



**SPECIAL FEATURE:**  
**REFLECTIONS ON COVID-19**

---

**THE IMPACT OF COVID-19 ON  
KINSHIP CARE:  
EVIDENCE FROM THE  
KINSHIP CARE CHARITY  
GRANDPARENTS PLUS**

**BY PAUL MCGRATH AND  
LUCY PEAKE**

---

# The impact of COVID-19 on kinship care: Evidence from the kinship care charity Grandparents Plus

**Paul McGrath and Lucy Peake**

## **Abstract**

The challenges faced by children in kinship care and their families have been regularly identified in research. Kinship carers look after for some of society's most vulnerable children, usually whilst facing many adversities themselves. The COVID-19 global pandemic had a significant impact on kinship carers, placing additional stress on their already difficult situations. This article describes the work of Grandparents Plus, the leading charity for kinship care in England and Wales, to identify the impact of COVID-19 on kinship carers and ensure they continued to receive support. Data were gathered using three surveys of kinship carers in England and Wales, and through discussions with Grandparents Plus project workers and volunteers. Kinship carers reported feeling scared about catching the virus, and what would happen to the children if they fell seriously ill. They were exhausted caring for the children twenty-four hours a day without a break and they were worried about the uncertainties of living with a 'new normal'. Grandparents Plus used this information to develop new and existing support services to meet kinship carers' needs in the context of COVID-19. It is concluded that kinship carers need sustained support to develop resilience to protect against future unforeseen crises.

## **Keywords**

COVID-19, kinship care, relative care, Grandparents Plus, England and Wales

## **Corresponding author:**

Paul McGrath; policy and practice advisor, Grandparents Plus;  
[paul.mcgrath@grandparentsplus.org.uk](mailto:paul.mcgrath@grandparentsplus.org.uk); <https://www.grandparentsplus.org.uk>

## Background

Kinship care is the term used to describe the circumstances of children who are unable to live with their parents and are being raised by someone with whom they have a prior relationship (Selwyn and Nandy, 2014). In the UK there are two types of kinship care, formal and informal. Formal kinship care describes arrangements made at the direction of the local authority, either through a court order or due to child protection concerns (Hunt, 2003; Selwyn and Nandy, 2014). Informal kinship care describes a private arrangement between the child's parents and the kinship carer where the local authority is either not involved or has not put any restrictions on whether the child can return to their parents' care (ibid).

An analysis of the last UK census in 2011 identified approximately 180,040 children were living with a relative in kinship care (Wijedasa, 2017). Previous research into the 2001 census identified 95% of children in kinship care were there informally which meant they were less eligible for support and many would not be known by their local authorities (Nandy, Selwyn, Farmer and Vaisey, 2011). The support kinship carers receive is often determined by the legal order, or lack of, that is in place for the children (Farmer and Moyers 2008; Selwyn, Farmer, Meakings and Vaisey, 2013; Lawson and Raine 2018; Harwin, Alrouh, Golding, McQuarrie, Broadhurst and Cusworth, 2019).

Kinship care families are often complex. Children in kinship care had commonly experienced early childhood adversity and had similar pre-placement experiences to children in stranger foster care (Farmer and Moyers 2008; Selwyn et al., 2013). These experiences often resulted in the children presenting with complex needs (Saunders and Selwyn, 2009). Research commonly identifies kinship carers as a vulnerable group. When compared to the general parenting population, kinship carers were more likely to be older, have a chronic health condition or disability, be single, live in poverty, unemployed, poorly housed, and socially isolated (Aldgate and McIntosh 2005; Farmer and Moyers 2008; Nandy, 2011; Selwyn et al., 2013; Wijedasa, 2017). There is also a

higher prevalence of kinship care in areas with higher levels of deprivation and among BAME communities (Wijedasa, 2017).

The combination of these complexities meant most kinship families would benefit from additional support from their local authorities (Saunders and Selwyn 2009; Selwyn et al., 2013). However, research consistently identifies that support offered is insufficient to meet the needs of the families (Hunt and Waterhouse 2012; Selwyn et al., 2013; Wellard, Meakings, Farmer and Hunt, 2018; Grandparents Plus, 2018 and 2019). In a survey of kinship carers conducted by Grandparents Plus in 2019, 84 per cent said they were not getting the support they needed to care for their children, including financial, practical and emotional support. One-quarter reported that the lack of support had been detrimental to their physical health, and half said their mental health had worsened. Consequently, one-third said they were concerned about their ability to continue in their caring role. However, although kinship families face a myriad of adversities and a lack of support, research finds outcomes for the children are generally good and placements are stable (Aldgate and McIntosh 2005; Farmer and Moyers 2008; Selwyn et al., 2013). Outcomes into early adulthood are generally better than for young people who grew up in care (Wellard et al., 2018).

It is in this context that Grandparents Plus, the largest kinship care charity in England and Wales and leading provider of kinship family support, operates. With a social action approach, the charity has unrivalled connections with kinship carers, in both depth and scale of engagement. It has a community of over 7,000 kinship carers, a dedicated advice service supporting around 3,000 kinship carers per year and provides evaluated support programmes delivered across England and Wales. These include Kinship Connected, a programme delivered in partnership with 12 local authorities, and Kinship Active, an inter-generational activity pilot programme in Teesside. Kinship carers are able to access tailored advice, one-to-one support and peer support groups. Insight from service delivery, research and consultation informs the design of new services as well policy and practice, including through the charity's Kinship Care Professionals

Network of social workers, psychologists, academics and others with an interest in kinship care.

## **Developing an understanding of the impact of COVID-19 on kinship carers**

On 23 March 2020, the UK government gave directions that severely limited the freedoms and movement of their citizens in response to the COVID-19 global pandemic (Johnson, 2020). In April, guidance issued by the Department of Education (2020) explained the impact this would have on children's social care in England. Over the intervening months, there were numerous changes to the rules as the virus peaked and lockdown eased. However, the impact of COVID-19 is likely to be felt across society, both directly and indirectly, for the foreseeable future.

As previously discussed, kinship carers were a vulnerable group prior to the lockdown. Additionally, during the pandemic, many kinship carers met the criteria of the 'clinically vulnerable' group that required additional protections via shielding (Public Health England, 2020) due to their age and/or ongoing health concerns. As news of the pandemic developed, Grandparents Plus was concerned that kinship carers would be disproportionately affected by it. In the months preceding the lockdown, Grandparents Plus staff working directly with kinship carers reported that COVID-19 was becoming the main concern within the kinship care community. By March 2020, the charity's advice service had seen a 63 per cent increase in enquiries, with almost one-quarter being specifically about the virus.<sup>1</sup>

In order to understand the impact COVID-19 had on kinship carers, Grandparents Plus conducted three surveys in England and Wales (Grandparents Plus, 2020a, 2020b, 2020c). The first survey took place in March 2020, in the week preceding lockdown, and there were 195 respondents. The second took place in May 2020, during the sixth and seventh weeks of lockdown, and there

---

<sup>1</sup> Source: Grandparents Plus advice service. March 2020 enquiries were compared to data for March 2019.

were 169 respondents. The final survey took place in June 2020, when lockdown restrictions were beginning to be eased, and there were 108 respondents.

Further data were gathered during monthly practice discussion sessions facilitated by the lead author with Grandparent Plus project workers, advice service staff and peer volunteers. Between March and June 2020, these sessions involved discussions with over 30 staff and volunteers, many of whom are kinship carers themselves. During these sessions, the advice and project workers discussed how COVID-19 affected the kinship carers they had contact with. Data from these discussions were gathered in note form and analysed thematically. Data were gathered and analysed quickly in order to understand and respond to emerging issues as the lockdown progressed

## **Entering lockdown: Feeling forgotten and fearing the virus**

At the time of the first survey, there was a sense of fear and disbelief among kinship carers. Like the rest of the country, kinship carers were shocked at the speed at which COVID-19 had become a major social issue. However, kinship carers felt especially exposed to the potential impact of it and this caused them significant concerns.

The beginning of the lockdown period was a time of uncertainty. National and local government were attempting to develop plans to support children and families while facing many unknowns (Baginsky and Manthorpe, 2020). This uncertainty was challenging for kinship carers, many of whom lived in precarious situations. Kinship carers commonly believe it was only their care that prevented the children becoming looked after by the local authority (Saunders and Selwyn, 2008; Hunt and Waterhouse 2012; Selwyn et al., 2013). This concern was amplified at the start of the crisis. The survey identified that kinship carers were scared they would catch the virus. They were worried about their own health and many also believed there would be no one to care for the children if they became ill or died.

Kinship carers questioned how they would cope caring for the children during the crisis. The government's advice that grandparents had to stay away from their grandchildren stoked fear among grandparent kinship carers, who make up over half of all kinship carers. Added to this, many children were still attending school and carers were concerned they were at heightened risk of catching the virus. Even at this early stage, the pandemic had resulted in some carers losing their jobs and financial security. Most support (including therapeutic support for their children) either stopped abruptly or was postponed. As details of the lockdown were made public, kinship carers were unsure how they were going to entertain and home school their children during a lockdown and cope with additional costs. While government guidance was issued that some schools would remain open for vulnerable children, it was initially unclear which, if any, kinship children would meet the criteria of being vulnerable. At this point kinship carers were generally feeling forgotten.

Grandparents Plus was aware of the need to respond quickly to these changing circumstances and started to develop ways to support kinship carers. Project workers moved quickly to delivering face-to-face work online, offering one-to-one support by telephone and email. Peer support groups were supported to move online, using WhatsApp and Zoom, with significant time spent building digital skills and confidence among kinship carers. Grandparents Plus worked with charity grants partners to ensure that essentials like beds, white goods and laptops to support home schooling could be arranged quickly, as well as financial support to cover costs of food and energy bills. A pro-forma was developed for kinship carers where they could record alternative care arrangements for the children in case they became ill. The reason for this was twofold, first to ensure children could continue to be cared for within the family if possible, and second to allow kinship carers peace of mind that the children would be looked after if necessary.

Tailored information and advice were essential. Grandparents Plus developed a section of their website dedicated to COVID-19 where information and resources for kinship carers and their children were uploaded. In the early stages of lockdown there was a lot of information coming from central government, and

much of the language was technical in nature. With no specific guidance offered for kinship carers, Grandparents Plus needed to identify which information was relevant and translate it into a format that kinship carers would be able to follow. For example, Grandparents Plus unloaded guidance to their website for kinship carers explaining what the government restrictions meant for the contact their children had with their parents and wider family.

Noticing an increase in feelings of isolation, Grandparents Plus increased the frequency of e-newsletters to its 7,000 strong community from monthly to weekly. With tailored information and stories about other kinship families, kinship carers who had felt invisible at the start of the pandemic, reported how increased communication left them feeling 'held in mind.'

## **The middle of lockdown: Exhausted and anxious**

The second survey took place after seven weeks of lockdown, which was also at the point at which there were indications lockdown restrictions might be eased. This resulted in two areas of concern for kinship carers. First, they reported the exhaustion they felt caring during lockdown. Second, there was anxiety about the potential easing of restrictions.

After seven weeks of lockdown, the kinship carers reported feeling exhausted. Many reported difficulties caring for the children, especially children with additional needs. There were significant challenges to home schooling, especially for families who lacked the necessary resources such as laptops, Wi-Fi and quiet areas to study. Project workers were identifying an increase in carers seeking support because their children were being violent toward them. Although child on carer violence and abuse has been identified as an issue for kinship carers (Holt and Birchall, 2020) it appeared lockdown was exacerbating this problem. This is possibly because the lockdown meant kinship carers were not getting any respite from their caring role as most of the children were not attending school, nor were they seeing friends or family. At the same time, the therapeutic support offered to children and young people had often stopped abruptly. Furthermore, many kinship carers reported they had to manage the changes in the contact between the children and their parents. This finding concurred with



research by Neil, Copson and Sorensen (2020) into parental contact during the pandemic. Most carers had to deal with these parenting issues with no additional support from their local authorities, as many identified the support they were previously receiving had reduced or stopped.

Some positives to lockdown were identified. A minority of kinship carers reported their children were more relaxed in lockdown, mainly because they did not have to attend school. Other carers believed the children's wellbeing had benefited from the one-to-one time they were receiving at home. It is possible these positive interactions between carers and their children had a therapeutic effect on the children.

The prospect of lockdown easing added to the stress many kinship carers experienced. The kinship carers, especially those in the clinically vulnerable group, were concerned the easing of restrictions would put their health at risk. Some were worried there would be a second spike that would result in further lockdown measures being needed. Conversely, a minority of carers felt there would be benefits to restrictions easing as it would allow them and their children to socialise again and gain face-to-face support from their peers.

During this period, the government changed the scope of the Adoption Support Fund, with funding for local authorities in England to commission additional support for special guardians through the pandemic. Grandparents Plus worked rapidly to develop a new online and telephone service, Kinship Response, which was delivered in partnership with 69 local authorities. Grandparents Plus also secured funding to extend services for all kinship carers in England and Wales, including advice, one-to-one support and virtual peer support groups.

Information continued to be disseminated through their website, e-newsletters and social media. Relevant government guidance was explained in help sheets and blogs, and enquiries to the advice service remained high.

## **Easing of lockdown and its legacy**

The third survey occurred once the peak of the virus had passed and the lockdown restrictions had started to ease. The number of participants was

significantly down on previous surveys, suggesting survey fatigue among carers. At this point, kinship carers appeared to reflect on the impact the pandemic had on them and their children. Most carers indicated lockdown had taken an emotional toll on them and they were left feeling stressed, isolated, tired and trapped. There were many reasons for this. The carers found it hard to provide 24-hour care to the children without any respite. It was hard for them to entertain and home school the children, especially if they had to work at the same time. Many carers believed their children were also struggling with the lack of routines. The carers reported the children missed their friends and social activities, which often led to a deterioration in behaviour. A quarter of carers reported they had experienced child-on-carer violence. Lockdown continued to have a financial impact on the carers, with most stating they were in a worse financial situation and some were using their life savings just to pay their bills and feed their families.

By this time, some children were able to return to school. However, carers were split on whether or not they would allow the children to attend. Many felt conflicted as while their children would benefit from a return to school, they worried this could put the health of the family – and the kinship placement – at risk. They also continued to feel anxiety about the easing of lockdown, with most carers saying they believed restrictions should continue to protect people's health.

Throughout the lockdown, Grandparents Plus had increased the frequency of its Kinship Care Professionals Network meetings from quarterly to monthly, using the meetings as a forum to share the data Grandparents Plus were gathering from kinship carers, discuss emerging issues and share best practice examples.

## **Discussion**

Kinship carers fulfil an essential role in society; they care for some of society's most vulnerable children, preventing them from entering the care system. However, they are often vulnerable themselves and most would benefit from additional support. Chronic underfunding and lack of support meant many

kinship carers were just about coping before the pandemic. The lockdown amplified the challenges they already faced.

The pandemic emphasised how precarious some kinship care families are and how susceptible they are to the negative impacts of unforeseen crises. Kinship carers often believe their care is the only thing keeping their children out of the care system. COVID-19 raised kinship carers' anxieties because it made many reflect on what would happen to their children if they became ill. This anxiety was present during all three surveys. Over the course of the pandemic the kinship carers indicated these concerns became more tangible. They moved from worrying about becoming ill to considering the practicalities of keeping themselves and their families safe while allowing the children to engage safety with family, friends and education. However, they often felt hindered because they believed government advice and guidance did not take into consideration the circumstances and needs of kinship care families. This left them feeling confused and uncertain.

The pandemic also highlighted the complexity of parenting as a kinship carer. Children in kinship care have often suffered adversity in their lives, which can result in them having emotional and behaviour difficulties and additional needs. Parenting children with these needs is complex and in the context of a national crisis, this complexity is amplified. Kinship carers who were already stressed came closer to breaking point, and the prevalence of previously under reported issues such as child on carer violence highlighted an urgent need for more support for kinship carers and their children.

## **Conclusion**

The COVID-19 global pandemic has magnified the challenges faced by most kinship carers and their children. These challenges were pushing some carers to consider whether they could continue to look after the children. Kinship carers generally felt invisible to decision makers and they believed government advice guidance often did not consider their needs or those of the children. The key lessons learnt from this crisis are that kinship carers need more support to develop the resilience needed to cope when faced with unforeseen circumstances

like COVID-19 and kinship carers must not be overlooked in future planning for vulnerable children and families.

## References

Aldgate, J. & McIntosh, M. (2006). *Looking after the family: A study of children looked after in kinship care in Scotland*. Edinburgh: Social Work Inspection Agency.

Ashley, C. & Braun, D. (2019). *The highs and lows of kinship care: Analysis of a comprehensive survey of kinship carers*. London: Family Rights Group.

Baginsky, M. & Manthorpe, J. (2020). *Managing through COVID-19: The experiences of children's social care in 15 English local authorities*. London: NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London.

Department for Education (DoE). (2020). *Coronavirus (COVID-19): Guidance for Children's Social Care Services*. Retrieved from [www.gov.uk/government/publications/coronavirus-COVID-19-guidance-for-childrens-social-careservices/coronavirus-COVID-19-guidance-for-local-authorities-on-childrens-social-care](http://www.gov.uk/government/publications/coronavirus-COVID-19-guidance-for-childrens-social-careservices/coronavirus-COVID-19-guidance-for-local-authorities-on-childrens-social-care)

Farmer, E. & Moyers, S. (2008). *Kinship care: Fostering effective family and friends placements*. London: Jessica Kingsley Publishers.

Grandparents Plus (2018). *Kinship care: State of the nation survey*. London: Grandparents Plus.

Grandparents Plus (2019). *Kinship care: State of the nation survey*. London: Grandparents Plus.

Grandparents Plus (2020a). *The Impact of COVID-19 on kinship families, March 2020*. London: Grandparents Plus. Retrieved from <https://www.grandparentsplus.org.uk/news/the-impact-of-coronavirus-on-kinship-families/>

Grandparents Plus (2020b). *Kinship care COVID-19 impact report, May 2020*.

London: Grandparents Plus. Retrieved from

<https://www.grandparentsplus.org.uk/for-professionals/resources/>

Grandparents Plus (2020c). *Kinship care COVID-19 impact report, July 2020*.

London: Grandparents Plus. Retrieved from

<https://www.grandparentsplus.org.uk/for-professionals/resources/>

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K. & Cusworth, L.

(2019). *The contribution of supervision orders and special guardianship to*

*children's lives and family justice*. Lancaster: University of Lancaster. Retrieved

from: [https://www.cfj-lancaster.org.uk/app/nuffield/files-](https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/SO_SGO_Summary%20Report_vs1.2.pdf)

[module/local/documents/SO\\_SGO\\_Summary%20Report\\_vs1.2.pdf](https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/SO_SGO_Summary%20Report_vs1.2.pdf)

Holt, A. & Birchall, J. (2020). *Investigating experiences of violence towards*

*grandparents in a kinship care context (Project Summary)*. London: University of

Roehampton.

Hunt, J. (2003). *Friends and family carers: Scoping paper prepared for the*

*Department of Health*. London: Department of Health.

Hunt, J. (2018). Grandparents as substitute parents in the UK. *Contemporary*

*Social Science*, 13(2), 175-186. doi: 10.1080/21582041.2017.1417629

Hunt, J. & Waterhouse, S. (2012). *Understanding family and friends care: The*

*relationship between need, support and legal statuses, carers' experiences*.

London: Family Rights Group.

Johnson, B. (2020, March 23). *Prime Minister's statement on coronavirus*

*(COVID-19)*. Retrieved from [https://www.gov.uk/government/speeches/pm-](https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020)

[address-to-the-nation-on-coronavirus-23-march-2020](https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020)

Lawson, D. & Raine, J. (2018). *The kinship care guide for England*. London:

Grandparents Plus.

Nandy, S. Selwyn, J. Farmer, E. & Vaisey, P. (2011). *Spotlight on kinship care:*

*Using census microdata to examine the extent and nature of kinship care in the*

*UK at the turn of the twentieth century*. Bristol: The Hadley Centre and University of Bristol.

Neil, E., Copson, R., & Sorensen, P. (2020). *Contact during lockdown: How are children and their birth families keeping in touch?* London: Nuffield Family Justice Observatory/ University of East Anglia.

Public Health England (2020). *Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19*. Retrieved from <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19>

Saunders, H. & Selwyn, J. (2008). Supporting informal kinship care. *Adoption & Fostering*, 32(2), 31-42. doi: 10.1177/030857590803200205

Selwyn, J., Farmer, E., Meakings, S. & Vaisey, P. (2013). *The poor relations? Children and informal kinship carers speak out: A summary research report*. Bristol: University of Bristol.

Selwyn, J & Nandy, S. (2014). Kinship care in the UK: Using census data to estimate the extent of formal and informal care by relatives. *Child and Family Social Work*, 19(1), 44-54. doi: 10.1111/j.1365-2206.2012.00879.x

Tarrant, A., Featherstone, B., O'Dell, L. & Fraser, C. (2017). You try to keep a brave face on but inside you are in bits: Grandparent experiences of engaging with professionals in children's services. *Qualitative Social Work*, 16(3), 351-366. doi: 10.1177/1473325015615397

Wellard, S., Meakings, S., Farmer, E. & Hunt, J. (2017). *Growing up in kinship care: Experiences as adolescents and outcomes in young adulthood*. London: Grandparents Plus.

Wijedasa, D. (2017). *Children growing up in the care of relatives in the UK*. Bristol: Hadley Centre for Adoption and Foster Care Studies.

## **About the authors**

Paul McGrath is a policy and practice adviser at Grandparents Plus. He is a social worker and is completing a PhD at the University of East Anglia on grandparents' experience of being a special guardian.

Lucy Peake is chief executive at Grandparents Plus. She has a PhD in Politics from the University of Southampton.