

# Relative Support

## A review of Kinship Care in Scotland

One in 77 children in Scotland today grows up with friends or relatives. Mentor undertook a review of the current status of support provision to identify areas where kinship carers could be better supported to bring up the children in their care.

Children in kinship care typically experience multiple disadvantages and are likely to have experienced some form of abuse or neglect. Yet despite unique challenges, research demonstrates positive outcomes for children in kinship care.

Between July and October 2013, Mentor spoke to 75 kinship carers with a particular focus in five local authorities, conducting semi-structured focus groups and one-on-one interviews. We also consulted 34 professionals, practitioners and stakeholders.

This summary highlights our key findings.

### Key points

- Kinship carers want more training to cope with children's challenging behaviours.
- The majority receive little or no practical support managing complex family situations and ensuring positive child development. Yet kinship carers make huge personal sacrifices around employment, social interactions, family and personal relationships.
- There is wide geographic disparity in support provision; financial support ranged from £40 to £286 per week. Access to core universal services is equally varied.
- Kinship carers want access to information and advocacy around complex issues including finance and specialist services.

Mentor Scotland is currently the strategic partner of government, working to improve outcomes for looked after children. This report is the first phase of work, which will go on to identify effective programmes to support kinship carers and assess how these may become mainstream practice.

# Key Findings

## KINSHIP CARERS' NEEDS

### Coping with children's challenging behaviours

We found that 68 out of 75 kinship carers admitted to having some difficulties in managing the 'challenging behaviour' of their child. Problems included bed-wetting, not eating, stealing food, aggression, destruction and communication problems.

Only a tiny fraction had accessed information or training to help them cope with complex behavioural needs, and many were completely unaware of attachment disorders.

*I just thought he was an angry wee boy; I just thought 'terrible two's'. See, we're from a generation that just didn't know. So I didn't take him to see anyone for a long time.*  
Carol, Inverclyde

'Psychological' or 'therapeutic' support was the most commonly-identified support gap, by both carers and professionals. Yet in four of the five local authorities we visited, a majority of carers had significant trouble accessing specialist support for their children. There is a severe lack of counselling services for all looked after children in Scotland; but kinship carers in this study told us that it is even harder for their children to access universal services, such as Child and Adolescent Mental Health Services (CAMHS) and Additional Support for Learning (ASL).

Participants demanded "more training and information about the issues".

### Problems with parental contact

Half of kinship carers in our research had significant difficulties with parental contact, either because of aggression or resentment, or due to the negative impact of unpredictable visiting, stressful visits and failed promises on the child. Over a quarter of carers had terminated contact completely.

*... it's best not to have any [parental contact] because they get let down too many times. They're just waiting there at the window for 'em.* Liz, Inverclyde

Many struggled to explain the family situation to their child, often avoiding the issue completely. This can have damaging consequences for children who need 'a coherent narrative about their lives' in order to fully recover from trauma.

*I lost my daughter. It's so hard to explain. For years he thought his mum was ill. But when they're older they begin to ask more questions.* Kerry, Aberdeenshire

While some were coping effectively with family dynamics and others benefitted from one-on-one support from social work, the majority receive little or no practical support and advice for managing complex family situations and ensuring positive child development.

### Financial Worries

Although unanimous they would do it all again "in a heartbeat", kinship carers in our study made huge personal sacrifices: employment and social interactions; family and personal relationships; and health and finance. In some cases they needed practical, emotional or peer support to cope with the demands of kinship care.

*I'd been living in Blackpool for six years. Me and my husband both had full-time jobs. But we had to move back here. Do you know how much sacrifice we made for them? Now I can't work because of the kids and my husband can't find work.* Liz, Inverclyde

Some participants encountered considerable financial difficulty, especially at the beginning of kinship arrangements. In some cases, it took years to acquire basic necessities for their child.

*It happens so quickly really. You don't have a bedroom, clothes, anything. We got absolutely nothing – no preparation, no nothing.* Donald, Falkirk

While most carers received an allowance, the amount varied wildly. Financial hardship was most acute where carers either did not receive an allowance or received a tiny sum due to other income support and pensions, or when they had had to pay large legal fees to acquire a Residency Order. Two survey participants had got into serious debt since becoming kinship carers.

Although only a small number of carers sought respite from their caring duties, all aspired to take their child on a family holiday or to enrol them in after-school or summer clubs. The vast majority were unable to afford such activities.

## **Information and Advocacy**

Kinship carers sought access to information and advocacy about key issues. The majority struggled to understand the complex interaction of income support, pensions and kinship allowances. It is likely that many lose out financially; a large number felt they had been misinformed about the implications of applying for a Residency Order; and many continue to struggle to access specialist services for the children in their care.

*I've got a residential order now, but it was really hard to find out which section we were on.... It was all section-this, section-that. Really I was pushed into residency.* Muriel, Falkirk

## **LOCAL AUTHORITY SERVICES AND SUPPORT**

Some local authorities have introduced kinship care teams as a point-of-call but many carers still lack advice and support to make informed decisions and to access the right services for their family.

There was a wide geographic disparity in support provision for kinship carers. Financial support ranged from £40 to £286 per week and access to core universal services was equally varied. Some local authorities have taken ownership of kinship care and improved their practice, introducing kinship care teams, thorough assessments and a 'designated person' for kinship carers. This has had a positive impact on the quality of placements and contentment of carers.

However, statutory and voluntary services for kinship care remain patchy. Many carers are unsupported due to inconsistent practice across Scotland and the stigma surrounding kinship care, which often deters people from seeking support.

In addition, 'informal' arrangements remain largely neglected: the 'informal' carers we spoke to struggled disproportionately due to a systemic lack of support.

## Conclusion

Some kinship carers require practical and financial support to provide the best possible environment for their child; they need specialist support to be more accessible; and they need access to social work for assistance and advocacy in more immediate situations.

Some local authorities have already enhanced their service to kinship carers: this should be considered good practice and shared more widely.

Beyond improving and consolidating statutory provision, there is an outstanding need for information, advice and effective strategies for managing challenging behaviour; handling complex family dynamics; and explaining to the child why they are living in kinship care.

Professionals identified 'challenging behaviour' and 'parental conflict' as the two major causes of kinship placements breaking down.

If kinship carers are provided with accessible information both to enhance their understanding of these dynamics and to provide effective strategies for coping with them, it will improve the quality of kinship arrangements across Scotland, prevent placements deteriorating and thereby enhance the outcomes of children in kinship care.

### Mentor and kinship care

Mentor has worked with kinship carers since 2004 and has a deep understanding of their unique needs. Mentor's current three-year project *Families Together*, funded by the Big Lottery Fund, is helping to build resilience amongst kinship care families in the Lothians and beyond.

Mentor is the UK's leading charity dedicated to protecting young people from drug and alcohol harms. Bridging the worlds of academic research, policy and on the ground practice, we review research from around the world, test promising approaches and work to translate best policy and practice into evidence based national and local services.

Mentor has been working in the UK since 1998 and is the strategic partner of government in England and Scotland.

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