

# Scottish Kinship Carers Project Needs and support in kinship care families March 2011

# About Mentor

The mission of Mentor, the drug prevention charity, is to prevent drug and alcohol misuse by promoting the health and wellbeing of children and young people.

[www.mentoruk.org.uk](http://www.mentoruk.org.uk)

## About the Project

The Scottish Kinship Carers Project was part of a two-year EU Kinship Carers Project was carried out by member organisations of Mentor Foundation in seven countries including Scotland, and co-ordinated by Mentor in the UK. The EU-wide project aimed to improve the chances of children in kinship care arrangements so that they avoid problems caused by alcohol and drugs. This report focuses on the local situation in Scotland and has been developed through the help of kinship carers and a number of support agencies, local authorities, policy makers and regulators.

The project was made possible through funding from the EU Public Health Programme.

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# Executive Summary

“How could I ever give them up? They are my grandchildren, my flesh and blood, I would die for them.”

The number of children placed within kinship care arrangements in Scotland has increased dramatically over the last five years. Most professionals agree it is best for the child to remain within the family if at all possible. However, kinship carers believe their role is not valued by local authorities, who are liable to see them as the cheaper alternative to other forms of care. Social work professionals also discount their value and have a poor understanding of the kinship carer's unique role and needs for support.

There is no national consensus on the rights of kinship carers. Financial support is inadequate and inconsistent. Kinship carers also lack practical and emotional support and respite care. They and the children in their care lack access to services available to other carers.

Kinship carers talked openly of the many adjustments and personal sacrifices they had made, but also of the joy and fun the children bring. They believe a series of changes in public sector systems would make their lives easier, and improve the lives of the children they care for.

They call for:

- Guidance from local authorities as to their rights – financial, legal and practical
- Financial benefits to help provide for

the child

- Adequate support services for themselves and the child/ren in their care
- Respite to enable them to meet the challenges of their role

Improved support for kinship carers will give the children in their care the better chances of success they deserve, the opportunity to thrive and become the confident and successful individuals they, their families, and Government wish.

## Key Recommendations

- **Debate & action to tackle inequalities in support for kinship care families**

There are currently no national standards.

- **Practical help**

Kinship carers need guidance, education and training, and respite care.

- **Better support professionals and services**

Many professionals had poor understanding of kinship care across statutory, practical and emotional needs levels.

- **Better support for kinship care children.**

They need specific experienced professional and peer support.

# Introduction

Kinship care in Scotland is by no means a new phenomenon. Since the 17<sup>th</sup> Century it has evolved from a way of reinforcing loyalty among clans to boarding children out to strangers in order to give them a fresh start.

In Scotland there are currently approximately 1,600 children now in a kinship care arrangement, a 91% increase over the last seven years (*Moving Forward in Kinship Care 08*). However, this is just a fraction of the actual figures. It does not include those living within informal arrangements or 'non looked after children'.

Over Scotland's 32 local authorities, there is no consistent definition of kinship care. The Children (Scotland) Act 1995 emphasises that, if any child cannot be with their parents, connections should be maintained within the family circle if at all possible. Statistics of recent years (*Children Looked After Statistics 2007-8*) show an increasing number of children

being looked after by grandparents or extended family members rather than foster care or residential. Unfortunately, due to lack of research these placements are under-evaluated and cannot show if the best interests of the child are paramount at all times.

Citizens Advice Scotland has made steps to help carers secure appropriate funding. But local authorities have a three-year window through the Concordat to sort out the finance problem. Many feel "It is impossible to get blood from a stone."

Focus on kinship care is now intensifying as Government recognises the need for action. Reviews by the Fostering Network, the British Adoption and Fostering Agency and the Convention of Scottish Local Authorities (COSLA) have tried to standardise procedures. Yet much is still to be done and the kinship carers we spoke to continue to campaign for their rights to be met.

## The 30 carers in this project

- Six men 24 women
- 28 white Scottish, two Irish.
- 24 grandparents, six aunts / uncles
- Age range 35—75 years
- Four carers in informal arrangement looking after child/ren
- Four under Section 11 Order Children (Scotland) Act 1995
- Two had adopted the child/ren in their care
- 17 being monitored by the local authority; of those, 11 advised to apply for Section 11.
- Three carers under local authority but with no local authority contact; children classed as 'non looked after'

# Methodology

During this research, we identified many successful programmes. Projects such as Circle, The Lighthouse Project, Children 1<sup>st</sup>, and YANA of Stranraer work to support the rights of kinship carers.

Carers have also joined together, creating support groups and achieving results that many of them feel should be the responsibility of local authorities.

30 kinship carers were recruited, through Circle in the North of Edinburgh, Children 1<sup>st</sup>, SNFAD (Scottish Network for Families Addicted to Drugs), The Lighthouse Project and volunteer groups. Interviews took place in carer's homes and focus groups.

The Contract with Carers and interview and focus group structure are given in the appendices. Questions were based on earlier research by Mentor (Mind the Gap Grandparents' project 2008).

Where names are used in this report we have changed them to respect the

privacy of kinship carers and their families.

## Kinship children's birth families

23 children had birth mothers who were still alive and 21 children had fathers who were still alive. Not all were in contact with their children. In 10 cases, the identity of the father was unknown. One carer who cared for her granddaughter also lived with the mother of the child. Eight children were separated from the rest of their siblings, who were placed with foster carers.

## Reasons for placement

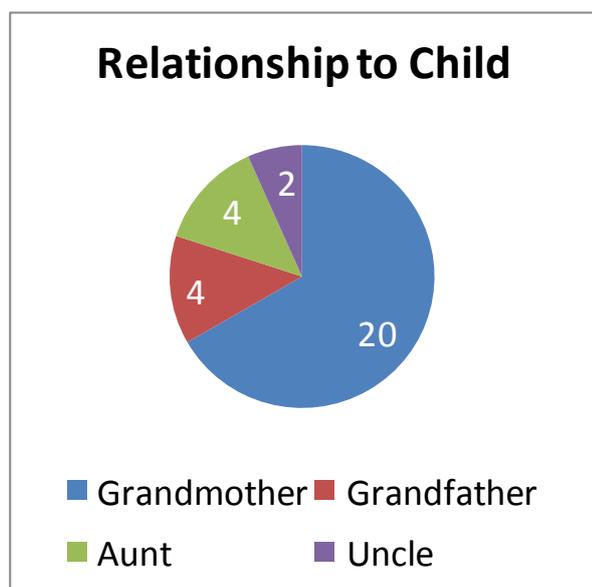
All carers were responsible for their children because the children's parents were unable to look after them. Seven children were looked after due to the death of a parent. Two had died from natural causes and five as a result of drugs/alcohol. Three carers were looking after their children because the parent had no interest in the child's welfare. 20 had responsibility for the children due to a parent's current drug use.

## Marital status & employment

Of the 30 carers, seven were divorced, two single, three widowed, three lived with a partner and 15 were married.

18 carers were unemployed. 12 had to give up their job to take care of the child, three were retired, one was a full time mother and eight were still employed.

Two of the eight were working at least three jobs at one time.



# Results

## IMPACTS OF KINSHIP CARING

### Impact on the whole family

All carers reported that from the outset all family members were keen to have the children brought into the family home, even where this meant the loss of a bedroom.

They spoke of how their own children were keen to be involved and would babysit or take the kinship care children on trips.

However, over time it became a strain on some family members. One grandmother said her daughter felt that her own children were missing out on valuable time with 'Granny' and that Granny did not have the time or energy to spend with her other grandkids.

13 out of the 24 grandparents acknowledged this problem.

Some grandchildren had behavioural issues which in turn affected their other grandchildren, so family get togethers became less frequent.

*"My oldest never takes him anymore as he messes around with the younger grandchildren, hitting them and bullying them to do things that they don't want."*

Nonetheless, 15 carers (50%) said that the **whole family** would not have had it any other way.

The biggest turmoil for many was the relationship with their own child, whose children they were caring for. Eight carers spoke of how they no longer had contact with their children.

*"I do feel guilty some times that I don't get to see or spoil my other grandkids as much as I should."*

*"I am disgusted that my own daughter would behave this way and have no thought at all her for daughter and what she has put her through... I did not bring them up to be like this."*

The majority (16 carers) tried to ensure that the parent remained part of the child's life.

### Carers' role as parent

The majority felt they were just like any parent who had a child added to the family; it was simply an extension of the role they were already undertaking. A few reported that they felt at times that people were staring, particularly at the school gates.

Carers reported that the support groups starting to spring up around the country have proved beneficial and allowed carers to share concerns and support each other. An example is Kinsfolk Carers in Edinburgh. However, many carers could not access support because of their geographical remoteness.

### Housing

Accommodation was a significant problem.

17 said that the children to share a bedroom with two describing mixed sex sharing even into teenage years. Whilst they acknowledged this was

unacceptable (particularly when a ten year old girl was sharing with a 15- year old boy) and expressed an understanding that teenagers need their own space, the size of their homes meant that there was no alternative.

Six families had to be re-housed on becoming kinship carers. Whilst they recognised this was essential, three carers felt isolated from friends and family. Moving to a bigger home meant painting, decorating and refurnishing, as well as increased upkeep.

“I need to use more gas and electricity so my bills rocket each month.”

### Impact on Employment

18 of the 30 carers were unemployed at the time of interview. 12 had to give up work when they became carers. 12 of the 18 not working agreed it was impossible to work and care fulltime for another child.

“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.”

However, two carers were struggling financially to cope with a new family

““I haven't had a holiday in years, all finances have dwindled, I just don't have time for those kinds of luxuries.”

member and were consequently working three part time jobs. This meant that they could provide financially but infringed on spending sufficient quality time with the children in their care.

“I have to rely a lot on my oldest daughter to look after him, especially at nights... I sometimes feel so guilty that I am taking away from her own life.”

### Financial Impact

27 carers had suffered financially.

“Through both our jobs we had quite a bit of savings built up for all the kids but since taking on A in the last year our finances have dwindled pretty quickly.”

Money was needed for clothes, bedding, furniture and toys. Many children did not have anything of their own when they arrived. Some carers would spoil the children to compensate for not living with their parents. Many highlighted the increase in expenditure on gadgets and fashions as children became older so

One grandmother was classified as 'a loophole' by the local authority. She received no financial benefits to provide for two teenage boys of 12 and 15. She related how they had to trail charity shops to find clothes for them to wear and they never got any treats.

“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?”

they would not feel less privileged than other children.

Carers said they were receiving inadequate assistance from social services to feed and clothe their family and emphasised there was no consistency in the benefits they received.

“I get £74 a week, while Sue gets £57 and Liz gets £26 and yet we are all in the same arrangement, it just doesn't make

sense.”

Many felt that their treatment was a complete injustice because they were saving Government a considerable amount of money.

“I could have given up my granddaughter and allowed her to go to a home but I didn't. I cared for her too much. I feel the Government has taken advantage of this and saved themselves a fortune!”

## ALCOHOL AND DRUGS

Many carers (22) had grave concerns for the children in their care as they became teenagers. A majority had parents where there was drug or alcohol misuse.

One carer spoke of her concerns for her grandson who had witnessed years of his father's drug abuse. Her grandson had mentioned why his parents took drugs or alcohol.

“It helps them feel better and they liked the danger.”

This, she commented, made her anxious that over time he too may wish to experience 'danger'.

Some believed the children would not be tempted to misuse, having witnessed the effects on their parents. Understanding the devastation drugs and alcohol caused, they would not make the same mistakes.

Some felt more confident talking about alcohol and drugs due to a steep learning curve with their own children and felt their open relationship with the children in their care enabled them to

talk about any problems.

“We talk all the time, especially as she witnessed so much from her mother. She always says 'I'll never do that!'”

Nonetheless, two thirds recognised that, while they themselves had become more aware and confident talking about drugs and alcohol, it was naïve to believe they could definitely prevent drug and alcohol misuse.

Some carers felt uncomfortable talking to the children about drugs and alcohol. This stemmed from their perceived failure in guiding their own children.

“How can I stop Steve if I couldn't even stop his Dad from being an alcoholic?”

Carers from East Lothian had been given books for them to read with the children by a support agency. The literature was designed to help explain why the child was living with Gran. Carers noted that this was a helpful but a short term measure.

Others were aware that the school helped educate children about drugs and alcohol. However, when prompted, they were unsure what form this took.

## Impact on social life

28 carers (93%) said they had no social life at all. Many described how they had lost contact with most of their friends. For two thirds, 'free time' consisted in looking after children. Because of the increased expense, 25 carers (83%) no longer go on holiday. Some spoke of maybe having a couple of drinks on a Saturday night but then some were worried that this might impact on the children.

## PROFESSIONALS

"It would be nice if they phoned you back when they said they would rather than ignoring you for weeks."

Many carers were negative about the 'professionals' and 'social work'. Whilst the professionals could be helpful in the early stages, contact was lost very rapidly. Carers did not feel they could rely on social workers for support. Only one third of carers said they had been properly consulted prior to receiving the child. The rest felt it was very much a 'last minute rushed job'.

One carer had agreed to take her two grandsons on a trial basis.

"12 years down the line and they still haven't come back to see if I have been doing OK."

Others who had approached social workers for help had been told nothing could be done.

On the other hand, some carers in need felt wary in case social work implied they could not cope, and the children removed.

"One social worker came to do an assessment and then spent the whole time asking questions about us. He [child] wasn't mentioned at all. I got angry

and in the end she was making out a report stating that we weren't fit to look after him because of our age."

Carers said children were wary of social workers because of past experiences and feared they may be taken away again.

A further problem was the continual change of social workers in charge of cases. Many visits would consist of explaining the case over again to someone new.

"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."

However, some carers did feel that social workers were helpful and provided lists of

## Impact of be-frienders on child and carer

Four carers said their children had received be-frienders and mentors. They described how this helped. But then all four spoke of how the relationships ended when the be-frienders moved on. This meant a backward step for the children. They had lost another relationship and carers were left to deal with the aftermath.

"John\* had been doing so well with his befriender and then he just stopped coming, no reason was given. John was devastated, blaming himself. He kept asking me if he had done something wrong, did he do the same thing to make his Dad go away? I could have cried."

different agencies that provide support.

Other professional agencies were used; Circle in Edinburgh and the Lighthouse Project in Kilmarnock supported both parents and children. Two carers used church groups to help build a firmer foundation in the children's lives.

Several carers had sent their children to support groups, but the experience was not a positive one. Carers felt that the workers did not understand how to deal with the different issues these children faced.

### Getting it Right for Every Child?

Scotland's Government has a vision to make Scotland "*wealthier and fairer, smarter, healthier, safer and stronger and greener.*" Children are to play a key role so that they become "*responsible citizens, effective contributors, successful learners and confident individuals.*" New initiatives to improve outcomes for the child were released through the Government's *Getting it Right for Every Child*. This strategy identified two key areas where Government would deliver a child-entred approach to kinship and foster care and then support this high quality approach. As a result, Government is currently committed through a three year Concordat to improve the rights of the child.

Unfortunately, in the eyes of many kinship carers, it has not been successful.

# Discussion

There was a clear consensus that more needs to be done for the children placed in kinship care so that they may lead happy, productive lives.

## Support needs of carers

Kinship carers were confused about their rights and entitlements; of social services, their own status as kinship carer, and financial and practical entitlements. Many described how, as the child entered their home, they did not understand the full implications of their role. Some spoke of having to attend social work meetings and feeling lost and confused. Social workers tended to 'throw around jargon' which completely baffled. Subsequently many carers felt that they had been pushed into doing and agreeing to things which they were not fully aware of.

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

Carers wanted a step by step guide to enable them to understand fully the role, explain entitlements and describe the help and support they should receive.

In addition, they wanted information about different support agencies across Scotland. Many used friends when times were tough but appreciated this could be a burden to them.

"I just felt so lost, I didn't know where or who to turn to until I found out about Kinsfolk Carers."

Those already part of a support group were able to help each other.

"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."

## Education and guidance

Better education on the topics of drugs and alcohol was a key objective of many kinship carers, not just for children but also for the adults. Many said if they had been more informed, they could have done more to help their own children. Carers also wanted more guidance on sex education and challenging behaviours.

"My granddaughter constantly hits me. One minute she can be a lovely little girl, then she turns to this horrible monster. I just don't know what to do with her."

However, kinship carers did not want parenting classes.

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

## Crèche facilities

Many carers were unemployed or had to give up work due to child care responsibilities. A large number said more colleges and employers should provide child care or crèche facilities which would mean that they could continue with work or study.

## Appropriate social work

The majority of carers felt that it would be beneficial to improve the training and competencies of social workers.

Many carers felt that social workers would benefit from a step by step guide of the roles and entitlements of the carer and wished social workers and other professionals had a better understanding of kinship care.

Carers wanted to access social workers' support to address children's needs, and appropriate counsellors, psychologists and health services.

Carers believed social services should play a long term, active role in the care of the child. This active role should be supportive and consistent in all areas, including parental contact.

"They have no records of Bill at all . A social worker came to see me when I had phoned to ask for help, stayed 10 minutes then left. I haven't heard from her since. That was two months ago."

## Issues of financial entitlement

There were major inconsistencies between the financial benefits available from different local authorities.

Many kinship carers felt that the local authorities took advantage of their willingness to help. They mentioned that fosters carers received more entitlements, whilst kinship carers 'saved the Government a fortune'.

"Children in foster care get money on their birthday, when they start school, when they get out of bed in the morning and we get nothing."

One grandfather said the local authority had jumped at the chance when he agreed to take his grandson.

"We are the cheaper option."

Carers wanted a consistent amount of money for all, not just those classified as 'looked after'. If this was not possible, they wanted other forms of financial support such as free services for them and the children in their care.

## Respite

Respite, an opportunity for carers to have some time for themselves, was desperately needed, but seemed almost non-existent.

"I am 72 years old, I am not meant to be a full time Mum at this age, I am meant to be Nana, who treats and spoils the kids every other weekend, the fun Granny who does not shout but has fun and is always remembered for laughing"

One carer spoke of begging for some help from social work. Her cries fell on deaf ears until one day she turned up with the children and left them at the social work offices.

"But this backfired as they then did me for abandoning the children and this led to more problems."

One carer said she would just like a few days off where she could lie in past 8am, get up when she wanted and spend the day at her leisure.

"I don't even want to go anywhere special, even the quietness of my own home sounds nice."

## Support for kinship care children

"I would never say to her that she is different because I have tried to bring her up in a normal and loving environment; 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."

Many carers said the child/ren blamed themselves for their parents' behaviour and couldn't really understand why Mum preferred drugs to looking after them.

"She often asks if it is her fault that Daddy doesn't come to see her anymore. Did she do something wrong for Daddy not to like her?"

Carers wanted support groups for the children in their care, to meet others and not feel different.

"Somewhere she can go and have fun and not have to worry that other kids will be laughing or pointing at her just because she lives with her aunt"

Carers felt support groups could help the children to achieve a sense of identity, safely share concerns about alcohol and drugs, anger and death, and be supported by other children and professionals. Carers wanted a consistent, group where workers had experience addressing specific needs and challenging behaviours.

## Transition

Carers identified transition from primary to secondary school as a critical time for the children. Friendship networks were often disrupted, leaving the child feeling vulnerable and isolated in a new setting.

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

## Siblings

Some children had siblings living separately from them, be it with other family members, foster carers or in residential care. Carers spoke of how the children found it difficult to understand and accept that a brother or sister was somewhere else in Scotland and seemingly did not want to be with them.

Again, carers said the child would often blame themselves for this and in response take it out on others.

"His sister comes to visit every holidays but his behaviour changes about two days before she leaves. 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."

Carers want more trained staff and services that their children can use. Some knew of services but could not access them without a referral from social work.

"Social work have nothing to do with me, they are not interested in my case or the needs of my granddaughter. She has no access to the services I feel she needs."

This reinforces the need for consistency and better services for all.

"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. Let's just hope social work sees that and ensures that this can happen for her."

# Recommendations

## 1. Debate and action at national level to tackle inequalities in support for kinship carers.

Scotland needs clear standards and definitions of who is a kinship carer. There is no consistent definition over the 32 local authorities, and 90% of carers wanted authorities properly to recognise their role. Of particular concern was inconsistency of financial support.

“I get £74 a week, while Sue gets £57 and Liz gets £26 and yet we are all in the same arrangement, it just doesn't make sense.”

## 2. Specific, practical help, to include:

### **Clear and consistent guidance for kinship carers**

Only one third of carers felt they had been properly consulted before receiving the child.

### **Improved education for kinship carers over four key areas; drugs, alcohol, challenging behaviours, relationships**

“I dread to think what he might do to be accepted.”

### **Opportunities for respite for all kinship carers**

98% had no social life. 83% no longer go on holiday.

“I don't even want to go anywhere special, even the quietness of my own home sounds nice.”

## 3. Greatly improved support from professionals and services

One carer had agreed to take her two grandsons on a trial basis.

“12 years down the line and they still haven't come back to see if I have been doing OK.”

This included education/training to support kinship care families

“I have had three student social workers now and it is clear that they have no idea what I am talking about.”

## 4. Targeted support for the children in kinship care

Children in kinship care have specific needs for experienced and trained professional and peer support.

# Conclusion

Kinship care, formal and informal, has a key role to play in society and should not be viewed as the 'cheap option'.

Our research confirms that kinship care has a unique value and that kinship carers face uniquely challenging situations. Local authorities, Government and civic society is currently failing adequately to support kinship carers to meet these challenges.

A set of short, medium and long term measures must be put in place to address these needs and support kinship care families to provide the home life that will result in kinship care children leading healthy, happy lives and contributing financially to society.

Mentor has identified a number of outputs, such as a comprehensive guide for carers and professionals, support groups and training, which will ease the life of kinship carers and those they care for.

Ultimately, the success of any initiatives depends on the recognition by local and national authorities of the exceptional value of kinship care.

Many kinship carers were willing to sacrifice their own life for the sake of their grandchild, niece or nephew.

**“They have to be safe.”**

“We have made a huge sacrifice to our own lives so that these kids can hopefully have a safe and stable home. It would be nice if people appreciated this.”

The carers in this project were dedicated to the children in their care, being determined they should be allowed to lead healthy, prosperous lives. The kinship carers in this report all spoke of their needs and how they would like see improvements, not only for themselves but for the children in their care.

In order to support these families, local authorities, Government and the families themselves must play their part. Standards of excellence, not minimalism, must be met by all parties; the family, local authorities and Government.

# Appendices

## Appendix 1: Contract with Carers

### Preamble

You are being asked to take part in a project to improve the health of young people who are being cared for by kinship carers, because the parents have had (or are having) drug or alcohol problems or there are risks that the kids may become involved with drugs or alcohol while in your care.

We will do this by making professionals and politicians aware of these young people's needs and those of their carers and making it easier for them to get the help and support that they need to avoid developing problems with drugs and alcohol. We will find out how to do this by talking to kinship carers like yourself and young people in kinship care.

The definition we are using for a kinship carers is:

- 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 or alcohol problem.

We are running the project in 7 European countries and it is partly funded by the European Union's Public Health Executive Agency.

The aims of the project are:

- To raise awareness of vulnerability of children living with kinship carers.
- To expand the evidence base re- protecting children living with kinship carers from harm.
- To make new evidence available to professionals in a piloted and accessible format.
- Identifying solutions that work.

### Contract

Mentor UK will carry out an interview/focus group with you to listen to your views and experiences about being a kinship carer and to find out what you think needs to be done to improve services for the child/children you care for.

Mentor UK will record (write down) what you say but we will not use your name in any report we write. We will comply with the data protection regulations of Scotland. Our reports will be published in Scotland and in the other countries taking part in the project and will be put on the internet; you will not be identified at any stage.

Mentor UK will only break confidentiality where we believe that a child's safety is at risk, as set out in our child protection policies.

Mentor UK will use your views to help develop resources that will help improve the health of young people living in kinship care and help protect them from the harms that drugs and alcohol can cause.

Mentor UK will ensure that your views are accurately represented.

Mentor UK will be sensitive to your situation and treat you with respect at all times.

Mentor UK will keep you informed of the progress of the project; if you want that.

YOU will arrive on time for the interview and provide accurate information to the interviewer.

YOU will be able to stop the interview at any point, should you wish.

YOU may be contacted by the project's external evaluator who will want to understand your experience of taking part in this project; she may ask you to complete a questionnaire.

YOU may be asked to take part in the later stages of the project if you wish to. This may include taking part in further focus group interviews, being part of a group to help Mentor UK to develop and test resources, and taking part in a meeting of the project partners.

Signed:

.....  
(Kinship carer)

Signed:

.....  
(on behalf of Mentor UK)

## Appendix 2: Interview and Focus Group structure for Kinship Care Project needs assessment

Please read the guidelines for carrying out Interviews and Focus Groups before undertaking interviews or focus groups.

### Introduction

Introduce yourself and your organisation and give a brief description of your role and how you are qualified to carry out the interview/focus group.

Describe the Kinship Care project: aims, how the project will be carried out and desired outputs and outcomes. Describe how the kinship carer(s)' participation in this interview/focus will be part of this project.

Make sure that the kinship carer(s) understand this and understand what they are being asked to take part in. Make sure that they are happy to go ahead with the interview and allow them to ask questions if they wish to. Tell them they can stop doing the interview at any point if they wish.

### Interview questions:

Ask for and/or record the following information (write it down or record them saying it):

- age;
- ethnicity (are they from an ethnic minority group within your country);
- gender;
- relationship status (single, married, not married but living with a partner, etc);
- the type of area they live in (rural or urban?);
- number of children in their care, their relationship to these children, the child(ren)'s age and how long they have been caring for these children.

[Please note that you should assess the order you wish to ask the following questions based on your assessment of which will allow your interviewee to feel the most comfortable.]

Ask them how caring for the child/ren has affected them.

Discuss their health, social life, feelings about themselves, financial situation, work life and housing situation.

For each of these issues ask them how they think that caring for these children has affected this.

Ask them about their experience of talking to the child/ren about drugs.

For example, have they already done this and if so what they thought worked well or did not work so well, how they feel about doing this.

Ask them about their experience of talking to the children about alcohol.

- For example, have they already done this and if so what they thought worked well or did not work so well, how they feel about doing this.

Ask them if they have previously sought any help from professionals or services to care for the children and if so what their experience of this has been.

Ask them about whether they have had any support from other people in their family and if so

what their experience of this has been.

Ask them if they feel different to other parents; and if so how.

- For example, do they feel they are treated differently to other parents, do they feel they should be treated differently and do they need a different kind of support to other parents?

Ask the kinship carer(s) to think generally about what they think is needed to help the children in their care stay healthy and prevent them from developing problems with drugs or alcohol now or in the future.

Ask them more specifically what they themselves think they need to help the children in their care stay healthy and prevent them from developing problems with drugs or alcohol now or in the futures.

Ask them about the following, if they haven't already given you this information

- Support from other grandparents.
- Training in communicating with young people.
- Training in drug and alcohol misuse.
- Support from professionals who have a knowledge and understanding – ask grandparents what they would want these professionals to know and understand and how professionals could get this knowledge.
- Written materials, videos, information about for example, drugs and alcohol the experiences of young people, the experiences of other grandparents in their position etc...
- Respite care / time out.
- Other practical help e.g. move to new area, more resources, more time etc.)

Ask them how they think agencies that come into contact with kinship carer(s) could support them in this area. Ask what information they would like to get across to these professionals.

Ask what they think the children themselves need to stay healthy. For example do they need any kind of specific support?

### **Concluding the interview and next steps**

Tell the kinship carer(s) these are all the specific questions you have for them and allow them to talk about any of their answers more if they wish to. Offer them the sheet containing contact details of organisations and professional so they can contact for support. Tell them again how the information they have given you will be used, what the next steps in the project are and opportunities for them to be involved in this if they wish. Give some idea if and when you will be in contact with them again and how they will hear about the outcomes of the project.