RECRUITMENT RESULTS

The project aimed to recruit 210 carers across the partner countries, but by the end of the recruitment phase the partnership had recruited 183 carers (see table right).

While it is disappointing not to have been able to reach the target each partner has been able to interview sufficient carers to allow us to make an assessment of the needs of carers in the 7 countries that the project is working in.

The literature review suggests that the majority of kinship carers are grandmothers, and we found this reflected in the carers we were able to recruit. As the chart shows 63% of the carers we interviewed were grandmothers.

COUNTRY	CARERS RECRUITED
Belgium	18
Italy	35
Lithuania	30
Romania	32
Spain	21
Sweden	17
United Kingdom	30



However, there were variations to that pattern. For example, in Spain we spoke to twice the number of uncles and aunts in comparison with grandparent carers, and in Sweden this rose to three times as many.

In developing the project we were committed to trying to hear the voices of ethnic minority kinship carers, as we recognised that typically societies find meeting the needs of minorities a particular challenge.

As a result of this commitment 12.5 per cent of the kinship carers interviewed were identified as from ethnic minorities.

FINDINGS

“It is a heavy and long procedure to take the child from the parents to the care of the grandparents. A brochure how this procedure would look like and support from professionals instead of immobility and surprise would have made us feel more at ease. Now taking such steps sucks our energy and it is emotionally very heavy.” **Carer - Belgium**

Carers

Becoming a kinship carer is a stressful process. Carers and the children they are caring for are grieving, confused and unprepared for what is happening.

Even as the initial shock is overcome carers and children experience needs that often seem to be unmet by statutory services.

Material Needs

Not all carers felt they had material needs, for example Mentor Sweden say:

When I did the interviews I was surprised that nobody seemed to have any economical or material issues. Some of the carers brought up money as a problem, but hardly the most important.

However, this wasn't the case for the majority of countries we are working in. In many cases carers found they were significantly financially worse off as carers, and in a number of cases comparisons were made with the position for foster carers.

We found that carers were making decisions about entering (or leaving) employment as a direct result of becoming a carer.

“We have no allowance and are forced to work in order to fulfil some small wishes (to buy a chocolate or a biscuit), things that are normal for other children, but difficult to obtain for these boys” **Carer – Romania**

As often as feeling forced back to work carers expressed the feeling that they could not provide adequate support for the children in their care if they continued in employment.

“I couldn't just leave her again like her mother did, I had to spend my days with her helping her to feel at home and be part of the family...I had so many days off I just didn't feel that it was fair on my employer anymore” **Carer - UK**

As well as having to take sometimes difficult decisions around economic activity carers who were experiencing material needs were able to tell us about how difficult they found meeting. These included housing needs (carers often talked about being overcrowded), being able to buy toys clothes and other consumer goods and services that children and young people not in care have access to.

“Going to the cinema or swimming pool is just too expensive especially when I have my three other children, I feel so bad they get nothing and go out looking like tramps, but what am I meant to do?” **Carer – UK**

“We do not have a washing machine - it's so hard to wash the children's clothes by hand; the children need a computer as all the other children from the community have.” **Carer - Romania**

It should be noted that where needs are met there can be unintended consequences; being re-housed can mean moving away from the area where carers have lived for long periods, and there can be additional costs that need to be met from a fixed income.

“As the house is bigger I need to use more gas and electricity to heat it so my bills rocket through the roof each month.” **Carer – UK**

Moving can also mean that the children have to move school, and can lead to a loss of friendship groups for both carers and children.

Social Needs

Many carers said the process of becoming a carer had curtailed their own social lives considerably; they said that because of their concerns for the welfare of the children they felt they needed to invest in meeting their needs at the expense of taking care of themselves.

"It has been a long time since I have been out. I am alone... my grandchildren are my friends."

Carer – Lithuania

Carers express an understandable desire to compensate for the lack of stability that the children have experienced in the care of their parents, but it appears this is often at the expense of their own wellbeing.

"It's a completely new situation that you have to deal with and that makes you scared and creates feelings of insufficiencies." **Carer – UK**

Carers across the project talked about the stigma they felt, either because of the actions of the drug addicted parent or because of having to deal with statutory agencies.

As a kinship carer you feel stigma. People look at you differently, as if there is something wrong with you or your family. People get very curious. **Carer – Sweden**

On a number of occasions carers talked about the relationships they had with other family members. Some of those were positive:

"The whole family help to take care of the girl. She quickly reaches the age of seventeen years, she is beautiful, and the men like her. I asked my daughter to talk to her about relationships with the boys. They are closer in age, which makes the conversation easier."

Carer – Lithuania

"We have received support from both families. The experience has been very rewarding". **Carer – Spain**

But equally carers found that becoming a carer can create tensions. Some felt they had been given little choice by family members in becoming a carer. While some grandparents talked about being made to feel uncomfortable by other family members; there is resentment that they don't take as much interest in other children in the family.

Health Needs

"Very tired, and sometimes do not even want to live"

Carer – Lithuania

It appears that many carers feel that their own physical and mental health has suffered as a result of becoming carers. However, there is reluctance in putting their needs ahead of the children they are caring for.

"I do not have time to even think about my health."

Carer – Lithuania

Mental health issues have their own stigma, but carers did acknowledge the stress that caring can create.

Mentor Sweden's needs assessment put it this way:

A big issue is the emotional distress that occurs when a close relative can't handle their children because of a drug problem and other relatives have to take care instead. Kinship care creates a different kind of problem than if it is someone outside the family. There are feelings of hate, shame, guilt, blame and love. These are very strong feelings and they are in a mix, which makes it even harder to deal with. The carers find it very hard to talk about this with other family members and even harder with the person whom have "abandoned" their child. Some of the carers says that there are pressure from relatives that they "have to" take care of the child and it makes it hard to say "NO".

A lot of carers expressed a desire to be able to talk about the issues in their lives with their peers or someone who could understand what they were experiencing.

"Everyone needs to talk to somebody about this delicate issue." **Carer – Romania**

"I came here today feeling that I just wanted to give up and now that I have met these people here I have hope that things will change around for me." **Carer – UK**

Relationships with professionals

The relationship that carers have with social care services is often uneasy and many carers expressed their dismay with the way they have been treated.

"I have had three student social workers now and it is clear that they have no idea what I am talking about... I keep having to tell my story over again to each one as there seems to be no notes or anything about my case!" **Carer – UK**

"They make you feel so stupid and so sometimes I just agreed to what they were saying in order to get the meeting over and done with." **Carer – UK**

Carers from Lithuania appeared to be reluctant to admit to having any needs and the needs analysis report from that country said:

It can be assumed that the carers was scared to specify that they need help from the country, because this could mean that they are unable to properly perform their duties.

In Italy the carers were reluctant to sign a contract with this project in case it made a difference to how they were perceived by officials, and as the needs assessment report makes clear they don't feel listened to by statutory services:

The families are clearly amazed by the opportunity to show their needs and requests, because they are not used to receiving attention on this topic.

While in Sweden carers felt humiliated by the bureaucracy involved in meeting their needs.

The structure of social services speaks of authority. Many of the kinship carers talk about a structure of guilt, the biological parents have failed in their role as a parent and therefore it is passed on to the Kinship carers. They feel scrutinized in every inch of their being. This creates inferiority complex and a feeling that you have to beg, for money or help. It is an unhealthy structure.

Children's Needs

"I would never say to her that she is different 'cause I have tried to bring her up in a normal and loving environment as much as possible. But the truth is, she is different; she doesn't live in a happy home with her mum and dad, she lives with Gran. Her mum's a junkie and her dad is a good for nothing loser who doesn't care for her." **Carer - UK**

Education

Some of the carers interviewed for this project said they felt as if they were unable to understand the general education that the children were receiving.

"We never had the subjects at primary school as they are taught now. This makes it difficult to support our grandchild with homework." **Carer – Belgium**

Carers also expressed concern about school failure and the behaviour of the children in school.

"I'm really scared when he goes to the high school, he is easily led and with him trying to find a new bunch of friends I dread to think about what he might do to be accepted." **Carer – UK**

"The problems started after 11-12 years. Already at the age of 12 she began run from the school and is in bad company." **Carer – Lithuania**

Drug and Alcohol Information

"We would need support in talking about drug abuse without blaming the parents." **Carer – Belgium**

Many carers expressed concern about the children they were caring for being vulnerable to drug and alcohol problems. They talked about wanting to protect the children from this and many expressed a desire to be better informed about drug and alcohol issues as carers.

Grandparents say they want more information to start conversations with their grandchildre. The carers we surveyed reported they would like access to resources that provide parents and grandparents with free information and tools to educate their children and grandchildren about the risks of drugs and alcohol.

Needs Assessment Report – Italy

Others, however, assumed that the schools would be providing adequate information about these issues.

"Maybe the school would help to show videos, interviews and lectures about the injury."

Carer – Lithuania

Behaviour

"They need love, devotion, care, 24 hours a day. There was a lack of affection from the father and mother. They now need more attention to compensate for these short comings". **Carer – Spain**

Kinship carers understand the children they are looking after are vulnerable, but they also worry about whether that vulnerability leads them to take risks that they as carers feel very uncomfortable about.

"I'm afraid, because the girl is smoking (...) several times hasn't come back home in time." **Carer – Lithuania**

A number of carers expressed concern about the behaviour of the children in their care and their ability to manage that behaviour.

"His sister comes to visit every holidays but his behaviour changes about 2 days before she is to leave, he hits her and shouts at her but when she goes he grabs her and cries because he doesn't want to see her go, it breaks my heart." **Carer – UK**

Some carers appeared to favour authoritarian styles of parenting, but admitted that these approaches were not as effective as they would want.

"I cut her hair because I was so angry, maybe I was wrong. (...) But punishment does not work, she is not afraid of anything." **Carer – Lithuania**

Many carers expressed a desire to be able to help the children in their care cope with their feelings more productively. However, we were given a warning that designing these resources needs to be done with care. Some carers felt that being offered parenting lessons or support failed to recognise their experience as parents.

"I have brought up 3 grown men already I do not need to be made to feel patronised in a silly class from some upstart who is telling me how to raise a child!"

Carer – UK

CONCLUSIONS

Drawing together recommendations from across the project is hard to do with certainty. What each partner in the project has found is clear evidence of needs that we will be addressing in the next two years of the project.

Some needs that have been identified in this paper are beyond the scope of this project to address; the legal and financial hurdles that carers and the children in their care face create significant concerns to carers and should be a matter of the utmost concern to policy makers and legislators across the European Union.

Carers from across the project have expressed a number of information needs. They have variously said they would like:

- A guide on the process of becoming a carer
- A guide to the law
- Information on drugs and alcohol
- Information on helping the young people in their care to manage their behaviour more productively

Carers have also clearly suggested that coming into contact with others in their situation is helpful. Being able to hear the stories of others and to be able to expect automatic empathy from a group appears to be a very strong desire and to create positive outcomes for carers.

Carers also say they would like social care services to be more responsive to their needs and those of the children in their care. They understand that they are providing a service to the state which is likely to be cheaper than one that is provided by other forms of care, but they don't think this should mean they are given a second rate service from professionals.

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- De Sleutel
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- La Regione Abruzzo
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