

# Key Findings Report

EU Kinship Carers Project

2010



Kinship carer, Scotland

The EU Kinship Carers Project has been working with carers and professionals in 7 European countries with the aim of improving the chances of children in kinship care arrangements to be able to avoid the problems caused by drugs and alcohol.

This report brings together the key, trans-national, learning acquired by the project; drawing on a comprehensive needs assessment, an international literature review, and the experience of each of our partners in developing and piloting a resource aimed at carers, the children in their care and those professionals that work with them.

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

[www.eukinshipcarers.eu](http://www.eukinshipcarers.eu)



 **Mentor**

## **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.

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# Key Findings Report

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## Objectives of the report

The Key Findings Report has two specific objectives:

- ***Improving access to prevention services*** – by sharing the transferable and trans-national elements of the findings from our work.
- ***Sharing good practice*** - by focusing on conveying key messages to a wide audience in an accessible and clear format.

The report draws out the common learning from the project, as well as identifying the impact of the social, cultural, political and geographical context on the experience of kinship carers. The report includes good practice guidance and recommendations for practitioners, commissioners and policy makers and some case study examples of good practice.

Finally, the report identifies how the findings of the project can be used to improve the health of young people across Europe – with information for policy makers and practitioners.

## Key definitions

### Kinship care

At the earliest point in this project the partnership agreed a definition of what we understood by the term kinship care in relation to the project:

***A member of the family (for example; grandparent/s, aunt, uncle, or older sibling) who has the, self reported, primary responsibility for the care of a child, where the child's parent/s has, or has had, a drug problem.***

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### Drugs

The project has used the UN Office on Drugs and Crime definition of drugs:

***A drug is a substance which people take to change the way they feel, think or behave.***

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## 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 many 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.

## Objectives of the project

The general objectives of the project are:

- To meet with and survey groups of kinship carers in seven countries across the EU and to work with them to identify what information, support and advice they require, in order to protect the children and young people in their care from drug related harm.
- To map the needs of kinship carers who require specific targeting and support, for example grandparent carers, sibling carers, carers living with HIV/AIDS and carers who themselves have drug and alcohol problems.
- To identify the material, social, psychological and medical information and services that these carers require in order to help prevent harm to the children and young people that they are caring for.
- To work with these groups of kinship carers to pilot responses to their identified needs and to develop resources to support kinship carers helping them to protect the children and young people in their care from harm, as a consequence of drug or alcohol misuse.
- To share what we have learnt during the course of the project about good practice in this field by:
  - Publishing a Key Findings document for kinship carers, practitioners, policy makers and commissioners.
  - Developing, piloting and publishing a range of local resources for kinship carers, which are informed by the key findings and learning from the project.
  - Developing, piloting and publishing a training and resource pack for professionals working with them, including professionals working with children and young people at immediate risk of harm.

- To produce a final report, which will be widely disseminated via the project website and a European Conference, which identifies how European partners can:
  - Improve prevention programmes working with children and young people being brought up by kinship carers.
  - Improve training for professionals working with children and young people at risk as a consequence of their own or their carers' drug misuse.
  - Make it easier for kinship carers and young people to access prevention services and support.



## Our partnership

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 partners working on the project are:

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

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## Background

### Kinship care placements

Data that provides an accurate picture, or estimate, of the number of children and young people living in kinship care placements across Europe is non-existent.

However, we have identified some figures which suggest the scale of the issue.

Research conducted by the charity Grandparents Plus<sup>1</sup> indicates that there are some 200,000 grandparent carers across the UK and that 41% are doing so because of the drug misuse problems of the children's parents.

*There are 200,000 grandparent carers in the UK and 41% are doing so because of the drug misuse problems of the children's parents.*

In England 7,000 children were formally placed with friends or family in 2007<sup>2</sup>, approximately 11% of the number of children going into care in England that year.

Research for this project by Mentor Sweden suggests that 16,200 children were taken into care under the Social Services Act in Sweden in 2008. It is estimated that 9-16 % are placed with kinship carers. We are told that about 5% of the kinship carer placements are caused by parental drug issues.

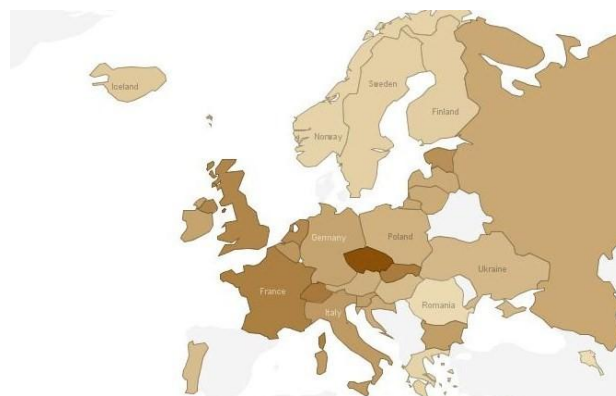
Across Europe informal arrangements, which the state is unaware of, will mean that the numbers being looked after in kinship care arrangements are considerably higher.

### Drug use amongst young people

The European School Survey Project on Alcohol and Other Drugs (ESPAD) survey of drug misuse gives a picture of drug use by young people across Europe, the cohort within which children and young people in kinship care are growing up in.

Children and young people in kinship care are at greater risk of developing problems than the general population and we would expect them to be over represented in the groups that have used drugs.

Figure 1: Lifetime Cannabis Use, Source ESPAD



<sup>1</sup> Grandparents Plus, Recognition, Respect, Reward (2009)

<sup>2</sup> Mike Stein, Quality Matters in Children's Services (2009)

## Lessons from the literature

The literature review, commissioned as part of this project - and undertaken by Dr Francisco Guillén-Grima, and his team at the University of Navarra - has identified a number of key findings:

- Child welfare agencies in the developed world are increasingly turning to kinship placements.
- Children in kinship care have an advantage over children in foster care in achieving permanency and improved well-being. This finding supports efforts to maximize placement of children with willing and available kin. However, other studies have failed to demonstrate significant differences between children raised by kin and foster parents.
- Kinship foster parents tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents. They also seem to receive less supervision and fewer services than non-kin carers.
- Assuming full-time parenting responsibilities is associated with increased psychological distress in carers.
- Older adults can serve as effective adoptive parents but would benefit from pre-adoption and post-adoption services to assist them in preparing for and positively addressing the challenging behaviours exhibited by adopted children.
- Where kinship carers take over the care of children on an informal basis their lack of legal rights can create practical difficulties; for example in enrolling the child in school or getting medical care.
- While children in residential care have more mental health problems than those in family-type foster care, those in kinship care have fewer.
- In the case of maltreated children, placing them with a kin foster parent is especially advisable.
- Kinship care has a protective effect on the early behavioural outcomes for children entering out-of-home care.
- Keeping the children within their extended family reduces the stigma and trauma of separation from parents.
- Kinship placement is more stable than non-kinship placement.
- Adolescents in a relative's care are less likely to have a serious mental health problem.
- Children's services should separate a carer's need for support (money and services) from a child's need for supervision (casework oversight).
- Grandparents report that finding information on existing services can be difficult, especially during a family crisis.

*Kinship care has a protective effect on the early behavioural outcomes for children entering out-of-home care.*

These findings led to a set of recommendations for the project members and for wider public policy. The literature review suggests that:

- Researchers should pay far greater attention to the health and well-being of grandparents raising grandchildren and the potential health consequences of such care giving.
- Support groups should target a range of interventions toward the promotion of healthy behaviour among new grandparent carers.
- Service providers should explore how sensitively to support kinship carers' mental health and identify local support groups, and recognise that carers may not ask for this support themselves.
- Greater attention should be given to interventions aimed to decrease psychological distress and improve the financial resources and physical health of kinship carers.
- Services for children in kinship care should be comparable to those in other forms of public care.
- Child welfare services should put much greater emphasis on speaking to children and listening; how they feel is fundamental to evaluating foster care. They should also provide specific support and monitoring to kinship carers of children with a background of parental drug misuse or abusive parents.
- There is value in developing specific prevention programs targeted to adolescents and their carers to help those children to address their emotions and risk taking behaviours.
- Intervention programmes should focus not only on behavioural, mental health and family functioning of the children in kinship care, but also on their academic functioning in order to improve their academic skills and, in consequence, the short and long-term outcomes associated with school success.
- Risks associated with adolescents in kinship placements suggest the need to provide extra support to these carers as well as developing prevention programs targeting these adolescents and families.
- Child welfare services should put much greater emphasis on building alliances between parents and kinship carers, where possible, based on their common responsibility for the child.
- Kinship carers should be assessed against their needs for tangible items such as beds, food, and clothing in the initial stages of placement. Child welfare systems should also look at ongoing needs, which may include information regarding case progress and system procedures, respite, day care and counselling for the child.
- Child welfare agencies should understand the importance of including the school system as one of the ways to improve the kinship care families' support.

*There is value in developing specific prevention programmes targeted to adolescents and their carers*

## The needs of kinship carers and the children in their care

The project conducted in depth interviews with over 180 kinship carers across the partnership countries, seeking information about the needs of carers and the children they look after.

As should be expected given the very different economic and social situations of the countries in the partnership we were able to find differences, particularly around the amount of financial support carers were able to access.

Nevertheless, the needs assessment drew out a range of similar issues and it is on these that we will focus.

We found:

- 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.

*“People look at you differently, as if there is something wrong with you or your family”*

*Kinship Carer*

In talking about the situations for the children in their care our kinship carers 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 drugs 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.



## The voice of kinship carers

While we believe that the above provides an accurate summary of our findings from the needs analysis we carried out we think it would be remiss to not ensure that there was the direct voice of carers in this document.

The following quotes are taken from carer interviews from across the partnership.

A carer from Romania told us:

*“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.”*

As well as financial difficulties, carers told us that they often feel lonely and that their health has suffered as a result of taking on caring responsibilities.

A Swedish carer told us:

*“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.”*

They also spoke about their worries for the children, a Lithuanian grandparent said:

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

We can already be sure that our project is making a difference, one Scottish carer said:

*“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.”*

Our full needs analysis report can be downloaded from the project’s website – [www.eukinshipcarers.eu](http://www.eukinshipcarers.eu).



## Meeting the needs of carers

Following the needs assessment each project partner has used the findings to help plan a resource aimed at improving the chances of carers to support the children in their care, or for the professionals that support them to provide better services.

### Belgium

De Sleutel wanted to make it easier for kinship carers to talk about the issues of addiction with the children in their care.

To achieve this they have piloted two books: **Bobbie**, a story designed to facilitate the conversation between carers and children when there has been addiction in the family, and **Reading**

**Bobbie**, an easy reading manual for carers explaining how to use the resource.



### Italy

Our partners from Regione Abruzzo chose to work with kinship carers to develop a parent and carer focused drug prevention intervention to be delivered in a school context.

The programme is designed to be delivered over four 2 hour sessions. It used stories chosen by psychologists to "describe" some of the way the children and the parents, go through the evolution of the family system. Following each story the participants reflected on the learning they took from the situations described.

*“The centrality of effective communication, based on a closer examination of the needs of family members, seemed the best choice to create the most suitable conditions for the mental wellbeing of children and prevent hardship.”*

### Lithuania

Mentor Lithuania concluded from their needs analysis that the carers were not accessing training which would help them support the children in their care, and had little concept of modern prevention techniques.

To meet these needs they adapted a parenting programme that had been previously implemented in Sweden. The programme has been designed to be delivered over 5 sessions, with the aim at giving kinship carers the skills to prevent their children being harmed by drugs.

14 carers helped Mentor Lithuania pilot the programme.

## Romania

Holt Romania used the opportunity to pilot a number of resources.

They produced a poster which was piloted in 50 public settings – doctors’ surgeries, post offices, etc. - across 7 communities; 3 rural and 4 urban.

They wrote a short brochure aimed at kinship carers giving advice about drugs misuse, the impact that the use has on the wider family, and advice about being a kinship carer. 200 copies of the brochure were produced and disseminated directly to carers and through social workers.



Finally, they piloted a day long training programme for professionals with 9 social workers. The training covered issues around drugs (including alcohol), the needs of children with addicted parents, and issues that kinship care raises.

## Spain

The University of Navarra have developed a resource guide and a legal guide for professionals.

They have also recorded a number of interviews with key professionals and kinship carers which will be used to support the guides.

## Sweden

Mentor Sweden responded to the call by the carers they spoke with for a manual which they can use to understand their rights and the role they have as a kinship carer.

The carers had complained that the information they were able to access had been written with a professional audience in mind. One told us:

*“We need to know more about how children and teens develop to understand how to act and help; nobody gave us information about that.”*

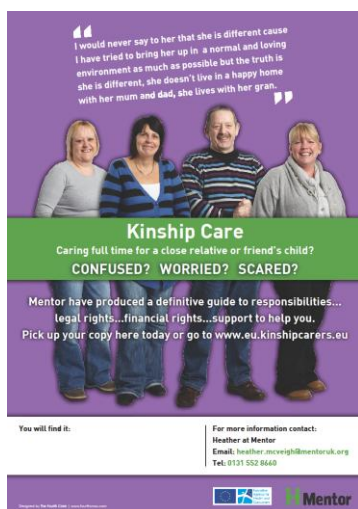
## United Kingdom

Mentor UK also piloted a guide for kinship carers, focusing on the needs of carers entering the system.

*“There have been so many times when I have felt like giving up. I feel so lost, so confused. 3 months ago I was an employed, sociable, fun loving auntie, now I*

*There have been so many times when I have felt like giving up. I feel so lost, so confused*

*Kinship Carer*



*have 2 grandchildren, am unemployed and spend most of my time at meetings feeling completely baffled about what is going on around me.”*

In developing the resource Mentor UK were aware that different local authority areas deal with kinship carer in slightly different ways.

The guide that has been written has the potential to be adapted to meet those differences, but is written to be used as a national resource in Scotland.

The guide has been piloted with carers and professionals and the plan is to disseminate it both through public settings, and through social services departments. The resource is also available online from the project website.

## Meeting standards of good practice

In developing and piloting the resources described above the project has been conscious of the accepted standards of good practice and sought to meet them.

## Using evidence base – needs analysis and the literature review

All of the projects drew on the needs analysis as the starting point for deciding which resources would be piloted.

For example, De Sleutel, in Belgium, drew on the testimony of the carers they spoke to in deciding to pilot resources that are aimed at helping kinship carers to talk about addiction issues with the children in their care. One of the carers they interviewed said:

*“We would need support in talking about drug abuse without blaming the parents.”*

They chose to adapt a resource, the **Bobbie** story, which had been evaluated in two other countries, Switzerland and the UK.

The literature review also proved invaluable in ensuring that the resources were targeted in ways that the evidence suggests would support carers effectively.

For example, the literature suggests that the early period for kinship carers can be one where carers are confused and under pressure and that support at this stage can be beneficial.

This finding helped Mentor Sweden, amongst others, to decide to write a short guide for kinship carers entering the social care system.

## Planning

Planning plays a critical role in developing and tracking the progress of any project. Ours were no different.

Each project manager used a template to create a plan which was then used through-out the course of the year to monitor the progress of the pilot projects.

## Involving carers & children

As well as drawing on the needs analysis project managers were encouraged to involve kinship carers and, where appropriate, children and young people in kinship placements in the development of the resources that have been piloted.

Mentor UK said:

*“Over a six month period, Mentor met with kinship carers from Edinburgh, East Lothian, Glasgow, Kilmarnock, Stirling and Falkirk. This enabled us to ensure at all times that we were producing information that was relevant to kinship carers and addressed their needs.”*



Our partners in Abruzzo worked with kinship carers to develop a programme aimed at building parents and carers' skills in communicating with their children. They also made sure that carers were involved in the delivery phase of the pilot, as (non-identified) participants of the course.

*I feel very proud to be part of this, to know that I have helped to produce something that can help thousands of kinship carers out there.*

*Kinship Carer*

Involving children and young people has been less easy. Carers have been universally concerned to make sure that the children in their care have as normal a childhood as possible, and have been concerned that engagement in this project could cause tensions that the children and young people are

not ready to deal with.

Nevertheless, De Sleutel was able to pilot the **Bobbie** book with children at a workshop and to draw on the reflections of the carers in evaluating the experience.

## Consulting with professionals

Equally important as getting the views of carers was the way in which professionals were engaged.

Their expertise was critical in ensuring that where guides were being written that they reflected the law and practice in the countries in which we are working.

For example, the University of Navarra was able to draw on lecturers in law to help draw up their guide to the law, and undertook in depth interviews with leading professionals engaged in decision making around kinship care. The interviewees included judges, social workers and others.

Similarly Mentor Sweden held a seminar for invited social services professionals where they were able to engage them in the project and get commitments to provide feedback on the guide they were developing.

## Review

The pilots sought the views of the range of stakeholders in order to make sure that the resources met their needs. Project managers used the feedback they received to revise and improve the resources.

So for example Mentor UK consulted an advisory group of carers and professionals on two drafts of the guide they produced before finalising the resource.

## Small scale pilots

Where resources are tight small scale testing offers an invaluable way of ensuring the resources meet the needs of the audience.

For example Holt Romania used the opportunity to pilot training with 9 professionals to make sure that the approach they developed met the needs of social workers.

Mentor Lithuania's piloting of the adapted parenting course with a small number of kinship carers suggested that it will be a useful and well received approach.

Indeed Mentor Lithuania found that undertaking the programme with a small group was crucial. Arguing:

*“The big value carers took from the training course was the self-help element, so it is important that groups are small.”*

## Findings and recommendations

Undertaking the project to this point has brought out a number of transnational findings, which allow us to make recommendations for action.

### Needs

- Kinship carers' needs, and those of the children in their care, are often unmet.
- There appear to be particular issues around carers entering formal care arrangements with uncertainty about what rights they have and what support they can expect.
- Another period where kinship carers feel isolated and unsupported is where the children in their care are engaging in risky behaviours.
- The stigma carers feel can be very high and this can be exacerbated by the professionals that work with them.
- Kinship carers in some locations are extremely worried about the power of the state to remove children in their care.

### Meeting the needs

- Working with kinship carers to develop resources aimed at them improves the quality of the resource.
- Carers value resources that are aimed at them and the children in their care.
- Resources that are aimed at increasing parenting skills can be extremely valuable, but need to be marketed in ways that don't undermine carers' perceptions of their existing competence.
- Professionals that support children may need training to be able to better support kinship carers and the children in their care.
- NGOs looking to improve access to services for kinship carers need a positive engagement with statutory services.
- An understanding of the social and geographical context can be an important factor in developing and delivering services which will prevent young people in kinship care placements from coming to harm as a result of drugs.
- Enabling kinship carers to meet with others in the same circumstances can be immensely beneficial, but overcoming issues of stigma can be difficult.
- By working to meet the needs of kinship carers service providers are improving the chances of children and young people in care to avoid drug and alcohol problems.

### Recommendations

- The core needs of carers and the children in their care – which may include financial, material, emotional and physical health issues – must be met by a systemic response by member states.
- Social care systems should be reassured that kinship care appears to have important protective factors for the children in these placements

– fewer placement breakdowns, less mental health problems and fewer drug misuse problems.

- These benefits should not be at the cost of kinship carer’s well-being and so social care responses should look to build partnerships with carers, facilitate chances for them to support each other, and offer appropriate and timely skills development opportunities.
- The political profile of kinship care is uneven across the countries that took part in this project. However, the evidence we were able to uncover suggests that these placements are being increasingly examined by social care professionals. We recommend that national and local authorities give increased attention to meeting the needs of kinship carers.
- Agencies beyond social care (for example schools, family doctors, drug services, etc.) should consider the needs of the whole family including kinship carers when developing plans for parents with addictions.
- Resources, such as the smaller ones developed by this project, can have a positive impact on carer’s self-image, feelings of isolation, and skills.
- Developing resources that allow kinship carers to appreciate that they face many of the same issues as other parents may be beneficial.