



For family or friends who
step up to raise a child.



Raised by Relatives

the experiences of Black and
Asian kinship carers in England

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About Kinship

Kinship is the leading kinship care charity in England and Wales. It delivers national support, advice, and information and connects kinship carers. Kinship also works with kinship carers to develop research, campaigns, and policy solutions.

About the Rees Centre

The Rees Centre aims to improve the education, well-being and life outcomes of those who are or have been supported by children's social care services.

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EXECUTIVE SUMMARY

About the study

Little is known about the experiences of Black and Asian kinship carers. There are many gaps in our understanding of how kinship carers from Black and Asian communities become carers, the type of support they receive and need and how they see their future as kinship carers. This study aimed to begin to understand the experiences and needs of kinship carers (both formal and informal) from Black and Asian communities and provide recommendations for policy and practice. The study was commissioned by Kinship and supported by the KPMG Foundation. Thirty-seven kinship carers from Black and Asian communities took part in interviews and standardised assessments exploring their experiences, health and well-being, levels of stress, and sources of support. Kinship carers were recruited via organisations from Black and Asian communities, social media, and existing contacts of the researcher, peer researchers and the Kinship charity.

Background

Little is known about the experiences of Black and Asian kinship carers. However, the available evidence suggests that more than one in five of the estimated 120,000 kinship children in England live with minority ethnic kinship carers (ONS, 2023). Previous research with mainly White kinship carers found that carers were more likely to experience deprivation, have higher rates of unemployment, and live in the poorest neighbourhoods in poorer housing compared with birth parents in the general population (Hunt, 2020). Commonly reported difficulties were lack of support, financial problems, stress, and fears about the future. The same difficulties are likely to be experienced by Black and Asian kinship carers. However, we do not know whether carers from the Black and Asian communities experience additional difficulties or face additional barriers in accessing the support they need to continue being able to care for children within the extended family. This study aimed to begin to understand the experiences and needs of kinship carers (both formal and informal) from Black and Asian communities.

Methods and recruitment

Thirty-seven kinship carers from Black and Asian communities took part in the study. They completed interviews and standardised assessments exploring their experiences, health and well-being, levels of stress, and sources of support. Kinship carers were recruited via organisations from Black and Asian communities, social media, and existing contacts of the researcher, peer researchers and the Kinship charity. Recruiting kinship carers from Black and Asian communities was challenging because of the additional time needed for researchers to gain their trust; the recruitment information did not resonate with them, as children were not thought of as "someone else's child" (the original name of this study); their fear and mistrust of services; underdeveloped kinship support services within these communities and a lack of awareness and understanding of the term 'kinship carer'.

The kinship carers

The majority of participating kinship carers were from the Black Caribbean community. Most kinship carers cared for one kinship child, and aunts and grandmothers comprised the largest proportion of carers in this sample. Most kinship carers had a legal order (Special Guardianship Order); four were kinship foster carers, and three were informal kinship carers. Levels of well-being were moderate, whilst levels of stress and strain were moderate to high. Scores on the support measure which asked carers about the support they had access to if needed were positive. However, this measure did not ask whether the kinship carers had *actually received* any support regularly and carers reported in interviews that when they had needed support, it had not been provided.

Becoming a kinship carer

The majority of kinship carers felt they had no choice but to care for the child, often making this decision quickly and with insufficient information. Although this finding replicates earlier research with kinship carers generally, Black kinship carers reflected on the impact of generational trauma and one carer explained that this stemmed from enslavement and colonialism, which served as motivation to ensure that the child remained with their family. The sense of duty ran deep for Black and Asian families as there was an expectation to care for their kin. There were also fears that Children's Services would intervene and take the child into care.

Once Children's Services handed over responsibility for the child, carers did not know who to contact or how to access support. Carers felt unprepared and struggled with the change to their day-to-day lives, the additional strain on their finances and the complex relationships with birth parents whilst trying to provide a safe and stable home for the child. The type of support available varied depending on the local authority in which the kinship carer lived, the quality of the advice received when the kinship arrangement began, and whether there was a legal order. Support was needed but not provided in the following areas: financial assistance; support to secure suitable housing in safer neighbourhoods where there is lower likelihood of exposure to environmental, social and developmental hazards; respite; facilitation of family contact; and support for other children already living in the home. Although many kinship carers had supportive family and friends, they felt they had to carry much of the burden alone.

The impact of ethnicity on kinship carers' experiences

The interviews explored the impact of ethnicity on kinship carers' experiences. Most kinship carers in this research study had asked for help but were told nothing was available. The kinship carers expressed uncertainty as to whether their ethnicity or racism was influencing decisions. Some carers were sure it had played a part and described not being listened to, a lack of understanding and feeling judged. Kinship carers spoke about being overlooked in favour of White relatives, even when those relatives had not expressed an interest in caring for the child. Some Black and Asian kinship carers gave systemic examples of racism, particularly regarding Black boys. There was a lack of understanding from professionals, for example, about the impact of placing a carer and a Black boy in certain locations or types of accommodation. Another example of this lack of cultural competence was described by an Asian carer who was stopped from bringing Asian food for her grandsons during contact visits before an SGO had been granted. Professionals had not understood that the food was a way to maintain the connection between the boys and their grandparents, as well as their heritage and culture.

The additional pressures of living in larger households, a lack of space, financial difficulties and supporting/caring for other family members meant that not only were kinship carers more stretched, but they were also deterred from seeking help from services they felt had abandoned them. Kinship carers described professionals who had made assumptions that extensive support networks were available in Black and Asian communities. In reality, kinship carers often had additional caring responsibilities and were supporting other relatives financially, practically and emotionally. Furthermore, kinship carers described how, over time, the extended family disengaged, and the carers were left responsible for raising the child.

A similarity with previous research with White kinship carers was conflict with family members, which caused additional stress. However, for Black and Asian families, cultural norms, multi-generational households, and family dynamics had also to be considered. Maintaining respect for 'elders' often had to be kept in mind when navigating the child's contact with family members, which made it difficult for some carers to manage boundaries, expectations and relationships with extended family.

Some carers identified fear of stigma and feelings of shame as the reason why Black and Asian families might not make themselves visible to services. There was also a belief in Asian communities that support was only available if the child had a special educational need (SEN) or disability. Support groups were not always seen as places where kinship carers, particularly Asian carers, felt able to access support. The importance of having peers in support groups who shared Asian and Black kinship carers' culture and had a shared understanding of history was highlighted.

Absence of support

The lack of support and the impact of entrenched narratives from local authorities based on ethnic and racial assumptions left the kinship carers in this study feeling disempowered and disillusioned, subsequently disengaging from services. This rational disengagement is a response to services that are seen as complacent, neglectful and indifferent. Carers were also bewildered at how professionals could place a child with them and show no further interest or concern in their progress or well-being.

Life as a kinship carer

Kinship carers described how life had changed since they took on the caring role, reflecting on the impact on themselves and the child. Most kinship carers stated that the child would remain with them as long as they needed a home. They spoke about seeing positive changes in the child, feeling good about providing a safe home for the child, and, despite the struggles, the happiness the child(ren) brought them. However, at the same time, it was clear that becoming a kinship carer triggered several challenges. Carers described family breakdown, negative impacts on their own children, having to make sacrifices due to lack of finances or lack of free time, and struggling to manage the behaviour and additional needs of some of the children.

Our study focussed on the experiences of Black and Asian kinship carers as they reflect the majority of kinship carers within ethnic minorities. However, we acknowledge that the study had methodological limitations, including a low number of Asian and Black African participants, a low number of informal kinship carers, excluding ethnic minority groups who were not Black or Asian, and collecting limited information about participants' class and socioeconomic status.

Based on the findings, the following recommendations are made to improve practice and support to kinship carers.

Support services that were needed at the start of the kinship arrangement

Information

A government-funded public awareness campaign that works in partnership with national kinship charities to develop a pathway through local community organisations that are already well placed and connected to marginalised communities is needed. The objective would be to reach and engage kinship carers and raise awareness about the term 'kinship carer' and sources of information, advice and support. Government funding is required to develop a comprehensive national resource pack for kinship carers. This should be co-produced with kinship carers and tailored for different ethnic minority communities. To reach marginalised communities there must be funding to support existing community-based organisations/support groups to engage with and build trust with kinship carers from ethnic minority communities. This would help to enable information to be shared in a meaningful and accessible way.

Information should also be freely available through education settings, health centres, food banks, libraries, and advice centres. It should also be made available online, for example through Kinship's Kinship Compass digital information hub. In October 2024, the Department for Education published new kinship care statutory guidance for local authorities in England. This included a new requirement to publish a 'kinship local offer' to provide visible, accessible and up-to-date information for kinship carers on the support available to them, replacing the previous local policy requirement typically published as a 'family and friends care policy'. The government's Children's Wellbeing and Schools Bill going through Parliament in 2025 includes a new legal duty on local authorities to publish a kinship local offer, strengthening this requirement further. Local authorities should ensure that their kinship local offers include services for kinship carers from Black and Asian communities.

Support in finding a suitable home

All kinship carers should be in suitable standard housing with enough space for the whole family, considering the impact of ethnicity on a family's ability to agree to specific locations. Sufficient social housing for larger households should be made available. Kinship carers should be given a prioritised allocation for social housing, and those with their own homes should have access to funds to extend or adapt their properties when needed. Local authorities must meet their legal obligation to ensure the safeguarding and welfare of children in their area, with specific requirements in policy development, data collection and direct consultations with communities to ensure they are addressing the needs of their Black and Asian minoritised children being raised by relatives in these communities. Local authorities should pay attention to contextual safeguarding and racialised risks (Firmin, 2020)

Statutory right to paid kinship care leave

Kinship carers' roles should be recognised in the same way that new and adoptive parents are recognised, with a statutory right to paid leave at least on a par with adoption pay and leave. Employers should be encouraged to support flexible working arrangements and their offers of support for kinship carer employees, including joining the Kinship Friendly Employers scheme.

Support packages

Kinship carers should receive support packages similar to those offered to foster carers or adoptive parents, but which recognise their own unique needs, strengths and experiences. Children's needs should be assessed, and ongoing support should be planned. All kinship families should be entitled to a written support plan.

Ongoing support services needed

A point of contact

Kinship carers must have access to local authority support services via a named contact or named team. A point of contact should be able to answer specific kinship queries or address concerns. This should be extended to informal kinship carers, amongst whom minoritised communities are disproportionately represented.

Financial support

Financial support should be a standard offer for all kinship carers and should not be subject to means testing or dependent on whether the child was previously looked after. The government should accelerate plans to deliver a trial of a kinship allowance and introduce a consistent financial allowance available to kinship carers across all local authorities in England to support kinship carers with the costs of bringing up their kinship children.

As highlighted by this research, it is necessary to investigate how financial (and other) provision can be made equitable to meet the needs of minoritised kinship carers. We know there are economic inequalities and disparities for many Black and Asian communities (www.trustforLondon.org.uk) and in the current study kinship carers highlighted their socioeconomic status as a barrier to accessing support. Economic study is needed to identify what the greater needs for minoritised carers are.

Supporting family contact

All kinship carers need support to manage ongoing family contact, which is often a source of stress and upset. This is particularly true in Black and Asian families, where there is often an expectation that 'elders' are respected, which can make it difficult for younger carers to set boundaries. Legal orders must only be finalised once the court is confident that the children will be kept safe during contact, that the contact arrangements have been agreed, will be supported if necessary and how they will be reviewed.

Improving the visibility of support services for kinship carers

Signposting to Kinship support groups and charities should be provided by Children's Services and should be included in new policies and the local offer. Kinship support groups for specific ethnic groups – both in person and online – should be available so carers can attend groups with shared cultural understanding.

Social work practice

Children's Services should develop specialist kinship teams or have experienced kinship social workers embedded in looked-after teams. Kinship families would benefit from an annual 'check-in' to identify difficulties early and hear about the child's progress. Good practice needs to be developed in the transition for SEN young people who need ongoing support from adult services. Assessment

for kinship carers should be culturally appropriate, implemented with the principle of cultural humility and openness to developing cultural competency.

Safeguarding practice should actively recognise and respond to the racialised risks impacting Black and Asian children. Local authorities should ensure that safeguarding approaches for kinship families account for risks in extra-familial contexts, such as housing estates, neighbourhoods, and peer groups. This includes adopting principles from the Contextual Safeguarding framework (Firmin, 2020) to assess environmental risks and design responses that protect children without disrupting their placements or penalising carers. Local safeguarding partnerships should actively consult with kinship carers and community organisations to better understand these risks and ensure the child's safety, identity, and community belonging are upheld in both policy and practice.

Social work education and training

Kinship care should be included in the curriculum of all professional and post-qualifying social work training programmes, including a focus on the needs of minority ethnic carers.

Improving the collection and recording of data about kinship carers

The National Kinship Care Strategy (2023) highlighted that 'having a better insight into the needs and situations of kinship carers is essential for designing national policies that are effective in improving the outcomes and experiences of kinship carers.' Data about kinship families from annual local authority returns and ONS analysis of the census isn't sufficient to deliver a robust and complete understanding of their demographics and other characteristics. The government should ensure that data is collected and published on all types of kinship families, which includes the ethnicity of both kinship carers and their children.

Support in schools

All children in kinship care should have support in school to address any additional needs. Following the recent extension of the virtual school head role to include a wider group of children in kinship care, virtual schools should ensure that the needs of all kinship children they support are identified and addressed. The unique needs, experiences and strengths of kinship children should be considered in delivery of Virtual School, Pupil Premium Plus, designated teacher and Personal Education Plan support to all of those eligible.

Schools should ensure that staff are fully informed and that complete information is shared when the child moves schools. Schools' policies on bullying need to ensure that all staff are aware that children being brought up by kin may be targeted for taunting or bullying.

Support for the kinship child

This could include developing bespoke services modelled on a version of the Adoption and Special Guardianship Support Fund designed for kinship families, acknowledging the different approaches they need in comparison with adoptive families. Kinship carers should have access to the child's history and be provided with guidance or support on managing life story work. Children should also be eligible to use advocacy services and be informed of that right.

Providing respite care

Kinship carers should have the option for respite, either directly or indirectly (offering financial support to allow carers to secure paid childcare when needed).

Support for birth children

Birth children should have access to support if needed. This includes priority access to therapeutic assessment or support and support to adjust to a new 'sibling' joining the family. Kinship carers need to be offered appropriate support to help them care for their birth children while caring for a new child.

For additional and regularly-updated information on kinship care policy in England, including current activity, our verdict and what should happen next, please visit [Kinship's online kinship care policy tracker](#).

Conclusion

This research study explored the experiences of Black and Asian kinship carers to address gaps in previous kinship research. Black and Asian kinship carers were struggling financially, emotionally and practically with little or no support from statutory services. The difficulties in accessing support from services left them feeling abandoned. Whilst there were many similarities in their experiences and previous research findings, the impact of ethnicity cannot be overstated. The racialised nature of the carers' engagement with a system which includes the imposition of a single lens approach adopted by Black and White professionals tells us that this is a systemic issue. The families' needs and poor experiences were intensified by the current lack of cultural competence shown by professionals who did not appreciate kinship carers' culture and heritage, assumptions made by services about the support carers had from their extended family network, the absence of support groups tailored for specific ethnic groups – particularly Asian kinship carers – and the impact of systemic racism on the carers and children they were raising.

1. BACKGROUND

There is a lack of research exploring kinship care and even less looking at the experiences of Black and Asian kinship carers. We know that historically, Black and Asian kinship carers have been under-represented in kinship care research. The Independent Review of Children's Social Care (MacAlister, 2022) recommended that further research was needed to understand the experiences of kinship carers from minority backgrounds so that appropriate support could be provided.

The prevalence of kinship care

There is no statutory definition of kinship care in England. A working definition published by the government from their 'Stable Homes Built on Love' consultation paper states kinship care is "any situation in which a child is being raised in the care of a friend or family member who is not their parent for a significant amount of time" (Department for Education, 2023a, p. 85).

There are different types of kinship care. Children might be cared for privately and informally. An informal arrangement is where the child is not a looked after child, and the close relatives or friends (kinship carers) have no parental responsibility for the child. Where the arrangement is a formal kinship arrangement, the carers may have a legal order such as a Special Guardianship Order or Child Arrangements Order (SGO/CAO).¹ The children may have previously been in care and left care on an SGO or CAO, or the legal order may have been applied for privately. If the carer has a legal order, the carers can make most of the day-to-day decisions about the child and have parental responsibility. If the child is in care, kinship carers can be assessed and approved as family and friends foster carers, also known as kinship or connected foster carers. The local authority holds parental responsibility for children in care, but some elements can be delegated to family and friends foster carers by the local authority.

The most recent 2021 Census (ONS, 2023) suggested that the number of children living in kinship care in England and Wales had reduced in the last ten years (145,000 in 2011 to 121,000 in 2021). Most kinship households were reported to be of White ethnicity, whilst 21% were Black, Asian or another minority ethnicity, such as Gypsy, Roma and Traveller families. However, the methodology used for the ONS Census (2023) in 2021 differed from 2011. It also excluded households with six or more people (because of incomplete data) and children living with unrelated adults. Therefore, the number of kinship families reported by the ONS will likely underestimate all kinship carers, particularly kinship carers from Black and Asian communities, since it is not unusual for them to live in larger multi-generational households. It should also be noted that over the decade, kinship foster care increased from 12% to 19% of all foster placements (Ofsted, 2023). However, Black and Asian kinship carers are under-represented in these and other formal kinship arrangements, whilst they appear to be over-represented in informal kinship caring arrangements (What Works for Children's Social Care, 2022). One reason for the greater use of informal kinship arrangements may be that the legal orders that Black and Asian children receive when in care proceedings tend to be 'less interventionist' and tend to receive no order compared with children who are White (Edney et al., 2023).

1 Child Arrangements Orders replaced Residence Orders in 2014

Previous research

Historically, research carried out with kinship carers reported experiences through a White majority lens; carers from ethnic minority backgrounds have been consistently under-represented in samples of kinship carers. The reasons for under-representation are likely to be various but may well include the difficulty in recruiting such carers.

Bearing in mind the lack of research with and about minority ethnic kinship carers, a summary of 20 years of kinship care research found that kinship carers as a group were more likely than birth parents in the population to experience deprivation, have higher rates of unemployment, and poorer housing (Hunt, 2020). Kinship carers were found to more frequently live in low-income households, particularly in the poorest 20% of neighbourhoods (Nandy & Selwyn, 2013). Carers tended to be older (often grandparents), more frequently have a disability and have become kinship carers unexpectedly and because of the child's parents' difficulties (such as mental ill health or alcohol and drug misuse).

Kinship's 'Breaking Point' (2023) report provided an overview of the experiences of kinship families in England and Wales. The survey, completed by 1,657 kinship carers, collected data about the difficulties carers faced in the previous year. The authors of the report acknowledged that families from Black, Asian and minority ethnic backgrounds were significantly under-represented in the survey responses. Still, the difficulties reported by kinship carers replicated previous research findings of poor health, disability, loneliness, financial problems and lack of support from local authorities.

The 2021 Census (ONS, 2023) reported that 12% of all children living in kinship care were disabled, compared with 7% of children living with at least one parent. Caring for a child with a disability suggests a greater need for support for these kinship carers. These findings reflect issues and difficulties reported by kinship carers in research over the years (Selwyn et al., 2013; Wellard et al., 2017; Ashley & Braun, 2019; McGrath & Ashley, 2021; Kinship, 2024a).

Government policy

The statutory guidance (Department for Education, 2024) on kinship care states that every local authority should have a published policy to promote and support the needs of children living with kinship carers. The first Kinship Care Strategy (Department for Education (DfE), 2023b), described in more detail below, included a commitment to updating the statutory guidance by the end of this year. However, research (Selwyn et al., 2013; Ashley & Braun, 2019) has also shown that kinship families were often unaware of their local authority's policy; only seven per cent of kinship carers in Kinship's 2023 annual survey said they had seen their local authority's family and friend's policy (Kinship, 2023). Although efforts have been made to improve the visibility and accessibility of information, such as Kinship Compass (developed by the charity Kinship), an online information hub which allows kinship carers access to kinship policies for their local authority, not all carers are aware of these resources. Carers experienced difficulties obtaining available support as the offer was unclear, inconsistent, and varied by legal order and local authority (Kinship, 2023). The support offered to kinship carers (and kinship foster carers) is usually considerably less than that provided to unrelated foster carers (Foundations, 2023). Carers find it challenging to know about the available support and how to navigate through the different systems.

When birth parents are unable to care for their children, kinship carers can provide a safe and stable home for these children who may also benefit from better outcomes in adulthood, as a result. . Yet, services have been slow to develop to meet the needs of kinship families. In December 2023, the U.K. Government's first Kinship Care Strategy (DfE, 2023b) was launched with commitments to increase support, including financial allowances for some kinship carers. However, this has yet to be trialled in ten local authorities. The Kinship Care Strategy (DfE, 2023b) also committed to supporting the education of children in kinship care with the expansion of the role of the Virtual School Head, improving availability of advocacy services for kinship children, establishing a kinship training offer to carers and sustaining the delivery of peer support groups for kinship carers. The DfE has commissioned Kinship to develop and deliver the national Kinship Peer Support Service and national Kinship Carer Training and Support Service to address the latter two commitments for all kinship carers across England. The services are being designed and implemented with this inclusive approach and include monitoring mechanisms. This is a positive step on the path of addressing the needs of kinship carers and kinship children.

The needs of kinship carers from minority ethnic communities

The commonly reported difficulties reported by kinship carers, such as lack of support, financial problems, stress, and fears about the future, are also likely to be faced by kinship carers from Black, Asian and minority ethnic backgrounds. They are also more likely to be in poverty. For example, in London in 2022/23, 34% of the minority ethnic population were in poverty compared with 17% of the White population (www.trustforLondon.org.uk).

However, we do not know whether these communities experience additional issues or barriers. While there has been increasing attention to kinship care (e.g., the Independent Review of Children's Social Care, 2022), informal kinship care is far less known (Foundations, 2023). We do know that a higher proportion of minority ethnic kinship carers have informal arrangements, and the needs of minority ethnic kinship carers have lacked visibility; this could mean that minority ethnic carers are at risk of being missed because of their caring arrangement and their ethnicity. For kinship carers from minority ethnic communities, the lack of visibility may be because of language and cultural barriers, racism, and the reluctance and fear of minority ethnic communities to engage with services due to fear that the child could be removed. Institutional racism has led to the low regard and low trust minority ethnic communities have for statutory services.

Disparities in the perceived support for Black and Asian communities contribute to the fear and mistrust of statutory services, such as differences in services provided by the NHS and criminal justice system (NHS England, 2023) and adoption services (GOV.UK, 2022). The Royal Society for Arts, Manufactures and Commerce (2021) conducted a community inquiry focusing on minority ethnic communities to understand the realities and responses to the COVID-19 pandemic. They found that half of Black and Asian respondents reported suffering discrimination when accessing local services (including the police and the UK government).

In social work, policies tend to be written from a Eurocentric perspective. This means that policies reflect and prioritise a Western point of view, which often ignores or devalues the approaches of ethnic minority communities to, for example, parenting based on childhood experiences (Cane, 2023). Eurocentric criteria around suitability, the 'intrusive nature of assessments' (Okpokiri, 2020) and institutional racism have been cited as reasons Black families find social work processes difficult. Similarly, kinship families may also struggle with the intrusion of Children's Services, the perception

services have of their families and whether they will be deemed suitable to care for their kin and assessing the risk of engaging with Children's Services for all aspects of their lives.

The 'Black Lives Matter' movement has brought anti-racism efforts to the forefront regarding the presence of racism at an individual, institutional and structural level (Choonara, 2021). The recent dialogue on immigration, including the treatment of the Windrush generation, also contradicts anti-racism messages and does not help communities to feel confident about or trust services that are supposed to help them.

This report will explore Black and Asian kinship carers' journey, how and why they became kinship carers, their experiences with local authorities and local agencies, and the impact of ethnicity on their experiences as kinship carers. There are many gaps in our understanding of how kinship carers from these communities become carers, the type of support they receive and need and how they see their future as kinship carers. This report aims to describe the experiences and needs of kinship carers from Black and Asian communities and provide recommendations for practice and policy. We first describe how kinship carers were contacted and asked if they would be willing to participate in this study and share their experiences.

2. STUDY METHOD

The study aimed to understand the experiences and needs of kinship carers (both formal and informal) from Black and Asian ethnic communities; Black ethnic groups make up the highest proportion of known kinship carers (Nandy & Selwyn, 2013; Wijedasa, 2015) from minority ethnic communities, followed by the Asian community. Specifically, the study was interested in understanding whether the routes to becoming a kinship carer differed from those of White kinship carers, whether racism had affected the supports offered or services provided, and whether the services the communities wanted were being provided. The study also wanted to explore kinship carers' health and well-being to understand the support needed by those carers, particularly regarding general health (including physical health and anxiety/depression), well-being, carer strain and carer support. It was essential to acknowledge how socio-demographic characteristics, along with health and ethnicity, might intersect and impact the experiences of Black and Asian kinship carers. Through accessing the experiential knowledge of Black and Asian kinship carers, this research provides an opportunity to identify institutional practices that prevent marginalised groups from receiving equitable support that truly meets their needs (Collins, 2020).

The study was an exploratory multi-method study commissioned by the Kinship charity and supported by the KPMG Foundation, using standardised assessments and semi-structured interviews. A researcher who spoke one Asian language led the study from the Rees Centre, University of Oxford, supported by three peer researchers. Kinship recruited the peer researchers to this paid role from a network of kinship carers. The role provided additional research experience and new skills to support the peer researchers' development, and the Rees Centre offered access to online research meetings, seminars, and workshops held by the Department of Education at the University of Oxford.

Setting up the study

The advisory group of kinship carers, professionals and diversity experts was created to provide guidance and advice. The group included academic experts from the University of Bristol, Royal Holloway University of London, the University of East Anglia and the University of Cardiff and professionals from Norfolk County Council, Wandsworth Borough Council, Families in Harmony, Women's Budget Group, the Nuffield Family Justice Observatory and Kinship; a policy advisor from the DfE Kinship team and kinship carers. Some of the academics and social work professionals also had lived experience of kinship care. The first advisory group meeting allowed the research study team to discuss the timeline, gather suggestions for recruiting the kinship care sample and focus on the content of the interviews, including the selection of measures. The length of the interviews was considered carefully to reduce the burden of the research on participants. It was essential to have enough time to understand the challenges carers were experiencing whilst also being mindful not to add to their load. The second advisory group meeting allowed the group to share their thoughts and comments about the results and first draft of the report. The meeting also gave the advisory group and research team a chance to think about discussion points stemming from the findings.

Recruiting Black and Asian kinship carers

The research study team and the Kinship charity set the eligibility criteria for participating in the study. The requirements were that the kinship carers were:

- From Black or Asian communities
- Living in the Midlands or Greater London area
- Either formal or informal kinship carers but not fostering for the local authority or a fostering agency (as the offer of support differs for these carers)
- Caring for the kinship child(ren) for at least a year.

The sample target was 40 kinship carers with equal numbers from the Black and Asian communities. The research study team was able to offer interviews in English and Punjabi and had access to interpreters for additional languages. The research study team and the Kinship charity developed a recruitment strategy, starting with a scoping exercise to identify agencies, charities and organisations that could help the study reach Black and Asian kinship carers. These included specific organisations for kinship carers such as 'Families in Harmony' that support kinship carers from African, Caribbean and Black Mixed ethnicity families in London. However, the study hoped to reach kinship carers beyond those already supported by these organisations, as it was believed that our target population was essentially hidden from most of these services. A snowball approach was taken, and organisations were contacted whose role was not to support kinship carers but which may have inadvertently provided support to kinship carers (e.g., food banks, health and well-being groups). In addition, we thought that people engaging with these organisations might know a carer, through their networks, from the Black and Asian communities, raising a relative's child.

A list of organisations based in the Midlands and London was created (Appendix 1). The list included charities supporting Black and Asian families, places of worship, Black and Asian community groups, national organisations (e.g. Coram BAAF), and teams within local authorities (e.g., Virtual Schools). Contact was initially made by telephone or email, followed by a face-to-face or Teams meeting to explain more about the study. Peer researchers also engaged with kinship support groups and community groups with whom they already had links and through their contacts. The study details were also circulated via the Kinship charity and the peer researchers' social media channels, including 'X,' Facebook and Instagram. In total, 153 organisations were contacted. In addition, the researcher presented to the Kinship Care Alliance of organisations with an interest in kinship care.

Adapting the recruitment criteria

Recruitment began at the end of September 2023 and initially led to recruiting kinship carers, mainly from the Black Caribbean community. Recruitment numbers were reviewed regularly by the research study team and the Kinship charity. Participants who expressed an interest but did not meet the eligibility criteria were considered case-by-case. For example, the team had interest from family and friends foster carers who were keen to share their experiences. They had started caring for a child through an informal arrangement before becoming approved foster carers. The researcher felt that the experience of these carers could add to the understanding of routes into kinship care, and four were included. Informal carers with less than one year of kinship experience were also considered, given the low number of informal carer participants. The team was also approached by kinship carers who had previously taken on the kinship carer role but were no longer caring for a child within their family. This gave an alternative perspective and explored the reasons for the kinship carer's role coming to an end, and they were included. Initially, it was not intended that Kinship charity

would support recruitment via their networks, as the research team hoped to engage participants who were not already being supported by the charity. However, to help increase the visibility of the research study, the Kinship charity shared study details at a sizeable in-person kinship event, where kinship carers could make their interest known to the team, who then made a direct referral to the researcher. Kinship also shared details of the study with its network of peer support groups around the country.

By February 2024, only three Asian carers had come forward. On reflection, the research team had underestimated the time it took for community groups to trust and welcome researchers into their spaces, especially given that the topic of kinship care was an unfamiliar concept and term. As the study entered the final few months of recruitment, the team decided, from February 2024, to focus only on recruiting Asian carers. However, a review of numbers in March 2024 showed little impact of the more focused recruitment strategy, with only one further Asian carer consenting to participate in the study. The team decided that a continued focus on Asian carers was needed, and the Kinship charity segmented its database of kinship carer members of its community to send targeted emails to Asian carers known to them in the Midlands and London. The limitation of this approach was that kinship carers who were not members of the Kinship charity's Community or not receiving support from the charity were being missed. In April, a decision was taken to open recruitment to the rest of England, as our focus on the Midlands and London areas appeared to be a limiting factor in identifying Asian kinship carers. Between February 2024 and June 2024, researchers attended six community events to engage with the wider Asian community. They also ran a market stall at a Sikh community fair attended by 30,000 people to reach out to the community. The final month of recruitment saw a push to recruit kinship carers from the Black and Asian communities across England, including a further segmentation of Kinship's database with a targeted email to potential participants across England, as well as in-person promotion at events and peer support groups. The sample achieved was 38 kinship carers, although two other carers came forward, but timing issues meant they could not be interviewed. One carer withdrew after participating in the interview, giving a final sample of 37. The majority of kinship carers were recruited via the Kinship charity (21 carers via its website and social media channels, direct emails from Kinship, emails via the local authority and face-to-face recruitment by Kinship staff at Kinship events); eight kinship carers were recruited via the peer researchers' contacts; five via other statutory services; three via social media (Facebook) and only one kinship carer was recruited from the Asian community events.

Further discussion of the recruitment issues from particular communities will be discussed later in the report.

Ethical approval and informed consent

Oxford's Central University Research Ethics Committee (EDUC_C1A_23_24g) gave ethical approval for the study. Carers interested in participating in the research study first had an opportunity to learn more about the study through pre-interviews conducted over the phone. The phone conversation allowed the researcher to provide carers with more information about the study, provide reassurance, and collect some information about the household. Demographic information about the carer and child(ren) they cared for was collected during the call, and a time and date were arranged for the interview meeting. The participant information sheet and consent form were emailed before the interview to allow carers to review the study information. Participants were asked to return the consent forms via email. For participants unsure about completing the consent form online, the researcher went through it with them on the phone or via the Teams/Zoom call, taking verbal consent and completing the form on their behalf.

The same researcher conducted all primary interviews over the telephone, via Teams, or Zoom, depending on the carer's preference. Before conducting the interview, the researcher checked that the carer was happy with each of the points listed on the consent form and answered any questions the carer might have had. After the interview, the researcher wrote a summary highlighting key points and reflections on the interview. The researcher also logged any thoughts or reflections on a separate Word file throughout the interview. All interviews were audio recorded, and those conducted on Teams usually used automatic transcription. Interviews that needed transcribing were shared with a university-approved transcription company. These were interviews carried out over the telephone or where the Microsoft Teams automatic transcription was unclear. The researcher then checked and edited the final transcripts.

Further information on the interview content and analysis are provided in Appendix 2.

3. LESSONS FROM THE RECRUITMENT OF KINSHIP CARERS: RAISING SOMEONE ELSE'S CHILD?

The extensive efforts to recruit Black and Asian kinship carers are fully described in the Methods chapter. During the recruitment efforts, it became apparent that we had not fully understood what kinship care meant to these communities and that many people from those communities did not understand who or what kinship carers were. Here, we will explore why the team had difficulties recruiting kinship carers from Black and Asian communities.

The original title of the study acted as a barrier

The research study team put considerable thought into the title of this study to ensure that the communities they hoped to engage would recognise that they were *'Raising someone else's child'*. We knew the term 'kinship carer' was unlikely to be recognised by those without a formal agreement. Although most of the kinship carers we interviewed, with a formal arrangement in place, understood the term kinship carer, some were still unclear, particularly family and friends foster carers. This uncertainty likely reduced the number of carers who believed they could participate in the study.

At community events across the West Midlands, the researcher met representatives from a wide range of Asian community organisations, all of whom had never heard the term 'kinship carer'. One person reflected that the Asian community would not recognise themselves in the title of the study, as the title suggested that a kinship carer was raising 'someone else's child.' Asian families would not perceive the child as belonging to someone else; rather, it would be *their* child/ren that they were bringing up.

Kinship family support services are underdeveloped, especially for the Asian community

Despite identifying a wide range of community groups within the Asian community, including groups supporting Asian elders and general well-being groups, the research study team could not identify a single kinship care group specifically for members of the Asian community. Although some of the Asian carers participating in this study were members of kinship support groups, they also acknowledged that they missed having a space aimed at the Asian experience of kinship care, as they were often the only Asian kinship carer in their support group.

By promoting the study, the research team slowly started raising awareness of kinship care amongst a small part of the Asian community in the West Midlands. One community group requested a further session for their members to understand kinship care and the support available to carers. Kinship charity and the research study team are planning a session with this group.

Misunderstanding of the term 'kinship carer'

Visibility of the research study team at Asian community events and engagement with members of groups revealed the lack of awareness of kinship care as to who would be considered a kinship carer. Following a short presentation by the researcher about the study, the same questions were repeatedly asked at each event. Members of the Asian community asked for further clarification about kinship care and possible avenues where support could be found. They found it difficult to comprehend that support for raising a family member's child was available. There was an assumption that support might only be available if the child had additional special educational needs or a disability. The researcher found herself repeatedly explaining that the support was offered to those bringing up a child within the family when the birth parents were unable to; additional needs of the child were not a deciding factor for access to such support.

Fear of services

Historical harmful experiences (experienced either directly or indirectly), may explain why minority ethnic communities are often mistrusting or fearful of services and the intentions of these services. The involvement of services can feel intrusive, and communities may worry that the child might be taken into care rather than kept with extended family. Gaining access to Asian community groups, in particular, was not easy. Although the researcher already had some links to community groups in Coventry, reaching out to other groups took time. The researcher had to be present and visible on multiple occasions at different events where the same group representatives were in attendance to begin to gain their trust. Despite this, some groups were reluctant to confirm dates for the researcher to attend their events where study details would be shared. The researcher also had to rely on access to some events via an intermediary contact who could 'vouch' for the researcher.

Spam emails

An issue the team had not anticipated was the influx of emails from spam email accounts requesting to participate in the study. Although surveys can be affected by 'bots' completing online surveys, we had not expected this to be the case for studies requesting that participants participate in an interview. The researcher received these emails after a post on social media and late at night; they had similar variations in the subject title; messages were written in a similar style but very different to other messages previously received from participants. The emails were also all from Gmail accounts, from males claiming to be carers, and none had signed their names at the end of the email. The research study team felt that the senders of the spam emails might have seen this as an opportunity to receive a voucher, as advertised in the social media post.

The researcher did not want to discount any genuine requests to participate, so she responded by asking for phone numbers to screen participants. However, this request was refused, and the emailer offered a meeting via Zoom instead. The researcher started to screen some of these participants via Teams; however, it became apparent that the information they shared in the email did not match the screening questions—for example, one of the original criteria was that the kinship carer should

be based in London or the Midlands but when the researcher carried out calls with prospective participants this was not the case, despite them indicating that they were from those locations in their initial email enquiries.

In total, 50 potential spam emails were received. Arranging and conducting pre-interviews was time-consuming, especially after several 'no-shows' at the beginning. Although there were some obvious spam emails, it was sometimes difficult to determine genuine participants from spam responses. For example, one participant was unwilling to share a phone number and contacted the researcher using two different email addresses and names. However, after conducting the pre-interview, the researcher was satisfied that the person was eligible to participate and had experience as a kinship carer. Post-interview, this Black African kinship carer refused when the researcher requested an address to send out the voucher for participation. This suggests that perhaps the participant was afraid to share their contact details (address/telephone number) and their real identity. This may be because of fear or mistrust of services in some communities that the child might be taken away.

Future studies should be mindful of the impact of requests to participate from spam/fake email accounts whilst balancing the fact that there may be genuine reasons for participants not sharing specific details with the research study team. For this study, any emails that appeared to be spam were filed separately. The researcher followed up with any that were more ambiguous. Future studies must also consider having an extended recruitment timeline, as building trust in communities takes time.

Overall, carers in the Black Caribbean community had greater awareness of kinship care, as indicated by the higher numbers of carers recruited from this ethnic group. Kinship carers from the Black African community were recruited via the Kinship charity, kinship support groups, and the local authority. Two Black African informal kinship carers were recruited after seeing the research study shared on Facebook. Adults in the Asian (Indian/Pakistani) community thought that support was only available if a child had special needs and that children of relatives were part of their family. Fear and mistrust of services were barriers to recruitment but also prevented people from accessing support services.

Thirty-seven kinship carers participated in interviews included in the final analysis. The next chapter describes their characteristics and how they became kinship carers.

4. THE KINSHIP CARERS

Thirty-eight kinship carers from across England participated in the study interviews. One carer asked for their interview data to be removed after taking part. If two carers were present during an interview, we used information from only one, as a representative of that family. Therefore, this chapter presents the findings from interviews with 37 kinship carers by describing the families and their accounts of how they became kinship carers.

The kinship carers

Most kinship carers (24) were from the Black community, and 13 were of Asian heritage (Figure 1). The sample included four male and 33 female carers aged 26 to 71 (average age 50). Twenty-one of the kinship carers were second-generation (at least one parent was foreign born), 15 were first-generation (foreign born), and just one was third-generation (at least one grandparent was foreign born).

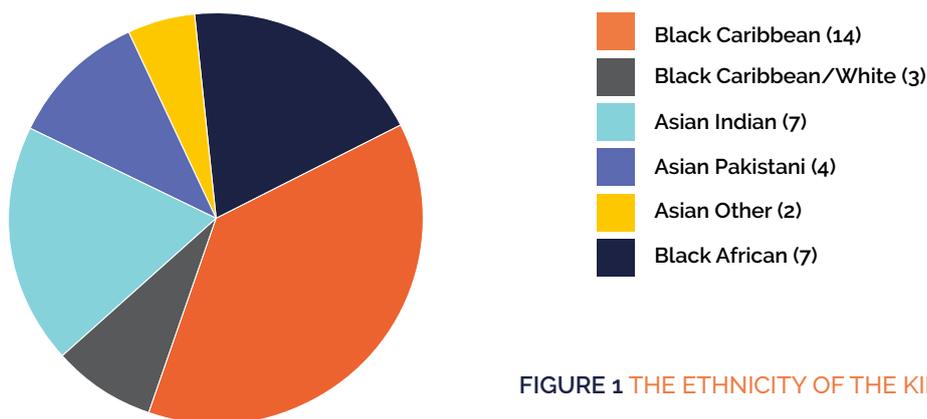


FIGURE 1 THE ETHNICITY OF THE KINSHIP CARERS

The majority of carers (n=32) were current formal carers. Twenty-six carers held a Special Guardianship Order, four were family and friends foster carers, two had a Child Arrangements Order and three were current informal carers. Two carers had previously been kinship carers for children who were now aged over 18 years old. One of these carers had previously had a formal arrangement, and the other had an informal one.

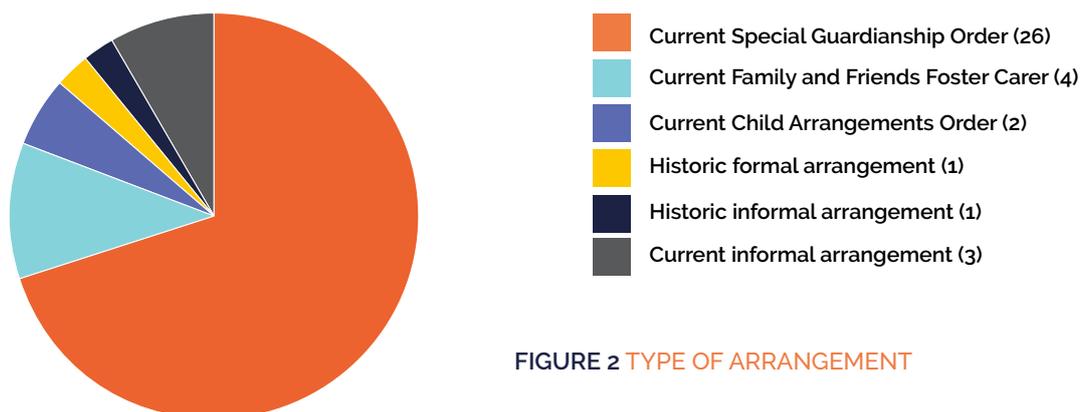


FIGURE 2 TYPE OF ARRANGEMENT

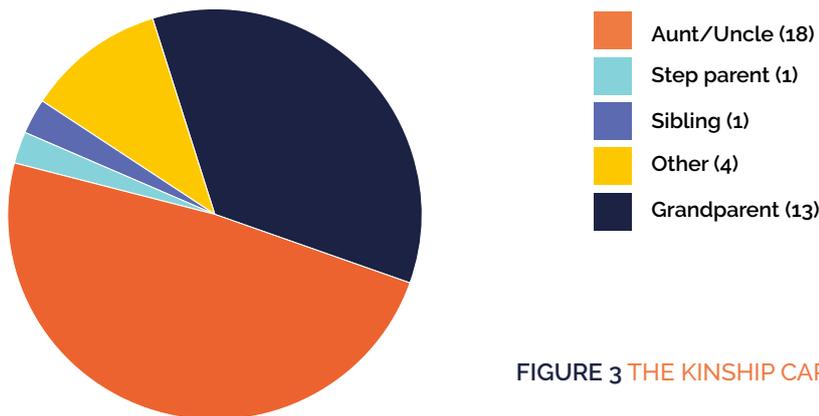


FIGURE 3 THE KINSHIP CARER'S RELATIONSHIP TO THE CHILD

Figure 3 highlights the relationship kinship carers shared with their children. Most carers were aunts/uncles (two were uncles) and grandparents (two were grandfathers). The 'other category' represents two great aunts, a second cousin, and a cousin caring for her two cousins and their siblings (unrelated to her).

Most of the kinship carers (65%) were caring for one kinship child. However, 13 cared for two or more kinship children, including one carer currently caring for more than five children with a family and friends foster carer arrangement. Eighteen carers were caring for children who were Mixed ethnicity. The carers had been caring for children between five months and 17 years. Households were large, as 18 of the 37 kinship carers also had a birth child/ren or additional foster children. Household size ranged from two to 10 people living in one home. Twenty-seven kinship carers cared for children alone, while ten lived with a partner. Of the 27 single carers, 18 were the only adult in the home. Nine single carers had another adult living in the house: four carers had a parent, one had another relative, one had a lodger, one had an adult kinship child, and two had their own adult children living with them.

Twenty kinship carers were in employment. Of these, six worked part-time, and one had a zero-hours contract. Twelve kinship carers were unemployed, and five were retired. Most carers' monthly income was between £500-£1500 (12 carers) or £1501-£3000 (12 carers). Eight carers refused to answer the income question. Just over half of the carers stated they were *just getting by* financially or finding it quite or very hard. Four kinship carers said they had used a food bank in the last 6 months.

The profile of Black and Asian kinship carers in this sample highlights the prevalence of factors such as larger household size, unsuitable housing, additional caring responsibilities, being a single carer and low income, which contribute to the pressure carers are already under before they become kinship carers.

The carer's health

Standardised measures of health, well-being and carer strain and support were completed by 35 out of 37 kinship carers. The two carers who did not complete the measures were currently not carrying out a kinship role for a child in their family (but had previously been kinship carers). Twenty-one Black and Asian kinship carers had no previous medical diagnoses. Carers who reported a health condition included reports of mobility issues, diabetes, chronic inflammatory conditions and anxiety/depression.

A short, validated measure (EQ-5D-5L) was incorporated into the interviews to understand kinship carers' health. It contains five different areas of health (mobility, self-care, ability to undertake usual activities, pain or discomfort and anxiety/depression). Each area has five possible responses: no problems, slight problems, moderate problems, severe problems, extreme problems/unable to. Most kinship carers reported no health problems (Table 1). Fourteen carers reported that being in pain was a moderate, severe or extreme problem, and six carers had concerns about anxiety and depression.

	No problem n (%)	Slight problem n (%)	Moderate problem n (%)	Severe problem n (%)	Extreme problem n (%)
Mobility	24 (67%)	2 (6%)	6 (17%)	2 (6%)	1 (3%)
Self-care	32 (91%)	0 (0)	1 (3%)	1 (3%)	1 (3%)
Usual activity	21 (60%)	6 (17%)	5 (14%)	3 (9%)	0 (0%)
Pain	18 (51%)	3 (9)	10 (29%)	3 (9%)	1 (3%)
Anxiety/Depression	22 (63%)	7 (20%)	4 (11%)	1 (3%)	1 (3%)

TABLE 1 CARERS' ASSESSMENT OF THEIR HEALTH (n=35)

The strains and stresses of being a caregiver

Previous research suggests that carers experience high levels of strain, and that can lead to distress, couple relationships breaking down, and young people becoming estranged and returning to care (Selwyn et al., 2014). Kinship carers often care for children with special needs and complex difficulties, which can be challenging to manage (Kinship, 2024). Research has identified two types of caregiving strain (Brannan et al., 1997). These are a) objective strain (e.g., loss of personal time, disrupted work life, difficulties with neighbours, disrupted family relationships, financial hardship) and b) subjective strain (e.g., feelings of sadness, embarrassment, guilt, anger and worry).

Kinship carers were asked to complete the Caregiver Strain Questionnaire-Short Form and answer seven questions about their experience of strain in the past. For each question, experiencing no stress scored 1, and the highest stress level scored 5. The higher the score, the more strain the caregiver was experiencing (Brannan et al., 2012). Table 2 shows that the average score for each question was more than three out of five, suggesting that all the carers were experiencing moderate to high levels of strain.

	N	Average mean	Standard deviation*
Loss of personal time	35	4.1	1.26
Tired or strained as a result of this young person's problems	35	3.8	1.45
Financial strain for your family	35	3.6	1.58
Worries about the child's future	35	3.6	1.52
Missing obligations related to your job or missing other responsibilities	35	3.5	1.54
Disrupted or upset relationships within the family	35	3.2	1.64
Sadness about the child's problems	35	3.2	1.47

*The standard deviation (SD) shows how much variation there is around the mean.

TABLE 2 SCORES FOR EACH QUESTION ON THE CAREGIVER STRAIN QUESTIONNAIRE SHORT FORM

Table 3 uses the recommended low, medium, or high strain categories. Most kinship carers (89%) reported high levels of strain in their lives. Carers reported that the highest strain was due to their caregiving role (objective) rather than the emotional stress (subjective) of caring.

CGSQ-SF	Low strain n (%)	Medium strain n (%)	High strain n (%)
Objective experiences resulting in strain	3 (9%)	5 (14%)	27 (77%)
Subjective feelings of strain	5 (14%)	18 (51%)	12 (34%)

TABLE 3 CAREGIVER STRAIN CATEGORISED AS LOW, MEDIUM OR HIGH

The availability of social support

To measure social support the Modified Medical Outcomes Study Social Support Survey (Moser et al., 2012) was used. The measure contains eight questions that ask if the kinship carer has someone available to help when they need practical or emotional support. The questions are on a scale of 1 (none of the time) to 5 (all of the time) and are summed to give a total score ranging from 8- 40 (Table 4). Lower scores indicate less support.

If you need it, is someone available to ...		Average mean	Standard deviation
Practical support	Listen to you	4.0	1.19
	Take you to the doctors	3.9	1.19
	Give you good advice	3.9	1.25
	Help you if you were confined to bed	3.5	1.25
Emotional support	Love and make you feel wanted	4.2	1.13
	Have a good time with	3.9	1.09
	Who understands your problems	3.9	1.24
	Give you information to help you understand a situation	3.7	1.19

TABLE 4 SOCIAL SUPPORT FOR KINSHIP CARERS (n=35)

Kinship carers' total scores ranged from 8 (having no support) to 40 (feeling well supported). The average score for kinship carer support was 31 out of 40. The scores for practical and emotional support were very similar.

The well-being of kinship carers

Previous research has found that kinship carers report high levels of stress, often coupled with isolation and health problems. The 14-item Warwick-Edinburgh Mental Well-Being Scale measure carers' subjective well-being. The questions ask how a person feels over the past two weeks. For example, 'I've been feeling cheerful' and 'I've been feeling useful.' Each question is scored on a 5-point scale, summed to give a total score and categorised into high, moderate or low well-being (Table 5). The lowest total score is 14, and the highest is 70. The kinship carer average score was 48, ranging from 30 to 62. Most kinship carers (25) reported a moderate level of well-being.

	Low well-being	Moderate well-being	High well-being
Well-being	8 (23%)	25 (71%)	2 (6%)

TABLE 5 THE WELL-BEING OF KINSHIP CARERS

The eight carers who reported low well-being also reported high levels of strain but no particular health issues. Half felt they lacked support, scoring below the average on the support measure, and four scored above the average.

Overall, more of the kinship carers in this study were younger than has been commonly reported in previous kinship care studies. There were fewer grandparents and more aunts. Similar to previous studies, they reported financial hardship and high strain levels associated with being a kinship carer. The following chapters will present the findings from the interviews beginning with how carers described their decisions to become a kinship carer.



I never
had children myself,
never wanted any. And
then to just suddenly
have one, it was like
a deep, steep
learning curve.

*(Black Caribbean,
Aunt)*

5. LIFE BEFORE BECOMING A KINSHIP CARER

The kinship carers were asked to reflect on their lives before becoming carers. They described various situations that reflected their different life stages. For example, some were approaching retirement, one was planning to emigrate, and another had recently had a baby. There was a sense that for many of the kinship carers, whilst they were aware that raising a family member's child might be an eventuality, in reality, it was still sudden and unexpected when it happened. An aunt explained:

As much as you go through it, what the plan is in terms of 'I'm doing this because of this purpose.' When it actually happens, that's a different thing. I didn't actually think that this was going to happen - I never thought that he would be removed from his mum.

(Black Caribbean, Aunt)

The aunt's experience reflected a commonly expressed feeling among carers of not quite realising that their life, as they knew it, would irrevocably change. This kinship carer had taken responsibility for her ex-husband's two children, both initially removed from their mothers due to allegations of abuse. The carer had an informal arrangement with no involvement of Children's Services and received no support, even when requested. The plans she had made for herself and her birth children were altered due to the continued responsibility for her ex-husband's daughters, whom she thought of as her own children.

At the time when we were supposed to migrate, I had [child A] and [child B], and the Embassy was saying I would have to get parental responsibility from the mother for the children, and the mothers weren't giving it. They said, 'No'. Even though they didn't play any role in their children's lives, they could have given me what I needed to take the kids to [name of country].

(Black Caribbean, Stepmother, ex-partner of the father of the children)

Kinship carers spoke about how dramatically the life they had imagined for themselves had changed. For example, saying,

I never had children myself, never wanted any. And then to just suddenly have one, it was like a deep, steep learning curve. And it was hard. It was very draining at first because I don't know what to do with the child.

(Black Caribbean, Aunt)

These kinship carers' responses poignantly remind us of the sacrifices made by carers to protect children within their extended families.

Making the decision

Kinship carers spoke about the choices they were given when deciding whether to accept responsibility for raising the child of their kin. Choice implies multiple plausible options, but kinship carers did not feel this was the reality.

Urgency

The road to becoming a kinship carer was challenging in different ways. However, the speed and often urgency of deciding on a child's care were reflected in almost all of the kinship carer's accounts. Even when the carers had already been heavily involved in supporting the care of a child, the request to raise a family member's child was unexpected and sometimes came with an ultimatum, as in these examples:

She [kinship carer's daughter] had two children at the time: an older daughter and my grandson. She called me up one day and said if I didn't take my grandson in, they would be placing him in care.

(Black Caribbean, Grandmother)

I then got a phone call ... whilst I was at work from social care, saying that an emergency situation had arisen and they needed somewhere for her to be placed and that my brother had named me. I was at work at the time... I said, 'That's absolutely fine ... give me a couple of days, and I can get back to you. I need to make a few arrangements with my partner.' It was very much, 'No. We need to know in the next hour.' And I was like, 'The next hour?'"

(Black Caribbean/White, Uncle)

Other kinship carers spoke about how quickly the child had been placed with them with no substantial checks from Children's Services regarding safeguarding, space in the home and follow-up checks, as in this example.

I met him [kinship child] on the Monday, and the girls [birth children] met him on the Wednesday, and we brought him home on the Friday. And that was it.

(Black Caribbean/White, Sibling)

The stress and upset at revelations of the child's situation, coupled with tensions between the kinship carer and birth parent(s), was another difficulty to manage.

Initially some of the reports they were writing, my husband and I were so, I don't even know what word to use. We had very hard, heavy hearts. We had heavy hearts at the time.

(Black African, Grandmother)

Sense of duty

Several factors played a part in kinship carers' decisions. One carer briefly came to England to support her sister's three children when her sister was unwell. Leaving her husband and two of her three children in her home country, this carer now found herself living with her niece and two nephews after their mother (her sister) unexpectedly passed away. She was navigating life away from her family because she wanted to fulfil her promise to her sister. She said,

In the end, we were asked to take her to the hospital, and she said, "If anything happens to me, just look after my kids, please. I don't want them to be separated." She made me promise that I'd look after her kids and all that, which I did. I promised her I would not leave them because they are like mine. So that is it.

(Black African, Aunt)

A common theme was a sense of duty, coupled with a desire to keep the family together, another point of importance for the kinship carers interviewed.

I said, 'Well, he is mine; I can't let him go to a stranger.'

(Black Caribbean, Grandmother)

This thread of keeping family together was evident in the following example. One kinship carer explained how she was conscious that her cousin's three children would be split up if they went into care, so again felt the choice was taken out of her hands.

I don't really feel I had a choice because the social worker said, 'You don't have to do this.' I said, 'Okay, if I don't do it, what is the probability of all three of them staying together? Just tell me the truth.' She said, 'Okay, we do struggle to keep two siblings together.' ... I said, 'Well, I have no choice then.'

(Black Caribbean, Second cousin)

Coercion

Kinship carers felt that the local authority used specific tactics to force them into agreeing to be the child's carer. Children's Services were seen as inflexible and unprepared to support kinship carers in finding a solution that would best meet the needs of the child and carer. Inaccurate information on adoption was used to coerce carers into agreeing to care for the child and to take out a legal order, as in this example,

I was told by social services that I would never see this child again unless I got an SGO. She would go up for open adoption, I would not know where she is, and I would never have contact. The only contact I would have would be letterbox contact, and that would be once a year, which I found grossly unfair because why am I penalised for letting her be adopted by a young couple that might really love her... or might not? I don't know. So why am I being penalised as a grandma not being able to see her? Their answer was that if I gave my son that information, he would break the order.

(Asian Indian, Grandmother)

Where the child in question was an infant or toddler, kinship carers reported Children's Services prioritising adoption as the best option for those children, even when family members expressed an interest in taking on their care.

When I was talking about the SGO, I said, 'Well, this is all happening very quickly. Can't we look at maybe me fostering him for a while?' And I was told a flat no. I was then informed about adoption, 'If you don't get the SGO then because of his age, he'll most likely be put up for adoption. If I don't go with the SGO, then we're going to put him up for adoption, and that'll be that.' So, I wasn't given the option of fostering.

(Black Caribbean, Great Aunt)

Lack of information to aid decision-making

Kinship carers described how social workers were not forthcoming about the available options and did not share relevant information to help carers make an informed decision.

But in between her [social worker] coming to me and the SGO, I wasn't given any proper information.

(Asian Pakistani, Aunt)

Others were led to believe that the arrangement would be short-term and were not given access to full details of the child's situation.

I was led to believe that this would almost be like a holding point...I thought, even right up until court which took place like eight or nine months later, I was always led to believe that [the child] was returning back to her mum and dad.

(Black Caribbean/White, Uncle)

For this carer, the court's decision not to allow his niece to return to her parents gave him little choice about what could happen, as no one else in the family was able to take on her care.

Applying for a court order

The process to secure an SGO was described as intrusive and burdensome. One carer spoke about feeling judged by the social workers even though the original social workers had brought her niece and two nephews to stay with her. She said,

[Social workers thought] I was the ... reason why they are on child protection [concerns about birth parents], and I [said], 'You do realise that it has nothing to do with me. You're coming now because of what happened where they were, not where they are now.'

(Black Caribbean, Second cousin)

Some kinship carers felt that they were on trial, while social workers assessed and checked all aspects of their lives, explaining,

It was hell on earth. Honestly, it was one of the most heartbreaking and frustrating times. They really have put me through a lot when all I was trying to do was to do a good thing, but I was the enemy.

(Black African, Aunt)

Sometimes, social workers seemed to clash with kinship carers and were obstacles in the process of getting an order. The examples given by kinship carers in the interviews indicated a power struggle between the carer and social worker, interestingly, often when they were of the same ethnicity, in this example, they were both Black African,

I think she just had a personal vendetta because she was trying to pull me up and get me on the wrong side to fatten out her case, but she wasn't able to do it. Even the judge said she's not impressed with her at all.

(Black African, Aunt)

As one carer said, navigating the legal system and attending court, together with the uncertainty of the court's decision, was "one of the worst experiences I've ever had in my life." Some kinship carers described how they had to fight their local authority to prove they were good enough to provide their kin with a safe and secure home.

The only thing I'd want to sum up is to make everybody understand how stressful it is to go through this process ... when you sit in that courtroom. You know how much you've been fighting for everything, is when the Judge says you've been awarded the Special Guardianship Order. Her words were, 'Now you can go and be the grandmother you want to be,' and I cried. It hit that chord because it seemed like the weight had been lifted, and that's something that I don't think anybody would actually understand unless they're going through the process I've been through with no support.

(Black Caribbean, Grandmother)

Even kinship carers who had initially had a fostering arrangement in place felt they had to get an SGO, as they were fearful the child could be taken away from them. One carer described how the uncertainty and fear led to taking out an order,

At any moment, they could decide and change their mind and say we will put him somewhere else. We didn't want all of that uncertainty for him, uncertainty for us. We want him to have as normal a life start as we can give him.

(Black Caribbean, Grandfather)

Kinship carers also reported unexpected conflict with birth parents during the court processes, which added to the stress and pressure carers were already under,

We've been positively approved by social services around that assessment; however, in the recent court date, the parents have decided to contest now. Therefore, we have a further court date ... Social services are still involved as he is a child in need. It's a bit frustrating... initially, it was informal because there was a crisis, but [the parents] never once asked to have him back, really, or even tried to.

(Asian Pakistani, Aunt)

Despite all the factors considered by kinship carers, the main concern was to keep the child safe and protected.

Keeping the child safe

When they were made aware of the need to secure a suitable home and carer for children within their own families, kinship carers' priority was the well-being of the child(ren). One kinship carer reported their immediate concern was keeping the child safe and protected.

My only concern was that she didn't go into the system. And that's all I was thinking of at the time, just to save her from that kind of trauma. Never thinking about what it entails to look after a child. But in a way, I'm glad that I didn't know because maybe I would have said, 'No, I'm not doing it.'

(Black Caribbean, Aunt)

Kinship carers' concerns also extended to the impact of the significant changes on their kinship child,

I guess the first concern is always going to be how is this going to affect him? How does it affect a child being removed from their parents?

(Black Caribbean, Aunt)

Kinship carers did not have the luxury of time to consider how they would manage to raise a child within the context of their current lives. When asked about their initial concerns about caring for a child, most carers did not respond with examples of financial problems, having enough space, or other practicalities such as securing school places or having the right equipment (pushchair, car seat, etc.). Instead, most prominent were their concerns about the welfare of the child and, above all, avoiding the child being taken into care,

I was thrown into the deep end; I really didn't know what to ask or what questions to ask. All you're thinking about is trying to get your family member from the system.

(Black African, Grandmother)

The rush to make a decision, pressure from social workers, and fear of what would happen if they disagreed often meant that carers were not asking critical questions. For example, carers were not thinking about or asking about the support they could or would get once they took the child into their home.

Support provided

The local authority's initial support offered to kinship carers varied across families. Reflecting on when the child first arrived, kinship carers said that they had needed help with finances and help to ensure that they had what they needed to care for a child, for example, suitable clothing and age-appropriate supplies (e.g., nappies). Lack of space was also an issue. Kinship carers were left to navigate a very different life ahead and were anxious. As a grandfather explained,

I was frightened. I thought, how am I going to cope? Is this real? And it must be akin to maybe a young woman or even a young couple having their very first child and not feeling adequate. I don't know how much thought would be given, but I just thought, I've got this child; I'm responsible for this child. And even as things as simple as changing [a nappy] and responding to basic needs, how would I cope?

(Black Caribbean, Grandfather)

The onus was placed on the carers to ask social workers the right questions to secure an appropriate long-term support package. Kinship carers found this approach to be extremely flawed, especially when children were placed with them at a young age and kinship carers could not predict what the child's needs would be over the years.

The problem is, is when [the child] came into my care and we did this [support plan] when she was two years old. I didn't know what [her needs were] going to look like when she was six years old when she was 10 years old and when she was 15 years old. I couldn't pre-empt what was going to happen. I suppose the only thing that was an advantage was that I made a decision to pay extra out of my own personal pocket for a solicitor and I got a very robust support plan in place where finances were concerned.

(Black Caribbean/White, Uncle)

Most kinship carers were struggling but trying to make the best of their situation for their families. One carer described filing for bankruptcy because initially, she was getting very little in the way of financial support and had had to give up work, saying,

I had lots of debt because when I quit my job, you have to sign on. You have no funds. ... I put myself in an IVA [Individual Voluntary Arrangement] because I didn't know how I was going – in the beginning, there wasn't much money coming in. Social services gave me maybe £120 a week ... somewhere around that ... but I couldn't pay my bills.

(Black Caribbean, Second cousin)

Local authorities were not forthcoming about what kinship carers were entitled to financially. Some carers said they were reluctant to ask for fear of looking like their reason for taking on care was the money,

They never said anything to us, so we had to email them, and that's when the payments started. That was my only negative in the beginning because ... sometimes you're made to feel like you're asking for too much or you shouldn't be asking for that because they are family.

(Black African, Aunt)

Kinship carers also described local authorities strongly encouraging them to agree to an SGO rather than offering alternative, potentially costlier (for the local authority) options.

They were trying to push the private arrangement order through. I was like, 'No, this is ridiculous.' I stood my ground and said, 'Well, now what are you going to do to help me because I can't take three children and do not have any financial support whatsoever?' So, they put me as temporarily their foster carer.

(Black Caribbean, Second cousin)

Other kinship carers felt that Children's Services did not listen to them when they had earlier raised concerns about the children's care.

It felt like we were never supported by social services. We were always deemed as the enemy, that we're telling tales and we need to stop doing this.

(Asian Indian, Aunt)

Children's Services' reluctance to take this carer's concerns seriously about the birth parents led to the carer taking out a loan to fund a private Special Guardianship Order.

A kinship carer described how three of her cousin's children were brought to her from the North of England to the South without even any basic provisions such as nappies for the baby:

Yeah, it felt like they just wanted to dump and run.

(Black Caribbean, Second cousin)

One carer had a very different route to becoming a kinship carer. His nephew was struggling with a complex range of additional needs, and his parents were not coping or managing his needs. His school was described as unlawfully excluding him and failing to meet his needs. This kinship carer secured a place at a special school closer to where he lived, so his nephew came to live with him, but the local authority was not supportive of the school move.

The council were refusing to pay for it. I had to do a tribunal. They were refusing to pay for other things, like transport, speech and language therapy, occupational therapy, teaching a system, all this stuff.

(Asian Indian, Uncle)

The local authority, however, had no issue with the private, informal arrangement as, financially, the kinship carer had not requested financial support to raise his nephew.

Some kinship carers had taken on the care of a child(ren) due to bereavement, trying to navigate their own grief whilst managing the loss experienced by their children. Bereavement support for families was lacking,

I asked them about bereavement counselling for the children because the youngest one was 3 at the time. I had a 6-year-old and a 9-year-old. I was shown the Yellow Pages and I was told, have a look through that, they've got loads of people I can phone up and sort myself out, sort the children out...I wasn't able to do that, give them any bereavement counselling or even for myself really. I was just left to it, you know.

(Black Caribbean, Grandmother)

Where support for children in these families dealing with the loss of a loved one was provided, it was done so via the child's school,

She'd [niece] been having counselling at school because of the issues with her parents from beforehand...then we looked into getting counselling for my nephew after my brother-in-law passed away, and everywhere we spoke to had waiting lists, then the school were eventually able to get my nephew into weekly counselling.

(Asian Indian, Aunt)

However, the kinship carers dealing with their own losses could not access support for themselves in these instances.

Support from family and friends

The majority of the extended family was said to have responded positively to learning that the kinship carer would be caring for the child within the family. Family members felt that the carer was doing the 'right thing', but there were concerns about how the carers would cope.

My friends and my relatives thought you must be crazy. You have twins and then you're taking another one on. What is wrong with you?

(Black Caribbean, Grandmother)

Some of the single carers were also living with their own mothers, who were able to provide support,

It [caring] just became like full-time, living in the same house, you know. But I do have like support from family, from my mum.

(Black African, Aunt)

My mum, she's always around and we split responsibilities and we have aunts. We have a whole village, so I wasn't as worried. We've always had like a whole system.

(Black African, Aunt)

However, there were also examples of friends and families reacting negatively. For example, threatening the carers and, as described in the following account, rejecting the kinship child,

My brothers hated it. Absolutely detested. They said, "He is not family. We're not going to help you. We'll help your girls. We'll not help him. It's not to do with us." And my dad would help the girls, but not him.

(Black Caribbean/White, Sibling)

This is interesting because most of the kinship carers interviewed saw the kinship children as 'our children.' In this instance, it appears that the child was the result of the father's extramarital affair. Another kinship carer whose kinship children were unknown to Children's Services before coming into her care was advised by friends who were foster carers to let the children go into care and then apply to care for them to get financial support:

I just couldn't do it. Their mum passed away; they had to move house and move in with me, the trauma of it all. I was asking myself what is this judge going to think? ... I want them because I will get paid for looking after them. ... I couldn't just let them go, knowing that usually, children that go into the care system take a good two years to go to court; for everything to be sorted out, it could take longer than two years, so these children would be with a stranger."

(Black Caribbean, Grandmother)

Overall, kinship carers felt they had no choice but to care for the child and thus avoid the child becoming looked after. Initially, they gave little thought to the consequences of their decision and were unprepared. Unsurprisingly, the early conflicts with the birth parents and with extended family continued and the next chapter considers the years after the child joined the family.



As foster carers,
I think it's really interesting
because you can really see
what the difference is. ... Even
moving school was a major saga
because ... if he had a care plan, he
would have been straight in there
without a problem. It took weeks
and weeks, and he even started
school late, although we'd
started the application
nine months before.

*(Black Caribbean, Grandfather,
mainstream foster carer who
became kinship carer)*

6. THE ABSENCE OF SUPPORT

The previous chapter described the start of kinship carers' journeys and highlighted a recurring theme that they had felt unsupported. Many kinship carers spoke about the continuing lack of support, particularly from local authorities. During the early stages of caring for the child, kinship carers were focused on ensuring that they would be permitted to continue caring for the child and, for some, that the courts would confirm the arrangement through an SGO. Asking about financial and practical support was not on their agenda. Neither were local authorities forthcoming about the implications of becoming a kinship carer or obtaining an SGO. Carers stated that social workers did not provide information, advice or guidance about the types of support that could be available. Sometimes, the omission was thought to be because social workers did not understand what was available. Essentially, once the SGO was made, kinship carers felt abandoned. Carers said,

They don't have pamphlets, I had to keep asking them questions to the point that they turned around and said the social workers don't do these very often or we don't have a dedicated team.

(Asian Pakistani, Aunt)

I can't remember the local authority sending me anything in terms of this is what our policy is. No one actually goes on the journey with you in terms of understanding the implications of this policy and what they do, what they don't do, what they can do, what they can't do and even down to if you're not satisfied you have recourse to complain and to put in writing.

(Black Caribbean, Grandmother)

The majority of kinship carers were clear that once the child had been formally placed with them, any support they had received before the order disappeared, as illustrated by the following examples,

The umbilical cord was just cut at that point.

(Black Caribbean, Grandfather)

Social services are very reluctant to assist. ... Once that SGO has been given, it literally is like, you're not our problem anymore.

(Black Caribbean, Great Aunt)

Kinship carers had to anticipate and plan what their child would need while in their care. They had to consider the financial costs, emotional and therapeutic needs of the child, and housing requirements. Many carers, however, were unaware that they could request such support and went through the process of obtaining an SGO without considering their child's immediate and future needs. Some carers were refused help, and that was often the case when a child was unknown to Children's Services as this carer explained,

I asked them for support, and they refused because the children weren't known to the service.
(Black Caribbean, Grandmother)

This grandmother had to take out an SGO because she needed to secure parental responsibility for her granddaughters, but was told by services that because the girls were not previously looked after, they were not eligible for bereavement counselling or a financial allowance.

Not knowing what support could be provided or how to access

Kinship carers said that they would have appreciated having all the information they needed at the start to understand the situation they were in and the options available to them, but many went into the kinship arrangement blindly,

It would be good to have the resources laid out instead of having to track them down yourself ... From my research, I know that the government actually prefers for children to stay within the family, and it's not ideal for kids to end up in care. You would think that there would be more support and ... more information [for] kinship carers.
(Black African, Aunt)

One carer did have helpful telephone support from an individual social worker, but her view was that information and support were not readily given; you had to know what you needed and know how to ask for it. A grandfather suggested that every kinship carer should be asked about their support needs from the start. He said,

There should be, without question, a five-minute sit down, 'What do you need to bring up the child?' And make it available. What is in place at the moment is an insult. It's not even worth discussing, just scraping. We are funding the child. We're doing something on behalf of the state, and they may argue it's a family. Even so, we are doing something on behalf of the state. We have to fund it.
(Black Caribbean, Grandfather)

Once Children's Services handed over responsibility for the child, carers did not know who to contact or how to access support. There was no easy way for carers to know who to turn to, as a grandmother explained,

We didn't have a worker allocated or any specific person we could have reached out to. Whereas, if you are a foster carer or you adopt, there's always somebody on hand.
(Asian Indian, Grandmother)

Variations in local authority support

Kinship carers described three different types of support variation: 1) variation depending on where the carer lived, 2) variation depending on the quality of advice received at the time the kinship arrangement began, and 3) variation in support depending on whether they had a Special Guardianship Order or were family and friends foster carers.

Variation by postcode

Some kinship carers had secured ongoing support from the local authority. However, they recognised that the provision was not a standard offer and that there was variation across the country. One carer was able to compare the support offered by two different local authorities as he had moved home, and he said,

It's very much a postcode lottery around any kind of special guardianship ongoing support. ... We were eligible for what was called the SGO support team, and they were absolutely amazing. I could ring them for anything, email them for something, and they would respond. They'd give some advice. They'd let you know some workshops... I then moved house to a different local authority, that [SGO] service does not exist. I just assumed every local authority must have an SGO support team, they don't. So now I'll contact the local authority, and they say you can only get support if you make a referral and your child's put on a child-in-need plan.

(Black Caribbean/White, Uncle)

Carers who had experience liaising with more than one local authority were shocked by the difference in the offer of support and were desperate to hold onto the services they had,

It's very, very different from one area to another in terms of what services are available to kinship carers, and how easy it is or not easy to access these services. So, I begged [previous local authority] for [kinship child] to be kept under their radar, and they've done that. They've supported [kinship child]. So, the only thing that I use [current local authority] for is to tap into something called the Adoption [and Special Guardianship] Support Fund.

(Asian other, Aunt)

As kinship carers met other carers and heard about their experiences, many realised they were missing out on various types of support, either because they had not been informed about what was available or because their local authority did not offer some of these provisions. Kinship carers were able to compare their situation with others in a similar situation,

When we go to ... these kinship meetings, you can tell that some of the people with SGOs had a lot of support right from the beginning. Now I'm sitting here baffled, thinking, why didn't we get this? One lady said that when a child is given to you under an SGO, they have a standard package that they give to you, and I said to her, 'No, in our case, it was quite different'. Everything was taken into consideration: our savings, everything; basically, we had to declare everything.

(Black African, Grandmother)

Variation by the quality of advice from professionals

Kinship carers reported vastly different SGO support packages, and some thought the difference could also be explained by the quality of advice they received while obtaining the legal order. For example, expert legal advice had made a difference,

The woman that I had specialised in children's family law so she made it very clear to me that I needed to ask for everything that I was going to need for the next 18 years because this is now my position of power.

(Black Caribbean, Great Aunt)

Another carer thought that she had received excellent advice and support but only after being allocated a worker from the specialist kinship team. She said,

We had a wonderful lady, and that was the first real support that we had that I felt was very open and very transparent; when we were stuck on anything, she guided us to the right people.

(Asian Indian, Grandmother)

Variation in the type of support

The support package offered to family and friends foster carers and the package for carers with an SGO differed. However, many kinship carers were unaware of the difference when agreeing to the SGO. As described in the previous chapter, kinship carers were often not given the opportunity to become family and friends foster carers. However, some of the carers interviewed had managed to negotiate this option, and they felt that being a foster carer was better for their family and situation; as one carer explained,

I didn't decide to take that route because I wanted the [financial] support. I wanted to know that if there ever was a problem and I needed someone to talk to and fall back on... I understood what the connected foster carer was and just went ahead with that.

(Asian other, Aunt)

A few of the kinship carers interviewed had previous experience of being a foster carer and described the stark difference in raising a foster child compared to a kinship child. There were some key differences in the amount of financial support provided but they also noted that the priority school access available for foster children was not available for a kinship child. One carer said,

As foster carers, I think it's really interesting because you can really see what the difference is. ... Even moving school was a major saga because ... if he had a care plan, he would have been straight in there without a problem. It took weeks and weeks, and he even started school late, although we'd started the application nine months before.

(Black Caribbean, Grandfather)

Some kinship carers were aware of the difference in the financial support they received in comparison with unrelated foster carers, for example, saying,

I'm 99% sure that the allowance isn't in line with what foster carers get. We're just kinship carers, aren't we? It feels like we're not as important or we don't have the same outgoings. They do get a lot more financial [help] than what kinship carers do.

(Black Caribbean, Aunt)

In situations where the carers had initially been family and friends foster carers, the change in financial support became apparent once an SGO was secured,

We stopped getting the fostering allowance and we got an SGO allowance. Now, this is where we were a bit naive ... because that only lasted for two years, and we didn't realise that there would be a time limit. But it lasted for two years, and it stopped, and that was the end of that. We've not had any allowance ever since.

(Black Caribbean, Grandfather)

In some cases, the local authority was obliged to support the carers, for example, where they were family and friends foster carers.

As soon as they gave me the other two siblings, that's when they got the ball rolling because I think they really knew that you can't give someone three kids and not [provide] financially...I'm quite forthright saying that I didn't have this and didn't have that, then that's when they pulled their finger out.

(Black Caribbean/White, Aunt)

However, even for some of these families, the support they received from social workers was not helpful. Family and friends foster carers felt that social workers were intrusive in their practice.

Although these carers were receiving more support than kinship carers with SGOs, the family and friends foster carers were actually considering moving to an SGO, in order to distance themselves from social workers whose involvement was more of a hindrance than a help.

Kinship carers felt that there was no acknowledgement of the financial burden they were taking on and the financial responsibility they were taking away from the local authority, not to mention the additional benefits of keeping siblings together in a family home.

I get it. It's public money. I work with public money, so I get it. I understand it, but logically, you have four children who could have gone into foster care, and the amount of money that it would've cost them to navigate those children through foster care did not bear any element to the fact that they could have kept four children together, which is a good outcome.

(Black Caribbean, Great Aunt)

Although the initial support provided by the local authorities varied, most of the kinship carers now felt alone.

I'm just lost. I don't feel supported by them [the local authority] at all.

(Asian Pakistani, Aunt)

One aunt described how she felt as a kinship carer and how unprepared she had been to navigate the journey mostly alone.

When you think you're going to be taking on the caring role in your brain, that is okay. You can fathom that. But it's not that. You are going to get yourself ready to be dropped in a big pond in the middle, and you have to survive to come up to the top. That's the reality. What they say is not what it is. That is the reality. You're left in a big pond and you can't swim to either side because you're going to take in water, and you're left on your own.

(Black Caribbean, Aunt)

So, it can be seen that kinship carers wanted support from services to successfully continue looking after the children they had taken into their care. They also needed to feel that they were not alone in this situation and to have access to peer support to help them feel less alone. Navigating services to secure support for themselves and their child was exhausting and another hurdle to overcome. This carer describes how the constant challenges meant that she struggled to continue to fight,

I didn't know what was there and because of the bad experience you just end up tired. You're tired of trying to find out what was going on. You're just really tired, you couldn't fight anymore and I think probably if I was a lot younger I probably would be carrying on but as you get to a certain age you just give up.

(Black Caribbean, Grandmother)

Support from family and friends

Most kinship carers felt supported by their family and friends and some mentioned the commonly used phrase, 'It takes a village ...' as in this example,

We come from an old school where it takes a village to raise a child, so my in-laws were very helpful and supportive, as well as my sister.

(Black Caribbean, Grandmother)

However, many were realistic about the degree to which they could be supported and thought that the responsibility fell on them most of the time. One carer whose husband lived in another country while she was in England caring for her niece and nephews described the impact of her partner's absence.

The support I need is if they can help me with my husband coming to the UK because I do everything on my own. ... If you don't have a partner, it's really difficult ... there's little your friends can do for you. Because they have their own kids, they have their own home to run.

(Black African, Aunt)

Even when kinship carers felt they had a strong network of friends, their situation was difficult for others to relate to meaningfully.

I've got a really, really close group of friends who I can rely on for everything. So, in one sense, I feel very supported, whilst on the flip side, because of the uniqueness of the situation, they don't get it. So, I actually feel quite isolated.

(Black Caribbean/White, Uncle)

If I do need support, like help with the granddad's side of the family, my family don't get involved. They don't get involved in the contact arrangements. They don't get involved in her doctor's appointments because she was born with [condition]. Nobody does that. I'm doing all of that.

(Asian Pakistani, Aunt)

One carer had been able to create a new support network with the help of parents from her child's school and another had older adult children who could occasionally provide support, as in these examples,

Since [kinship child] has started school, I've been so fortunate that I've got to know four mums, all local, and between us, we take care of the kids. We take care of each other. I feel incredibly blessed that I've got these four young mums there to help in any shape or form I need.

(Asian Indian, Grandmother)

I've got two, one daughter in particular, who occasionally comes over and takes [kinship child] to hers to spend the weekend. She's got a daughter. It's not very often, but it's there when we get stuck.

(Black African, Grandmother)

Support sometimes introduced conflicting feelings about how kinship carers approached parenting. One example illustrates how the different approaches to parenting across generations could be complex but the opportunity to understand alternative approaches was helpful,

All of this stuff I'm learning. It wasn't stuff that I knew before, but now, when I look back at some of it, not just the way I was parented, but even in my wider family, the naming and shaming guilt and all of that is very rife. Trying to move away from that and saying, 'I'm not going to be telling them off or raising my voice in front of them. Don't get me wrong, I raise my voice, but I'm trying to move away from embarrassing them, shaming them, 'Oh, now I can see why her head is hung low. I've just embarrassed her. I've just shamed her.' I'm not doing that.

(Asian Indian, Aunt)

This carer acknowledged that some parenting approaches from when she was a child were problematic. She wanted to avoid making the same mistakes in raising her niece and nephew, saying,

I think the Asian culture doesn't help because there is a set way of parenting- a very entrenched way of parenting. The majority of it is you don't have a view, but if you have a view and you voice it, you're talking back. You're being disrespectful. I'm trying to get my mum to understand, even though she was adamant she's not going back to default. It's easy to go back to default, for all of us.

(Asian Indian, Aunt)

The impact of ethnicity was evident in this example, as the kinship carer drew out specific parenting approaches, that she felt were common in Asian families and could influence how she provided care. The next chapter will explore how ethnicity might affect the experience of kinship carers from Black and Asian communities.

Support from places of worship

A few kinship carers mentioned that support had been found in their places of worship. Their accounts of the appropriateness of the support were mixed, as some felt it was not targeted towards their needs. One carer had moved to England with no support network but had found some solace at her local church. She said,

The only network I have right now is my church - I go to church - and my church members.

(Black African, Aunt)

Another carer highlighted the importance of finding a Mosque for her granddaughter that would enable her to learn about her faith but also be understanding of her situation,

We moved her around a number of different places for her to learn her faith. The reason we moved around was because of that lack of support. The mosque that she attends now celebrates these kinds of things. She's only been there eight months, and they have people coming from all over the UK to come and discuss adoption, fostering and they're running something at the minute for autistic children. They have embraced [the kinship child] in such a loving manner where they're not treating her differently, for example, letting her get away with things, but it's an extra caring hand around her.

(Asian Indian, Grandmother)

Support groups for kinship carers

The support from kinship carer groups that kinship carers had engaged with, either via the Kinship charity, groups they had found online, or those recommended by friends or family, was essential for carers to feel informed and less alone. One carer said,

I highly rate the Kinship charity. If it weren't for them, I wouldn't even know half the stuff.

(Asian Pakistani, Aunt)

Kinship carers found these groups helpful as they were a place to connect with other carers, in person or virtually. The groups provided a space to share experiences and stories and to give one another advice. Some groups had associated WhatsApp groups, which provided kinship carers a lifeline in times of uncertainty or when feeling overwhelmed. There was the opportunity for kinship families to come together socially and participate in activities where children could also engage with other kinship children.

[It was] almost like a sigh of relief that, my God, we're not the only people.

(Asian Indian, Grandmother)

I get more support from these kinship carers that I met in meetings than I do from my own family.

(Asian other, Aunt)

However, many kinship carers had been unaware of kinship support groups, often accessing these groups only several years after becoming carers, as in this example,

I found out about all these local groups in the area, which I could have tapped into before becoming a guardian. If she [the social worker] couldn't help me, they could have signposted me to these groups. ... When I go to these support groups, there's male, female, Black, White, young, old, [saying the] same, nobody told us.

(Asian Indian, Aunt)

The absence of support was a running theme throughout discussions with Asian and Black kinship carers. The lack of information provided to carers made it difficult for them to make fully informed decisions about how they would manage the additional responsibility of caring for another child. Whilst this finding has been reported in previous kinship research, the next chapter will explore how the added layer of ethnicity might have impacted carers' experiences.



The assumption that Africans, the Caribbean and Asians are community orientated, so we take care of each other, does not work in England. That is back home ... Whereas we're going to work like nine to five. It's assumed that because you're Black, because you are an Asian, because you're from the Caribbean, the family network is there to support you and it's not always the case.

*(Black African,
Grandmother)*

7. THE INFLUENCE OF ETHNICITY

This study set out to understand whether the needs and experiences of Black and Asian kinship carers differed from their White counterparts. The findings so far have highlighted similarities in the experiences of kinship carers but also highlighted how ethnicity can increase the likelihood of factors which mean that Black and Asian kinship carers could already be overstretched before taking on the kinship carer role.

Ethnicity as a barrier to becoming a kinship carer

During the assessment and court hearings to obtain an SGO, some carers described feeling that they were being overlooked by professionals in favour of White relatives of the child, which they thought ignored the best interests of the child. In the example below, the carers felt that the judge did not ask their opinion and only spoke to the White birth mother, saying,

This final hearing should have been that the judge agrees that the County Council is content, the mother is content, we are content, everything is agreed, and they can sign off the order, having made their due diligence and checked that everything is agreed. When we went in there, the judge said, 'I am not happy with the fact that contact [with the birth mother] isn't specified exactly. So, I want contact to be specific. It's got to be dated.' The judge was always talking to the mother, saying, 'Are you happy with what it is?' and 'If contact doesn't happen, I want you to come back to court.' The judge was quite happy to talk to the mother in that way and make sure that her rights were secured. We just felt that was completely racist in how it was put across, you know because we're Black.

(Black Caribbean, Grandfather)

At the time when carers were being sought for the child, kinship carers thought that some social workers were keen to find White carers for Mixed ethnicity children. Another grandfather thought that discussions had been going on behind the scenes that he was not party to, saying,

I don't know where race may have fit in, whether it was that the child was of Mixed race, what distinctions or differences there may have been in terms of how they may have acted or behaved. There was a mention of being from an Irish family and being Afro-Caribbean. It wasn't so much about race from the council, but it was something that was raised, why the Irish family couldn't have the child. You don't want to be too cynical. We saw a distinctive change in the council's approach and behaviour towards us, as a family making the application, there being a move maybe away from us, ... there was something there...

(Black Caribbean, Grandfather)

Ethnicity as a justification for kinship care

Carers thought that assumptions were made about the strengths of Black and Asian communities. Social workers knew that Black and Asian carers often had large extended families and had assumed the network would provide support. Carers did speak about the expectation that the family would take care, saying,

In our culture, when a family member has a problem and cannot look after their children, members of the family see it as their responsibility to take charge of that child.

(Black African, Grandmother)

They say blood is thicker than water. So [kinship children] are my children. Now, in Africa, when anything happens to you, it is your right to look after your loved ones. I don't know about the UK, but that's how it is in Africa.

(Black African, Aunt)

According to the kinship carers' accounts, the assumptions made by Children's Services about Black and Asian families allowed services to take advantage by placing children in kinship care with either no support or a limited offer of support.

My family is big; [husband's] family is massive as well. But the problem was in my community, you do look after. It's just a norm. They [Children's Services] saw my mum chipping in, all the sisters chipping in and coming and going. We were always doing stuff together. The [social workers] saw all of that ... 'Oh, you've got a supportive network anyway, so you're alright.' They didn't see that my niece needed support. They just saw it as 'You've got a big family, that typical Asian community'... They actually said to me, 'Many people don't have that.' I was like, 'I don't care about that. That's not the point.'

(Asian Pakistani, Aunt)

The aunt highlighted that while, to an outsider, it might look like carers with large extended families had lots of available support, they failed to recognise that other extended family members also had to be supported. Furthermore, even when extended families offered to support kinship carers, these family members began to disengage over time, particularly once an SGO had been granted. A grandfather described how support had ebbed away, saying,

The response was very supportive at the start. And it was good because the process was difficult. However, once we were over that [SGO process] and we received the child, we were very much alone. And people, shall I say, just got on with their lives. They would inquire; I'm not saying people just cut us off or anything, but people just got on with their normal lives and the child was there with [us]

(Black Caribbean, Grandfather)

This quote illustrates that Black and Asian carers might be more isolated than social workers assume.

Additional family responsibilities

Some of the kinship carers spoke about additional family responsibilities. Asian families, in particular, lived with and cared for the older generation, parents, or in-laws. One kinship carer and her husband were caring for her father-in-law, two children, and two of her brother-in-law's children. As the only son, her husband was expected to take on the responsibility. She said,

He's [father in law] 87, so he's still touch wood, mobile, but I think it is like having another child in many ways. We look after his daily needs and everything else. But I would count him as another dependent.

(Asian Indian, Aunt)

Kinship carers also described sending money abroad or returning to their parent's homeland to care for them in times of need.

My husband has parents back home, who he has to support financially because they're old.

(Asian Pakistani, Aunt)

Carers explained how local authorities did not understand that their caring duties extended beyond the UK. There were times when kinship carers had to provide care for relatives living in another country,

I don't think the local authority appreciates or takes that into consideration because it's a way of life for us where our loved ones are not in the same country. Therefore, you have to send money to them, as well as the fact that when you need to go there on holiday, it's actually a caring trip.

(Black Caribbean, Grandmother)

Ethnicity was also used to 'encourage' family members to agree to a kinship caring arrangement (in this case, an SGO) other than becoming kinship foster carers. A great aunt who would have preferred to become a foster carer was told that this was not an option and that the child would remain in care as it would be too difficult to find an adoptive parent.

I was told that it might take longer for him to be adopted because he's a boy and he's a Black boy, and studies show that they're adopted less. And also, a Black boy whose mum has mental health so there's a possibility that he may have mental health issues. So, it was almost like scare tactics.

(Black Caribbean, Great Aunt)

Assumptions and lack of awareness of services

Kinship carers described the responsibility and additional stress Children's Services placed on them to keep the child safe, ignoring the burden of the extended family and neglecting additional steps that might have been taken. For example, in the following examples, social workers could have put the child on a child protection plan but assumed that the extended family provided sufficient protection.

The protective factor has always been the extended family, and they knew that. He will never be highly at risk in that respect of having nobody.

(Asian Pakistani, Aunt)

They [Children Services] need to stop stereotyping, when they're doing the assessments of carers with a bigger extended family who have those networks. The networks can break down. There are barriers to those networks. Speak to any Asian family; they'll tell you there are barriers and stress... The way we've been brought up with these extended family strong networks- the stress is ridiculous. I mean, you look at each family; there's somebody with mental health because of this trauma, depression and adverse childhood experiences.

(Asian Pakistani, Aunt)

However, as some carers highlighted, things have changed over generations, and these assumptions are not warranted in the present day.

The assumption that Africans, the Caribbean and Asians are community orientated, so we take care of each other, does not work in England. That is back home ... Whereas we're going to work like nine to five. It's assumed that because you're Black, because you are an Asian, because you're from the Caribbean, the family network is there to support you and it's not always the case. My daughter lives five/ten minutes away from me, she's got her [own] family...In Africa, the Caribbean and Asia, we are all next-door neighbours; you go next door and eat and come home. So, that assumption should be removed. We are in England, and what goes on in England happens to all of us. Because there is that assumption, and actually, that can be quite damaging because people might assume you don't need the support.

(Black African, Grandmother)

In addition, other kinship carers felt that professionals from their own communities hindered their journey,

They were trying to infer that I didn't have empathy with the child. I don't know how to sympathise with her ...it's like you are just looking at it from a textbook. You've got to put it into context...I went to court, and I argued it because she's [Black social worker] even saying, 'Oh, my place isn't good enough. ...Would I be able to provide for her mental well-being?' So, the judge said, 'I'm sorry, but I have to side with the aunt on this one. She provides a place of quiet and full attention.' I said, 'That's the best that I can provide.'

(Black Caribbean, Aunt)

Another kinship carer highlighted the lack of awareness of cultural norms that might hinder a carer's ability to secure an SGO.

My understanding, and I think seeing people who have been through the system, is that it's a very rigid structure that doesn't take into account cultural diversity or cultural norms. So, once you are involved in that system, if you don't conform and say what they expect you to say, you don't pass their assessments.

(Black Caribbean, Great Aunt)

Community Stigma

A key issue for kinship carers from Black and Asian communities was their families' preference not to share too many details of the caring arrangements with others, often due to the stigma attached to the reasons that they had to care for a family member's child. This seemed to contrast with the caring arrangements that previous generations saw as normal; now some kinship carers were looked down upon, as described by one Asian carer,

In my granddad's generation ... there were a lot of what we would call guardianships now, but back then, they were very informal arrangements. Children were being raised by their grandparents or aunts and uncles or extended family all living there. My mum used to tell me stories where there were two aunts and uncles all living in the same house with her cousins. They weren't cousins; they were brothers and sisters. That's how they saw each other; all the females would be the mother figures. Some of them went on to live with their grandparents or aunts and uncles and not their maternal parents, but it wasn't seen as anything.

(Asian Indian, Aunt)

This carer went on to reflect on why things seemed to have changed in the Asian community and why people were reluctant to share details of their situations,

I don't know whether it's stigma, I don't know whether there's embarrassment and shame, guilt and that Asian communities gossip and talk. You give them a little bit of information, and they run away and make this whole other story.

(Asian Indian, Aunt)

It is possible that in the past because extended families lived in the same neighbourhoods, it was difficult to hide an individual family's difficulties. There may have been a wider acceptance of the problems of one family being the problem of the extended family. Kinship care arrangements in previous generations may have also been a result of migration or because of higher instances of death and illness rather than through parental mental illness or addiction. In the current climate, families might be more inclined to keep any difficulties private and can hide their concerns.

Another carer described first-hand the adverse reactions of the community, which gives an insight into why Black and Asian kinship carers might prefer to keep their private lives to themselves. People in the community were described as having made cruel comments about the situation and the child, and some questioned kinship carers' motives,

When [kinship child] first came to us, the Asian community itself was very hostile. People had a lot to say, very hurtful things, but the attacks were on a newborn baby. 'Why would we want to look after that person's child?' you know, and 'If that is the mother, what's the child going to grow up to be like?' A lot of these comments came from people we thought were friends. People we thought we knew. So, it was very hurtful and very hard to deal with. But these things make you stronger, more resilient and more careful about who you mix with.

(Asian Indian, Grandmother)

I think we've been a bit of a talking point in the local community because everyone has got a view on whether they should be with us and why we're keeping them and think we've got ulterior motives. And this is the thing, they think we've taken their inheritance and all this kind of stuff, and it's hilarious because we don't get a penny.

(Asian Indian, Aunt)

One example highlighted the stigma that kinship children felt, aimed at them from extended family,

And the other day, only about, less than a month ago, she was saying to me, talking about her cousins, "I know, they don't respect me because of mummy situation."

(Black African, Grandmother)

Even when families shared their situation with friends and family, there was a reluctance to support kinship carers from those who did not want to be associated with what was, in their opinion, less than favourable circumstances. This kinship carer's parents had initially applied to care for their granddaughter but were considered too old (in their early 70's) to take on the role,

A lot of the friends within our own culture, within our own background, didn't actually want to be a referee for my parents' application. That broke my parents' hearts because these are the friends and family members that they've known all their life, for like 40, 50 years, and some of them didn't want anything to do with it, just didn't want to be involved.

(Asian other, Aunt)

Kinship carers also reflected on the cultural norm of keeping things in the family. Social workers could perceive this wish as a family being secretive rather than the norm for some communities.

When I spoke about how sometimes feeling the process is very invasive, I think that's definitely a lot more cultural because we're raised not to speak our business to strangers. I think having that understanding could be beneficial to the research because I think a lot of the time, it can come across as family members being secretive, which is not the case. It's just natural that we always keep our business to ourselves.

(Black African, Aunt)

I was mindful because I didn't want people gossiping about my sister within the community ... saying, 'Well, why isn't your son living with your mum?' So, I had no issues with it, but I was mindful. I was protective of my sister. Some people want to keep it very deep and down. Unfortunately, within our community, rather than putting the needs and the welfare of children as the priority, their priority is their type of reputation and standing within the community.

(Asian Indian, Uncle)

Some kinship carers described how the instinct to hide things from the wider community was changing and how feelings of shame and stigma were giving way to more open and honest ways of raising their child without that burden.

I think that's what a lot of people wanted, you know, it's a very shameful thing that has happened in our family. Hide it behind closed doors kind of thing. We didn't do that. They've either had to be quiet or embrace it.

(Asian Indian, Grandmother)



My understanding,
and I think seeing people
who have been through the
system, is that it's a very
rigid structure that doesn't take
into account cultural diversity or
cultural norms. So, once you are
involved in that system, if you
don't conform and say what
they expect you to say,
you don't pass their
assessments.

*(Black Caribbean,
Great Aunt)*

Another carer reflected more broadly on the impact of kinship arrangements where children have not been fully accepted,

I come from a Caribbean background, and it's not uncommon in the Caribbean for children to be brought up with family members. People leave Jamaica and go to another country, leaving their children with grandparents or aunts, uncles, and relatives. Sometimes, they're not even relatives. Sometimes, it's the woman next door. But I also know that there are lots of extremely damaged adults out there because of their childhood experiences and because they didn't feel that they were part of a family. They were treated differently, or the other children in the household rejected them for whatever reason, but there is a lot of damage out there, and I'm conscious of that. So, I never want him to feel like that. That he's an interloper, or he's a burden, or he's not really part of the family.

(Black Caribbean, Great Aunt)

The aunt highlighted the importance of ensuring that children were not made to feel the shame and stigma that might be associated with being a kinship child.

Ethnic and cultural identities

Some kinship carers had concerns about their child's sense of identity. Their concerns related to children understanding their family history are discussed later in the report (Chapter 8). Considering identity through the ethnicity lens was particularly challenging for kinship carers, especially when the child looked White or, in one case, was White. In these situations, kinship carers were keen to approach the issue in an informed and sensitive way but were not always sure how to do this, as explained by these carers,

First of all, her identity crisis - she feels she's British, and she doesn't accept the Indian side of her...She feels I'm [kinship carer] not British. She feels I'm Indian...so regarding her identity, we've got that issue.

(Asian Indian, Grandmother)

She's six about to turn seven, this has been the most difficult year I've had with her. She's now at the stage where she's questioning things around her identity, who she is and why she's here... She's asked questions about the colour of her skin. Why am I [kinship carer] brown, and why is she [kinship child] white? I've tried to explain. Obviously, she's trying to understand [because] her dad is white, 'So how is my daddy and Uncle, how are you brothers when you've got different colour?'. Her exposure to ethnicity is quite limited, so when I go back into the inner city and take her to the local park, the first thing she spots is people's skin colour. She asks lots of questions about it...she often picks books that are linked to something to do with culture and diversity.

(Black Caribbean/White, Uncle)

Perceived discrimination

When discussing the impact of ethnicity and race on their experience of being kinship carers, some carers provided systemic examples of racism, particularly the stereotyping of Black boys. For instance, Black kinship carers highlighted how services did not understand the particular restrictions placed on them when searching for safe and appropriate places to live and bring up their child.

I've said to them I'm not going to any tower blocks or any estates, I'm raising a young Black boy, and that's not where I want to be... if I go to the council estate or the tower blocks, and then [kinship child] gets involved in God knows what, he's just another statistic.

(Black Caribbean, Aunt)

This carer struggled to find a suitable-sized property to meet her and her nephew's needs. On reflection, she wondered if their ethnicity was why they had been unsuccessful in securing such a property.

I think in one of the emails I sent to them [local authority], I asked how many families have been moved to bigger property ... how many of them are Black, and how many of those families are White, and she never addressed it. So, I definitely think it does play a part.

(Black Caribbean, Aunt)

Many kinship carers wondered if the ethnicity of the social worker would have increased understanding of heritage and culture; most social workers were not the same ethnicity as the carers,

One interesting fact is we had a non-Asian social worker and I don't know what difference it would be made to have an Asian social worker to understand the nuances in our culture.

(Asian Indian, Aunt)

Never once have we met a Black social worker... They have always been White female. And they've always left after about nine months. And they go, "Oh, you've got a nice house."

(Black Caribbean/White, Sibling)

Another example given about perceived racism was the lack of diagnoses of additional needs for children in kinship care. One grandmother was steadfast in her opinion of how she and her grandson were treated.

I've been refused education and health care plans and people are astonished when they've met him. They say, 'Has he not got an education and health care plan?' I think that's down to the colour of his skin, nothing more. I looked into this, and originally, they were quite happy to diagnose Black boys because they could be used as their lab rats. When they thought that the White children would be diagnosed, they used it to benefit them and stopped helping the Black children. It's also a fact that they close schools and open these private prisons; it doesn't benefit them to help all of these Black boys when they can leave them to get into trouble because of their conditions and then put them in these prisons, which makes the big cats money.

(Black Caribbean, Grandmother)

Similarly, kinship carers were aware of how their child might come across to other people, for example, at school, despite them having additional needs

Secondary school is a whole new thing. That nonverbal thing that he does is going to come across as insolence, and I'm very conscious that he is a boy and he's also a Black boy who will be quickly labelled as difficult or aggressive if there isn't some context to his behaviour. So, that's what I need to work on over the next few years because I don't see it getting better.

(Black Caribbean, Great Aunt)

One kinship carer described how the local authority had stopped them from bringing Indian food to the contact centre when they would visit their grandsons. These grandparents had previously been bringing up their grandchildren informally. However, a new social worker decided the placement was unsafe because they thought the grandparents were supporting their daughter (the mother of their grandchildren), which they felt was not in the interests of the children. The children were removed from their grandparents with only a few hours' notice and did not return to them for just over a year.

We used to attend the contact centre regularly when we were allowed, and we used to take them our food, our chapati and curry, because they were used to that and they loved it. A few weeks later, the local authority decided that we shouldn't be taking food; we should only take a packet of crisps or something because the boys were looking forward to the food too much, and we were not having enough interaction. The boys would ask why haven't you brought the chapatis and the curry.

(Asian Indian, Grandmother)

Food was a way to keep the link between the children and their heritage and was also a way for the grandmother to care for and express love for her grandsons while they were not in her care. These examples of systemic racism illustrate how a system supposed to protect further harms and highlight a need for more awareness of issues that could be harmful to kinship carers from Black and Asian communities.

When asked directly about the impact of ethnicity on their experiences, some kinship carers struggled to articulate whether certain experiences they had could be described as microaggressions rooted in racism. Some kinship carers were unsure if their ethnicity affected how professionals communicated with them and the advice they received. An Asian carer of a child whose mother was White reflected that perhaps the social worker's reluctance to support her wish to care for the child was influenced by her ethnicity and views about her family. She said,

We'd have social services come around as part of the assessment ... and a... conversation about going for guardianship or even adopting and [we were] being absolutely dismissed by the social worker. And it was like, what is this about? Is it some sort of power trip? Is it because it's a White family and an Asian family? She was a Black social worker. What's underlying your decisions? Is it your type of resources? You've got a caseload that's a hundred-odd? Are we looking at, White family, brown family, father is violent? So, is this indicative of the family he comes from?

(Asian Indian, Aunt)

In spite of this, when asked directly about this issue, the impact of ethnicity or racism did not appear to be one of the top concerns of kinship carers, with many highlighting other needs that should take priority. However, there is an argument that more work needs to be done to understand the nuances of race and ethnicity within kinship care.

I wanted to share that there is a cultural disparity in terms of what they think they understand, and just because I'm Black doesn't mean that my culture is the same as somebody who is from Africa or somebody who's from a different island, the cultures are similar to a certain degree but their behaviour and some of the other things are slightly different, and you have to consider those things. I'm not saying that they should understand every culture and every nationality, but having some exposure to them, I think, is really, really important.

(Black Caribbean, Grandmother)

Absence of Asian support groups

Interviews with kinship carers revealed that Asian kinship carers, in particular, noticed the lack of Asian carers attending or connected to kinship support groups.

When I did attend the workshops [training provide by support group], I found it very interesting. The majority are all White people that attend. I'm the only Asian person that I've ever seen at any of them.

(Asian Pakistani, Aunt)

While Asian kinship carers appreciated the support they received from established kinship support groups, particularly those attended by Black carers, they felt that they were missing the freedom that comes from having shared experiences.

I didn't have someone to talk through the whole ... 'this is the impact it's had on my family, culturally, have you had a shared experience or have you been able to navigate that and how?'

(Asian Indian, Aunt)

Black carers commented on how attending kinship groups where experiences could be shared was very important in providing support,

When you talk about trauma, there are some add-ons for Black people in terms of what trauma looks like for them. And I thought, 'Wow.' And also, the fact that you can then talk openly and freely because you don't have to explain yourself. They understand already what you're talking about.

(Black Caribbean, Aunt)

There was some discussion about the reasons why there was an absence of Asian kinship support groups and thoughts about how this might be overcome.

Majority were white, older female...and I remember saying to the Connected Persons, I said, "Are there no other Asians within my borough that have got a guardianship order?" And she didn't really have an answer. I mean, we kind of spoke about it and I remember sort of the conversation was, "well, if there are, they haven't come to our attention."

(Asian Indian, Aunt)

Professional language was flagged as a potential barrier to Asian carers engaging in groups. Specialist terms and jargon did not translate well and were not understood, as an Aunt explained,

You don't make us feel fully welcome because it's the language that you're using. It's alienating even for the people that are literate. Using things like 'kinship' - I wouldn't use that, it's oldy worldy. You've got to update it.

(Asian Pakistani, Aunt)

In addition to a lack of awareness of what a kinship carer is, reference to stigma and distrust of social services were also highlighted as barriers for Asian kinship carers

It's that whole kind of knowing about it. Then there's ... if I attend, the stigma possibly attached to that because I'm admitting what's going on in my situation, and a distrust of social services. If I go, they're going to know about my business, and they're going to want to be interfering.
(Asian Indian, Aunt)

Current kinship groups catered for carers who spoke English fluently and could use technology to access online support groups. Often, older Asian carers did not fall into either of these categories and therefore, access to peer support was limited.

I also think a lot of the families from Asian backgrounds, if they're 50 plus, they may not speak very good English or they may feel very intimidated by all of this. The only reason I'm able to do this online with you is because [kinship child] has online classes.
(Asian Indian, Grandmother)

Fear of support services

A fear of authorities was part of some Black and Asian kinship carers' experience. This issue might be more pronounced for informal carers who were not in touch with services at all; however, the sample for this study was unable to confirm this.

There is this undertone ... that social workers are just there to take the kids away, and there's that uncomfortability, but I think it's the opposite. People want to keep kids within their families ... but it doesn't come across that way. Maybe something could happen to reassure people that that's not the goal of social workers. They should bring people together. Treat them like families.
(Black African, Aunt)

For this reason, perhaps, carers from Black and Asian communities were more likely to accept any support they were offered and not challenge social workers, especially those carers who had little or no prior knowledge or experience of Children's Services.

There is just not that genuine sense of working with Black and minority groups because I believe that our community does not always push back. We don't always ask questions or look for different options. We tend to see that if you're in authority, then the power's yours, so therefore, we don't have a choice of asking or requesting.
(Black Caribbean, Grandmother)

One Asian grandmother reported that assumptions made about the support she was giving to her daughter (birth mother) led to her grandsons being taken away, because Children's Services felt the placement was unsafe,

My daughter has got borderline personality disorder, and we were helping with the children before social services got involved. The local authority got involved a few years back and everything was going fine with the previous social worker because he knew the history, he knew how we were dealing with things, and it was working fine. Then, the social worker changed in the year before last in February, and the new social worker came in in mid-February, and she decided, for whatever reason, that the children were not safe with us. They were taken from us in a very short space of time, which didn't make sense to us because she hadn't really talked to the children that much.

(Asian Indian, Grandmother)

The children had been taken into care after only two hours' notice and placed with a foster carer. After further assessments, the grandchildren were returned to their grandparents on an SGO, but this was almost a year after they had been taken away.

Another carer highlighted that Black family members might be more likely to agree to becoming kinship carers because they wanted to ensure the child was kept within the family and were scared of the child being taken away,

You don't want your roots to be scattered because we've been scattered already through slavery. Mother's having babies taken away from them, as part of our history. So, when a child comes into the family, you don't want, I'm getting a chill, you don't want the child to go because we've seen enough...So, they may not be able even to do it [caring role] but because of the background of our history, they force themselves to do it and they struggle...It's just our way of protecting our ancestry and our heritage.

(Black African, Grandmother)

This carer linked the experiences of Black kinship carers to a history of enslavement and the impact that still had on the Black community.

When asked whether carers felt their ethnicity had influenced their kinship caring experiences, there was a mixed response. Some were unsure whether their or the child's ethnicity had influenced professionals, whereas others gave concrete examples of professionals' assumptions and beliefs. Other carers described the impact on their treatment during the process of formalising care of their child, navigating life as a kinship carer and the impact on the future of the child. Kinship carers' ethnicity was said to have been used as both a barrier to and a reason for becoming a kinship carer. Ethnicity left an impression on kinship carers' experience of caring for children in their families and they described the challenges to help their children with their identity (particularly children who were Mixed ethnicity); however, the full extent of their experience of caring is described in the next chapter.



Positives:
I've been able to
give him the love.
Negatives: I've been
on my own trying to
give the love.
*(Black Caribbean,
Aunt)*

8. LIFE AS A KINSHIP CARER

The previous chapters explored kinship carers' journeys, their decision to become carers, the absence of support, and the impact of ethnicity. This chapter will explore kinship carers' reflections on their experiences, feelings, and the impact they have had on their lives.

How had life changed?

Kinship carers spoke about the positive and negative ways their lives had changed due to their lifelong commitment to caring for their family members' child(ren).

Impact on the child(ren)

Kinship carers were aware of the impact that being cared for by someone other than their birth parents could have on the children. This was particularly true for children who were looked after and living with a kinship foster carer, as their status was more evident to others due to the involvement of social workers. Some kinship carers, therefore, decided to apply for an SGO, in instances where they felt this would be better for the child's well-being,

It was a fostering placement ... until ... we decided to go for the SGO. Because I always said to them that once [kinship child] starts asking, 'Why do I get called out of class? Why do people come to see me?' Then, I would go for the SGO because I don't want my son to feel different to his siblings.

(Asian Pakistani, Aunt)

Many kinship carers described the positive changes to the children's lives

We got what we wanted, and now he's absolutely flourishing. He's going to be leaving the school this year ...he's made some amazing friends, very good friends, who understand how he is..

(Asian Indian, Uncle)

Kinship carers explained how they knew they had done the right thing by agreeing to care for children in their family, especially seeing the positive difference in their children. One grandmother described her grandson, the youngest of three that she was caring for, and the way that kinship care had provided him with a place to feel safe and happy,

Oh my gosh, you know how a child should be happy, bouncing; the world is made of rainbows and candy floss? That is him always happy.

(Black Caribbean, Grandmother)

To enable a child to grow up within their own family, their own culture was seen as another positive aspect of kinship care.

They are raised by family, a family that they are familiar with, a culture that they're familiar with, and a way of living that they're familiar with. For me, you can't put a price on that.

(Black Caribbean, Great Aunt)

However, there was also an acknowledgement that for some, these changes came with costs to the family,

As much as I love [kinship child] and don't regret taking her on... I made the right decision. She's happy, she's healthy, she's making amazing progress. I wouldn't change that for the world. But it's really, really caused a lot of problems for me and my family.

(Asian Indian, Aunt)

Positives: I've been able to give him the love. Negatives: I've been on my own trying to give the love.

(Black Caribbean, Aunt)

Kinship carers expressed their surprise at the lack of professional interest in how the children were doing once the child was in their care. They wondered why there was no monitoring of the safety or ongoing needs of these children,

They granted us this guardianship order, and since that time, no one ever even phoned to find out how the child was doing. I kept saying to my husband anything could have happened to this child.

(Grandmother)

There's no support at all. I mean, even all through COVID, there was no enquiry about him from anywhere. He was still at the prep school when COVID was going on, and he was just four. It was absolutely diabolical.

(Black Caribbean, Grandfather)

A grandmother tried to register her grandson for school after her daughter left the child with her. However, he was not on any records. The local authority demanded proof of where the child was living and who had legal responsibility, and this kinship carer had to find proof without any support from Children's Services.

This is how children slip through the net because of the lack of information from social workers and the councils. The council said, 'You can't prove that he's living with you, or you've got rights to him, so we are taking his name off his junior school list.'

(Black Caribbean, Grandmother)

The grandmother was shocked that the local authority did not attempt to find out who had parental responsibility for the child. Their only response was that they would remove his name from the school list. Other grandparents also raised similar concerns about the lack of information about a kinship child after gaining an SGO, saying,

We've moved around a bit, and I always look at things from the worst place, the worst-case scenario. No real tabs are being kept on us. We could almost disappear, However, if there were scheduled meetings or periods when you'd have to report in, maybe just a phone call, 'How's things going? You alright? You're still at this address?' Just some basic things.
(Black Caribbean, Grandfather)

Kinship carers wanted to share their children's progress, to prove the difference that kinship care had made to the child's development and outcomes, but felt no one was interested,

One of the times I contacted [local authority] was when we had placed [kinship child] in nursery and we had, had a meeting with the nursery, and they gave us a good progress report of how he was getting on, how he's developing... I took it upon myself to send a report to [local authority] because they hadn't shown any interest in terms of this child's well-being, this child's development...I know the arguments about being busy and money, lack of funds. However, that child has gone through the system, the child is a child of the state, and the state should have a certain amount of interest in that child. There should be greater interest.
(Black Caribbean, Grandfather)

Kinship carers also voiced concerns about the lack of opportunity the kinship child was given to be heard independently. A grandmother who had previously been a foster carer, had expected some oversight after taking on the care of three children after the death of their mother, but had received none. She said,

The guardian [local authority] shouldn't drop out until there is a mechanism that gives them confidence that the placement is settled, the children are settled [and] a working plan about getting help. They should not drop out until that has happened. If they [local authority] drop out because of the system, something must replace them. The children should still have access to voice to ensure that the social worker looks at the social side of things, 'How are you getting on at school? Got friends? How are you getting on at home? Are you eating well? Are you drinking well?'
(Black Caribbean, Grandmother)

Changes in the self

Kinship carers described the changes they had noticed in themselves from learning new skills or personal development or in experiencing feelings of happiness and contentment, as in these examples,

It has perhaps helped me to be more empathetic towards others. She brings a sense of joy and reality to my life.
(Black Caribbean/White, Uncle)

I've had to learn to be patient ... give more leeway, or adjust to the fact that she's still learning. She's young, she doesn't understand, and it's for me to teach her.

(Black Caribbean, Aunt)

One carer beautifully illustrated the things she had gained, with a touch of realism about things that were difficult,

They've enriched my life in lots of ways, but then there are also, and I'm not going to lie, moments where I think, if I didn't have them, I'd still be living my best life. ... I wouldn't have to put an extension on my house and re-mortgage. Things like holidays ... having to stop and think of making them child-friendly holidays. The other side is that we have been to museums that I hadn't been to since I was a child [which] is great. ... Would I have got there myself if I didn't have the children? Would I have made some of the friends around here that I've made if I didn't have the children?

(Asian Indian, Aunt)

It was heartening to hear the positive ways in which the role of a kinship carer had had an impact. However, with the positives were many challenges faced by kinship carers.

Challenges faced by kinship carers

Children's complex behaviours

Many of the children had physical or mental health diagnoses (often after they had been placed with kinship carers). These diagnoses and issues with behaviour were challenging at home and school, as in these examples,

I went through so much over the summer, and at one point, I almost physically packed his stuff up and took him to the Local Authority.

(Black Caribbean, Grandmother)

When he was 11, he went to a secondary school I knew it was too dangerous for him because, in the blink of an eye, he would run away, and I thought I would find him dead somewhere. And that's what happened. He'd run away and go into people's houses, and within a month, he had to be placed in an emergency meeting, and then he had to be placed in a special school.

(Asian Indian, Grandmother)

Children displayed behaviours that indicated they might have a neurodevelopmental condition such as ADHD or autism but it was often difficult to get a diagnosis or support with the resultant behaviours. Kinship carers were often also trying to manage complex behaviours in more than one child, as this cousin explained,

The eldest daughter, I think she's got ADHD. The middle one, I suspect, and the play therapist thinks this as well, has ADHD, autism and dyspraxia. The little one, he'll get angry. He's got quite a temper, and he'll scream in my face, and he'll kick me, and he'll walk off and come back and kick me again.

(Black Caribbean, Second cousin)

Kinship carers had not been advised or received any information about the financial support that might be available for children with a disability. One carer explained that she was only made aware that she might be entitled to the disability living allowance because another kinship carer had suggested the possibility,

He has an issue with bed wetting; this is ongoing, and it's caused by anxiety. We had early intervention help just before COVID ... helped me get a waterproof mattress, waterproof duvet, and pillowcases ... Every day, I washed until I said, 'Can I get some funding to help buy this mattress?'. Nothing. Nothing. I bought it with my own money until another special guardianship mum asked, 'Are you getting disability fund or disability allowance for your grandson?' ... I did not know I could get all this for my grandson. They didn't tell me anything.

(Black Caribbean, Grandmother)

The additional needs of these children added another layer of strain on kinship carers, who not only had to manage the behaviours and respond to the needs of the child but also tried to secure either a diagnosis or avenues of support for the child.

Lack of money

A recurring theme was the financial difficulties kinship carers faced. Any ongoing financial support was subject to means-testing by the local authority, which meant that some kinship carers were entitled to very little monetary support for themselves and their children.

Because I was working, which I find to be incredulous, suddenly the money was reduced because I had to present my payslips, bank statements, and so on, which is one area that really baffles me. Before [kinship child] came into our lives, we had planned what we were going to do in retirement.

(Black African, Grandmother)

Often, the money provided for the care of the child(ren) was used by kinship carers for additional enrichment activities.

Child benefit and guardianship money, that virtually goes on all the extracurricular [activities].

(Asian Indian, Grandmother)

Some relationships had broken down, and the adults had separated, attributed to the additional pressures of being a kinship carer. Separations further exacerbated the financial situation of an aunt, and the SGO allowance was essential,

If it weren't for the finance that I was getting for my niece ... I don't know if I would've survived without the extra money that was coming in.

(Asian other, Aunt)

Some kinship carers found themselves getting into financial difficulties because they were unaware of the support that should have been provided and were contributing to costs they could not afford. Carers spoke about loans, debts and rent arrears. A few kinship carers reported that they had used food banks on occasion,

Occasionally, we use food banks at the school. Occasionally they give us something in the bag. It's weekly.

(Black African, Grandmother)

However, most kinship carers tried to make do with what they had and made a conscious effort to budget when food shopping,

Even though the money is not enough, I try to budget ... I know the shops to go to, to be able to get the things you want. Everything is so expensive.

(Black African, Grandmother)

Some kinship carers had to take on additional work to support the family, which placed extra pressure on them and their caring responsibilities,

I do tend to take on... an extra night shift ... I do the normal day - I work 36 hours a week in my normal job, but sometimes I do take on extra little bits here and there when I can. ... Everybody in kinship says the same, they all struggle financially. That's the reason I'm taking extra shifts because I struggle financially because my husband is not working at the moment. He is busy looking after the boys and looking after my in-laws. Also, his health is not 100%, so that's why we juggle it.

(Asian Indian, Grandmother)

The financial challenges faced by kinship carers made their caring role more difficult. Most carers said that they struggled to manage day-to-day costs.

Sacrifices made by carers

Kinship carers described the sacrifices they had to make to ensure that they could provide the care their children needed. There were financial losses, giving up the freedom they had, and for one carer, sacrificing her life with her children and husband in her home country.

My experiences, I wouldn't want anybody to go through because it was really difficult for me. I got depressed, I was tired, being in a country I've never been to in my life. That was my first time coming out of Africa, coming to the UK, everything was strange, the system, the people, the food... So I just have to sacrifice myself, my life, everything; I don't have any time for myself.

(Black African, Aunt)

Kinship carers who had previously been financially secure were using their savings to help support their child,

It hurts me, but I had some savings to buy a house and all that went because I had to pay his nursery fees, which was £1000 a month.

(Black Caribbean, Grandmother)

The priorities of kinship carers had had to change, and the focus was now on their child.

It's like a sacrifice, isn't it? My life is non-existent. Everybody comments on that. 'You're only living for this grandson?' It's something that everybody says; it's even become a joke.

(Black African, Grandmother)

The whole family felt the sacrifice,

We've had to cut back on a lot of things. We don't eat out; we don't go on day trips. We don't do half of the things that we used to a few years ago, but it's just the way it is.

(Asian other, Aunt)

Many kinship caregivers had to give up work or adjust their working patterns to accommodate their new responsibilities. Carers described the juggling act of meeting work commitments and being available for their children as in this extract,

I was working full-time, and then I had to go down to part-time because it was a bit too much for me. I used to work nights, and I used to leave work and come home and do the things you have to do. Sometimes, because he [child] had appointments, I couldn't sleep, so I had to change my complete lifestyle. So, instead of working full time, I went down to three days a week.

(Black Caribbean, Grandmother)

A few carers were supported by their employers, who enabled the carer to continue working and be around for their children.

My manager at work was so supportive. I told her, when the boys come, financially, it's going to be so much more, so could she change me from part-time to full-time? Then I'd have to sort out childcare. But she said, 'I'll keep you on part-time hours, and then I'll just give you overtime whenever you want it, whatever you need.'

(Black Caribbean, Grandmother)

This carer was able to continue working until she was forced to give up due to poor health. Having a supportive employer allowed her to support and care for her children by being there for them and supplementing her part-time salary. Others, however, felt the role of kinship carer harmed their career, and their employers were unable (or willing) to support them as in this account,

I did approach work after talking to Kinship [charity] and spoke about kinship leave... They went away and came back and said, "We sympathise with your situation and really wish we could do something to help but until it becomes the law our hands are tied." A few weeks later my role was put at risk and then I was made redundant.

(Asian Indian, Aunt)

Impact on the carer's health and well-being

Kinship carers spoke about the impact of the experience of being a carer, with particular reference to the effect on their physical and mental health. Some carers talked about the long-term effects of the initial stress when the child(ren) arrived,

I still feel the trauma in my system. I didn't really get help from them.

(Black African, Aunt)

One carer described the changes she had to make to accommodate her grandson, who had complex additional needs, as well as caring for an unwell husband,

Because of all this running around, I went into a depression. My husband is a diagnosed diabetic. Straight away when [the kinship child] came to us, we had to move house because the house we were living in was so dangerous. The doorstep was just opening onto the main road. So, we had to move house.

(Asian Indian, Grandmother)

Some kinship carers were sharing a bedroom with the child and could not see a way to make their living arrangements better, saying,

I've been in bed crying so stressed out, thinking, can I even continue to do this? He could be 16 [before we are moved]. They [Housing Department] said things like, 'You could make your front room into a bedroom.' I've got a one-bedroom flat, and I haven't got a mansion. You know, it's just that's not helpful.

(Black Caribbean, Aunt)

A carer reflected on how deciding to care for her niece had a knock-on effect on multiple aspects of her life. She hadn't realised what the added responsibility would mean for her life.

My sciatica was getting a lot worse. I was in agony. I felt so old, didn't have the energy, like my body was giving up on me. So physically, going through everything with my daughter, splitting up with my partner, and having three children instead of two. Everything that changed in my life just took a toll on my body and my own well-being. Eventually, it wasn't an easy decision; it was very, very hard. But in the end, I decided that my own health and well-being, and my children's health and well-being, was a lot more valuable than going to work and getting paid and paying the bills. So, financially I've taken a very drastic cut. I'm a lot worse off without having the security of an income.

(Asian other, Aunt)

Some kinship carers felt that family relationships, particularly with the birth parents, had suffered as a result of them caring for the child(ren). For another carer, the family issues had consequences for her mental health,

Negatives - the family dynamic has changed, the relationship with my sister has changed, and mentally, it has been a struggle, especially with anxiety. I worry now about everything.

(Black Caribbean, Aunt)

Relationship with partners

Being a kinship carer puts pressure on the carers' relationships, leading to relationship breakdowns even when their partners had initially been supportive.

The number one problem was that my partner and I started to see our roles as parents and our priorities differently. Mainly because my younger daughter had a lot of jealousy...It caused a lot of friction between my partner and me because he blamed [kinship child] for coming to live with us for the change in my daughter's behaviour.

(Asian other, Aunt)

Kinship carers were mindful of their adult relationships and how a new partner might impact the child. Carers in new relationships spoke about having to navigate how the relationship might progress, given that there was a child to consider, as in this example,

I've been trying to protect her. I don't want to keep bringing too many people into her life. That has had an impact on my new relationship because it hasn't progressed as quickly ... because there's now a child involved.

(Black Caribbean/White, Uncle)

Another carer had experienced a marriage breakdown while being a carer for more than five children. She had planned to remarry abroad, but as a family and friends foster carer, certain restrictions were placed on her, and she was unable to progress this as she would ordinarily have done, saying,

I was supposed to get married. I told [social workers] eight, nine months in advance to arrange some care for three weeks for the children. They failed to do that and they said, "We can't find anybody, blah, blah, blah, blah." And then I said, 'Okay, my sister, she's the only one who could obviously do it.' Even then, there were 101 questions. I'm thinking, 'You know what, you can't really ask ... it's not fair because it's my wedding and my sister is supposed to be there. Am I willing to sacrifice my own happiness?'

(Asian Pakistani, Cousin)

Impact on children already living in the home

A key concern of kinship carers with birth children also living in the home was the impact of the upheaval that came with an additional child/ren moving into the house; as an aunt explained,

What really upsets me is, what about my son? Because he is really emotionally struggling. He does not understand. And there's only one ELSA [Emotional Literacy Support Assistant] lead in school. So that's the emotional support literacy they do in school. She's got over 300 kids, and she said she's going to try and do some work with him, but she can't do it regularly.

(Asian Pakistani, Aunt)

Carers' focus was on supporting the kinship child, as explained by a sibling kinship carer,

I mean, they [the birth children] were behaved. They just rolled with it, but I think it will have been hard because they lost a part of me. ... I would say bringing them up, 70 to 80% of me I'd give to him, and the rest to them.

(Black Caribbean/White, Sibling)

The children in the family and the kinship child often had a good relationship before the move. However, the change in family dynamics after the move proved difficult to manage, and this kinship carer was not ready for it, saying,

Prior to her living with us permanently, they [daughter and kinship child] were best friends; they were inseparable, they loved each other, and they loved having sleepovers. ... But as soon as [kinship child] came to live with us permanently, something in my younger daughter just changed, and she became insanely jealous. She just couldn't really handle the situation. ... I was very naive thinking that they would just slot into family life and, two children becoming three wouldn't be a problem, wouldn't be an issue at all. I was very, very naive, and there was no way I could have anticipated how it would've panned out.

(Asian other, Aunt)

This carer's daughter had a difficult time adjusting to the new addition to the family, and the carer struggled to find support for her,

I don't know if I'm the only family who had [birth] children... I'm only just learning to understand that what my daughter went through was actually quite traumatic for her. Her life was ripped in front of her, and the safety, the comfort of our home, the life that she knew, it was completely taken away from her. And no wonder she was acting out, no wonder she was becoming insanely jealous and she just didn't know what to do. Over the last couple of years, I found it extremely difficult to get support for my daughter. So, unfortunately, she's had a terrible journey with her mental health.

(Asian other, Aunt)

Additional existing carer responsibilities

When asked about additional responsibilities kinship carers had outside the home, some carers spoke about financial, practical and emotional support for the birth parent alongside raising their child.

The only person I support is my sister, [kinship child's mother]. That can be a bit up and down. If it's her birthday or she's come around for Sunday dinner or something like that and it's late, I'll pay for her cab home that kind of thing. Again, it's food shopping, it's things like [kinship child's] birthday, when she doesn't have anything to give him - that kind of thing.

(Black Caribbean, Aunt)

I'm my sister's emotional carer ... that's another thing which does take me down because I'm emotionally caring for her as well.

(Black Caribbean, Aunt)

Other carers were providing support to help the birth parent recover from physical and mental health conditions or those in recovery from alcohol/ substance misuse problems. Being family meant that there was an additional sense of responsibility and duty to provide this care; as one kinship carer explained,

Since [date], he's been off the drugs, he's been sober, and I've started to also care for him as well. I would go to all his medical appointments, hospital appointments, and psychiatry appointments. I make sure he takes his medication to keep his mental health in line. He's trying to sort out his physical health as well...So I'm the carer for my kids, my mum and dad, and my brother now.

(Asian other, Aunt)

As this carer mentioned, some kinship carers were also caring for ageing parents or parents who were unwell.

Last year, my mum was diagnosed with breast cancer ... She's on the other side of that now, and recovery's going well, but it was caring for the three of them through the last year.

(Asian Indian, Aunt)

Kinship carers also mentioned sending money to family 'back home' (to their home/parents' home country). However, the expectation was that this was more ad hoc than regular payments, alongside responsibility for the day-to-day care of their parents and parents-in-law living in the UK.

Aspirations for the child/ren

There were many reports of kinship carers investing time and money to enrich their child's life with extra-curricular activities and educational opportunities, in addition to addressing their physical, psychological and neurodevelopmental needs. One set of grandparents had used their SGO allowance to pay for a private school, to give their grandson a good educational start,

The SGO money [was used to] put him into nursery and prep school. He was in the nursery from when he was 2½, and he was in prep school till Year 3. After that, the fees were getting too much, so we took him to our local school, which was an outstanding school...We wanted him to get a good grounding in education so that when he goes to school when he goes forward, he can rely on something.

(Black Caribbean, Grandfather)

Another carer had provided her nephews with additional tutoring to help secure a place at a grammar school,

It's positive taking care of the boys because I love them [kinship children] so much, and I'm building them academically. He [kinship child] passed his 11 plus.

(Black African, Aunt)

Financially, kinship carers wanted to ensure that their children had sufficient savings to use as adults, for example, to support their education or to provide the deposit to buy a property.

I put £100 a month away in her savings account. I think she's even got more money than her parents have now.

(Black Caribbean, Aunt)

Kinship carers had high aspirations for their children and wanted to see them succeed. One grandfather voiced his frustration that Children's Services did not seem interested in the children's achievements.

I think that's partly why I'm a bit frustrated that the authorities haven't shown a greater interest in the child's growth and development. I think it'd be such a positive thing for them to promote, say, 'Look, this is what we've done, and look.' Really herald that event, that whole child's life or that area of caring for children in our society, it'd be such a wonderful thing to say, whether it be a political party or the government or the nation.

(Black Caribbean, Grandfather)

Kinship care does not end at 18

One issue that most kinship carers agreed on was that they did not envision an end date to their role as kinship carers. They described how caring responsibilities did not end when a child turned 18 and that was the parenting norm for many Black and Asian families.

Our culture is not very similar to many of our White counterparts. Our children don't leave at 16. They don't leave at 18. In this culture, how are our children going to find accommodation with housing shortages the way that they are? So, being unable to offer them a home for life, you are forcing the children into independent living, which is what I feel the local authority is doing to me now. I don't want to be forcing them out. If my children go to university, great, but they still have a home for life until they're ready to move on and get married or have a partner and move into their own accommodation. It's when they're ready. Not because circumstances mean they have to go into independent living and when they're not ready.

(Black Caribbean, Grandmother)

However, other carers were worried about young people whose disabilities meant that they could not live independently and would need some form of care for the rest of their lives. One struggling grandmother, whose grandchild was now 26 and living in a residential home said,

We are pensioners, we can't afford it. I think my struggle wasn't as bad when he was a 3-year-old. It's now. I bring him home every weekend ... because I don't want him to miss out on family occasions and I don't want him to be left to his own devices in the care home until I am able to do things with him.

(Asian Indian, Grandmother)

To sum up, one aunt spoke for most of the carers when she said:

I know legally it's until 18. That's not where I see my role or my responsibilities stop. As far as I'm concerned, they are my children, and they are for life.

(Asian Indian, Aunt)

However, thinking about the future led to carers recognising their mortality and having to plan and think about their approach to life, as in this example,

I'm even thinking about what if something happens to me. Where will she go? I don't take on dangerous activities. I've taken her out to the fair, Legoland, even at Disney, and I now think, I'm not going on that ride because I don't want to get hurt because if I'm hurt and I can't function, then how am I going to look after her? And that's how I see the world now. Make sure I'm healthy so that I can be there for her. That's what I'm living for; it's like I'm living for her now. That's all I want, and that's what I want to do because I feel like I'm the one that can give her the best part in life, so make sure you're fit and healthy to do it.

(Black Caribbean, Aunt)

Kinship carers had become more mindful of their own health and well-being, as this grandmother explained,

I have battled and fought back with my health. I pay for personal training to do weightlifting. Because I want to be well, I want to run around and look after her and give her the choice of life.

(Asian Indian, Grandmother)

Kinship carers described the positive impact caring had had on the children, in addition to the personal development they saw in themselves. However, the list of challenges they faced as carers was extensive. Kinship carers spoke about the sacrifices they made which included financial sacrifices, sacrifices to family relationships, their careers and also to the carers' own health and well-being. Nevertheless, kinship carers in this sample had high aspirations for the children in their care and were committed to supporting them into adulthood.



If we want something or need something, we have to go back to the beginning of the whole social services process, which is to speak to the duty team and come through the system again, and for me, it's like, are you for real? We've all had a battle trying to get these children somewhere safe, and now, when we need some help, you are going to make it even harder.

(Asian Indian, Aunt)

9. THE SUPPORT KINSHIP CARERS NEED

In the previous chapter, the challenges that many kinship carers faced were reported. Kinship carers were very clear about the kind of support they needed now and support that would have been helpful at the beginning of their journey. A common thread was **timely, clear, and accessible information** that was provided equitably and fairly to all.

What would actually help is knowing what's out there ... giving you advice on what you're entitled to. That kind of information, that's what would be beneficial.

(Black Caribbean, Grandmother)

Carers commented on the lack of transparency, fairness and the variability in the support provided depending on where they lived and whether the child had been in care. For example, saying,

There's no support whatsoever for children who are not in the care system... There's nothing out there. They're just expected to shut up and get on with it.

(Asian Indian, Aunt)

Another carer also thought that social class influenced his ability to access resources rather than being based solely on the child's needs. He said,

I recognise I'm in a fortunate position both professionally because I know how to go about things and who to challenge and who to chase when something needs to be followed up, but then also financially, I'm in a position where I can get [kinship child] fast-tracked to get the support she needs, but that shouldn't be based on socioeconomic circumstances. That should be based on the needs of the child. Not based on how educated or how financially sustainable the guardian is.

(Black Caribbean/White, Uncle)

Support services that were needed at the start of the kinship arrangement

Carers spoke about the support that they wished they had been offered. Most carers mentioned the need for financial support, while others wanted help with housing, managing complex family relationships, and support to meet the child's additional needs.

Financial support

Although kinship carers were grateful for any financial support provided by the local authority or through the benefits system, often, this support was only offered if the carer knew it was available and asked for it and the child had been in care. Carers spoke about their efforts to get financial help,

They gave me Aldi vouchers, which did help. ... They helped me get a toddler bed because I didn't have anything specific for her. They got us a wardrobe, but all those things I had to ask for and only because my friends told me, 'You're entitled to this, and they should have given it to you.'

(Asian Pakistani, Aunt)

I kept writing to the Judge and telling whoever picked up the case how financially strapped I was. I didn't know how I was able to survive. I'm a grandmother and I wouldn't be able to be a proper grandmother to my other grandchildren because all my resources would be taken up looking after my grandson. In Court, [the judge] told them [the social workers] to go and work out how much I would be entitled to and then told them that it would probably be in their best interest that they gave it to me because I'm saving them money.

(Black Caribbean, Grandmother)

Legally recognised 'carer' leave

Carers spoke about having to take time off work to attend meetings, especially appointments associated with securing an SGO. Some employers were more understanding than others, but carers wanted their role recognised in the same way that new parents and adopters were recognised,

In the beginning, they [employers] gave me an afternoon here and a morning there. They were quite supportive and understanding because I told them what was going on. But because it involved me having to take so much time off work, in the end, I had to take time out of my annual leave. Looking back, I would say that although a lot of employers do offer adoptive parents to take time off, I think kinship care is not well recognised. There are no rules to say that an employer has to give you time off when you're going through this process of becoming a kinship carer. I do remember thinking that there should be something that makes it a legal right for us when we need to take time off for a child that is not our own.

(Asian other, Aunt)

Support in finding a suitable home

When asked about having enough space in the home for all family members to live comfortably, most kinship carers said they were struggling with space, location and a decent standard of housing. Two carers described waiting on the housing register for seven years with no satisfactory outcome and little or no contact from the local authority. One said,

I'm still on the housing register. They're not aware of the change in circumstances, and I'm no closer to being housed.

(Black Caribbean, Great Aunt)

In some cases, kinship carers were desperate to move. They felt they had exhausted all avenues of potential help, as in this example:

To this day, we're still at the top of the queue, and we're still waiting, and [kinship child] is getting bigger by the day in terms of maturing and growing. He's got his little friendship group, and I'd love to say, 'Invite them round for dinner, invite them round to hang out'. But we don't have the room, and it's stressing me out. I've written to the MP twice. I've written complaints to the Council. Last year I spoke to the post-permanency team to say, "Can you find out what's going on? Can you ask a question? What's taking so long?" All you get is, "You are top of the queue." You're top of the queue, but nothing.

(Black Caribbean, Aunt)

Lack of space was not the only issue; the standard of housing also posed a considerable problem for some carers,

I'd say there's no actual space because the council transferred us to [new location], and we had to take whatever was there. After that, we had to be in temporary accommodation for two years and then apply for a property. I just went for the first one because the property that we were in had mice and cockroaches ... so I just moved to the first one.

(Black Caribbean, Grandmother)

Ongoing support services needed

A point of contact

When asked about what ongoing support would be helpful, most kinship carers were clear that it was vital that they had access to local authority support services. Currently, many found that this was not provided saying,

I'd like social services to check in on us regularly to find out how we are getting on. Whether there are any issues that need to be resolved, with [kinship child's] care in particular

(Black African, Grandmother)

Most kinship carers felt that having a point of contact to answer queries or alleviate any worries would be helpful.

You feel like sometimes you need to talk [Children's Services]. You call them, and there's no one available to talk to you. Then they'll send an email to the duty social worker; it seems such a long – you can't get instant, like if you're having a moment you don't feel they are there.

(Black Caribbean, Second cousin)

Kinship carers spoke about needing support to manage the children's changing needs over time, particularly when the children had come to them as babies or young children.

When a child comes to you as a newborn baby, how on earth are you expected to plan for what she's going to need for the next 18 years but not know how this is going to turn out and then have no review? I think the system is broken in that sense.

(Black Caribbean/White, Uncle)

As this report has highlighted, kinship carers were amazed by the lack of oversight and contact from Children's Services. Carers thought that ongoing contact was necessary not only to monitor a child's changing needs but also to ensure that they were well cared for by their families.

Supporting family contact

The majority of kinship carers reported considerable difficulties maintaining contact between their kinship children and their birth parents. Initially, the local authority often provided support, but once an SGO was in place, kinship carers were expected to manage contact arrangements despite ruptured and complex relationships. Managing contact was a continuous source of stress and upset for carers, as in these examples,

We still haven't resolved how to manage the relationship with the mum. I think she's taken whatever acrimony she felt towards the dad, and she's directed that at us now. You can't have a simple 'Can we change one of the visiting days to allow for tuition?' without getting a barrage of abuse from her.

(Asian Indian, Aunt)

Kinship carers wanted social workers to develop the contact plan, set the boundaries and be the point of authority so that birth parents and the extended family might be more likely to cooperate; as this carer explained,

In the family group conference, we had the [contact] discussion without the social worker. Then he [the social worker] came back in. He should have been there to set the boundaries, to outline exactly what this means...But the social worker did not put his foot down and say, 'I'm drawing the boundaries.' That's what he should have been there for, to decide.

(Asian Pakistani, Aunt)

In this case, the carer felt that she could not exert any authority or set any boundaries as she was dealing with her niece's grandfather, an elder, and culturally she was expected to treat him with respect. Even in instances where the carer was unable to facilitate contact due to a court order, Children's Services would not intervene, as in this example,

Once the SGO came in, social care would not oversee the contact. That was my responsibility. So, I was then like, 'How am I going to manage the contact if I've got a court order that prevents my brother from being anywhere near me?'

(Black Caribbean/White, Uncle)

The absence of any mediation or contact support added extra pressure and additional burden of responsibility on kinship carers.

Kinship carers did see the benefit of engaging positively with their child's extended families and facilitated contact when able,

The children now go and visit their other grandparents once a fortnight...once a month, they have a sleepover, and one of the days is just a day visit. I think it's also useful because they [other grandparents] are of White Irish background, and it gives them [the children] both backgrounds. They go to a Church of England school, and they are also going to start one of our Indian cultural schools on a Sunday morning. So, we are trying to maintain both cultures.

(Asian Indian, Grandmother)

However, the lack of support in contact arrangements also meant that when children came back from contact visits distressed or dysregulated, the carers were left to manage without any advice, as in this example,

When he goes to see his maternal family and comes back, you can see a change in his behaviour. There are no boundaries, no restrictions, and he likes that, so when he comes back, it's readjusting.

(Black Caribbean, Grandmother)

Providing respite care

Kinship carers were tired. They were raising a child from their own extended families alongside existing responsibilities but with no additional support. Kinship carers needed access to means that would allow them to take a break, typically known as respite.

It would've been wonderful. It would be wonderful. I'm sure my wife would [appreciate it] if the system was in place so we could have a weekend respite.

(Black Caribbean, Grandfather)

Kinship carers reported feeling under pressure and having multiple, sometimes conflicting priorities. The mental and emotional burden meant that these carers were in danger of burnout.

I even emailed the SGO team, saying I'm mentally exhausted.

(Asian Pakistani, Aunt)

If it's connecting kinship, whatever you want to call it, there should always be a backup plan. If a carer falls ill, what is going to be put in place? I think no one does that. No one thinks long-term.

(Black Caribbean, Second cousin)

I ask for support and for respite. They don't do respite because that's a different scenario, and it's complicated, allegedly, but I don't know.

(Black Caribbean, Grandmother)

Despite describing that they needed a mental and physical break, kinship carers also shared feelings of guilt associated with needing a break. Kinship carers were also concerned about where their child would go if they needed a break and the impact on their child, as in these examples,

I wouldn't feel comfortable going out knowing I've left them with someone just for a day out. I feel like I should be with them. I think because they've had so much neglect you don't want them to feel like you're not there, you don't love them because everything is black and white.

(Black Caribbean, Second cousin)

I don't want her going to strangers and thinking that when I feel like it, I'll palm her off to this person and that person. That's going to make her feel like a latchkey kid, and that's something I didn't want for her. It's going to be either the parents or me now or one of the two, maybe school members, who she will have sleepovers with now and then. And that's nice, but for anyone else, I think it'd just be not nice for her.

(Black Caribbean, Aunt)

Kinship carers felt that the local authority should provide some respite for carers, as they might do for foster carers, to lessen the burden and ensure that kinship carers could continue caring for their child.

I think that there should be some service that is offered to special guardians for respite. I get no respite. I work full-time. I leave my house at half seven in the morning, so I have to take [kinship child] to breakfast club. I finish work at six o'clock. I then have to collect her at half past six, bring her home, make her dinner, do her homework, put her to bed, and then once she's gone to bed, I catch up on the work that I've not been able to do. It's the same vicious cycle every week.
(Black Caribbean/White, Uncle)

If the local authority could not support kinship carers in providing alternative care for their children if and when needed, kinship carers suggested that a financial offer should be made to cover the cost of childcare.

I think more financial help would be appreciated because sometimes we have to leave [kinship child] with a childminder if we are going somewhere we can't take her. I mean, [kinship child] is like my handbag; I take her everywhere...but if you want her in a safe environment until you get back from wherever you're going, you have to fork out the money.
(Black African, Grandmother)

Support for the kinship child

Additional needs and behavioural issues kinship children were facing highlighted another area where kinship carers did not feel supported by Children's Services. Many of the kinship children had been exposed to trauma in the early years, which carers saw manifest either immediately or sometimes over a period of time.

It was so suffocating and so stressful, and you thought he [kinship child] was crazy. His behaviour was so off the wall, which I'm not used to. Never once did social care say, 'Oh, have you been to the doctor? Has he got ADHD?' Or, 'Maybe you should look at getting an EHCP and sending him to this school.' Or, 'Have you applied for DLA?'
(Black Caribbean/White, Sibling)

Some kinship carers were adamant that their children had undiagnosed needs and that these needs should have been supported but did not know where or how to access the right interventions,

She has been missed. I believe she should have been diagnosed with something and got certain help, but it wasn't given, so she deals with things the way she deals with them.
(Black Caribbean, Stepmother)

One kinship carer explained why she had decided to become a family and friends kinship carer instead of obtaining an SGO. Her decision was made mainly on the basis that her niece had additional needs that would need continuing support,

If [kinship child] fully understood and she didn't have a disability, I more than likely probably would have gone for full guardianship because I didn't want her to feel like a child in care. I wouldn't want her to go through that, but because she is excited whenever her social worker does come here and she is coming tomorrow, she has a life story with her, and she enjoys all that. For her, that's her time with them, and that's absolutely fine because she's happy, and that's all that matters. ...Some teenagers at that age probably would have been, 'Oh, for crying out loud, why is the social worker coming again? I don't want to go through this anymore. Why am I the child in care? Why can't I feel like a family?'

(Asian other, Aunt)

Similar to all children (e.g., adopted, fostered) who are not living with their parents after separation, trauma or abuse, kinship children too need (especially as they get older) to have a good understanding of how and why the arrangement came about. Understanding one's life story is associated with better well-being and developing a secure identity. However, for children in kinship care, this aspect of supporting development was not at all consistent. Unlike the previous account, another aunt described receiving a life storybook through the post without an explanation of what it was or what to do with it. She said,

They were so quick to want to close the case, get the SGO done, and social services out of the picture. Her social worker posted her life storybook through my letter box. I mean, I'd heard of it after, but I knew nothing like that at all.

(Asian Pakistani, Aunt)

One carer explained how Children's Services was unable or unwilling to provide her with basic information about the children's history,

To this day, I do not know if the children have ever been in care. Social services can't tell me, virtual schools can't tell me and I'm saying, do you know the impact of this going forward for them?

(Asian Indian, Aunt)

Some carers were also concerned about how to talk to their child about the circumstances that led to them living with a family member instead of their birth parents. They wanted to be supported by a professional who had experience of life story work,

There's that other side of social media that frightens me, that she will probably be able to find out a lot at some point around that. This is why I want the social worker involved to clearly tell her, her story.

(Asian Pakistani, Aunt)

Support in schools

The long-term impact of the children's early experiences also posed difficulties in school. Some schools were very proactive and committed to supporting the child(ren) with additional needs, whether these were diagnosed conditions or trauma-related behaviours, but again, this support was not evident in every kinship carer's experience of the education system.

I had his head of year ringing saying, "[kinship child] if you are not in school by 9.00 am, I'm coming to your house!" Then, within seconds, he's up and he is ready. Unfortunately, that head of the year left, so that put a spanner ... and now we have a new head of year - not interested in engaging.

(Black Caribbean, Grandmother)

Another carer described difficulties with the youngest child's behaviour, as she had problems making friends and had a diagnosed special educational need. However, the child's secondary school was not informed of any learning issues when she transitioned from primary school, which resulted in her missing a great deal of education and falling behind,

They kept excluding her for things like if she'd forget her books. She forgets everything. She's very impulsive, you know, things like that. To begin with, they would exclude her. It just kept being exclusion, exclusion, exclusion every time she was at school for the first year of moving to high school. ... She'd go in on a Monday, she would get excluded, and she'd have Tuesday, Wednesday, and Thursday off. She'd go in on a Friday, get another exclusion, and the ball would start again. So, she didn't go to school for more than one or two days a week.

(Black Caribbean, Grandmother)

Improving the visibility of support services for kinship carers

Some kinship carers thought the visibility of the Kinship charity and kinship support groups should be improved, both to kinship carers and services who are supposed to support them (such as Children's services or Cafcass, an organisation that provides independent advice to family courts about what is in the best interests of children and young people). Often, awareness and access to these groups came much later in the carers' journey, but they would have been a valuable resource from the start.

I think the Kinship charity is a great charity, but the problem is unless you go looking into it or do your own research, you're never going to come across this. So, it's a great resource, but the problem was that it's not well known.

(Asian Indian, Uncle)

Support for birth children

Support for birth children was discussed earlier in this report as one of the key challenges that kinship carers with children already in the home faced. Many kinship carers with birth children living in the home highlighted the importance of providing additional support and access to appropriate services for their children if needed.

I think [for] children in the families who are already there, depending on their age, especially if families raise concerns, you should put something in place.

(Asian Pakistani, Aunt)

Children already living in the home needed help with the transition of having another 'sibling' and how that might impact their lives. Kinship carers needed to be offered the appropriate support that would help them care for their birth children while caring for a new child. Carers also needed access to support that could help their birth child(ren) if they were struggling to adjust to the changes within their home.

Support packages

Kinship carers wanted support packages that fell in line with those offered to foster carers, particularly financial help and ongoing support according to the child's needs,

The biggest thing is that kinship care should be on par with foster care and give them [kinship carers] a wage because they are going to have to make sacrifices. If you're a parent, you would still be getting some benefits to an extent, but you don't really get that fully with the needs of these traumatised children.

(Asian Pakistani, Aunt)

If we want something or need something, we have to go back to the beginning of the whole social services process, which is to speak to the duty team and come through the system again, and for me, it's like, are you for real? We've all had a battle trying to get these children somewhere safe, and now, when we need some help, you are going to make it even harder.

(Asian Indian, Aunt)

Kinship carers found it almost impossible to identify the correct service or team to contact with any queries they had about their roles or support needed. This was true for both formal and informal kinship carers. There was a general consensus that the financial support and access to services available to foster carers and adoptive parents should also apply to kinship carers,

I think we should look at everybody the same way. Every carer who provides care to a child that's a looked after child should be put in the same category. There should never be a difference between them, regardless of the way they're caring for someone. As long it's not your child, you're still doing something for somebody else.

(Asian Pakistani, Aunt)

Kinship carers were very clear about the type of support they needed to provide the best care they could for the children they were raising. This support could be divided into support needed at the beginning and, crucially, ongoing support, which was necessary to address changing needs as the child got older and in response to the changing circumstances of the carer.

10. DISCUSSION

In this chapter, we will summarise the report's findings and make recommendations for policy and practice.

Kinship carers profile

Thirty-seven kinship carers, mainly from the Black Caribbean community, participated in this research study. Most carers had a special guardianship order in place, although four were family and friends foster carers and three were informal kinship carers. A more significant proportion of aunts participated in the study than has been reported in previous kinship studies. The ONS census results (2023) and prior research (Selwyn et al., 2013; Wijedasa, 2017; Kinship, 2023) have consistently reported that grandparents predominantly provide kinship care. For carers from Black and Asian communities, aunts may be taking on the kinship role when their parents (i.e. the child's grandparents) are unable to (due to their age, poor health or living overseas), thus supporting both their niece(s)/nephew(s) and their parent(s). This may also account for many of the participants being single kinship carers: most single carers were aunts. Thirteen (35%) kinship carers were in full-time employment, and twelve were struggling financially. It is important to note that most Black and Asian kinship carers participating in this research study had some knowledge of Children's Services, the local authority, Kinship charity and/or kinship support groups. This study has not been able to capture the experiences of many informal kinship carers, some of whom will not even realise they are kinship carers.

Demographic data was compared to explore differences between Black African, Black Caribbean and Asian kinship carers. Given the relatively small sample size of thirty-seven, it was impossible to attribute any differences to the carer's ethnicity. There was a difference in the number of kinship carers participating from the Black Caribbean, Black African and Asian communities. More Black Caribbean carers participated in the research study than Black African or Asian carers. Two of the three informal carers were Black Africans, although one carer was in the process of obtaining an SGO.

Generally, kinship carers were in reasonable health. Although carers reported some ongoing health issues, these health complications were not as prevalent compared with previous research reports. This, in part, might be explained by more younger kinship carers taking part: 74% of kinship carers in this research study were under 60 years old compared with 56% in Kinship's Breaking Point report (2023) and 38% under 55 years in Family Rights Group's survey (Ashley & Braun, 2019). Examining the carer's responses to the health questionnaire revealed that their health concerns were mainly about the experience of pain and feelings of anxiety or depression.

All the carers reported moderate to high levels of strain and stress associated with caring for the child, which reflects the experiences described by carers in previous research (Selwyn et al., 2013). Most carers (89%) also gave accounts of experiencing low levels of support, although on a measure of support many thought they would be able to get support from family or friends. The interview responses reflected the pressure that kinship carers felt they were under and the responsibility they had assumed, often with little or no support. The difference between the scores on the measure and the carer's accounts could be explained by the fact that the support measures asked carers about the support they had access to if needed. For example, did they have someone to take them to the

doctors or to provide emotional support. The support measure did not ask whether the kinship carers had *actually received* any support regularly. So, although the support scores appeared to paint a positive picture, they did not identify the areas in which carers were experiencing stress or strain.

Black and Asian kinship carers' experiences

Many of the experiences of kinship carers in this research study supported previously published research findings, such as having to give up work, feeling that there was no choice in becoming a kinship carer, challenges in managing contact with birth parents, lack of support from statutory services, and financial difficulties (Kinship, 2023; Turner, 2023; McGrath and Ashley, 2021; Hunt, 2020).

Although there were similarities in the experiences of all kinship carers, for Black and Asian carers, their experiences were layered with the complexity of their heritage and ethnicity. In this study, most kinship carers felt that they had no choice but to care for their family member's child, often feeling rushed to make a decision with little information about what options might be available to them. Although this finding replicates earlier research with kinship carers generally, Black kinship carers reflected on the impact of generational trauma stemming from enslavement and colonialism, which served as a strong motivation to ensure that the child remained with their family. The sense of duty ran deep for Black and Asian families as there was an internalised cultural expectation and community expectation from outside, to care for their kin. For carers from Black and Asian communities, there was the added element of fear, where mistrust of services meant that carers did not feel that services would have the family's best interests at heart and that children might be taken into care, despite kinship carers' best efforts to provide good care for the children. Black and Asian kinship carers felt pressured to become special guardians and were not given alternative options. This is reflected in the accounts of White kinship carers in previous research (Selwyn et al., 2013; Kinship, 2024b).

Kinship carers told us that social workers changed often and were rarely the same ethnicity as the kinship carers. It was noted by some carers that shared ethnicity might have had an added benefit as the social worker would understand them as a result of familiarity and shared culture (Waddell et al., 2022; Mohamed, 2023). An example would be understanding the importance of children in kinship care maintaining a link to their culture and heritage via food, religious and cultural practices. Interestingly, however, some carers who did have social workers of the same ethnicity reported that they felt their workers were obstructive and unsupportive. There may be several reasons for this. Feelings of stigma and shame might cause carers to feel uncomfortable working with a social worker of the same ethnicity due to worry about their private business being shared or known in the wider community. Perhaps a worker of the same ethnicity might be more judgemental or critical in their approach. Although increasing numbers of Black and Asian social workers would be of benefit, given the conflicting views here, it is perhaps more important that all social workers develop cultural competence achieved by a fundamental understanding or a willingness to understand practices other than those with a Eurocentric perspective (Barn & Das, 2016). Local authorities could go a step further and consider the development of cultural humility in their workforce. Whilst cultural competence assumes a knowledge and understanding of the beliefs and values of different cultures, cultural humility calls for a deeper awareness of the limitations of a person's own cultural lens and acknowledgement of others' cultural lens as different but not less than our own (Hook and Davis, 2019).

A report by the Early Intervention Foundation (EIF; Waddell et al. 2022) has explored the experience of ethnic minorities accessing and receiving family support from agencies, including GPs, Child and Adolescent Mental Health Services (CAMHS) and Children's Services. Their respondents described experiences of discrimination and racism and also uncertainty about whether they had been treated fairly. The same uncertainties were described by the kinship carers, who were not always sure whether racism was influencing the decisions that were being made. The carers described not being listened to, a lack of understanding, feeling judged, and assumptions made based on their ethnicity. They spoke about being overlooked in favour of White relatives, even when those relatives had not expressed an interest in caring for the child. The EIF (Waddell et al. 2022) report also highlighted a lack of awareness of the available support and how to access services. This was also the experience of the kinship carers, combined with the additional pressures of living in larger households, a lack of space, financial difficulties and supporting/caring for other family members, which meant that not only were kinship carers very stretched, but they were also deterred from seeking help from services they felt had abandoned them.

Most kinship carers indicated that they needed more support, but securing that support involved carers giving more of their time, which was difficult due to competing familial demands and the challenges associated with lower socio-economic status. These factors could also undermine the resilience of the carers. Kinship carers often spent time and effort seeking out essential resources rather than being signposted to them by services. When services were identified, kinship carers talked about the difficulties they had in accessing these services, again describing extensive efforts to obtain the help that they (and their children) needed.

Absence of support

The absence of support from services was a vital issue for all kinship carers. Kinship carers highlighted the lack of readily available information and advice and little or no financial assistance, which made their role more difficult (McGrath and Ashley, 2021). Most of the kinship carers in this research study gave accounts of asking for help only to be told there was nothing available. Although this experience is also widely reported by White kinship carers, when thinking about their experiences with services, at times, Black and Asian carers struggled to name the reasons they felt that they were not offered support, even when they felt that they might have been treated differently because of their ethnicity. A history of oppression as a result of colonisation can lead to racialised minorities internalising negative beliefs (David, 2014; Nadal & King et al., 2021), which can make it challenging to attribute actions to racism.

The assumptions made by professionals about the support that extended family members would provide for Black and Asian kinship carers were very unhelpful. Local authority workers assumed that families had the support of a close and expansive extended network, but in reality, kinship carers often supported other relatives financially, practically and emotionally. Furthermore, kinship carers described how, over time, the extended family disengaged, and the carers were mostly left responsible for raising the child.

Given their caring responsibilities, kinship carers spoke about needing to have a break from their caring responsibilities although they also described feelings of guilt about this as they did not want their children to feel that they were a burden. Interestingly, Kinship's (McGrath & Ashley, 2021) annual survey reported that most kinship carers did not regard respite as an opportunity to get away from the children. Instead, they regarded it as a chance to catch up on daily tasks while their children were

at school or to take a family holiday together. This suggests that the term 'respite' might be used or thought of differently in kinship care, since in foster care, it generally means a longer break from the children.

The lack of support and the impact of entrenched narratives based on ethnic and racial assumptions of the local authorities left the kinship carers in this research study feeling disempowered and disillusioned, subsequently disengaging from services. This rational disengagement is a response to services that are seen as complacent, neglectful and indifferent by the families they intend to support. In addition, carers were bewildered at how professionals could place a child with them and show no further interest or concern in their progress or well-being.

Income, housing and employment

Kinship carers were unprepared for the financial burden that caring for a family member's child(ren) would place on them. This finding supports previous research, which found that financial difficulties were often cited as one of the main challenges kinship carers faced (McGrath & Ashley, 2021; Kinship, 2023). Some Black and Asian carers had additional financial responsibilities as they were expected to send money to support family members in other countries. The majority of Black and Asian kinship carers in this study were struggling financially, although few had utilised a food bank. Nonetheless, they reported needing to use support from friends and/or family or practices such as buying reduced food items or sticking to a strict budget. Kinship carers' pride might have impacted their willingness to accept help from services in the community. For many Black and Asian families, it is ingrained that help is kept within the family and kinship carers may be sensitive to accepting what they see as charity, for example, used clothing or food banks. Pride and shame might also influence how transparent kinship carers are about their experiences.

Some carers in this research study reported less than adequate housing to raise their family, often remaining on housing waiting lists for years. Unsuitable housing was also highlighted by 21% of respondents in Kinship's 2021 annual survey (McGrath and Ashley, 2021). The added complexity of ethnicity meant that accepting a new place to live was not straightforward, particularly for Black carers. Another issue was that the type of housing and location of the accommodation offered was not always appropriate for raising Black boys. Carers felt that the children's gender and ethnicity could make them more vulnerable to grooming by gangs or victims of serious youth violence when offered housing on certain housing estates. Suitable social housing posed a particular problem for the Black kinship families as there was less availability of housing to accommodate larger households. Local authorities must pay attention to contextual safeguarding and racialised risks (Firmin, 2020). Additionally, more efforts are required to ensure Black and Asian families are not penalised because they are living with (and possibly caring for) multiple family members.

The Black and Asian kinship carers in this research study were slightly younger than those reported in previous research and more likely to be of employment age, reflected by the fact that 35% of the sample was in full-time employment. However, the interviews highlighted the challenges that kinship carers faced in employment, particularly when their carer status was not recognised by their employer. The emotional and behavioural needs of the child also contributed to the carer's ability to remain in work. These challenges have been reported previously by the charity Kinship (Turner, 2023) and their Kinship Friendly Employers scheme is working with businesses to encourage them to support kinship carer employees, including providing paid kinship leave on a par with statutory adoption leave (Kinship, n.d.). New guidance for employers about supporting kinship carers in the

workplace was released in December 2023 (DfE, 2023c), and its impact has yet to be evaluated. As part of the Kinship Care Strategy (2023b), the DfE committed to providing their kinship carer employees with a pay and leave offer.

Kinship carers, family and community

A similarity with previous research with White kinship carers was that conflict with birth parents or other family members could cause considerable additional stress (Farmer, 2009; Wellard et al., 2017; McGrath & Ashley, 2021). However, for Black and Asian families, cultural norms, multi-generational households, and family dynamics had also to be considered. Maintaining respect for 'elders' often had to be kept in mind when navigating contact with birth parents and extended family, which made it difficult for some carers to manage boundaries, expectations and relationships with extended family. Some Black and Asian carers in multi-generational households were also caring for other family members, such as their parents or in-laws.

As noted in this report, multi-generational households often meant that kinship carers had competing caring demands placed on them. Interestingly, the interviews revealed two Black African informal carers in their twenties who had assumed the primary role of caregiver for their nieces, lived with their own mothers (child's grandmother). The experience of these younger kinship carers might suggest a slightly different approach in Black African families, where the younger family members took on responsibility for the children but were not expected to provide care for their own parents (perhaps because their parents were relatively young and less likely to have age-related health problems).

The impact of caring was also felt in spousal relationships and on birth children already living in the home. Where kinship carers spoke about their relationship breakdowns, their role as a carer was often cited as one of the reasons, if not the reason for the breakdown. For kinship carers also caring for birth children (mostly aunts), there was an acknowledgement that they had put the needs of the child they were caring for ahead of their own children's needs, expressed guilt about this and importantly some noted the adverse impact on their own children, both in the short and long term. It is important to note therefore that the impact of the kinship care arrangement had caused considerable harm to their families. This reflects what we already know White kinship carers are saying about how their role affected their relationships with family in their households (McGrath, 2021; Turner, 2022), although it could be argued that too little attention has until now been paid to these issues (Tatton, 2024).

The long-term commitment to caring for the child(ren) was expressed by carers in this sample and has been reported in previous research into kinship care. It appears that the decision to care for a family member's child is seen as a permanent solution for most kinship carers. The sense of duty begins with keeping the child out of the care system and within the family but continues for as long as the child needs it. Kinship's 2021 annual survey (Kinship, 2021) found that 96% of kinship carers believe the children will live with them permanently, and only 2% did not expect the kinship child to live with them beyond 18. Black and Asian carers described their commitment to providing the children they were caring for with strong foundations on which to build their futures. They were determined to help their children succeed academically and financially, with some kinship carers trying to save the child's allowance for when they were older. This may be a protective response to the fact that Black and Asian ethnic groups are socioeconomically disadvantaged but highlights the additional responsibility of care on the kinship carer.

Kinship carers relayed the positive impact raising a child from their family had. Many described their personal development and were particularly concerned with staying well and healthy to ensure they were able to continue caring for their children. This was reflected in a report on the impact of COVID-19 on kinship carers (McGrath and Peake, 2020) which reported that carers were afraid of getting ill and worried about what would happen to the children they were caring for. The benefits of remaining with the family were also reported for the child. Families were able to keep siblings together and ensure children had a link with their heritage and identity. Despite this, there were a few examples of kinship children feeling stigmatised by the extended family. Kinship carers sometimes also reported negative attitudes to their children from members of the community.

Support

Support groups were not always seen as places where kinship carers, particularly Asian carers, had the space to access support from peers who had a shared understanding of their culture and background. There were established support groups for Black kinship carers, and these were particularly evident in London. The importance of having a shared history and understanding in support groups was relayed in the interviews with Black carers. When seeking support groups, Black and Asian kinship carers may have had to navigate issues that their White counterparts did not have to think about. For example, attending groups in specific locations, language barriers (for older carers), and attending predominantly White kinship carer groups. There was a need for a safe space where there was already an unspoken shared cultural understanding.

Further understanding of the perceptions of Asian communities about kinship care was discovered by the research team when speaking to community groups at various events. One of the recurring themes was that Asian carers seemed to struggle to comprehend that they would receive help should they be caring for a child within the family. The consensus was that they might be entitled to support if the child they were caring for had a disability or additional needs. This is an important finding and highlights the lack of awareness of kinship care evidenced here in the Asian community, which is potentially also misconstrued by other minority ethnic groups unfamiliar with the term kinship care(r).

Navigating the system and accessing the appropriate support for the children, especially those with additional needs, was very difficult, especially as the resources needed were not universally available. Kinship carers in this research study were disadvantaged across many areas. Carers who were financially secure and/or confident navigating Children's Services were able to address their child's needs ahead of carers who were not so privileged. Where services were failing to support the kinship carers, they were, by proxy, failing the children.

Kinship carers said they needed information, ongoing support tailored to the child's needs, a named point of contact, support for birth children, support with family contact, and a tailored support package that was fit for purpose. This was similar to the needs of kinship carers' responses in previous research, who were struggling financially, emotionally and practically with little or no support from statutory services. However, the research made clear that for Black and Asian carers, these needs were intensified by the lack of cultural competence of professionals who did not appreciate kinship carers' culture and heritage, assumptions made by services about the support carers had from their extended family network, the absence of support groups tailored for specific ethnic groups and the impact of systemic racism on carers and the children they were raising. This is discussed further below in the Recommendations.

Limitations

This research study was subject to limitations particularly concerning recruitment of kinship carers to the study.

Our study focussed on the experiences of Black and Asian kinship carers as they reflect the majority of kinship carers within ethnic minorities. However, we acknowledge that this means that other groups were excluded from participating (and did express an interest in taking part but were unable to). Further research should give all carers from minority ethnic groups, including Eastern European, Turkish, Gypsy, Roma and Traveller families, the opportunity to share their experiences of kinship care.

The research team underestimated the time it would take to build trusted links with community groups to enable the researchers to engage with members of these groups and share information. This is especially important for communities that historically mistrust or are fearful of outside agencies or services. Moreover, more time was needed to raise awareness of the concept of kinship care and kinship carers, particularly within the Asian community, where the assumption was that carers had to be caring for a child with additional needs to be eligible for support.

Given the low number of Black African kinship carers participating in this research study, greater focus should also have been given to engaging with the Black African community. Raising awareness and forging long-lasting links might have enabled more informal kinship carers to come forward and share their experiences.

Regarding the data collection, although most kinship carers shared their financial situation using monthly income and use of food banks, the research study was limited as it did not collect additional information about class and socioeconomic status. However, the focus of the research team was to gather enough information about carers' experiences without the interviews being too burdensome. Future research might consider collecting this information in order to further explore the intersectionality of ethnicity, gender, socioeconomic status and class. Although the current study does provide some evidence of the intersects between health, age, ethnicity and socio-demographic characteristics, this was not the focus of the analysis.

RECOMMENDATIONS

The recommendations below are based on this study's findings. They are separated into the support that kinship carers would have liked at the start of the kinship arrangement and the ongoing support that they need to continue caring for family members' children.

Support services that were needed at the start of the kinship arrangement

➔ Information

A government-funded public awareness campaign that works in partnership with national kinship charities to develop a pathway through local community organisations that are already well placed and connected to marginalised communities is needed. The objective would be to reach and engage kinship carers and raise awareness about the term 'kinship carer' and sources of information, advice and support. Government funding is required to develop a comprehensive national resource pack for kinship carers. This should be co-produced with kinship carers and tailored for different ethnic minority communities. To reach marginalised communities there must be funding to support existing community-based organisations/support groups to engage with and build trust with kinship carers from ethnic minority communities. This would help to enable information to be shared in a meaningful and accessible way.

Information should also be freely available through education settings, health centres, food banks, libraries, and advice centres. It should also be made available online, for example through the Kinship Compass digital information hub. In October 2024, the Department for Education published new kinship care statutory guidance for local authorities in England. This included a new requirement to publish a 'kinship local offer' to provide visible, accessible and up-to-date information for kinship carers on the support available to them, replacing the previous local policy requirement typically published as a 'family and friends care policy'. The government's Children's Wellbeing and Schools Bill includes a new legal duty on local authorities to publish a kinship local offer, strengthening this requirement further. Local authorities should ensure that their kinship local offers include services for kinship carers from Black and Asian communities.

➔ Support in finding a suitable home

All kinship carers should be in suitable standard housing with enough space for the whole family, considering the impact of ethnicity on a family's ability to agree to specific locations. Sufficient social housing for larger households should be made available. Kinship carers should be given a prioritised allocation for social housing, and those with their own homes should have access to funds to extend or adapt their properties when needed. Local authorities must meet their legal obligation to ensure the safeguarding and welfare of children in their area, with specific requirements in policy development, data collection and direct consultations with communities to ensure they are addressing the needs of their Black and Asian minoritised children being raised by relatives in these communities. Local authorities should pay attention to contextual safeguarding and racialised risks (Firmin, 2020).

➔ Statutory right to paid kinship care leave

Kinship carers' roles should be recognised in the same way that new and adoptive parents are recognised, with a statutory right to paid leave at least on a par with adoption pay and leave. Employers should be encouraged to support flexible working arrangements and their offers of support for kinship carer employees, including joining the Kinship Friendly Employers scheme.

➔ Support packages

Kinship carers should receive support packages similar to those offered to foster carers or adoptive parents, but which recognise their own unique needs, strengths and experiences. Children's needs should be assessed, and ongoing support should be planned. All kinship families should be entitled to a written support plan.

Ongoing support services needed

➔ A point of contact

Kinship carers must have access to local authority support services via a named contact or named team. A point of contact should be able to answer specific kinship queries or address concerns. This should be extended to informal kinship carers, amongst whom minoritised communities are disproportionately represented.

➔ Financial support

Financial support should be a standard offer for all kinship carers and should not be subject to means testing or dependent on whether the child was previously looked after. The government should accelerate plans to deliver a trial of a kinship allowance and introduce a consistent financial allowance available to kinship carers across all local authorities in England to support kinship carers with the costs of bringing up their kinship children.

As highlighted by this research, it is necessary to investigate how financial (and other) provision can be made equitable to meet the needs of minoritised kinship carers. We know there are economic inequalities and disparities for many Black and Asian communities (www.trustforLondon.org.uk) and in the current study kinship carers highlighted their socioeconomic status as a barrier to accessing support. Economic study is needed to identify what the greater needs for minoritised carers are.

➔ Supporting family contact

All kinship carers need support to manage ongoing family contact, which is often a source of stress and upset. This is particularly true in Black and Asian families, where there is often an expectation that 'elders' are respected, which can make it difficult for younger carers to set boundaries. Legal orders must only be finalised once the court is confident that the children will be kept safe during contact, that the contact arrangements have been agreed, will be supported if necessary and how they will be reviewed.

➔ Improving the visibility of support services for kinship carers

Signposting to Kinship support groups and charities should be provided by Children's Services and should be included in new policies and the local offer. Kinship support groups for specific ethnic groups – both in person and online – should be available so carers can attend groups with shared cultural understanding.

Social work practice

Children's Services should develop specialist kinship teams or have experienced kinship social workers embedded in looked-after teams. Kinship families would benefit from an annual 'check-in' to identify difficulties early and hear about the child's progress. Good practice needs to be developed in the transition for SEN young people who need ongoing support from adult services. Assessment for kinship carers should be culturally appropriate, implemented with the principle of cultural humility and openness to developing cultural competency.

Safeguarding practice should actively recognise and respond to the racialised risks impacting Black and Asian children. Local authorities should ensure that safeguarding approaches for kinship families account for risks in extra-familial contexts, such as housing estates, neighbourhoods, and peer groups. This includes adopting principles from the Contextual Safeguarding framework (Firmin, 2020) to assess environmental risks and design responses that protect children without disrupting their placements or penalising carers. Local safeguarding partnerships should actively consult with kinship carers and community organisations to better understand these risks and ensure the child's safety, identity, and community belonging are upheld in both policy and practice.

Social work education and training

Kinship care should be included in the curriculum of all professional and post-qualifying social work training programmes, including a focus on the needs of minority ethnic carers.

Improving the collection and recording of data about kinship carers

The National Kinship Care Strategy (2023) highlighted that 'having a better insight into the needs and situations of kinship carers is essential for designing national policies that are effective in improving the outcomes and experiences of kinship carers.' Data about kinship families from annual local authority returns and ONS analysis of the census isn't sufficient to deliver a robust and complete understanding of their demographics and other characteristics. The government should ensure that data is collected and published on all types of kinship families, which includes the ethnicity of both kinship carers and their children.

Support in schools

All children in kinship care should have support in school to address any additional needs. Following the recent extension of the virtual school head role to include a wider group of children in kinship care, virtual schools should ensure that the needs of all kinship children they support are identified and addressed. The unique needs, experiences and strengths of kinship children should be considered in delivery of Virtual School, Pupil Premium Plus, designated teacher and Personal Education Plan support to all of those eligible.

Schools should ensure that staff are fully informed and that complete information is shared when the child moves schools. Schools' policies on bullying need to ensure that all staff are aware that children being brought up by kin may be targeted for taunting or bullying.

Support for the kinship child

This could include developing bespoke services modelled on a version of the Adoption and Special Guardianship Support Fund designed for kinship families, acknowledging the different approaches they need in comparison with adoptive families. Kinship carers should have access to the child's

history and be provided with guidance or support on managing life story work. Children should also be eligible to use advocacy services and be informed of that right.

Providing respite care

Kinship carers should have the option for respite, either directly or indirectly (offering financial support to allow carers to secure paid childcare when needed).

Support for birth children

Birth children should have access to support if needed. This includes priority access to therapeutic assessment or support and support to adjust to a new 'sibling' joining the family. Kinship carers need to be offered appropriate support to help them care for their birth children while caring for a new child.

For additional and regularly-updated information on kinship care policy in England, including current activity, our verdict and what should happen next, please visit Kinship's [online kinship care policy tracker](#).

Conclusion

This research study explored the experiences of Black and Asian kinship carers to address gaps in previous kinship research.

Whilst there were many similarities in the experiences of carers from this sample and previous (predominantly White) research, the impact of ethnicity cannot be overstated. Black and Asian kinship carers in this sample are more likely to live in larger households, in housing that often lacks enough space, in single carer families, and have lower incomes and additional caring responsibilities. This adds to the responsibility carers already carry even before caring for a child within the family and might explain why it is particularly challenging for carers from Black and Asian communities to take on additional caring responsibilities and why they need more tailored support.

Despite the challenges associated with their caring responsibilities, kinship carers reported the positive impact the children had on their lives. Carers described the ways their lives developed as a result of bringing up the children, including a focus on their own health and well-being. They were motivated to do so to provide a safe and stable home where their children could flourish. Carers had high aspirations for the children they were raising and were committed to supporting them into adulthood and beyond.

The racialised nature of the carers' engagement with a system which includes the imposition of a single-lens approach adopted by Black and White professionals tells us that this is a systemic issue. Some carers highlighted experiences of racism and a lack of cultural competence and/or humility, such as a preference for White family members when the child was of Mixed ethnicity or a disregard for the food carers provided for the children. The assumptions that Black and Asian kinship carers always had support from the extended family were often mistaken and so could be harmful. Indeed, carers' reports suggest that Black and Asian kinship carers need more, not less, support from local authorities. Black and Asian kinship carers were often overstretched, and their difficulties in accessing support from services left them feeling abandoned. Furthermore, Black and Asian kinship carers highlighted the need for additional support from authorities to manage contact arrangements with birth parents/family. This was particularly difficult for carers who were expected to maintain respect for 'elders' whilst trying to set boundaries regarding contact.

It is important to note that this report has captured the reflections of mostly formal kinship carers, who have described the many challenges they experience. We know that the majority of minority ethnic kinship carers are likely to be informal carers, who will not be accessing kinship support services. Issues for these carers are therefore likely to be even more pressing.

As shown in the recommendations above, kinship carers need more support for themselves, the children they are raising, and their families. Research, particularly looking at minoritised carers through an economic lens and links to the children's and the carers' outcomes, is also needed. Further work to engage with informal carers, who are more likely to be from minority ethnic communities, is needed to ensure their needs are being met.

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Appendix 1: List of organisations contacted by researchers to support recruitment

LOCATION	ORGANISATION	ORGANISATION PURPOSE	LEVEL
London/Midlands	Families in Harmony	Kinship support	Community
London	Kinship carer's hub	Kinship support	Community
London/Midlands	Foundations	Policy and research	Strategic
Midlands	Nirmal Pure Mind	Deliver health and well-being events for the Asian community - linked to Sikh Gurdwara (temple)	Community
Coventry, Midlands	Sahil Project Study	Mental health and well-being support to Asian community	Community
Coventry, Midlands	Sahara	support groups for Asian elders (55+yrs)	Community
Coventry, Midlands	Coventry Refugee and Migrant Centre		Community
Coventry, Midlands	Wellness Junction	Health and well being for Asian community	Community
Coventry, Midlands	Ekta Unity: Saheli Group	Befriending group	Community
Coventry, Midlands	Voluntary Action Coventry		Community
Coventry, Midlands	Carers Trust Heart of England	Support carers in Midlands	Community
Coventry, Midlands	Hope in Unity	Support for Black elders who are isolated	Community
Coventry, Midlands	The Somali Cultural Resource Centre		Community
Wolverhampton, Midlands	City Council: Sikh Vaisakhi Mela		Community
Coventry, Midlands	Carriers of Hope	Support refugees and asylum seekers in Coventry	Community
Coventry, Midlands	Hope Community Study	Foodbank	Community
National	Muslim Women's Network		Strategic/ Community
Coventry, Midlands	St John Fisher Parish	Church serving largely Black African community	Community

LOCATION	ORGANISATION	ORGANISATION PURPOSE	LEVEL
Coventry, Midlands	GNP Gurdwara	Sikh temple	Community
Coventry, Midlands	Hindu temple	Temple	Community
Birmingham, Midlands	Birmingham Asian Resource Centre	Offers various signposting and advocacy to Asians in Birmingham	Community
Birmingham, Midlands	Birmingham Asian Resource Centre - warm hub	As above, running a warm hub for Asian elders	Community
Coventry, Midlands	Coventry city council	Early help partnership team	Strategic
Coventry, Midlands	Coventry city council	Parenting team	Strategic
Coventry, Midlands	Coventry Virtual School		Strategic
Birmingham, Midlands	Birmingham City Council	Family hubs	Strategic
Birmingham, Midlands	Birmingham Virtual School		Strategic
Black Country, Midlands	The What Centre, Black Country	Provides young people with holistic mental health and well being support	Community
London	Virtual College for vulnerable children and young people with care experience London Borough of Hounslow	Leaving care team providing support to children, young people and families who have left the care system.	Strategic/ Community
Coventry, Midlands	Foleshill Women's Training	Provides training for various skills to Asian women	Community
Wolverhampton, Midlands	Wolverhampton Virtual School		Strategic
Walsall, Midlands	Walsall Virtual School		Strategic
Warks, Midlands	Warwickshire Virtual School		Strategic
Midlands	National Association of Virtual School Heads (Midlands region)		Strategic
London	National Association of Virtual School Heads (London region)		Strategic

LOCATION	ORGANISATION	ORGANISATION PURPOSE	LEVEL
National	CoramBAAF		Strategic
National	Department for Education		Strategic
London	Community Care		Strategic
National	Principal Social Worker Network		Strategic
National	Association of Directors of Children's Services		Strategic
National/London	Family Rights Group		Strategic
National/London	Kinship Care Alliance (members were also contacted separately)		Strategic
London	Black Care Experience Network		Strategic
National	Fostering Network		Strategic
National/London	Become		Strategic
National	Child Outcomes Research Consortium		Strategic
National	Anna Freud Centre		Strategic
National/Birmingham	British Association of Social Workers		Strategic
London	West London SWTP		Strategic
London	Developing Together SWTP		Strategic
London	North London SWTP		Strategic
London	North East London SWTP		Strategic
West Midlands	West Midlands SWTP		Strategic
London	Inclusion Barnet		Strategic/Community
London	CB Plus / Community Barnet		Strategic/Community

LOCATION	ORGANISATION	ORGANISATION PURPOSE	LEVEL
London	Bexley VSC		Strategic/ Community
London	Brent CVS		Strategic/ Community
London	Community Links Bromley		Strategic/ Community
London	Voluntary Action Camden		Strategic/ Community
London	Croydon Voluntary Action		Strategic/ Community
London	Ealing and Hounslow CVS		Strategic/ Community
London	Enfield Voluntary Action		Strategic/ Community
London	Greenwich CVS / Metro GAVS		Strategic/ Community
London	Hackney CVS		Strategic/ Community
London	Sobus / Hammersmith and Fulham CVS		Strategic/ Community
London	Bridge Renewal Trust / Haringey		Strategic/ Community
London	Harrow Co-operative VA		Strategic/ Community
London	Islington Voluntary Action		Strategic/ Community
London	Kensington and Chelsea CVS		Strategic/ Community
London	Lambeth CVS / Integrate		Strategic/ Community
London	Lewisham Local CVS		Strategic/ Community
London	Merton Connected CVS		Strategic/ Community
London	Newham CVS		Strategic/ Community
London	Redbridge CVS		Strategic/ Community
London	Richmond CVS		Strategic/ Community

LOCATION	ORGANISATION	ORGANISATION PURPOSE	LEVEL
London	Community Action Southwark		Strategic/ Community
London	Sutton CVS		Strategic/ Community
London	Tower Hamlet CVS		Strategic/ Community
London	Waltham Forest CVS		Strategic/ Community
London	Wandsworth Care Alliance		Strategic/ Community
London	One Westminster		Strategic/ Community
London	Hairdressers/barbers		Individual
Midlands	Mosque		Community
Midlands	Walsall Kinship Connected support group		Community
Midlands	Afro Caribbean Society		Community
England	68 local authorities with Children's Services responsibility	NE/Yorkshire/East/East Midlands, NW/West Midlands/SW, London/SE)	Strategic/ Community
England	Kinship Charity		Strategic/ Community

Appendix 2: Interview content and analysis

Interviews

Kinship carers were offered the choice of being interviewed online, at home, in a community space, or elsewhere. They could also bring a friend or supporter with them to the interview.

All interviews were completed online (18) or over the telephone (19). Two kinship carers had their partners present for part of the interviews; otherwise, interviews were carried out with individual carers. Interviews ranged from 45 minutes to 2 hours and 1 minute, with the average length being 1 hour and 16 minutes. All interviews were conducted in English; all carers could speak English fluently.

Interview content

The interview content drew on the interviews from an earlier study of informal kinship carers (Selwyn, Farmer et al., 2013). Adaptations were made to the structure and interview questions to align with this study's aims, such as adding questions about whether the carer's ethnicity had impacted the response and services they needed. The final interview schedule followed a chronological structure to ensure that the experiences of Black and Asian kinship carers over time were captured, from the start of their journey to thoughts of the future. The questions were grouped under the following headings: 'Becoming a kinship carer', 'Intervening period', 'The present' and 'The future.' The questions explored the concepts of support (from family and professionals), barriers to accessing support, what would help carers to continue caring for the child(ren), carers' health and well-being, financial strain and whether ethnicity impacted their experiences. The final interview schedule was piloted with a kinship carer to check that the questions were appropriate and that the timing of the interviews was not too burdensome.

Standardised measures

Four measures were chosen to understand kinship carers' health and support needs and to provide some comparisons with the results from the measures used in Kinship's annual survey.

EQ-5D-5L (<https://euroqol.org>) (Herdman et al., 2011)

A short-validated measure (EQ-5D-5L) was incorporated into the interview to understand the parents' health. It is designed to measure a person's subjective health assessment in a broad, 'generic' manner. Its strength lies in its brevity and the ability to measure health in a manner that can be compared across individuals, illnesses and treatments. It is one of the most widely used measures internationally. The descriptive part of the EQ-5D-5L asks about five health dimensions (mobility, self-care, usual activities, pain or discomfort and anxiety/depression). Each of the dimensions has five response levels: no problems, slight problems, moderate problems, severe problems, extreme problems/unable to.

The Warwick-Edinburgh Mental Well-Being Scale²

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) measures a person's well-being over the past 14 days. This study used the same 14-item scale to correspond with the version collected by the Kinship charity in their annual survey. WEMWBS is scored by totalling the scores of each of the 14 items; the total score ranges from 14-70. Higher scores indicate better well-being.

² Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved

Modified Medical Outcomes Social Support Survey (mMOS-SS) (Moser et al. 2012)

The mMOS-SS is a shortened version of the 19-item measure to assess social support. This version has eight items comprised of two subscales covering two domains (emotional and instrumental [tangible] social support). Higher scores indicate more support.

Caregiver Strain Questionnaire (Brannan et al., 2012)

The CGSQ7 is a seven-item measure that assesses the extent to which families of children with emotional and behavioural problems experience additional demands, difficulties, and psychological consequences due to their caregiving role. The measure is scored on two subscales, objective and subjective, on a scale of 0-5. Adding these scores together gives us the total CGSQ7 score (minimum score =2, maximum score=10). Lower scores indicate lower levels of stress.

Analysis

The final transcripts were uploaded into NVivo 12 and coded in a framework matrix. The framework method provides a structured approach to understanding patterns and relationships in data (Ritchie & Spencer, 1994). The data were summarised and coded into a grid, each row representing an interview and each column a theme.

The steps in framework analysis (Gale et al., 2013) require the researcher to first familiarise themselves with the data by reading and re-reading the transcripts. Categories and codes were initially created from the interview questions and responses. The categories were based on the chronological interview approach, with an additional category to reflect ethnicity and religion. The codes within each of these categories were loosely related to the questions in the interviews. These were summarised and became the themes in the matrix (Appendix 3). Ethnicity, type of carer (formal/informal), generation and relationship to the child were recorded for each case within the framework matrix (NVivo allows four attributes of each case to be displayed).

The data collected from the standardised measures were analysed using SPSS v29. Descriptive analyses were conducted on the responses to the measures. This study's sample size was too small to run any statistical tests.

Appendix 3: Framework Matrix

1. Before becoming a kinship carer
 - a. Family structure before kinship care
 - b. Life before kinship care
 - c. Relationship with child

2. Becoming a kinship carer
 - a. How you became a kinship carer
 - b. Choice
 - c. Local authority/Police intervention
 - d. Concerns of carer
 - e. Concerns of family outside the home
 - f. Concerns of family inside the home
 - g. External family support
 - h. Immediate changes to everyday life
 - i. Help needed in the beginning
 - j. Absence of help
 - k. Financial/Practical/Emotional support

3. Intervening period
 - a. Significant events since child arrived
 - b. Impact of events on relationships
 - c. Family relationship with child in the intervening period

4. The present
 - a. Child issues
 - b. Carer health
 - c. Family relationship with child
 - d. Contact with birth parents
 - e. Current support from external agencies
 - f. Barriers to accessing support
 - g. Additional carer responsibilities
 - h. Financial situation

5. The future
 - a. Future plans for child
 - b. Experience of kinship care
 - c. Support to help continue as a kinship carer

About Kinship

We are Kinship. The leading kinship care charity in England and Wales. We're here for kinship carers – friends or family who step up to raise a child when their parents aren't able to.

We are made by and for our community of kinship carers. For too long they have been isolated without the help they need.

Our purpose is to change lives, and change the system.

We support, advise and inform kinship carers. Connecting them so they feel empowered.

Because a child needs the love and warmth of a thriving family.

We develop research, campaigns and policy solutions. Creating positive change across society.

Because for kinship families, love alone is not enough.

And as we see momentum building for change, we keep working with our community and making impact.

Join us. Together, let's commit to change for kinship families.

www.kinship.org.uk

About the Rees Centre

Founded in 2012 the Rees Centre seeks to produce research and evidence that enables practitioners, policymakers and the research community to understand and improve children's social care and education.

Our mission as a research centre is to produce research and evidence which enables practitioners, policymakers and the research community to understand and improve children's social care and education.

Our vision is that children and young people supported by children's social care services have stronger and more stable relationships, better educational outcomes, and better lives. We conduct research to understand the nature and causes of outcomes and to test ideas about how things might improve, to inform policy and practice.

We begin from a commitment to the rights of children, particularly those with a need for care and protection, and to independent research of the highest quality that supports the full realisation of these rights. This requires us to understand the experiences of those interacting with children's social care and the ways the system functions. It requires us to co-design research with those most affected by it and to make our findings accessible to those seeking to act on them.