AN EVALUATION OF KINSHIP CONNECTED FOR GRANDPARENTS PLUS

Final Report

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Publication
The views expressed in this report are the authors' and do not necessarily reflect those of Grandparents Plus.

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EXECUTIVE SUMMARY

Summary of key findings

Kinship carers' needs prior to receiving support through Kinship Connected

One-half of kinship carers reported multiple concerns relating to their children. Concerns were related to their children's behaviour, health and wellbeing, and friendships. Access to the wider family network was not always available to kinship carers due to a breakdown in family relations. One-third had concerns regarding children's contact with parents and children's relationship with parents. Very few kinship carers with a Special Guardianship Order (SGO) had support plans in place and they had received very little or no support from local authorities, or information about their SGO. The majority of kinship carers reported feeling isolated since taking on their caring role. Kinship carers' mental wellbeing was low and they were at risk from, or already experiencing, long-term mental ill-health.

Support provided through Kinship Connected

Kinship carers who engaged with Kinship Connected received one-to-one support from Grandparents Plus Project Worker (PWs) and nearly all kinship carers reported the quality of the support to be good or excellent. Grandparents Plus PWs helped to establish 35 peer-to-peer support groups with the Kinship Connected funding. Three-fifths of kinship carers reported going to the peer-to-peer support groups and two-thirds went regularly (every two weeks). Kinship carers gained a sense of identity and pride in their role as a result of becoming connected to a wider kinship carer community.

Grandparents Plus PWs trained kinship carers in the use of social media. Virtual support groups were beginning to take off, in part due to the coronavirus outbreak, and this allowed kinship carers to remain connected. Support groups in the North East of England, where Grandparents Plus has operated previously, have become self-sustaining. Grandparents Plus continues to invest in training kinship carers to lead local support groups.

Impact

As a result of the support provided, the majority of kinship carers experienced a de-escalation in their concerns about their children's behaviour, health and wellbeing, educational transitions, children's friendships and children's diet. Nearly two-fifths of kinship carers reported an increase in confidence in their parenting role. For a significant minority however, more support was needed to reduce their level of concerns with their children, and concerns regarding some kinship carers' mental wellbeing remained.

Data showed a general trend towards most kinship carers feeling less isolated; there was a marked increase (26 percentage points) from baseline to follow-up (after six months of support) in the number of kinship carers who reported no longer feeling isolated. Kinship carers experienced improved mental wellbeing to above the point at which they would be considered to be at high risk from mental ill-health and depression. The change was found to be statistically significant (Student T-test). The evaluation deployed a comparison group to determine additionality of the programme and, as a result, these findings can be considered attributable to engagement with the Kinship Connected programme.

Total financial benefits of the programme are estimated to be £531,183, or £1,325 per kinship carer. The cost-benefit ratio is 1.20: for every £1 invested in the programme, £1.20 of benefits is estimated to be generated. This equates to a 20% rate of return on investment which compares well with other cost-benefit studies.

Introduction

In 2018 Starks Consulting Ltd with Ecorys were commissioned by Grandparents Plus to evaluate the Kinship Connected model of support for kinship carers and their children. The Kinship Connected programme ran from April 2018 until March 2020 and was joint funded by local authorities; the Department for Digital, Culture, Media and Sport (DCMS); Nesta, as part of the Connected Communities Innovation Fund, and several national and local trusts and foundations.

Kinship carers are relatives or friends who take on the full-time care of children because their parents are not able to care for them. Kinship Connected is primarily a programme of support delivered to kinship carers who have been granted a Special Guardianship Order (SGO) by the courts. The model of support was designed on an asset-based approach, which views the skills, knowledge, and resources available in individuals and communities as a means of finding solutions to the issues people face. Kinship Connected worked with the concept of social action: building local resilience through peer-to-peer volunteering led by kinship carers. The programme was delivered in 17 local authority areas across the North East of England, West Yorkshire and London boroughs, and support was delivered to over 400 kinship carers.

Aims of the evaluation

The key aims of the evaluation were to:

- review the Theory of Change and consider all outcomes and impacts on kinship carers including outcomes for children and young people
- conduct a process evaluation to understand the conditions that influence impact on the kinship carers and, from the local authority perspective, on what has worked
- conduct an impact evaluation using a comparison group to establish the extent to which the impacts can be attributed to the programme
- complete a cost-benefit analysis of the programme to demonstrate efficiency and potential cost savings to the public purse.

Method

The method involved the collection and analysis of qualitative and quantitative data generated through:

- thirteen case studies with kinship carers
- interviews during and at the end of the programme with seven stakeholders (local authority adoption and fostering team managers and SGO support team managers, heads of service at One Adoption West Yorkshire and North London Permanency and Fostering Consortium).
- two workshops with the Grandparents Plus delivery team including the project manager, two project lead co-ordinators, four Grandparents Plus PWs, the project administrator and the project coordinator from Nesta
- analysis of kinship carer baseline (registration) data (n=401) and matched baseline and outcome data records (n=170)
- review of case file data held on the Kinship Connected database
- analysis of the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) matched data (n=163) to identify the impact on mental wellbeing of the kinship carers
- the use of a comparison group (n=63) to evidence the extent to which findings can be attributed to Kinship Connected

- a cost-benefit study to calculate the potential savings made to the public purse by a reduction in kinship carers' mental health concerns or concerns regarding children's behaviour, health and wellbeing.

Key Ethical Considerations

Ethical considerations were a key aspect governing all data collection activities and analysis. Key considerations related to ensuring all participants were informed of the nature of the study, gave their informed consent, and that their data was anonymised and treated as confidential in line with the Data Protection Act 2018.

Key Findings

Evidencing kinship carers' need for support prior to engagement with Kinship Connected

The qualitative and quantitative data evidenced a range of concerns expressed by kinship carers prior to their engagement with Kinship Connected:

- 86% had concerns about their child's development
- 39% had concerns regarding their child's behaviour
- 27% had concerns about their child's health and wellbeing
- 26% of the children they cared for had a diagnosed learning or physical disability
- 23% had concerns about their child's educational transitions
- 19% had concerns about their child's friendships.

Many kinship carers had been caring for the children for many years before receiving support from Kinship Connected. Just 4% had been approved as a special guardian in the last six months indicating a delay in referrals for newly approved special guardians. Forty-one per cent reported their children had been looked after by the local authority immediately before being placed in kinship care. These findings indicate kinship carers had commonly been looking after children with complex needs for many years, without adequate support.

There was considerable frustration among kinship carers over a lack of understanding and support from services, particularly from children's services and schools, about the causes of their children's challenging behaviour. Many children in kinship care struggled to cope with the impact of being removed from their parents and of having been exposed to their parents' difficulties and actions (such as substance misuse, mental health problems, domestic abuse and maltreatment). Many suffered from attachment issues which are displayed through behavioural problems (e.g. anger, fear, clinginess or oppositional behaviour). Other concerns raised by kinship carers related to their child's developmental needs (cognitive, physical and speech and language).

Local authorities are required to make arrangements for the provision of special guardianship information, advice and support services[1], including counselling, mediation and other support. However, despite this requirement,, very few kinship carers said they had received adequate advice or support, and very few special guardians had a support plan in place. Kinship carers' familial profiles showed high levels of isolation (75% reported feeling isolated), low levels of family support and low levels of any wider social support. Their home environment was a concern for some with too few bedrooms and many had given up work to look after their children and consequently experienced financial worries.

Many kinship carers suffered from a lack of confidence in their parenting role. This was due to the poor quality of information they had received, the complexity of the caring role when dealing with children who had experienced a range of adversities with their parents, and low levels of support,. This led to high levels of stress in coping with their challenging circumstances. The average mental wellbeing score (WEMWBS) for the kinship carer population at registration onto Kinship Connected was below the national average and was at a point where kinship carers were considered to be at risk from or were already experiencing, long-term mental ill-health.

Kinship Connected support

Support at the local authority level was delivered by Grandparents Plus PWs who were commissioned for between one to two days per week, per local authority. The range of one-to-one support included emotional and practical support and advice, informal advocacy and help with accessing grants for the home and their children. For some kinship carers, the level of one-to-one support was intensive.

Support from Grandparents Plus PWs was highly valued and feedback from kinship carers on the quality of support was consistently positive.

"I had some fabulous support from her (Grandparents Plus PW) *when I was going through the whole issue with the second child being placed with me. I was so uncertain I would get an SGO for her. She helped me to understand all the issues around parallel planning that the social worker was doing"* (kinship carer).

For others, one-to-one support was less intensive and kinship carers relied more on peer-to-peer support groups where kinship carers shared stories and offered advice. Through taking a social action approach, Grandparents Plus PWs helped to establish 35 peer-to-peer support groups. Over 50 kinship carers received volunteer training which encouraged them to become more involved in raising awareness about kinship care and to take on more responsibility to lead groups.

Peer-to-peer face-to-face groups were supplemented by virtual support groups. After nearly two years of Grandparents Plus trying to reach out to kinship carers through virtual/online methods with limited success, recent events relating to the coronavirus pandemic saw an escalation in engagement in virtual support groups. Grandparents Plus PWs reported they expect virtual support groups will continue without the need for support from Grandparents Plus.

Impact of the support

Kinship Connected made a positive impact on all the key indicators of need. By follow-up (six months after registration on the programme), Kinship Connected had resulted in an increase in:

- kinship carers' confidence in their parenting role (38 percentage points)

"We learn from each other, we talk about things…it helped me realise that his behaviour is normal and not to get so stressed when he kicks off" (kinship carer)

[1] Department for Education (January 2017) Special Guardianship Guidance: Statutory guidance for local authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016).

- kinship carers who stated they had sufficient support 'all of the time' (20 percentage points)
- kinship carers who reported that they never felt isolated (26 percentage points), and a nine percentage point decrease in kinship carers who reported they had 'often' or 'always' felt isolated over the last six months

1.1 The programme had also led to a reduction in kinship carers who were concerned about:

- their children's relationships with their parents (18 percentage points) and in kinship carers who felt concerned about children's contact with parents (11 percentage points)
- their children's behaviour (17 percentage points)
- their children's educational transitions (9 percentage points)
- their children's health and wellbeing (17 percentage points)
- their children's friendships (20 percentage points) and
- their children's eating and diet (18 percentage points).

The data generated through WEMWBS indicated that kinship carers' mental wellbeing improved to above the risk threshold for long-term psychological stress (a score of below 45 out of 70). The average WEMWBS score at baseline for the treatment group (matched baseline and outcome data) was 44.99 out of a possible score of 70, and at outcome was 50.90 out of a possible 70. This gives a 5.90 point difference. The change in their mental wellbeing scores was found to be statistically significant (using a Student T-test).

Kinship carers in the comparison group had not experienced a reduction in their concerns or an increase in their mental wellbeing over the same period. The WEMWBS scores of kinship carers in the comparison group remained within the range where they were at risk of long-term psychological stress and depression. Therefore, the changes experienced by the treatment group can be considered attributable to Kinship Connected.

A key theme emerging from the qualitative data was that kinship carers valued being recognised for their caring role. They spoke of the positive impact of being listened to by others, and of belonging to a community of kinship carers. Many spoke about how this helped improve their confidence in themselves.

> *"She* [Grandparents Plus PW] *gave me the confidence to go out and meet others and helped me realise how I felt about things"* (kinship carer).

As an independent charity operating on behalf of kinship carers, Grandparents Plus is uniquely placed to deliver this support. Many kinship carers felt, for the first time, that they were being listened to and understood by a professional (Grandparents Plus PW). As a result, they trusted and confided in their Grandparent Plus PW and were confident that the PW would try to help them by advocating with services on their behalf when needed.

However, for some kinship carers, support had been missing for years, and their mental and physical health had suffered as a result. The capacity of Grandparents Plus PWs to provide the full range of support needed by all kinship carers inevitably had its limits. Many kinship carers needed ongoing support with understanding and managing their children's behaviour, with children's relationship with their parents, and with managing children's contact with their parents which fell outside the remit of Kinship Connected.

Reviewing the Theory of Change

Kinship Connected was primarily a model of support for special guardians delivered in partnership with local authorities. Conditions for greatest success included Grandparents Plus PWs working closely with the referral team and being present at weekly or bi-weekly team meetings, as well as having an allocated desk space within that team. This close working facilitated good information sharing between the Grandparents Plus PW and social workers concerning families' needs and any issues/needs arising. It also improved awareness of the offer of support more generally, and where local authorities had a dedicated team of social workers supporting special guardians, referrals were more regular.

However, in all but two local areas, local authorities under-referred kinship carers against their agreed quota: nine local authorities referred less than one-half of the commissioned support. It was suggested by Grandparents Plus PWs that low levels of referrals were related to changes in local authorities' adoption systems and commissioning arrangements as regional adoption agencies were set up. In some areas, there was a low level of awareness and confidence in the support available among some social workers due to the Grandparents Plus PW not having sufficient contact with the team. This may have resulted in many special guardians missing out on support. It resulted in additional demands being placed on Grandparents Plus PWs in these areas, who had to seek out and engage kinship carers in support. Consequently, some of these Grandparents Plus PWs reported being very stretched in their roles.

Results of the cost-benefit study

Total benefits of the programme are estimated to be £531,183, or £1,325 per kinship carer. The cost-benefit ratio is calculated as 1.20. This means that for every £1 invested in the programme, £1.20 of benefits is estimated to be generated. This equates to a 20% rate of return. This provides a good annual return from a relatively small level of investment by a local authority (compared to the cost of foster care) and is comparable to that obtained in other similar studies[2].

Grandparents Plus reported the direct costs of the programme to be £441,809. This equates to £1,102 per kinship carer for the 401 kinship carers supported by the programme.

An important contextual consideration is that kinship care makes a positive but often undervalued contribution to ensuring children who cannot live with their parents are provided with a stable home. The majority of children living in kinship care would otherwise be looked after by non-relative foster carers. Also, children who experience greater placement stability (as children in kinship care do) are less likely to end up in the youth justice system, so there are further long term costs savings to consider[3]. The cost savings regarding placement with kinship carers have not been included in this study.

Concluding remarks

The role of Grandparents Plus PWs provided a vital source of support to many families who had received very little advice and support from local authorities over the years and who lacked any form of regular support networks. The ongoing development of a volunteer peer-to-peer support group offered a crucial form of support for many kinship carers, supplemented by the use of virtual/online support. Where these support networks had become self-sustaining, for example in the North East of England, there was evidence of kinship carers becoming an independent but mutually supportive group of people. The evidence in this report demonstrates that the majority of kinship carers who

[2] See Department for Education (2010) Turning around the lives of families with complex needs. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182428/DFE-RR154.pdf and York Consulting (2011) Evaluation of Family Pathfinder Westminster. http://www.socialvalueuk.org/report/evaluation-of-family-pathfinders-westminster-social-return-on-investment-sroi-assessment/

[3] Youth Justice Board (2015) Keeping children in care out of trouble: an independent review chaired by Lord Laming

were supported by Kinship Connected had improved mental wellbeing and were better able to cope with their role. Grandparents Plus has designed a model of support to help local authorities meet their obligations to special guardians and their children. Without the ongoing investment in support from Grandparents Plus, the positive impact on kinship carers' capacity to cope and mental wellbeing evidenced in this report will not be experienced by future kinship carers. This support can only continue if local authorities continue to invest in this model of support

Recommendations

This research evidenced what worked well and where improvement could be made in the Kinship Connected model of support. The evaluators offer these recommendations for consideration.

- **Recommendation One**: **the number of days commissioned by local authorities needs to reflect the size of the kinship community that local authorities are referring in to Grandparents Plus**. **Grandparents Plus PWs** generally carry out multiple roles (engage kinship carers, deliver one-to-one support, and organise and facilitate peer-to-peer support groups). The evidence indicates that where too few days were commissioned, the Grandparents Plus PWs were not always able to complete their roles adequately to meet the needs of kinship carer population.

- **Recommendation Two: the arrangements for local authorities to refer kinship carers to the programme needs careful consideration such that they can be more efficient and effective**. The referral pathway, for example, how many social workers could refer cases to the Grandparents Plus PW, affected the Grandparents Plus PWs' ability to forge trusted relationships with social workers and team managers. Where referral pathways were more straight forward and less complicated (e.g. fewer social workers making referrals), more referrals were being made.

- **Recommendation Three**: **local authorities to raise awareness of the Kinship Connected commissioned support available among special guardians**. Encourage local authorities to advertise the support available to special guardians from Grandparents Plus through newsletters and information packs aimed at special guardians.

- **Recommendation Four: ensure close working with social worker teams** through co-located working arrangements or/and attendance (or virtual attendance) at regular social worker team meetings. Greater levels of integrated working improved the level of understanding and trust between Grandparents Plus PWs and social worker teams. Where Grandparents Plus PWs were allocated desk space and had access to social care case records (e.g. could log on to Liquid Logic) this facilitated good information-sharing regarding kinship carers. This provided opportunities for Grandparents Plus PWs to discuss any emerging concerns they had about the family. Due to restrictions related to coronavirus, Grandparents Plus PWs should have regular virtual contact with the local authority team, possibly as part of the social work team meeting to maintain a positive working relationship. Where this was a feature of the joint working, there was no evidence it adversely affected the independence of the Grandparents Plus PWs.

- **Recommendation Five**: **target numbers for kinship carers supported should be agreed each month and should take into account the capacity of the Grandparents Plus PWs and the complexity of cases they are working on at any given time**. This will avoid the tendency for local authorities to over refer at the start of, the engagement process or during the programme. This should also encourage local authorities to prioritise referrals based on need each month.

- **Recommendation Six: Support offered through Kinship Connected should be included as part of any support plans the special guardians already have in place.** Any current support plans such as Court agreed SGO support plans, Child in Need plans, child protection plans and family support plans should be shared with Grandparents Plus PWs. Grandparents Plus PWs should be encouraged to request this plan at the point of referral. This will enable them to review the appropriateness of the support alongside the kinship carers' needs identified at baseline. Grandparents Plus PWs should be involved in the reviews of these plans for the duration of the intervention to ensure that kinship carers are accessing the support they need.
- **Recommendation Seven**: **encourage the local authority to embed the Kinship Connected programme of support within its wider suite of support to families with a special guardianship order**. The local authority should brief Grandparents Plus PWs on the configuration of early help and targeted services and facilitate contact and relationships with key services. This will encourage Grandparents Plus PWs to make referrals where additional support needs have been identified and will help ensure that, where necessary, families can access the support they need.
- **Recommendation Eight: Going forward, ensure there is clarity about the role of Grandparent Plus PWs in ongoing social work interventions.** As Grandparents Plus PWs become more embedded in social work teams, they need to feel confident balancing working on behalf of the local authority and representing the needs and voice of kinship carers. For example, some kinship carers may want the option of Grandparents Plus PWs attending core group meetings with them as an advocate, whereas the Grandparents Plus PWs might be fulfilling a role as a core group member. Grandparents Plus need to be clear about and confident in their Grandparents Plus PWs role in these circumstances.
- **Recommendation Nine: review the strategy for a volunteer-led network of peer-to-peer support groups**. Few kinship carers felt confident in leading groups. Therefore, building a network of peer-led support groups requires an ongoing investment of time from Grandparents Plus. To encourage kinship carers to take on a leading role, consider how/if kinship carers can be paired up to work in partnership locally with one another to share ideas and to share the responsibility of organising and leading groups in their local area.
- **Recommendation Ten: boost the number of kinship carers undergoing volunteer training.** This could be achieved by delivering training in the peer-to-peer support groups. This will require Grandparents Plus PWs to have the capacity and ability to deliver the training.
- **Recommendation Eleven: continue to review the quality of the data gathered by Grandparents Plus PWs and held centrally on Salesforce**. To ensure that the data adequately reflects the support delivered to kinship carers as well as the outcomes achieved, Grandparents Plus should review the quality of the data being collected by Grandparents Plus PWs. This will help to ensure that need, support and outcomes can be adequately reported at a local authority level. To address any issues with data collection, consider holding regular Continuing Professional Development opportunities to ensure skills are updated in this area particularly around the use of the baseline and outcome tools.

1 INTRODUCTION

1.1 In 2018 Starks Consulting Ltd with Ecorys were commissioned by Grandparents Plus to evaluate the Kinship Connected model of support for kinship carers and their children.

1.2 Grandparents Plus is the leading national kinship care charity and offers a range of programmes, advice and support to meet the needs of kinship carers.

1.3 Kinship carers are relatives or friends who look after a child because their parent(s) are unable to do so for any reason. These can be informal arrangements, or the child may have been placed in kinship care by the courts as a Looked After Child (LAC) or on a Child Arrangement Order (CAO) or Special Guardianship Order (SGO). The Adoption and Children Act 2002 introduced special guardianship and SGOs and the Act was fully implemented on 30 December 2005.

1.4 Kinship Connected is a model of support delivered by trained Grandparents Plus PWs and targeted primarily at supporting kinship carers on SGOs. The support ran from April 2018 until March 2020 and was joint funded by local authorities, the Department for Digital, Culture, Media and Sport (DCMS) and with Nesta as part of the Connected Communities Innovation Fund and the Headley Trust. Additional funding from local trusts and foundations was used to extend support to kinship carers who were not in receipt of an SGO.

1.5 This report provides findings from an impact evaluation of Kinship Connected conducted between October 2018 and May 2020.

1.6 Although Kinship Connected was targeted at special guardianship families, some families supported were kinship carers without an SGO. Therefore the term kinship carer will be used in the report unless specifically referring to kinship carers with an SGO.

Background and context to the Kinship Connected programme

1.7 In 2015 in public law proceedings, 5,516 SGOs were granted and in private proceedings, 1,949 were granted[4]. This revealed a marked increase in the use of SGOs from 2007/08 where figures stood at 1,566 SGOs being awarded by a court (public law proceedings alone) as an outcome of the Children's Act 1989 Section 31 proceedings[5]. This was the first time the number of SGOs awarded in court surpassed 5,000 in a single year and represented an 81% rise in the total use of SGOs since 2011. In the year to March 2019, more children left care on a Special Guardianship Order than an Adoption Order; 3,830 SGOs were granted (up 11%) and 3,570 adoption orders were granted (down 7%)[6].

1.8 Against this background of rising demand for permanent placements, kinship care makes a positive and often undervalued contribution to placement stability and the majority of children living in such placements would otherwise be looked after by non-relative foster carers. The appeal of kinship care to local authorities is that children's relationships with their extended family continue, and children often remain in their local area, so maintaining existing friendships and attending the same school.

[4] National Statistics (25 June 2020). Ministry of Justice Family Court Statistics Quarterly, England, and Wales, January to March 2020.
[5] Centre for Child and Family Justice (2019) The contribution of supervision orders and special guardianship to children's lives and family justice.
[6] https://www.gov.uk/government/collections/statistics-looked-after-children

1.9 Also, it is financially far cheaper for local authorities to make, recommend or broker kinship care under an SGO granted by the court than to arrange a foster placement, residential care placement or a family and friends foster care arrangement.

1.10 Due to the increasing use of SGOs as a long-term solution for the care of children who can no longer live with their parents, and because of several serious case reviews involving children subject to SGOs where care had fallen short, the use of SGOs and the support special guardians and their children receive has come under increased scrutiny.

1.11 In 2015 the Department for Education launched a consultation on special guardianships[7]. Submissions to the consultation from key agencies working on behalf of kinship carers raised concerns about the low level of support given to special guardians before, during and after having received an SGO. In addition, a Public Law Working Group was set up to review the operation of the child protection and family justice systems. In relation to SGOs specifically, they found that court timescales were too short to complete assessments and the quality of special guardian assessments was often poor with inadequate analysis and support planning. This, the group concluded, may lead to kinship carers struggling to manage in the face of inadequate short and longer-term support and could lead to the breakdown of placements[8].

1.12 Much previous research, including that conducted on behalf of Grandparents Plus (2014) has evidenced low levels of support for kinship carers across the country[9]. Where support was provided by local authorities, this was often under-resourced, lacked consistency and did not always meet the needs of families. As a result, kinship carers were suffering from high levels of stress and anxiety, had low levels of confidence in their parenting skills, and suffered from poor mental health. Research has also shown that many kinship carers have to give up work to look after their children and the prevailing context is that many live in poverty[10].

1.13 Grandparents Plus responded to this need for support by designing Kinship Connected. This programme was built on the foundations of the Relative Experience programme co-developed by kinship carers and delivered in the North East of England and latterly in London from 2013 to 2018. Trained Grandparents Plus PWs identified, engaged and supported special guardians on behalf of each local authority which commissioned the service. Grandparents Plus was commissioned by 16 local authority children's services in 2018. This included: from the North East - Gateshead, Redcar and Cleveland; from West Yorkshire - Leeds, Wakefield, Bradford, Calderdale and Kirklees; from north London - Barnet, Camden, Enfield, Hackney, Haringey, Islington; from south London – Bromley and Southwark, and Milton Keynes.

[7] Department for Education (2015) Special guardianship review: report on findings. Government consultation response.
[8] Public law working group Recommendations to achieve best practice in the child protection and family justice systems. Interim report June 2019.
[9] Grandparents Plus (2014) Disadvantage, discrimination and resilience: the lives of kinship families and State of the Nation 2018.
[10] Wijedasa, D.,(2015) *The prevalence and characteristics of children growing up with relatives in the UK: Characteristics of children living with relatives in England: Part I*, Bristol: Hadley Centre for Adoption & Foster Care Studies, University of Bristol

The offer of support

1.14 The Kinship Connected model of support to kinship carers included:

- one-to-one support from a Grandparents Plus PW working with kinship carers. The Grandparents Plus PW agrees an action plan to help address any needs and helps to build kinship carers' longer-term resilience to cope with the many challenges kinship caring can bring
- Grandparents Plus PWs establishing and supporting volunteer-led, peer-to-peer support groups to create sustainable networks of support
- training of kinship carers to take on a leading role in peer-to-peer support groups
- providing information and advice through the Grandparents Plus specialist advice service for welfare and benefits advice
- arranging grant applications to address hardship, to support children, or to provide short holiday breaks.

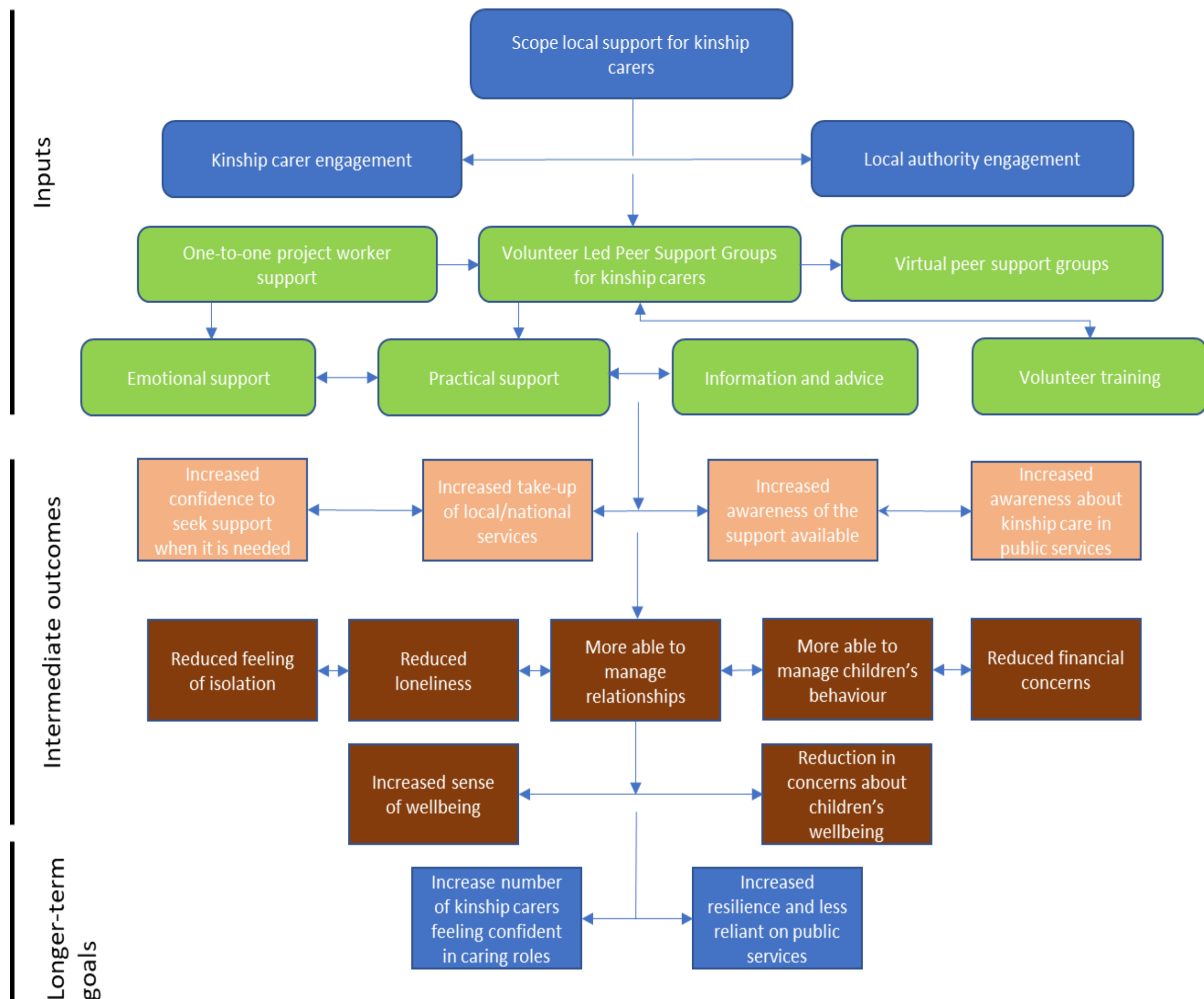
1.15 Grandparents Plus PWs were commissioned for between one to two days per week, per local authority. The PWs were supported by programme leads within Grandparent Plus who provided supervision and liaised with local authorities regarding progress against the agreed contract (e.g. the target number of kinship carers to be supported) in each area.

1.16 The model was designed on an asset-based approach[11] which views the skills, knowledge and resources available in individuals and communities as a means of finding solutions to the issues people faced. This approach can help change the way people are perceived by services and the way people perceive themselves as recipients of a service. Kinship Connected worked with the concept of social action: building local resilience through peer-to-peer volunteering led by kinship carers. The ultimate aim was to build sustainable networks of support which would continue beyond the life of the funded programme, so reducing kinship carers' reliance on public services.

1.17 A Theory of Change was designed by Grandparents Plus which mapped the impact pathway from inputs through to early outcomes and longer-term change. This is shown in **Figure 1.1.**

[11] New Economics Foundation (See Enabling social action - A description of social action https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591797/A_description_of_social_action.pdf

Figure 1.1: Kinship Connected Theory of Change



Source: Grandparents Plus Invitation to Tender document

1.18 This diagram depicts the assumptions made about the relationships between a range of inputs delivered by Grandparents Plus, local authorities and kinship carers themselves and the expected range of outcomes and longer-term changes. This pathway is discussed in more detail in Section Seven. Key aims of the evaluation were to:

- review the Theory of Change and consider all outcomes and impacts on kinship carers including outcomes for children and young people
- conduct a process evaluation to understand the conditions that influence impact on the kinship carers and, from the local authority perspective, on what has worked
- conduct an impact evaluation using a comparison group to establish the extent to which the impacts can be attributed to the programme
- complete a cost-benefit analysis of the programme to demonstrate efficiency and potential cost savings to the public purse.

Structure of the report

1.19 This report is structured as follows:

- **Section Two** details the method.
- **Section Three** details the key facts regarding kinship carers and their children in terms of their demographics, their legal orders and how long they had been looking after the children.
- **Section Four** details kinship carers' concerns captured through quantitative baseline data and qualitative case study data.
- **Section Five** describes the type of support received.
- **Section Six** details the outcomes and impact which were evidenced through the data.
- **Section Seven** reviews evidence against the Kinship Connected Theory of Change.
- **Section Eight** details the results of the cost study.
- **Section Nine** draws together conclusions and offers recommendations.

2 METHOD

Introduction

2.1 This section describes the method adopted for the evaluation and introduces the data sets used for the analysis in the report.

Evaluation method

2.2 The evaluation adopted a multi-modal approach and included the generation of a range of qualitative and quantitative data. The method used to generate data included:

- **case studies with 13 kinship carers**: these included detail from Grandparents Plus PWs about the support they had provided to kinship carers; telephone or face-to-face interviews with kinship carers about their circumstances, the support they received and the impact of that support. Initially, kinship carers were randomly selected, but due to challenges engaging the first four kinship carers, an alternative approach was adopted. A further five were recommended by Grandparents Plus PWs and the evaluators then identified an additional four from the focus group with participants
- **interviews with eight stakeholders covering local authorities in London and West Yorkshire and one from the North East** (e.g. local authority adoption and fostering team leaders or SGO support team leaders and two social workers, head of One Adoption West Yorkshire and the manager for the North London Permanency and Fostering Consortium) at interim (June 2019) and final stages (April 2020). Interviews captured views on the value of Grandparents Plus support and how well the partnerships with Grandparents Plus PWs had developed. A list of 11 partners/local authority contacts was shared with the evaluators and local authority team leaders were invited to participate in the research. Not all partners responded. A greater understanding of why some social workers referred into Kinship Connected and others did not might have been gained by speaking to individual social workers, and not just team leaders
- **the design of baseline and outcome surveys to capture kinship carers' needs and the impact of support**. A baseline (administered at registration onto kinship Connected) and outcome survey (administered six months post-registration), were designed and agreed by Grandparents Plus. This was to ensure the questions being asked were relevant and would help Grandparents Plus PWs understand kinship carers' support needs. Data was designed to support the review of the Theory of Change and the cost/benefit study
- **two workshops with the Grandparents Plus Kinship Connected project team** including the project manager, two project lead co-ordinators, four Grandparents Plus PWs, the project administrator and the project coordinator from Nesta. The workshops introduced the data collection tools at the start of the programme and captured lessons learned at the interim stage (June 2019)
- **analysis of kinship carer baseline (registration) survey data (n=401).** Grandparents Plus PWs generated quantitative data through their initial engagement interviews with kinship carers. (See **Annex A** for a copy of the baseline survey)
- **a review of the Grandparents Plus database** where case notes from the Grandparents Plus PW were held. These were reviewed for evidence of the number of contacts per case and the type of support delivered
- **analysis of the matched baseline and outcome data records** (n=170) (see paragraph 2.5 explaining the matched data set)

- **analysis of the Warwick and Edinburgh Mental Wellbeing Scale** (WEMWBS) data (n=163) to identify the impact on mental wellbeing of kinship carers
- **a cost-benefit study** which used data generated through the registration and outcomes data and results from WEMWBS. This was used to calculate the potential savings made to the public purse by a reduction of health concerns of the kinship carers or concerns regarding children's behaviour, health and wellbeing
- **use of a comparison group to test attribution of impact**.

Use of the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS)

2.3 WEMWBS is a validated tool that has been rigorously tested and is a method for measuring an individual's mental health/wellbeing. It is widely used nationally and internationally for monitoring and evaluating programmes and investigating the determinants of mental wellbeing.

2.4 WEMWBS works by asking people to score themselves across 14 statements against five response categories (ranging from 1 to 5), which are summed to provide a single score ranging from 14-70. The statements are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible to the research participant. The higher the score out of 70, the more mentally healthy people are considered to be. (The questions are shown in Question 15 of Annex A.)

The validity of the Treatment Group and Comparison Group

2.5 The programme supported 401 kinship carers between March 2018 and March 2020. Each kinship carer completed a Registration Survey (providing an evaluation 'baseline' stage). Each unique response was matched with its counterpart in the outcome survey that was conducted six months post-registration. This matching exercise provided measures of progress or 'distance-travelled' for each kinship carer in outcomes of interest (e.g. impact on isolation, mental wellbeing, support, parenting skills, finances) and any changes in concerns related to the children. In total, 170 outcome questionnaires were completed for each kinship carer by Grandparents Plus. These 170 matched pairs form the treatment group. Some of the challenges in getting Grandparents Plus PWs to complete these reviews included difficulties loading the data onto the programme's database (Salesforce) as well as the capacity of Grandparents Plus PWs to complete the reviews within the programme timeframes.

Validity of the treatment group

2.6 The demographics and baseline responses for both the population of kinship carers engaged in Kinship Connected at baseline (n=401) and the treatment group (n=170) are provided in **Annex E.** This data is provided in order to increase the levels of confidence in the treatment group by showing that the treatment group is similar to the wider Kinship Connected population who received help from the programme. Some notable considerations include:

- the length of time kinship carers had been caring for their children prior to support was very similar (5% had been caring for the children for less than a year in the treatment group compared with 4% in the population)
- the age of the kinship carers was similar (53% of kinship carers in the treatment group were aged over 55 years compared with 46% of the Kinship Connected population)
- safeguarding levels were very similar (e.g. 44% LAC prior to placement with kinship carers in the treatment group and 41% in the Kinship Connected population group at baseline)

- legal orders held were very similar (78% with an SGO in the treatment group compared with 82% in the Kinship Connected population)
- levels of concerns at the outset regarding the children were higher in the treatment group compared with the Kinship Connected population at baseline in some key areas including:
    - concerns about children's behaviour (46% compared with 39% in the population)
    - concerns about relationships with parents (36% compared with 29% in the population)
    - concerns with eating and diet (24% compared with 17% in the population)
- importantly, average WEMWBS scores were similar (44.9 in the treatment group compared with 43.7 in the Kinship Connected kinship carer population at baseline).

Validity of the comparison group

2.7 The method deployed the use of a comparison group of kinship carers. This was a group of kinship carers who were known to Grandparents Plus but had not accessed support from Kinship Connected. This was because Grandparents Plus did not have a commission for Kinship Connected in that area, rather than kinship carers having been offered the support and declining it. Kinship carers in the comparison group were invited to participate in an online survey to provide baseline and follow-up data (collected six months later to match the follow-up in the treatment group). Questions mirrored the questions asked of the kinship carers participating in Kinship Connected (**Annex A**).

2.8 A total of 178 kinship carers from the comparison group completed a baseline survey from an available sample of 285 kinship carers who were invited to participate. At the follow-up six months later, 63 kinship carers who had completed the baseline survey also completed the follow-up survey. One reminder was sent to the comparison groups to boost the numbers. Therefore, the total sample size available for the comparison group is 63 matched data sets.

2.9 Comparing the demographics of the treatment group and the comparison group there is broad comparability across key baseline demographics (see **Annex B** for more detail). There are a few notable differences.

- **on age**: the groups are comparable with 54% of kinship carers in the treatment group being over the age of 54 compared with 52% in the comparison group.
- **on gender**: in the treatment group, 86% were female and in the comparison group, nearly all (95%) were female.
- **on ethnicity**: there was a greater level of diversity among the treatment group, probably as a result of more kinship carers participating in Kinship Connected living in London than was the case for those completing the comparison group questionnaire. There were fewer white British people in the treatment group as opposed to the comparison group (68.0% to 96.8% respectively). Of note, is the higher proportion of Caribbean kinship carers in the treatment group (12.4% compared to 0.0% respectively).
- **on physical illnesses**: more kinship carers in the treatment group than in the comparison group reported having a physical illness (53% compared with 27% respectively). It is possible that kinship carers in the comparison group interpreted this question differently. Grandparents Plus PWs completed the form alongside kinship carers in the treatment group and this may have influenced kinship carers' understanding of physical illness by encouraging them to reports issues that might have become normalised for them (in particular in relation to mental health).

- **experience of the care system**: fewer children in the treatment group had been LAC prior to placement (44%) compared with the comparison group (54%).
- **concerns regarding the children at baseline**: there were some differences regarding concerns about their children:
    - more kinship carers in the comparison group had concerns regarding their children's health and wellbeing (40% compared with 32% in the treatment group)
    - more had concerns with their children's behaviour (51% compared with 46% in the treatment group)
- **relationships with parents**: more kinship carers in the comparison group had concerns regarding relationships with parents (52% compared with 36% in the treatment group)
- **contact with parents**: more kinship carers in the comparison group had concerns with parental contact with the children (44% compared with 33% in the treatment group).
- **WEMWBS** scores were similar, but with a greater level of concerns in the comparison group, the average score was lower among the kinship carers in the comparison group (41.3 out of 70 compared to 44.9 of 70). This indicates that the kinship carers in the comparison group had a poorer mental wellbeing.

2.10 At the baseline, the kinship carers in the comparison group had had slightly lower levels of mental wellbeing and (in some areas) more concerns about the children they were bringing up (especially about issues with the parents), when compared with those in the treatment group. On the other hand, the carers in the treatment group had considerably poorer health. These issues that relate to levels of need in the two groups should be borne in mind, although as stated previously, the analysis focuses on levels of kinship carers' change in concerns or circumstances over time.

2.11 The baseline data used for the comparison group (n=178) has also been compared with the data for the matched comparison group at follow-up (n=63) and the datasets are provided in **Annex F.** This is provided in order to increase the confidence in the comparison group by showing that the characteristics of the comparison group at follow-up are similar to the larger number of responses from the comparison group at baseline. This shows some similarities and some differences. Some notable considerations include:

- more kinship carers had an SGO in the matched comparison group (73%) compared with 63% at baseline
- levels of local authority allowances received were the same at 67% receiving an allowance
- fewer kinship carers had been caring for longer than five years in the matched comparison group (46%) than at baseline (62%) and more had been bringing up only one child (55.6% vs 38.2%)
- levels of safeguarding appeared to be higher in the matched comparison group: more kinship carers had children who had been registered as a Child in Need (CIN) prior to support at baseline: 38% compared with 20% at baseline; more had children who were on a Child Protection Plan (CP) plan: 35% compared with 26% at baseline; more had children who were previously a LAC: 54% compared with 47% at baseline. (These percentages are greater than 100% due to kinship carers reporting about more than one child.).

- importantly, the level of concerns regarding their children in the matched comparison group compared with the baseline group were very similar: concerns regarding their children's behaviour was similar (51% compared with 48% in the baseline); concerns regarding parental contact were the same at 40% as was the level of concerns regarding children's health and wellbeing at 40%
- similarly, the average mental wellbeing score (WEMWBS) in the matched group was similar with an average of 41.33 in the matched group compared with 41.05 at baseline.

2.12 Some of these differences may indicate that the comparison group had a higher level of need than the broader baseline group in terms of previous safeguarding issues, although CIN, CPP and LAC data are a relatively crude measure of safeguarding issues because they may relate to how closely involved children's services were rather than simply parental circumstances. However, of arguably more importance is the similarity in the levels of reported concerns about the children in the two groups and the similarity in the WEMWBS scores.

Methodological considerations

Approach to analysis

2.13 To ensure the study generated reliable and consistent findings, qualitative data generated by the evaluators were used to triangulate findings and a contributional analysis approach was used to review the Theory of Change (TOC) shown in Figure 1.1. The range of qualitative data generated through interviews with stakeholders, Grandparents Plus PWs, focus groups and kinship carers has contributed to understanding the relationships depicted in the TOC. This is examined in more detail in Section Seven.

2.14 Analysis of the qualitative data adopted a deductive approach whereby areas of investigation were analysed against the assumptions in the theory of change and responses considered in relation to key contexts and emerging themes.

2.15 Case study data were analysed for evidence relating to:

- kinship carer histories; previous needs; support networks available prior to engaging in Kinship Connected
- views on the effectiveness of support: duration, nature of support, how far it met their needs
- perceptions of impact which were considered in relation to reports from project staff on impact.

2.16 Focus group material was analysed for evidence of:

- effectiveness of peer to peer support models in each area
- quality of training for volunteers
- skills and capacity of kinship carers and volunteers
- sustainability of models of support
- challenges to consider

2.17 Stakeholder data were analysed for evidence relating to:

- need for the support from Grandparents Plus

- views of the quality of the support
- views of the partnership developed between Grandparents Plus and the local authority special guardianship teams
- ways in which the support could be improved.

2.18 Quantitative data were analysed to understand the extent of need and outcomes detailed in the TOC.

Analysis of the quantitative data

2.19 Quantitative data was generated by Grandparents Plus PW interviewing kinship carers with a prescribed interview survey at baseline/outcomes. Kinship carers were asked to self-report their concerns and their mental wellbeing. There are several methodological issues which should be considered when using this approach to evaluate programmes of support. These are detailed in **Table 2.1.**

Table 2.1: Advantages and Disadvantages of Self Reporting Data Generating Methods

Advantages	Disadvantages
• Data represent participants' views and are not interpreted • Questions were asked in the participants' homes when they would be relaxed and had time to reflect on their answers • Data was completed with the project worker in an informal discussion and helped Grandparents Plus PWs to understand need and outcomes • Data generated was consistent, allowing analysis across the population of kinship carers.	• Fixed choice questions lack flexibility and force people to answer in a certain way • Fixed choice questions lower the level of insight gained on need and outcome • Social desirability bias – people may not always provide the true answer for fear of feeling shamed • Response bias may occur due to the presence of the project worker • Questions can be missed affecting the response rate.

2.20 Grandparents Plus used some of the programme funding to build a secure case management database where all information relating to kinship carers was held securely in one place. There were a few technical issues with the migration of the data from the original format, and some challenges in extracting the data from the database in a format that was easy to analyse.

2.21 Analysis of the quantitative data presented several challenges:

- missing data: missing data is somewhat inevitable on programmes of this nature and scale. Grandparents Plus PWs were not able to ask all questions of kinship carers at baseline and outcome due to resource constraints. Many records were partially completed. The method for accommodating missing data when analysing results was to give percentages as a total of the number of responses to each question. However, this was not always feasible as this would have skewed the percentages in some questions where response numbers were low. We have taken a sensible and pragmatic approach to the analysis depending on the question. Therefore, baselines do vary between questions. Percentages and their relevant numbers have been given in each case so the reader is clear on how many kinship carers gave a certain response

- low responses: in some cases the number of missing responses was significant. This has limited the extent to which relationships between findings can be examined. For example, attending support groups frequently and their impact on isolation. This required kinship carers to respond to three separate questions: did you attend a local support group? How frequently did you attend a support group? Have you ever been feeling isolated over the past 6 months? Many kinship carers did not answer the series of questions. Where sample sizes were small, this reduces the reliability of findings and any attribution can only be inferred in these cases
- a data cleansing approach was taken and any inconsistent or duplicate data was not included in the analysis.

2.22 To improve the quality of the data going forward, Grandparents Plus adopted a quality check system which included carrying out a dip sample to check for quality and consistency of data entries.

Qualitative case study detail

2.23 Case study information on 13 kinship carers is shown in **Table 2.2.** One kinship carer had a Residence Order (RO)[12]. Most had been caring for their children for several years.

Table 2.2: Case Studies

Local authority/subregion	Carer Order	Age Category	Number of kinship children looking after	Length of time a kinship carer	Relationship to child
Milton Keynes	SGO	45-54	1	4 years	Aunt
Milton Keynes	SGO	45-54	2	4 years	Aunt
West Yorkshire	SGO	55-64	1	4 years	Grandmother
West Yorkshire	RO	65-74	1	9 years	Grandfather
West Yorkshire	SGO	65-74	2	5 years	Grandmother
West Yorkshire	SGO	55-64	1	2 years	Grandmother
West Yorkshire	SGO	55-64	1	8 years	Grandmother
North London	SGO	65-74	2	5 years	Grandmother
North London	SGO	45-54	1	2 years	Grandmother
South London	SGO	25-34	3	3 years	Sister
South London	SGO	65-74	1	2 years	Grandmother and grandfather
Middlesbrough	SGO	55-64	2	9 years	Grandmother
Gateshead	SGO	55-64	1	8 years	Grandmother

2.24 The quality of the interview data with kinship carers varied. This was due in part to the ability of the kinship carer to recollect what support they had received from Grandparents Plus PWs, especially if this had been received some time ago. It was also affected by the length of time a kinship carer had been caring and had been managing their situation. Here, the impact of Kinship Connected was not so clearly evident.

Ethical Considerations

[12] A Residence Order is a court order 'settling the arrangements ... as to the person with whom a child is to live.' If differs from an SGO as although kinship cares have parental responsibility, some decisions can still be taken only by parents with parental responsibility. Residence Orders are now called Child Arrangement Orders.

2.25 Grandparents Plus and the evaluators worked together to ensure that the research participants were fully informed of the nature of the research and gave informed consent for their data to be shared with the evaluators.

2.26 Permission was asked of all kinship carer participants responding to the baseline and follow-up surveys, the control group and those participating in the case studies. No data has been shared with the evaluators without the participants' permission and all participation in the study was voluntary.

2.27 Key stakeholders were invited to participate via email. All were provided with a full explanation as to the purpose of the interview and that their data would be confidential and feedback anonymised.

2.28 All data has been treated as confidential and all data relating to research participants was anonymised prior to sending to the evaluators. All case study data has been anonymised and throughout this report, all names have been changed to protect anonymity.

2.29 Kinship carers were encouraged to speak openly about the support they had received. At all times kinship carers were treated with the utmost sensitivity when asking them to tell their stories.

Cost study

2.30 A cost-benefit analysis compared the direct and indirect costs of the programme ('costs') against the monetised impact of the programme ('benefits'). Programme costs were derived using information forwarded from Grandparents Plus and included the contributions from local authorities as well as the funds provided by trusts and foundations.

2.31 The impact of the programme was assessed by calculating the net outcomes of the programme: in this case, it was calculated as the difference in outcomes experienced by kinship carers in Kinship Connected and outcomes experienced by the Comparison Group. The outcomes of interest, relating to kinship carers, were:

- isolation
- wellbeing
- support
- parenting
- finances.

2.32 In addition, several kinship carers in the treatment group reported reduced concerns about (healthy) eating in the children they were looking after, which were included in the analysis.

2.33 Comparing the treatment group with a comparison group allowed the analysis to control for considerations such as attribution (to what extent the outcomes could be said to occur as a result of the programme, as opposed to other interventions).

2.34 The outcomes were then valued through the use of appropriate financial proxies and academic studies as to the value of outcomes. To avoid over-claiming, the principle was to err on the side of caution (for example, assuming that any benefits persist for no longer than one year), and sources are provided to emphasise transparency (See Annex D).

2.35 The cost-benefit analysis results in a Benefit-Cost Ratio, which presents the impact (benefit) as a monetary value against every £1 invested (cost). A Benefit Cost Ratio of £1:£1 represents cost neutrality; a ratio above that (i.e. £1:£2) indicates a net benefit and below that (i.e. £1:£0.67) represents a net cost.

3 KINSHIP CONNECTED KINSHIP CARERS AND THEIR CHILDREN

Introduction

3.1 This section summarises the key characteristics of kinship carers supported through Kinship Connected.

3.2 This draws on the data from the Kinship Connected population at baseline (n=401). Not all questions were completed and therefore the baseline varies across the different questions. In all cases, the corresponding number to each percentage has been given. More detail for each profile grouping is given in Annex B.

Summary of findings

This section has provided useful information about the demographics of kinship carers on the Kinship Connected programme and their children when considering their range of support needs. It shows that:

- the majority of kinship carers (69%) were aged over 50
- fewer than one in ten were in full-time employment
- 86% of kinship carers recruited on to Kinship Connected were female
- over one-half of kinship carers reported having a physical disability
- more than one in ten kinship carers were caring for more than two children
- three-quarters of kinship carers were grandparents, others were relatives and friends
- eight out of ten children were of school age
- four out of ten children had previously been a looked after child.

Profile of kinship carers engaged on Kinship Connected

3.4 Kinship carers have consistently been found to be older and have more health problems than either the general population or non-relative foster carers. Grandparents Plus gathered considerable data on kinship carers to understand their characteristics.

Age

3.5 The majority of kinship carers (69%, n=257) were 50 years of age or over. Sixteen per cent (n=60) were over the age of 65 years. Thirteen per cent (n=47) were under the age of 40 years.

3.6 These age categories are broadly in line with the age categories detailed in Grandparents Plus State of the Nation report[13].

[13] Grandparents Plus. Kinship Care State of the Nation Survey 2019. See https://www.grandparentsplus.org.uk/wp-content/uploads/2020/02/State_of_the_nation_survey_2019.pdf

Gender

3.7 The majority of kinship carers recruited onto Kinship Connected were female (84%, n=336). Grandparents Plus PWs expected more females than males to engage in the programme because there are typically more female than male kinship carers. However, this data shows a stronger bias towards recruiting females than Grandparents Plus PWs anticipated at the outset based on previous engagement on programmes. It is also possible that, in some cases, couples were engaged in the programme but the female of the couple completed the registration survey on behalf of the couple.

Relationship to the children they are looking after

3.8 There was a range of kinship carer relationships with the children they were looking after:

- the majority (75%, n=268) were grandparents
- just over one in ten (11%, n=38) were aunts
- two per cent (n=7) were siblings
- two per cent (n=7) were great grandparents.

3.9 The remaining ten per cent were cousins (1%), uncles (1%) and friends (1%) and 'other' (7%, where no information was provided on the 'other' category).

Employment status

3.10 Most kinship carers find full-time employment very difficult to manage alongside caring for their children. Kinship carers reported not feeling comfortable putting their child into a nursery all day or in after-school childcare, due to the levels of trauma the children may have already endured. The carers wanted to provide the care to the children themselves. Also, many kinship carers who were caring for more than one child could not afford childcare costs.

- Fewer than one in ten (8%, n=25) kinship carers on Kinship Connected were in full-time employment.
- One-half of all kinship carers (n=154) were registered as unemployed.
- Fifteen per cent (n=46) were retired.
- the remainder were in part-time employment (15%, n=46), self-employed (7%, n=22) and 5% were classified as 'other'.

Mental or physical health concerns or disabilities

3.11 Kinship carers were asked whether they considered themselves to have a long-standing physical or mental illness or disability.

3.12 Over one-half (53%, n=183) reported they had a mental or physical illness. Common illnesses reported included:

- Arthritis
- Chronic obstructive pulmonary disease (COPD)
- Depression and anxiety
- Diabetes
- High blood pressure

- Fibromyalgia.

3.13 Data also revealed many kinship carers had co-morbidities (47%, n=162). This was supported by evidence from case studies which revealed kinship carers suffered from more than one physical and mental illness. During interviews with the researchers, kinship carers often reported suffering from anxiety and depression directly related to having their additional caring responsibilities. In a few cases, kinship carers were also caring for unwell partners.

Ethnicity

3.14 Data shows that:

- just over two-thirds of kinship carers engaged with Kinship Connected were White British (68%, n=247)
- one-fifth (n=75) were Black British (Caribbean or African) which is a characteristic of the programme operating in London boroughs (e.g. Bromley and Southwark) where black African and black Caribbean populations account for over 20% of the general population.
- 4% were White Other
- 3% were Mixed Heritage
- 2% were Asian British
- The remaining 3% were Gypsy, Roma, Travellers, or mixed ethnicities.

3.15 Data on first language were not gathered.

Children supported by Kinship Connected

Type of legal orders[14]

3.16 Kinship Connected is primarily a programme of support delivered to kinship carers with SGOs. However, Kinship Connected enabled other kinship carers with different orders to access support where funding allowed.

3.17 Kinship carers were asked what type of order was in place at the point of registration onto Kinship Connected support. Data shows that:

- 81.6% (n=293) had an SGO
- 9.8% (n=35) had a Residence Order or Child Arrangement Order

3.18 The remainder was a mix of:

- informal arrangements (2.5%, n=9)
- Interim Care Order (2.2%, n=8) where the final order might not yet have been decided
- Care orders (2.2%)
- The carer was a kinship foster carer (1.4%, n=5)
- Supervision Order (0.3%).

[14] For detail on the differences between the orders please see https://www.grandparentsplus.org.uk/for-kinship-carers/what-is-kinship-care/ (last visited 10-06-20)

Number of children kinship carers were looking after

3.19 Kinship carers reported on the number of kin children they were looking after. In the majority of cases (88%, n=248), kinship carers were looking after between one and two children. However, in 12% (n=33) of cases, kinship carers had taken on the care of three, four and sometimes up to five children.

Length of time caring for children

3.20 Over three quarters (76%, n=281) of kinship carers had been caring for more than two years before being referred for support from Kinship Connected. The fact that some had been caring for over two years highlighted the delay in kinship carers receiving support. In some cases, the lack of support meant the pressures within the families built up and accounted for some of the issues and concerns that kinship carers presented with on entry to the programme.

3.21 **Table 3.1** shows the breakdown in the length of time kinship carers had been caring for their children.

Table 3.1: Length of time caring for children

Length of time	Count of kinship carers	% of kinship carers
Less than 6 months	13	4%
6 months - 1 year	36	10%
1-2 years	38	10%
2-5 years	104	28%
5-10 years	129	35%
10 years or more	48	13%
Grand Total	**368**	**(100%)**

- Four per cent (n=13) of kinship carers were newly awarded an SGO at the time of being referred into Kinship Connected.
- Ten per cent (n=36) had been caring for between six months to one year
- 10% (n=36) had been caring for one to two years.
- Nearly one-half (48%, n=176) had been caring for more than five years.

Age of the children

3.22 Data shows that:

- 15% (n=53) were aged between 0-4 years
- 34% (n=121) were aged between 5-9 years
- 33% (n=117) were between 10-14 years
- 16% (n=57) were aged between 15-19 years
- Four young people living with kinship carers were aged 20-24 years (kinship carers reported all the children they were looking after including the older ones who were still living with them).

Safeguarding Concerns at the time of placement

3.23 Kinship carers were asked to report on the level of safeguarding concerns present just prior to the child coming to live with them. This is shown in **Table 3.2.**

Table 3.2: Level of Safeguarding Concern Prior to Placement

Level of concern	% of all children
Child in Need (CIN)	31 (10.0%)
Child Protection plan (CP)	63 (20.0%)
Looked After Child (LAC)	130 (41.0%)
No children's services involvement	54 (17.0%)
Don't know	36 (11.0%)
Grand Total	**314 (99%)***

Missing data = 67
Numbers do not add up to 100% due to rounding.

3.24 Ten per cent of children were on a CIN plan. As Grandparents Plus reported, this reflected that some kinship carers would have been caring for a child who continued to be CIN just after placement. **Table 3.2** indicates that 41% (n=130) of placements were for children who were LAC prior to placement with kinship carers.

Learning or physical disability

3.25 Levels of disabilities are known to be higher among kinship care children[15]. Evidence from this data shows a high level of concern among kinship carers about their children's development, and over one-quarter of the children had diagnosed learning and physical disabilities:

- 86% had concerns about their child's development
- 26% of the children had a diagnosed learning or physical disability.

Summary comment

3.26 This section described some of the characteristics of kinship carers and their children and provides a useful backdrop when considering the need for support. There was evidence of poor mental health and risk of long-term depression among carers. The next section explores in more detail the concerns of kinship carers as a result of their caring role.

[15] Gautier, A. Wellard S. and Cardy, S. (2013) Forgotten Children, Grandparents Plus.

4 KINSHIP CARERS' CONCERNS AT REGISTRATION

Introduction

4.1 This section looks in more detail at the concerns raised by kinship carers at the point of registration on to Kinship Connected. Data is analysed from the baseline dataset (n=401)[16].

Summary of findings

- One-half of kinship carers reported multiple concerns relating to their children due to their experiences with their parents including attachment issues.
- Two-fifths of kinship carers had concerns about their children's behaviour. Due to low levels of support from local authorities, kinship carers commonly struggled to understand the reasons for their child's challenging behaviour.
- Over one-quarter of kinship carers had concerns about their children's health and wellbeing. Some kinship carers reported their children had trouble socialising at school, being bullied and difficulty in maintaining friendships.
- Very few kinship carers had up-to-date support plans in place and so had received very little or no support from local authorities throughout their time caring for their children. Very few special guardians received any information and advice about their special guardianship order.
- Kinship carers often struggled to access support from the wider family network where there had been a breakdown in family relationships. Just less than one-third of kinship carers had concerns relating to their children's contact with their parents as well as the quality of the children's relationships with their parents.
- The majority of kinship carers reported feeling isolated as a direct result of taking on their caring role, with just under one-quarter reporting they felt isolated 'often' or 'always'.
- Three-quarters of special guardians received a local authority allowance although this was regularly reviewed and many kinship carers reported having to contest local authority's plan to revise/reduce their allowances. Over one-third were not optimistic about their financial situation.
- Concerns regarding their children coupled with the lack of support from local authority statutory and early help services as well as from schools resulted in many kinship carers suffering from the impact of long-term stress. One-third of kinship carers' wellbeing scores were below a threshold at which people are considered to be at risk of long-term mental ill-health and depression.

4.2 At the initial visit with kinship carers, the Grandparents Plus PW talked through any concerns kinship carers were experiencing. Concerns expressed generally related to the following:

- the children they cared for
- a lack of support and advice
- feelings of isolation

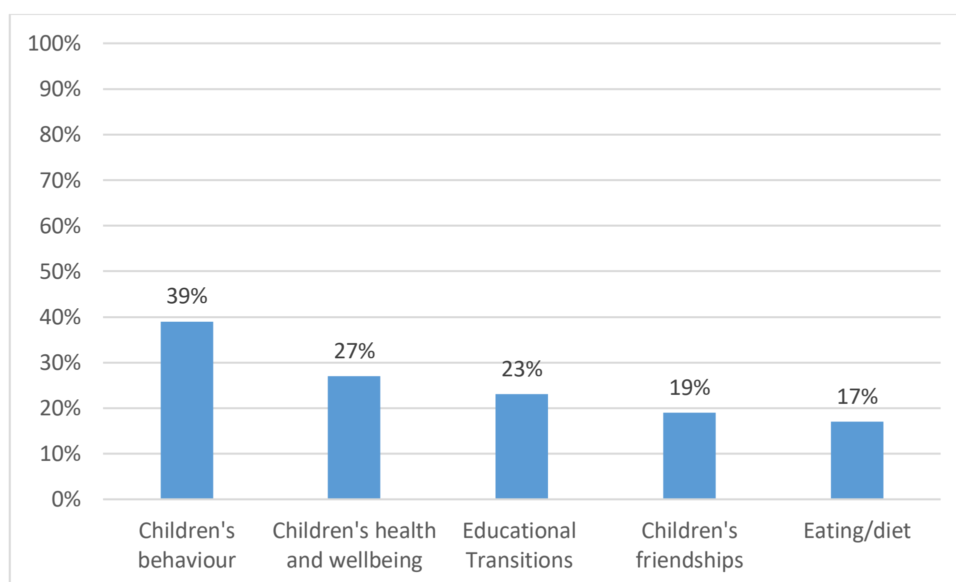
[16] Baselines for each question may vary depending on how many kinship carers responded to each question. In all cases, numbers are given for clarity.

- their housing conditions
- financial issues
- their health and wellbeing.

Kinship carers' concerns regarding their children

4.3 Using registration data (n=401), **Figure 4.1** shows the level and type of concerns kinship carers reported about their children.

Figure 4.1: kinship carers' concerns regarding the children



Base 401

4.4 One of the key concerns reported by many kinship carers (39%, n=156) related to their children's behaviour. Research has shown that children who grow up in kinship care can experience low self-esteem, anxiety and anger. Their behaviour can get worse as children move into their teens. Without appropriate support to understand these issues and reduce carer stress, the quality of kinship placements can deteriorate[17]. In some local authorities, kinship carers reported they had been provided with training on attachment difficulties and related behaviours including anger and aggression, communication and eating disorders. This had helped kinship carers to understand their child more, support the child more effectively and to cope better in their role as a kinship carer. However, this was not the norm and many kinship carers had been left without this knowledge and understanding, and consequently struggled to cope.

4.5 Concerns about children's behaviour were often raised during case study visits and discussed at focus groups. Kinship carers were frustrated with the lack of understanding and support from services, particularly from local authorities and schools, about the causes of their children's challenging behaviour.

"I didn't know why he was behaving so badly, what all the anger was about. I knew something wasn't right. He was fighting in school, he wouldn't tell us what was wrong, it was awful" (kinship carer).

[17] Wellard, S., Meakings, S., Farmer, E. and Hunt, J. (2017) Growing Up in Kinship Care; Experiences as Adolescents and Outcomes in Young Adulthood. Grandparents Plus, Farmer E. (2010) 'What Factors Relate to Good Placement Outcomes in Kinship Care?', *British Journal of Social Work*, Vol. 40, No. 2, pp.426-44.

4.6 Just under one-quarter of kinship carers were concerned about their child's educational transitions. Kinship children's ages spanned the spectrum from early years, through to primary phase and in to secondary phase education. Kinship carers were sometimes concerned about how their child would adjust to a new educational setting. Given the trauma the children had already experienced in their lives, some kinship carers reported their children had anxieties about any changes and had become very dependent on them.

"He has to be with me all time, if I leave the room he starts to get very upset. We are getting help… but I am really concerned how he's going to be able to cope with his new school" (kinship carer).

4.7 Many kinship carers expressed frustration at their school's lack of understanding of how childhood experiences had impacted on their children's behaviour.

"A lot of the schools don't understand, they think they're misbehaving and they're not. They don't know how to behave…they've got such complex issues a lot of the time" (kinship carer).

4.8 Kinship carers reported how their children's challenging behaviour sometimes affected their ability to cope with school, to make friends and to build relationships with others. This often impacted on their own children: 27% (n=110) of kinship carers had their own children living with them and many reported that taking on the full-time care of kinship children had an impact on their children.

4.9 **Figure 4.2** provides examples of the impact of kinship care on family life.

Figure 4.2: Impact of kinship care on family life

"*Jack has been aggressive to my children and could not be left alone with them when he first moved to live with us. He takes a lot of energy to parent and this takes away from the time our children can spend with us"* (kinship carer)

"*Matthew's behaviour makes it difficult for me to get together with my children and grandchildren as he gets jealous and displays difficult behaviour"* (kinship carer).

"*Emotionally and physically, Chloe's behaviour has impacted on the children. I feel that I spend more time meeting Chloe's needs than my own children"* (kinship carer).

Source: kinship carer baseline data

4.10 Kinship carers reported other more positive impacts of having the kinship children living with them which included: forming strong sibling-like bonds and children learning how to share. However, overwhelmingly the impact on the family was one of stress and strain caused by the additional challenges and needs of the kinship children who came with experiences of adversity as a result of their early life experiences.

4.11 A closer look at the data revealed that:

- over one-half (53%, n=207) of kinship carers reported multiple concerns with their children. Kinship carers reported their children had experienced a mix of adversities prior to being removed from their parent(s) care including parental alcohol misuse, trauma through witnessing domestic abuse, and neglect.

4.12 Other concerns raised by kinship carers related to their child(ren)'s developmental needs (including cognitive, physical, and speech and language). Of these:

- 26% were registered with a disability
- and a further 9% were undergoing assessments for diagnosis.

4.13 Many kinship carers (57%, n=175) had accessed support from other services prior to Kinship Connected to help address their concerns with their kinship children. A review of the services being accessed included counselling services (e.g. child and adolescent mental health services (CAMHS), other counselling services attached to schools, or family support services), social worker support from children's services and young carers' services. A few had received support through local authority family support services which provided targeted support to help with wider family functioning and parenting skills for families who did not meet the threshold for statutory intervention.

Lack of information, advice and support

4.14 Very few special guardians reported having received adequate advice or support. This was despite local authorities being required to make arrangements for the provision of special guardianship information, advice and support services[18] including counselling, mediation and other support including financial support. This is consistent with the findings of a recent report by the Local Government and Social Care Ombudsman (2018)[19] where it was reported that in many instances, councils had given incomplete or misleading advice to people who were planning to become special guardians.

4.15 Very few kinship carers from this study reported having any kind of support plan agreed by children's services (a requirement under section 14F(6) of the Children's Act)[20] which detailed what support had been put in place for the kinship carer and their child(ren). Due to poor information and a lack of support from the local authority, many kinship carers suffered from a lack of confidence in their role parenting children who often had complex difficulties arising from their earlier adversities when with their parents. Many had therefore considered that their child's poor behaviour was a product of their own poor parenting. Over one-third (35%) of kinship carers stated they lacked confidence in this parenting role.

4.16 Where kinship carers did receive practical support and have access to information and advice about contact, it was typically not provided by local authorities for any meaningful length of time. Some kinship carers did receive support early on in their caring role but, generally, this only lasted a few months at the most, and many kinship carers reported feeling abandoned by their local authority. Local authorities agreed that access to advice and support through their social work teams was limited post-court order. Some local authorities provided access to support groups for kinship carers but, according to Grandparents Plus PWs, these were sometimes poorly advertised and referrals to the groups were not robust or regular. As a result, some kinship carers were being left without adequate information, advice and necessary support.

[18] Department for Education (January 2017) Special Guardianship Guidance: Statutory guidance for local authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016).
[19] Local Government and Social Care Ombudsman (2018) Firm foundations: complaints about council support and advice for special guardians.
[20] The requirement in section 14F(6) of the Children's Act 1989 for the local authority to prepare a plan in accordance with which special guardianship support services are to be provided. The local authority must prepare a plan if they propose to provide special guardianship support services to a person on more than one occasion; and the services are not limited to the provision of advice or information.

4.17 Many kinship carers reported concerns relating to how to manage children's contact with their parents and relationships with the children's parents (29%, n=118). Case studies revealed how, in some cases, the removal of children from their parents had resulted in very strained relations between kinship carers and children's parents and in some cases, a complete breakdown in relations.

Figure 4.3: Case study example of a kinship carer's lack of appropriate support

Jane is the maternal grandmother to six-year-old Charlotte*, who was six months old when Jane was asked by social services to look after her. Charlotte and her mother had lived with Jane up until this point but social services asked the mother to leave due to concerns regarding the mother's boyfriend, who was a suspected paedophile. Jane was awarded an SGO when her granddaughter was two years old.

According to Jane, the birth mother denied any risks posed by her boyfriend and never fully cooperated with the order which stipulated that she should only see Charlotte through a contact centre. However, the terms of the SGO were not made clear to Jane and no care plan was put in place. No information or advice was given and Jane felt she was abandoned and had to find her own way through the resulting difficulties. The relationship with her daughter deteriorated significantly and there were constant threats from her that she would take Jane to court for custody of her child.

"I would receive bullying texts every day saying if you don't let me see her tomorrow, you'll see me in court" (Jane).

As the years passed, Jane has allowed Charlotte to stay with her mother on occasion. However, she noticed that when Charlotte would return she would often display aggressive behaviour towards Jane. The school contacted Jane raising concerns about Charlotte's aggressive behaviour towards other children in school.

Jane, whose husband died recently, became extremely stressed and depressed with her situation and up until meeting other kinship carers through Kinship Connected did not know where to go for advice on how to manage the situation and how to get support to help her deal with her daughter's threats. She remained very concerned about her situation despite receiving support from the Grandparents Plus PW and attending meetings. Although she had gained some insight into why her daughter was being so aggressive and other kinship carers shared their own stories, Jane remained stressed and anxious about her situation and the wellbeing of her granddaughter. She needed further support from the local authority to help manage this challenging situation.

Source: case study data

4.18 The quality of family relationships (for example, giving and receiving of care, sharing concerns and receiving advice) has been shown to influence a person's well-being[21]. Also, research has identified that inadequate access to social support has been shown to lead to high levels of stress, which in turn, can undermine a person's mental health. In contrast, access to social support may serve as a protective resource. Prior studies[22] also evidence the corrosive impact of stress and how it undermines long term physical and mental health and well-being. Kinship carers are typically under stress because of financial difficulties and the challenges of the children they were caring for[23]. For some kinship carers, wider family relationships (especially those with the children's parents) were often a major source of stress rather than a source of support.

[21] Grevenstein, D., Bluemke, M., Schweitzer, J., and Aguilar-Raab, C. Mental Health and Prevention Volume 14, June 2019, 'Better family relationships—higher well-being: The connection between relationship quality and health related resources.'
[22] For example see Ozbay,F., Douglas, C., Johnson, C., Dimoulas, E., Morgan, C., Charney, D., and Southwick, S. (2007) 'Social Support and Resilience to Stress', Psychiatry 4(5): Pages 35-40.
[23] See eg. Farmer E. (2009) 'How Do Placements in Kinship Care Compare with those in Non-Kin Foster Care: placement patterns, progress and outcomes?', *Child and Family Social Work,* Vol. 14, pp.331-342; Selwyn J., Farmer E., Meakings S. and Vaisey P. (2013) *The Poor Relations? Children and Informal Kinship Carers Speak Out,* Bristol, University of Bristol,,

4.19 The importance of the wider family network in the care of children in statutory care is becoming a more integral part of children's social care interventions. Many safeguarding solutions to the long term care of children are being sought from the wider family network. For example, the use of Family Group Conferences (FGCs) by many local authorities is believed to be an important contributor in preventing children from coming into care. Findings from a study conducted for Leeds City Council on the use of FGCs evidenced the value of bringing the wider family together to find solutions and 99% of families reported this approach had helped to manage their problems[24].

4.20 However, for many of the kinship carers themselves, this wider network of social support was often missing. Kinship carers' familial profiles showed high levels of isolation, low levels of family support and low levels of any wider social support. Thirty-five per cent (n=142) of kinship carers reported they never had support of any kind when they needed it, and a further 13% (n=52) reported they rarely had support when they needed it.

4.21 Several children in the case studies undertaken as part of this study were born from short term, unstable relationships. As a result, kinship carers were often isolated in their caring role and had no other paternal or maternal family support to call on for support. Often the sometimes complex caring responsibilities fell on one set of kinship carers and sometimes, on one individual kinship carer.

Figure 4.4: A kinship carer's lack of support networks

Jennifer was a special guardian for her daughter's partner's son Charlie. Jennifer's daughter had a relationship with a woman that was volatile. Jennifer's daughter and her partner both misused drugs. The couple were not together for any length of time but, according to Jennifer, Charlie always saw Jennifer as Grandma.

The maternal family were not supportive and never volunteered to look after their grandson and the father of the child placed in kinship care was not involved in the care of the child. Jennifer had warned both of them that if they didn't improve their relationship and reduce their drinking and drug-taking that the baby would be removed from them. *"They were neglecting him. Charlie wasn't in a safe environment"* (Jennifer).

The police were called to the property one day by a neighbour who was concerned about the level of violence and shouting in the house. The baby was taken away immediately and placed in emergency foster care for four weeks. Social services asked Jennifer if she would take on the care of Charlie, and she agreed. That was seven years ago.

Jennifer had considerable issues with contact. At the beginning of her caring role, the local authority paid for a few contact sessions at a Contact Centre but this soon stopped and she had to pay for it herself. However, being retired she had no spare money and the cost of contact was £50 per session. She has not been able to use this facility and as a result contact between Charlie and her own daughter and the boy's mother has been very difficult to manage over the years.

According to Jennifer, her life had changed irrevocably since the day she took on his care. *"I've had no support from anyone, it's just been me. If I'd have known how tough it was going to be, I'm not sure I would have made the same decision"*.

Source: Starks Consulting case study

[24] Mason, P., Ferguson, H., Morris.K., Munton, T., and Sen, R. Leeds Family Valued (2017) Department for Education.

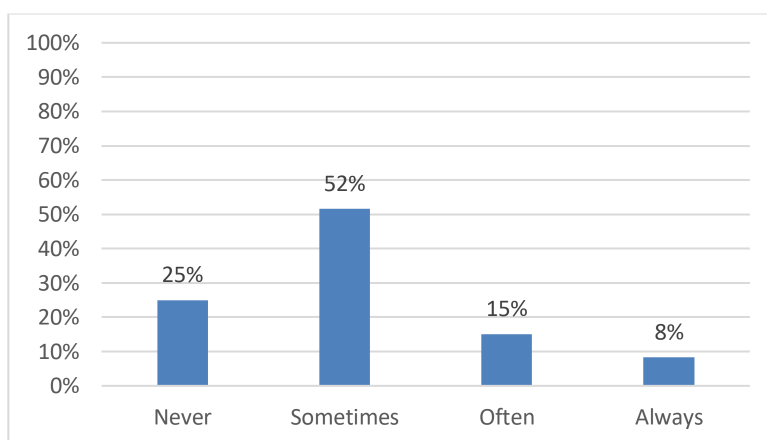
Kinship carers experiencing isolation

4.22 Many kinship carers reported that their kinship caring role had led them to feel more isolated. Many had given up work to care, and felt unable to maintain friendship circles. A few mentioned that the friends they used to have had gradually dropped away due to their change in circumstances and the increased responsibility they had in looking after their children.

"What we're doing, none of us have a social life as everyone disappears when you are a kinship carer. I saw something on Facebook and realised my friends were going out without me. It's a very lonely place to be, you can't get out, you can't socialise, you struggle to go to work" (kinship carer).

4.23 Levels of isolation felt by kinship carers are shown in **Figure 4.5.**

Figure 4.5: Have you been feeling isolated or lonely in the past six months?



Base = 252

4.24 Figure 4.5 shows:

- 52% (n=131) of kinship carers reported feeling isolated 'Sometimes'
- 15% (n=38) reported feeling isolated 'Often'
- 8% (n=20) reporting feeling isolated 'Always'
- Only one quarter (25%, n=63) 'Never' felt isolated.

4.25 Kinship carers reported feeling unable to develop friendships with other parents at the school gate as their age and interests were so different. A few mentioned they could go all day without seeing anyone. Some kinship carers who were less mobile or had to care for a partner were at particular risk of feeling isolated.

"I just don't have the time to go out for lunch or for drinks like I used to. I've got to care for George during the days and when I pick up Harry at school, I've got to cook and put him to bed. I don't get a moment to myself anymore…" (kinship carer).

"It's a gradual feeling this sense of loneliness and I really struggle with it." (kinship carer)

Housing Concerns

4.26 Local government has a duty to ensure that a family is adequately housed when considering long-term caring solutions with kinship carers[25]. Despite this requirement, fifteen per cent (n=62) of kinship carers reported concerns with their housing situation, mainly related to the number of bedrooms they had. In six of the qualitative case studies, kinship carers reported housing issues related to too few bedrooms with kinship carers sleeping on sofas, and older children sharing bedrooms. Long term housing solutions for kinship carers were not amenable to resolution by Grandparents Plus PWs. Several kinship carers from the case studies reported that children had been placed with them with very little or no regard to space within the home.

Figure 4.6: A kinship carer's housing concerns

Sarah took on the care of her cousin's first baby from birth in 2016. In 2017 social services asked her to take on the second, but she refused at first due to a lack of space. According to Sarah, they were already very overcrowded in the house. However, children's services persisted, suggesting this was an important sibling to her baby and Sarah agreed. *"It was not a decision I took lightly at all, I knew the implication of this".*

Sarah had worked whilst looking after the first kinship baby but then realised she would not be able to continue to work and look after both children. Sarah and her family lived in social housing but when she agreed to take the baby it was very rushed, and there was no mention of any support with housing. She requested a review of their housing situation but the LA refused this. Eventually, Sarah took advice and decided to take the local authority to court.

The director of housing from the LA was present at the court and reported having no four-bedroomed houses available. However, the judge requested a solution be found. Eventually, a house was identified but it was out of the area. According to Sarah, the move had to be made but it had been very difficult. *"We've lost our connections with friends and families and it's far from everywhere making bus journeys expensive"* (Sarah).

Source: Starks Consulting case study

Financial concerns

4.27 Kinship carers have consistently been found to be older and financially disadvantaged, with many having had to give up work to take on the care of children. Many kinship carers' narratives involved local authorities asking kinship carers to take on additional siblings with little regard as to how the care would be afforded. This led to concerns about how kinship carers would cope with the additional expense of bringing up children at the same time as increasing demands on their available resources. Many kinship carers were very worried about their financial situation.

Figure 4.7: Special Guardians giving up employment

Social services contacted Yvonne, the maternal grandmother, following concerns raised by a midwife relating to the mother's misuse of drugs and alcohol. After providing support to the mother to help her deal with her addictions, she was deemed to be making insufficient progress and children's services began making plans to remove the three children permanently. They approached Yvonne about her willingness to take on the full-time care of her grandchildren. An SGO was awarded to Yvonne when she was 59 years of age. No advice or practical support was provided to Yvonne to help her adjust,

[25] Housing authorities and registered social landlords should be engaged to ensure that their policies recognise the importance of the role performed by family and friends carers, and that whenever possible family and friends carers living in social housing are given appropriate priority to move to more suitable accommodation. Local authorities have the power under section 17 of the 1989 Act to give financial support towards accommodation costs where they assess this as the most appropriate way to safeguard and promote a child's welfare. (Family and Friends Care: Statutory Guidance for Local Authorities, Department for Education

although she did receive financial support. Yvonne was a widow and before taking on the care of her grandchildren, worked at a doctor's surgery as a receptionist, which she enjoyed. However, she had to give this up to look after the children. *"I could not afford to go out to work and look after three children under the age of five, it just didn't add up".* She reported that giving up work had a significant impact on her mental wellbeing as well as longer-term financial security.
"I sometimes wonder, how did I get in this situation?... It can become very isolating when you are a full-time grandparent. All my time is taken up looking after my grandchildren. Sometimes I feel like crying about it all" (Yvonne).

Source: Starks Consulting case study

4.28 In all the case studies, kinship carers had struggled to remain in employment. In two of the case studies, the kinship carer had managed to return to part-time employment when looking after one child. However, as was often the case, when the mother of a child previously placed with a kinship carer had another baby, that child was also placed with the same kinship carer. Kinship carers taking on the care of more than one child found it too difficult to work and care for the children at the same time. Kinship carers were reluctant to place their children in nursery or in after-school clubs due to the level of care and support many of these children needed. They had concerns that their children may not easily adjust to other forms of child day care. Also, many could not afford it.

4.29 Just over one-third (n=117) of kinship carers reported not feeling optimistic about their finances. Seventy-five per cent (n=222) of kinship carers supported via Kinship Connected received an allowance from the local authority. Many more kinship carers who were not in receipt of a local authority allowance did not feel positive about their financial situation:

- forty-six per cent of kinship carers who *were not* in receipt of an allowance were 'never' or 'rarely' positive about their financial situation, as opposed to;
- twenty-eight per cent of kinship carer who *were* in receipt of a local authority allowance were 'never' or 'rarely' positive about their financial situation.

4.30 This does, however, show that over one-quarter (28%) of kinship carers who were in receipt of the allowance still had financial concerns and that this allowance was insufficient to meet theirs' and their children's needs. Also, the financial support provided through local authorities is means-tested and a few kinship carers reported having real challenges with maintaining their financial support from their local authority.

Figure 4.8: A kinship carer's experience of financial support from the local authority

Claire was awarded an SGO for the two children she was bringing up who are now nine and five years old. Her husband (age 66) received pension credit, and she was coming up to 60 years of age. *"Every year we've got to fight for the allowance as it's reviewed every year"* (Claire). What she gets for the children she leaves in the bank as she needs it for electricity. Claire said she felt forced into accepting an SGO, to avoid her grandchildren being adopted. However, the children have disabilities, and she doubts whether the council would have been able to find adoption placements for them. Despite this, she still has to fight for financial support. "*They stopped the money for my granddaughter, and I had to phone to get information about why they had stopped the financial support. I received no letter or anything. I had no money in the bank, I could not pay my bills. I knew I was doomed when I had to leave work; I couldn't get early retirement, couldn't get redundancy, couldn't get a pension".*

Claire put a complaint into the council. *"I was absolutely appalled at the way I was treated"* (Claire). At the time her money was withdrawn, she was put into contact with an emergency social worker and got £40. Since then, financial support has been reviewed every year as it is discretionary. Every year the local authority writes to tell Claire they intend to withdraw the financial support and every year Claire appeals and wins her appeal. However, this creates a significant amount of stress and uncertainty which affects her health and wellbeing.

Source: Starks Consulting case study

4.31 As kinship carers looked after their children, many were reliant upon the financial support from local authorities to do so, albeit allowances were often at low levels. Other forms of financial entitlement include child benefit and child tax credits, but often kinship carers experience difficulties and delays in accessing these entitlements due, in part, to competing claims by the child's parent. Therefore, if the local authority allowance was threatened, this impacted on their ability to adequately support their child, including their education and personal development (e.g. developing hobbies and interests). Kinship carers often spoke about the importance of enabling their child to participate in activities alongside their friends, to ensure they had comparable life experiences, but this was often a major struggle due to their finances.

Mental wellbeing

4.32 Previous research evidenced that kinships carers are more likely to persevere beyond the point at which unrelated carers give up their caring role, even when they are under considerable strain[26]. However, this can have a deleterious impact on their longer-term health and mental wellbeing, resulting in potential future costs to the state. In addition, research has found that in some instances high levels of stress on kinship carers can be related to poorer placement quality for children as kinship carers struggle with their own mental health[27]. Although the case studies in this study revealed that the kinship carers had high levels of commitment to the children they were looking after, their accounts suggested they were persevering with the considerable challenges arising from their circumstances. However, many reported they felt they had no choice but to cope as the alternative was that their children would be taken into local authority care.

"I just can't let that happen, none of us will let that happen. It would be too heartbreaking to even contemplate" (kinship carer).

4.33 Kinship carers' mental wellbeing was measured using the WEMWBS score. One study looked at the WEMWBS concerning two measures of depression and psychological distress and found that a WEMWBS score of less than 40 could indicate a high risk of major depression, and scores between 41 and 45 could indicate a high risk from psychological distress[28]. NHS direct has used the score of 40 and below as the threshold for low mental wellbeing in their self-assessment scales[29].

4.34 The average score for all kinship carers (n=340 who gave responses to WEMWBS) at baseline was 43.7. The lowest score was 15 and the highest was 70 out of a possible 70. One-third of kinship carers (33%, n=112) scored themselves below the wellbeing threshold (40), the point at which people are considered to be at risk of long-term mental ill-health and depression[30].

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[26] Farmer, E. and Moyers, S. (2006) *Children placed with family and friends: Placement patterns and outcomes*. Executive summary. University of Bristol

[27] Farmer, E. (2010) 'What Factors Relate to Good Placement Outcomes in Kinship Care?*', British Journal of Social Work*, Vol. 40, No. 2, pp.426-444

[28] Gremigni, P. (2012) Performance of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) as a screening tool for depression in UK and Italy.

[29] See https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/ on how to analyse results.

[30] Ibid

Summary comment

4.35 This section described some of the concerns and difficult circumstances that kinship carers experienced due to their caring role. For many, this led to poor mental health and put them at risk of suffering from long-term depression. The next section looks at how kinship carers have been supported through Kinship Connected to enable them to better cope with their circumstances.

5 SUPPORT DELIVERED TO KINSHIP CARERS

Introduction

5.1 This section describes the type of support that kinship carers accessed or participated in through Kinship Connected. Evidence for this section is drawn from data generated by Grandparents Plus PWs at the outcome stage, alongside focus group and case studies. A total of 170 baseline and outcome records were available for analysis.

Summary of findings

- Kinship carers received a mix of face-to-face, one-to-one and telephone support. This included emotional support to help them cope better with their situations; provision of information and advice about their legal orders and signposting to support services.
- In some cases, support was more intensive and Grandparents Plus PWs attended support meetings such as 'team around the family' meetings (TAF)[31], Child in Need meetings and child protection core groups. They also arranged school meetings, or accompanied kinship carers to council offices to help access relevant financial information, for example.
- Kinship carers reported having high levels of trust in their Grandparents Plus PWs and nearly all kinship carers reported the quality of the PWs' support as good or excellent.
- One-quarter of kinship carers accessed grants for the purchase of white goods or furniture and a few used the grants for respite/holidays.
- One quarter accessed the Grandparents Plus helpline for the information and advice service.
- Grandparents Plus PWs helped to establish 35 peer-to-peer support groups with the Kinship Connected funding.
- Three-fifths of kinship carers reported attending peer-to-peer support groups and two-thirds of these went regularly (every two weeks).
- Kinship carers gained a sense of identity and pride as a result of becoming connected to a wider kinship carer community.
- In the North East of England, many peer-to-peer support groups were volunteer-led; groups had become constituted and kinship carers were raising money and taking decisions on how best to use their funds.
- In other areas across the country, the groups were well attended but needed the ongoing support of Grandparents Plus PWs to ensure they continued.
- Virtual support groups were beginning to take off due to the Coronavirus outbreak allowing kinship carers to remain connected during lockdown and beyond. Grandparents Plus PWs trained kinship carers in the use of social media to ensure groups continued online.
- A small number of dedicated kinship carers trained to become kinship carer champions and to take on the responsibility of raising awareness about kinship care to local services.

[31] Team Around The Family meetings are meetings that bring together professionals (e.g. social workers, health practitioners, school staff) to talk about the care of children within the family context and to agree a support plan to help families. They may be known by different names in different authorities.

The Kinship Connected offer of support

5.2 The Kinship Connected offer of support includes:

- one-to-one Grandparents Plus project worker support
- Grandparents Plus PWs establishing and supporting peer-to-peer support groups and harnessing a social action approach
- encouraging volunteering roles among kinship carers
- referrals to Grandparents Plus specialist advice service for welfare advice
- identifying need and developing support plans
- supporting hardship grant applications and arranging short breaks through a charity partner.

5.3 How kinship carers interacted with the offer is discussed in detail in the paragraphs below.

Provision of one-to-one support

5.4 Grandparents Plus PWs viewed kinship carers as the experts in their own lives and worked co-productively with kinship carers to identify their support needs and to agree a support plan to tailor their engagement in Kinship Connected.

5.5 All kinship carers spoken to as part of the study felt confident that the Grandparents Plus PWs could empathise with their circumstances, understood their needs, and were committed to helping improve their circumstances and their ability to cope.

"We spent a lot of time talking about my situation. I felt she understood what I was going through…it felt good to have her on board" (kinship carer).

"She seemed to understand things from my perspective much better and I felt she cared…I am confident she will be able to help me to feel better about all this" (kinship carer).

5.6 Goals were identified in line with kinship carers' concerns (e.g. to help reduce isolation or improve the child's behaviour) and a plan of support was discussed and agreed with kinship carers.

5.7 Evidence from Grandparents Plus PWs and the case studies showed that the level of one-to-one support provided to kinship carers by the Grandparents Plus PWs varied. The extent of their support needs was dependent upon key factors including the length of time kinship carers had been caring for their children, as well as their circumstances at the time of referral.

"A lot of the carers have been caring for a long time and have experienced a few years of not having the right support. That's what we're here to do, to try to address some of that." (Grandparents Plus PW)

5.8 In some local authorities, according to Grandparents Plus PWs, many referrals were made for special guardians whose children were on the edge of care and with high-end needs. Many of these cases had unresolved issues relating to, for example, immigration, housing or children's contact with parents, which required considerable input from a Grandparents Plus PW to liaise with relevant services. Other families needed support with accessing therapeutic interventions for their children or bereavement counselling for kinship carers.

5.9 To make the most use of the limited Grandparents Plus PW resources, kinship carers were provided with a mix of face-to-face and telephone/email support.

5.10 A review of anonymised case notes provided by Grandparents Plus revealed considerable support and advocacy provided by the Grandparents Plus PWs, alongside a range of one-to-one emotional and practical support. Some common examples included:

- **emotional support**: Grandparents Plus PWs spent time with kinship carers listening to their stories, empathising with their situations and encouraging kinship carers to join local support groups where ongoing support could be provided
- **practical advice**: a wide range of support and advice provided to kinship carers on understanding their child's behaviour and/or how to manage challenging issues with children's contact with parents for example
- **linking kinship carers up locally**: establishing and promoting the peer-to-peer support groups and encouraging kinship carers to participate in their local groups
- **informal advocacy support**: for example, liaising with the local councils regarding local authority kinship care allowances, or with welfare services, or accompanying kinship carers to courts for appeals
- **providing information and advice**: including about the particulars of their legal orders, their entitlements and other legal and financial matters, signposting to the Grandparents Plus advice line
- **attending core group meetings and 'team around the family' meetings in schools:** Grandparents Plus PWs and kinship carers reported school-related issues that had not been resolved. Kinship carers felt frustrated with a lack of understanding from the school about their circumstances. In these situations, there were examples of Grandparents Plus PWs liaising with the schools on behalf of kinship carers and their children
- **support with housing**: where there were concerns regarding a lack of support from local authorities in finding appropriate accommodation, Grandparents Plus PWs have been persistent in following up applications to get families re-housed into more suitable accommodation
- **identifying children's unmet needs**: signposting to services for example for therapeutic support for children, or contacting schools about support for children with disabilities
- **encouraging access to local support groups or classes:** identifying and arranging for kinship carers to attend exercise classes or mindfulness classes locally and encouraging attendance
- **signposting:** to GPs, early help services, or to local peer-to-peer services.

5.11 Support from a Grandparents Plus PW was highly valued by the kinship carers. Kinship carers felt the Grandparents Plus PWs understood their circumstances and because they offered dedicated support, kinship carers trusted that they would act promptly on their behalf.

"I called [name of project worker] *to ask for help and straight away she took the job on and liaised with the social worker about it. I felt much better after speaking to her"* (kinship carer).

"I had some fabulous support from her (Grandparents Plus PW) *when I was going through the whole issue with the second child being placed with me. I was so uncertain I would get an SGO for her. She helped me to understand all the issues around parallel planning that the social workers were doing"* (kinship carer).

"She is a kinship carer herself, so she is able to offer me real advice about how to deal with my child's behaviour and what may be at the root of it. It helps me to cope" (kinship carer).

5.12 After the initial meeting and determining goals and a support plan, kinship carers were able to access a range of other support through Kinship Connected including applications for grants, being linked-up with peer-to-peer support and virtual online groups as well as support through the Grandparents Plus advice service.

Applications for Grants

5.13 Forty-four kinship carers were supported with a grant application to Buttle UK, BBC Children in Need, Family Holiday Association and other local welfare funds to improve their home environment or to go on a short break. **Table 5.1** shows how this was used.

Table 5.1: Access to Buttle UK grant

How the grant was used	Count of grant usage
Purchasing furniture/white goods	32 (74%)
Going on a short break	7 (16%)
Purchasing soft furnishings	3 (7%)
Other	2 (4%)
Grand Total	**44 (26%)**

Base 170

5.14 Most of the grants (74%, n=32) were used for the purchase of white goods or furniture and a few for short breaks. This highlighted how kinship carers were often left without even the basic necessities needed to raise the children.

Engagement in Grandparents Plus peer-to-peer support groups

5.15 Research has shown that peer-run self-help groups yield improvements in mental health resulting in enhanced self-esteem and social functioning[32] in kinship carers. Grandparents Plus has helped establish 35 peer-to-peer support groups with the Kinship Connected funding.

5.16 Data shows that three-fifths (59%, n=101) of kinship carers reported accessing a local peer-to-peer support group. Just under two-thirds (65%, n=65) reported going weekly or bi-weekly. (**Note**: in practice, the numbers attending regularly will be considerably higher than this. This number is calculated from the kinship carers who responded to this question (n=101)).

Table 5.2: Frequency of peer group attendance

Frequency	Percentage of kinship carers attending
Once	(15) 15%
Just a few times	(20) 20%
Regularly (weekly, bi-weekly, monthly)	(65) 65%
Grand Total	**101 (100%)**

Base 101

[32] Basset, T. Faulkner, A., Repper. J. and Stamou, E. (2010) Lived Experience Leading The Way: Peer Support in Mental Health., and Repper, J. and Carter, T. (2010) Using Personal Experience to Support Others With Similar Difficulties: A review Of The Literature On Peer Support in Mental Health Services. University of Nottingham

5.17 The research included a mix of observations and discussion with kinship carers completed during peer-to-peer support groups. Attendance by the evaluators at the groups revealed the real value of these groups. Kinship carers provided each other with social, emotional and/or practical support. Meetings were also a time to meet up, have fun and enjoy time to themselves.

5.18 Significantly, support seemed reciprocal and enabled kinship carers to both give and receive advice and support. Kinship carers who regularly attended the groups had the opportunity to talk through specific concerns and to listen and support each other.

"Some people just want to spill their heart out. Some people's lives are very difficult but it gives them an opportunity to let go and share things with people who are not too close. It's one of the best forums to share that kind of thing… It's a lifestyle for them rather than a thing to attend. It's so much more, they become a family" (Grandparents Plus PW).

5.19 It was also clear that these support groups provided a forum through which kinship carers gained confidence, as well as a sense of identity with their caring role, and respect for each other.

"You realise, when you listen to everyone's story, how tough this is. We all respect each other for doing what we're doing here (kinship carer).

We're all in the same boat and we all know what we're going through...a lot of us relate to our stories, and how our children have been affected…we all understand and try to help each other" (kinship carer).

5.20 In the North East of England where Grandparents Plus has established strong independent links with local kinship carer communities, a few of the peer-to-peer support groups became constituted. This had helped to ensure that groups delivered sustainable forms of community support. This was in the main due to the legacy of Relative Experience, a Grandparents Plus project funded by the Big Lottery Fund, which ran from 2014-2018 and through which these groups were first established. Grandparents Plus resourced a dedicated Grandparents Plus project worker to keep in touch with the group, to help with any information needs, and to encourage participation in training to stimulate more volunteering. Below is a vignette of such a group generated from an observation of the meeting, a focus group with its members and an interview with the chair of the group.

Figure 5.1: Example of a sustainable peer-to-peer support group

With the help of Grandparents Plus, [name of kinship carer] set up the support group three years ago when she realised several kinship carers were not turning up to an existing meeting due to distance and travel issues. She completed the Kinship Connected champion training and Someone Like Me training (kinship carers being trained to offer support to other kinship carers) to ensure she was kept up to date with new approaches to supporting others. *"It also helped me to feel confident to give presentations on kinship caring to the group and to explain what it is"* (Chair).

The group meets every week and is regularly attended by 15 to 20 kinship carers. They estimated that 120 people including the children are supported through the group. A Grandparents Plus PW provided support and advice on how to become a constituted group. The chair of the group stated that being constituted provided a more solid foundation and helped make decisions that reflected what people needed. *"We work together to agree on things, we have a secretary and treasurer and we take votes on how to spend our money…it's a whole group thing, not just one or two individuals who participate"* (Chair). This was evidenced through a group discussion followed by a vote on how to fund transport to a holiday park in the summer.

It was also evident that the members of the group provided essential moral and practical support to each other. *"We trust each other, it's a total release, we can shout and bawl and scream and cry and no-one judges us"* (kinship carer). The group raises money through running weekly raffles and bingo, with gifts contributed by the kinship carers. The chair reported they group together and buy things for families who are going

through very bad times, and also share clothes and shoes when their children have grown out of them. *"Many people can't afford to pay for things, most people are on pension credit…we have to look out for each other"* (Chair).

The chair took a proactive approach to providing information to kinship carers. *"Every week I find something out* [about kinship caring] *as legislation and entitlement seems to change. I get information from Grandparents Plus and share that with people in the group to make sure they are aware of their rights and are getting their benefits"* (Chair).

5.21 Peer-to-peer groups were at different stages in their development towards becoming self-sustaining. In most areas in West Yorkshire and in the London boroughs where groups were newly established, support groups were dependent upon a Grandparents Plus PW organising and attending. Meetings in these areas were less formal and were based in coffee houses or took place at someone's house to 'chill and chat'. Whether constituted or informal, the benefits to the kinship carers appeared comparable with regards to providing a forum through which kinship carers could connect, listen and support each other.

5.22 Shared stories were related to issues described in the previous chapter and included:

- how to manage children's contact with parents and explored how to talk to children about the changes in their relationships with their parents
- support with understanding their children's behaviour and when and how to deal with it. This heightened and shared understanding among kinship carers helped to normalise their children's behaviours, and therefore, to reduce the levels of stress associated with managing these behaviours
- discussions around sleep and the importance of good bedtime routines
- concerns relating to the impact on their own children and the importance of making dedicated time available for their own children
- support with liaising with schools on issues related to bullying and who and how to contact the school
- encouragement in accessing support from children's services where concerns were increasing
- issues related to concerns about the suitability of their housing and what action to take.

5.23 Many groups also made provision to include their children on fun days or trips to the park, or during holidays and at Christmas time. This provided additional opportunities for children to socialise with other children living in similar circumstances. Kinship carers valued this opportunity as they thought it was important for their children to mix with other children living in the same or similar circumstances (for example, with their grandparents) and to see this as a normal way of living.

5.24 Where new kinship carers attended these groups, they were given the opportunity to tell their story and were able to ask for any advice from the Grandparents Plus PW or other kinship carers. People at the meetings seemed to understand when to listen.

5.25 In one group, a Grandparents Plus PW handed out free resources (Timpson's guidebooks on Attachment[33]) and talked through some of the content. Grandparents Plus PWs also arranged guest speakers who presented to groups on issues such as attachment, infantile alcohol syndrome and local authority allowances. Groups were, therefore, both informative and supportive.

[33] See here https://www.timpson-group.co.uk/alex-timpson-trust/free-books/ (last accessed 02/06/2020

"I learned more in the first two hours than I had in the last four years" (kinship carer).

5.26 One of the cases studies revealed that the kinship carer, who was in her twenties and looked after three siblings, did attend her local group once but did not feel she had sufficient in common with other attendees due to the significant age difference (all others were much older).

"I don't really feel there is anyone I could talk to about what is going on" (kinship carer).

5.27 This was not the same for all younger carers, as younger people were attending other support groups. Grandparents Plus PWs were making recent attempts to set up virtual support groups aimed at a younger cohort of kinship carers.

5.28 However, access to support for kinship carers was not equal. Several kinship carers reported challenges in getting to local support groups.

"Quite a lot of things that Grandparents Plus do are a long way away so they need to think about how they can become more inclusive and spread out their services to a wider geographical area" (kinship carer).

5.29 Some kinship carers in London explained they would need to get two or three buses to get to their local groups and two in West Yorkshire said that the nearest group was the 'other side of the city' and they did not have sufficient time to get back from the group to pick their child up from school. Grandparents Plus PWs were aware of the challenges in siting local groups and in arranging meeting start and end times and tried to find the best solutions. However, there were sometimes challenges in finding venues, particularly in London and this was one reason why the 'chill and chat' house gatherings had been arranged.

Access to virtual support groups

5.30 Data gathered at the outcome stage of the study shows that 30% (n=51) of kinship carers attended a virtual support group (for example through Facebook, online videoing and WhatsApp). However, this is likely to be an underestimate of the current numbers accessing virtual support due to the impact of the coronavirus pandemic.

In [name of LA] we have had a lot of take-up. There is a family support worker there who has organised a WhatsApp group and I [project worker] have admin rights to invite people. We have just added another 15 members and now we are up to about 50 kinship carers using it" (Grandparents Plus PW).

5.31 Grandparents Plus PWs supported kinship carers to establish Facebook groups which ran parallel to face-to-face peer support groups. These Facebook groups acted as a platform for information sharing as well as a network of peer support through comments and the use of Messenger. Grandparents Plus PWs also supported kinship carers to establish WhatsApp groups in addition to face-to-face peer support groups. These groups allowed the opportunity for kinship carers to connect on a frequent basis, providing peer support often on evenings and at weekends when other support was not available.

5.32 According to one of the programme leads, they were having real success in keeping kinship carers talking and supporting each other. Some kinship carers had received training in hosting online meetings and, as groups had moved online, kinship carers said they wanted to continue to meet in this way and to meet more frequently.

5.33 It is envisaged that this method of keeping in touch will continue beyond the current need to isolate due to the coronavirus pandemic. Kinship carers were reportedly becoming more confident in using online and WhatsApp facilities and appreciated being able to keep in touch with each other.

5.34 In their reviews with Grandparents Plus PWs, kinship carers reported on some of the benefits of being involved in virtual support groups.

"It's useful, especially during lockdown, to know that your kids are not the only ones struggling" (kinship carer).

"It was great to chat when we weren't at the group" (kinship carer).

"If you're having a bad day and you don't want to put on family then you can go online and ask questions" (kinship carer).

Source: Kinship Carer outcomes data gathered by Grandparents Plus.

Accessing information and advice

5.35 Grandparents Plus, as an organisation, recognises the importance of providing information and advice to kinship carers, especially around issues related to legal orders where parental rights vary depending on the type of order that kinship carers were awarded[34]. The charity runs an advice service that provides information and advice on a wide range of kinship care issues such as legal orders, financial allowances, benefits, housing, employment, supporting children's education, and accessing support including through the Adoption Support Fund.

5.36 Many kinship carers participating in this research admitted to feeling confused and anxious about their rights and how to deal with issues related to children's contact with parents.

5.37 Data shows that 25% (n=42) of the kinship carers who used Kinship Connected also accessed the Grandparents Plus information and advice service. When comparing this statistic to the comparison group at baseline (n=178), most kinship carers in the comparison group (68%, n=121) reported using the Grandparents Plus information and advice service. This is possibly due to kinship carers in the comparison group not having other forms of support and therefore turning to the advice service instead, whereas kinship carers who accessed Kinship Connected possibly felt better supported and more aware of their rights.

5.38 The majority of requests for support from the information and advice service (50%, n=21) were related to information about financial support and a few (12%, n=5) wanted advice on issues related to legal orders (12%, n=5). For the majority of callers (88%, n=37), the advice met their needs.

Engagement in volunteering and training

5.39 Through Kinship Connected, Grandparents Plus helped to facilitate a move towards social action among kinship carers. Through building a network of local peer-to-peer support groups, Grandparents Plus was able to harness kinship carers' existing knowledge and skills and to support each other.

[34] For information on how parental rights and responsibilities vary across different orders, see here https://www.grandparentsplus.org.uk/for-kinship-carers/what-is-kinship-care/

5.40 Grandparents Plus organises two forums which provided an opportunity for kinship carer support group leaders to come together to collectively share their experiences of best practice and the challenges connected to leading groups. These discussions included volunteering and helped identify some key organisational priorities, resulting in further volunteer training opportunities:

"We've listened to what people were saying and they said that we needed to recruit directly to a training opportunity rather than a somewhat remote concept of volunteering" (Grandparents Plus lead coordinator).

5.41 Grandparents Plus recently convened a forum of kinship carer group leaders in the North East of England. This committee provides opportunities for group leaders to come together and discuss ideas and strategies for continuing to build support in local areas. Minutes from the latest meeting (July 2020) showed how discussions were held and ideas were being shared on how to ensure kinship carers can remain connected during the coronavirus pandemic.

5.42 Volunteer training currently provided through Grandparents Plus includes:

- training people in the *Someone Like Me* model of support where individuals, who are themselves kinship carers, volunteer to provide a listening ear and emotional support to others in need by telephone;
- training to be a key member of a local group – either a chair or treasurer;
- *Chill and Chat* training delivered to kinship carers who work and train together and provide leadership for local groups;
- training to be a *Kinship Carer Champion* in their local area, raising awareness of Grandparents Plus through leafleting and informal discussions in children's centres or GP surgeries for example.

5.43 Many of the kinship carers (65%, n=66) engaged regularly in support groups and demonstrated their capacity to support each other by using the experiential knowledge gained through their caring role. This sharing of knowledge and capacity to help each other has become a valuable resource, particularly as people were asked to isolate due to Covid-19 and support had to move online.

5.44 In the North East and West Yorkshire, a small number of kinship carers had been recruited by Grandparents Plus to deliver presentations to student social workers. This helped to ensure that student social workers understood the role of kinship carers and demonstrated how a focus on social action can have a wider impact.

5.45 The vision of Grandparents Plus is to have a group of kinship carers who have the skills and confidence to lead peer-to-peer support groups, and the organisation has developed training to help kinship carers to undertake this role. The data shows that 14% (n=55) of the kinship carers completed volunteer training. Some kinship carers spoken to as part of this study had completed this training and agreed that it provided them with a platform from which they felt more confident in promoting awareness about Kinship Connected and taking more of an active/lead role in the future.

Kinship carers' views on the quality of the support

5.46 Kinship carers were asked to report on the overall quality of the support received through Kinship Connected. Responses show that 96% (n=147) rated the support as excellent (66%) or good (30%).

Table 5.3: Kinship carers' rating of the quality of support

Rating	% of kinship carers
Excellent	66%
Good	30%
Okay	3%
Poor	1%

Base: 153

5.47 Comments from the outcomes data evidenced some of the very positive views:

"[The Grandparents Plus PW has been] absolutely brilliant, and always there when I need her" (kinship carer).

"Don't know what I would've done without you all. If I could knight you I would" (kinship carer)

Summary comment

5.48 Through a social action approach, kinship carers were able to connect locally or virtually, to receive one-to-one support and to access the wider support networks of kinship carers for advice and information. By joining the Grandparents Plus kinship community they received newsletters and information which helped keep kinship carers up-to-date with news and relevant policies. By focussing on kinship carers' emotional and practical needs, and by linking up kinship carers in the community, Kinship Connected filled a gap in support needs left by the local authorities who have largely failed to provide adequate support.

6 IMPACT OF KINSHIP CONNECTED ON KINSHIP CARERS' CONCERNS

Introduction

6.1 This section evidences the impact that Kinship Connected has had on kinship carers' concerns about their children, the impact it had on kinship carers' ability to cope, and their mental wellbeing. The quantitative data collected by Grandparents Plus PWs on each kinship carer at the outcome stage (n=170) was matched with their corresponding baseline data. This enabled an analysis of distance travelled against key indicators. This data forms the treatment group used for analysis here. Treatment group data is compared with the same datasets for the comparison group (n=63) to reveal any differences between the two groups and allow an assessment of the extent to which the changes can be attributed to Kinship Connected.

Summary of key findings at follow-up

- Kinship Connected has resulted in a de-escalation in kinship carers' concerns regarding their children's behaviour, health and wellbeing, educational transitions, children's friendships and diet/eating.
- Nearly two-fifths of kinship carers reported an increase in their confidence in their parenting role due to the sharing of expertise between kinship carers and presentations from experts (e.g. behavioural psychologists) at peer-to-peer support groups.
- There was a drop in the number of kinship carers who reported concerns about the children's relationship with their parents (dropping 18 percentage points) and children's contact with parents (dropping 15 percentage points).
- Kinship carers reported increased access to support following their engagement with Kinship Connected; there was a 20 percentage point increase in the number of kinship carers reporting they had support 'all of the time'.
- Nearly one-half of kinship carers had been caring for more than five years without support. Some of these kinship carers reported persistent concerns with their children and in particular relating to the relationships with the children's parents and children's contact with their parents. For some of these kinship carers, the support had come relatively late and was not felt to be intensive enough to meet the families' complex needs. Some of these issues needed more intensive one-to-one support from Grandparents Plus PWs or more specialist support.
- There was a general trend for kinship carers to feel less isolated as a result of Kinship Connected, and a marked increase (26 percentage points) in the number of kinship carers who reported never feeling isolated by follow-up.
- There was a reduction in concerns regarding kinship carers' home environment which corresponded to the number of kinship carers accessing grants for white goods and furniture.
- Kinship carers experienced improved mental wellbeing. The level of improvement raised them above the threshold at which people would be considered to be at high risk from mental ill-health and depression. The change was also statistically significant. In comparison, the degree of change reported by the comparison group was negligible and they remained at risk from long-term mental ill-health and depression.

- Data from the comparison group provides strong evidence that these changes were attributable to Kinship Connected. When comparing the same set of questions with the comparison group (kinship carers not receiving support from Kinship Connected), there was little evidence of positive changes. These kinship carers remained at risk from long-term mental ill-health and depression with potential consequences for placement quality and stability.

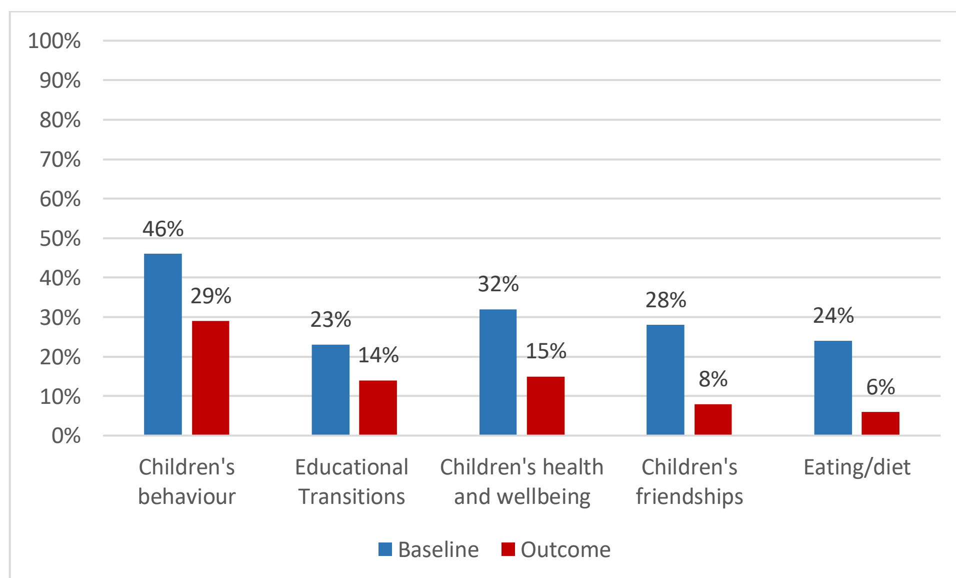
6.2 Quantitative data and the qualitative data from case studies and focus groups with kinship carers were analysed to triangulate the evidence. The impact is analysed against the key themes raised at registration:

- the children they care for
- feelings of isolation
- home environment
- financial issues
- mental wellbeing.

Impact on the level of concerns regarding the children looked after by kinship carers

6.3 Kinship carers were asked about their concerns relating to their children at the outcome stage. **Figure 6.1** shows how concerns had changed from baseline to outcome.

Figure 6.1: Treatment group data on concerns relating to children



Treatment group data
Base 170

6.4 **Figure 6.1** shows a general decrease in the levels of concerns after six months of support among kinship carers across a range of issues relating to their children. There was a reduction of 17 percentage points in the number of kinship carers who were concerned about their children's behaviour; a reduction of 9 percentage points regarding educational transitions; a reduction of 17 percentage points regarding children's health and wellbeing, a reduction of 20 percentage points regarding children's friendships and a reduction of 18 percentage points regarding children's eating and diet.

6.5 Reasons for the reduction in concerns were most likely related to kinship carers' increased understanding of issues and how to manage them, rather than an evidential improvement in children's behaviour or children's health and wellbeing, for example. It was not possible in this study to evidence changes in children's behaviour, health and wellbeing, educational transitions and so forth. However, creating a greater understanding of how to manage their situations was an important feature of Kinship Connected. Kinship Connected is primarily a model of support to the kinship carer, and therefore, a direct impact on the children was not anticipated and nor was it a focus for the study. However, other research has evidenced that reduced levels of stress can lead to improvements in placement quality[35].

6.6 There is evidence from a review of the Grandparents Plus case file database of Grandparents Plus PWs' liaisons on behalf of kinship carers with schools and around transitions.

> (I) spoke to Betty yesterday and she expressed concerns about Hayley's transition to high school. I contacted the Virtual Head and he sent over some information. I have sent that to Betty but also given her [school nurse] name due to Hayley having foetal alcohol syndrome so she can get some additional information on how to deal with it and what other support there may be out there for her.

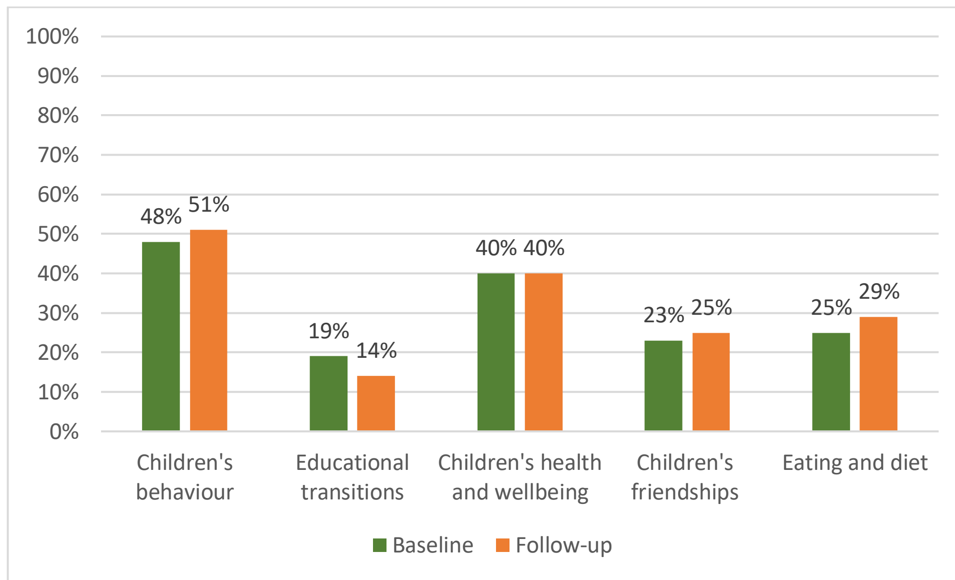
Source: Grandparents Plus case file data

6.7 However, **Figure 6.1** also revealed that concerns at outcome remained for some kinship carers regarding their child's behaviour (29%, n=49), educational transitions (14%, n=29), child's health and wellbeing (15%, n=25) their child's friendships (8%, n=14) and for their child's eating and diet (6%, n=10).

6.8 The same graph for the comparison group **(Figure 6.2)** shows how concerns were higher for children's behaviour and for children's health and wellbeing and remained high and sometimes increased by the time of the follow-up survey (six months later). There was no reduction in concerns in the comparison group apart from relating to educational transitions.

[35] Farmer, E. (2010) 'What Factors Relate to Good Placement Outcomes in Kinship Care?', *British Journal of Social Work*, Vol. 40, No. 2, pp.426-444

Figure 6.2: Comparison group data on concerns relating to children



Comparison group data
Base=63

6.9 Gaining an informed perspective through peer-to-peer support helped kinship carers in the management of concerns and in understanding how to respond in certain situations. When asked about their confidence in their parenting, 38% (n=51) of kinship carers reported increased confidence in their parenting role.

"We learn from each other, we talk about things…it helped me realise that his behaviour is normal and not to get so stressed when he kicks off" (kinship carer)

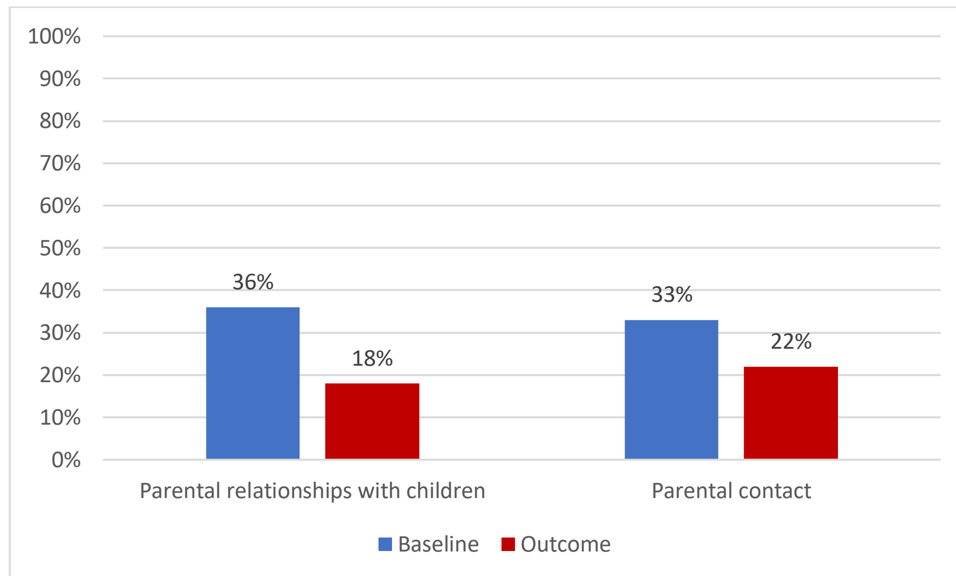
6.10 Experts brought in to talk about some of their children's behaviour also enlightened kinship carers to what was behind the behaviour.

"We now understand that his food hoarding behaviour is related to attachment issues, we had no idea of this before" (kinship carer).

6.11 As has been described in Section Four, the level of concerns regarding children's contact with parents and children's relationships with parents was considerable, and many kinship carers had received very little or no support prior to Kinship Connected to manage this situation.

6.12 **Figure 6.3** shows how kinship carers in the treatment group reported a reduction in concerns regarding children's relationships with parents and children's contact with parents.

Figure 6.3: Treatment group data on concerns with children's relationships with parents and children's contact with parents



Source: treatment group data
Base = 170

- Concerns dropped by 18 percentage points from 36% to 18% of kinship carers concerned with children's relationships with parents
- and by 11 percentage points from 33% to 22% for concerns regarding children's contact with parents.

6.13 Kinship carers reported they found it helpful to share with others the issues they were facing and how to deal with them.

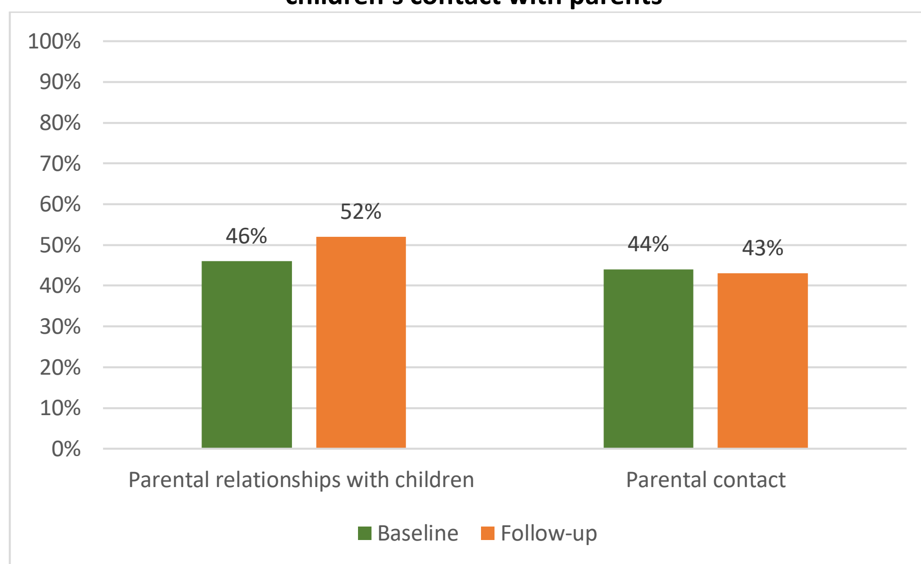
> *"I've been getting threats from my daughter for years now, and it was really upsetting and worrying. I talk about it all the time at the group and they help me to not feel so stressed about it" (kinship carer).*

> *"We've all had similar experiences with how to cope with parents wanting to see our children…it's very difficult, but you learn different ways to handle it…. If I'd have had this support earlier it would have made such a difference" (kinship carer).*

6.14 **Figure 6.3** also revealed that concerns at outcome regarding children's relationships with their parents remained for 18% (n=31) of kinship carers, and concerns regarding children's contact with their parents remained for 22% (n=37).

6.15 When comparing this change with the comparison group (Figure 6.4), kinship carers' concerns were higher and, in relation to children's relationships with parents, had increased over time.

Figure 6.4: Comparison group data on concerns with children's relationships with parents and children's contact with parents



Source: comparison group data
Base 63

6.16 When comparing the same figures with the comparison group:

- concerns increased by six percentage points from 46% to 52% of kinship carers concerned with children's relationships with parents
- and dropped by one percentage point from 44% to 43% for concerns regarding children's contact with parents.

6.17 The advice provided through the advice service on kinship carers' rights, and one-to-one discussions with Grandparents Plus PWs as well as attendance at peer-to-peer support groups, had all provided opportunities for kinship carers to talk through these concerns. Many kinship carers could sympathise with each other and tell each other how they had handled certain situations.

"It helped to hear how others had dealt with very similar and very difficult times. It doesn't come easy to us dealing with this stuff, but it definitely helped me to share it with others" (kinship carer)

6.18 However, some kinship carers reported persistent concerns with their child(ren)'s mental wellbeing, behaviour and/or with children's relationships with parents and arrangements for contact. From some, the support provided through Kinship Connected, although welcome, was felt to be too little too late.

"The support is too late for me. If we'd got the order and support when [name of child] was young, we would have had a much easier ride" (kinship carer).

6.19 Many had been struggling for years and had learned to cope, but had suffered with their own health as a result. This is evidenced by the length of time kinship carers had been caring for their children. Nearly one-half (48%) had been caring for five years or more without adequate support.

6.20 Case studies revealed that, for some kinship carers, more intensive forms of one-to-one support were needed than were available through this programme. This was due to constraints on Grandparents Plus PWs' time but also because of the difficulties/barriers kinship carers and their children experience in accessing more targeted support within their local areas. Eight of the twelve kinship carers in the case studies reported concerns with their child's experience of school and of being bullied at school. All the kinship carers had ongoing concerns regarding children's contact with parents, with some experiencing quite considerable and persistent levels of aggression and threats from wider family members including siblings as well as children's parents. The latter is an issue which probably warrants intervention by local authority social workers (see e.g. Farmer and Moyers 2008). Several kinship carers were still confused about their rights as a kinship carer and how different orders meant they had different rights and responsibilities. Several kinship carers felt that their poor relationship with their child's parents had a potentially negative impact on their children.

Figure 6.5: Case study revealing ongoing concerns with children's relationship with parents

Family background
Helen and Michael were both retired and had an SGO for their grandson who came to live them at the age of six in 2012. The boy's mother and father had poor mental health, and both had very limited contact with their son.

Support
Helen and Michael received four months of supervised contact with their grandson's mother which they reported was insufficient, and contact remained a significant problem. The boy did not want to see his mother due to poor experiences when he did. The couple received an allowance from the local authority which they say was helpful and the local authority coordinated a local group of kinship carers. However, this group was not well attended according to Helen, and discussions were fairly limited in scope due to people not wanting to share concerns with social workers. Some training to kinship carers was provided through the local authority and the couple found this very helpful and did appreciate the efforts being made. However, support through Kinship Connected has been more relevant and helpful to them. *"We've gained so much from being connected with them and the project worker has really helped us to understand and cope with our grandson."*

They attended the Kinship Connected local group, which was newly established, and had met a few times (at the time of interview in September 2019). According to Helen, a lot of travelling was involved in attending and they hoped a new venue would be found which was nearer to their home as they were keen to keep attending. *"The socialising aspect is very important for us, and for the children…we all get on and we've gone out for lunch together, a little community is developing and it's irreplaceable."*

Impact of the Kinship Connected support
The couple felt connected to other kinship carers, which helped, and they were feeling more confident with their situation, although it remained difficult. Their grandson was adjusting well but did not see his mother or father and this gave them additional concerns for his future. Both grandparents were very keen to receive more information regarding the mother's mental health so they could make informed decisions on when to try to make contact. However, this has not been forthcoming. *"So much more needs to be done about this situation, but it seems like we are at a stalemate now with it all and* [name of child] *is growing up without his Mum."*

Source: Starks Consulting Case Study

6.21 Another carer reported dealing with challenging circumstances with her family situation relating to the relationship her two grandchildren had with their mother, her daughter, and the children's contact with her. The mother had mental health issues and the kinship carer reported having been "*through hell and back with the lack of support over the years*". Although she attended the meetings with other kinship carers, she reported that the support was too late and not tailored enough for her challenging circumstances.

"All these people need individual help, and there's just not enough of that available."
(kinship carer)

6.22 These examples showed that the support commissioned through Kinship Connected did not always meet the complex needs of the family. In some cases, kinship carers needed more intensive support from Grandparents Plus PWs, and in other cases, kinship carers needed more support from the local authority to help with issues such as children's contact with their parents.

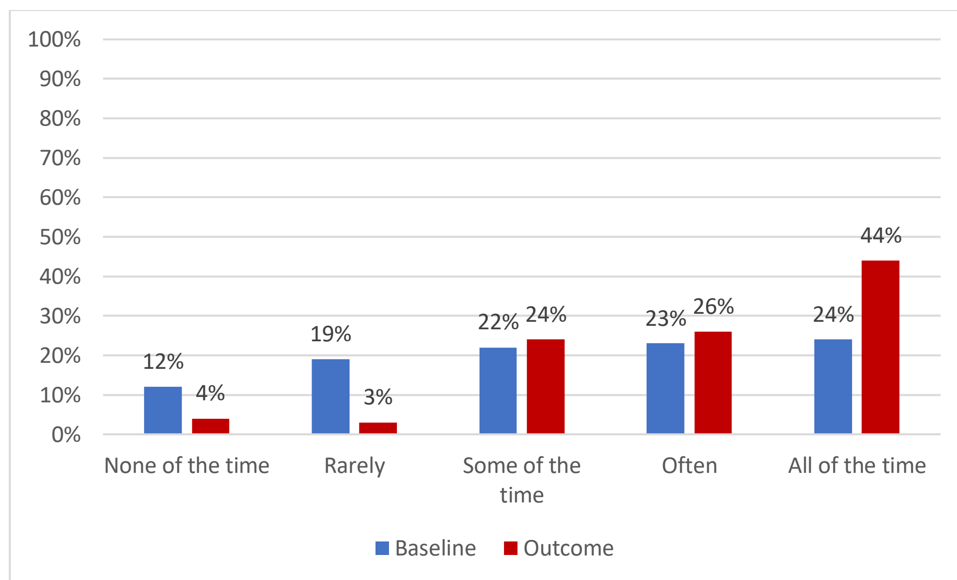
Impact on kinship carers

Having support when needed

6.23 At registration, nearly one-third (31%, n=24) of the kinship carers reported they did not have support when needed (combining responses for 'none of the time' and 'rarely'). At the outcome stage, this was 24 percentage points lower at only 7% (n=5).

6.24 At the outcome stage, the number of kinship carers who stated they had sufficient support 'all of the time' was much higher, at 44% (n=34) (up from 24%, n=19). However, there remained a small minority of kinship carers who felt unsupported (7%, n=4 who reported they had sufficient support none of the time or rarely).

Figure 6.6: Treatment group data showing whether kinship carers felt they had support when needed



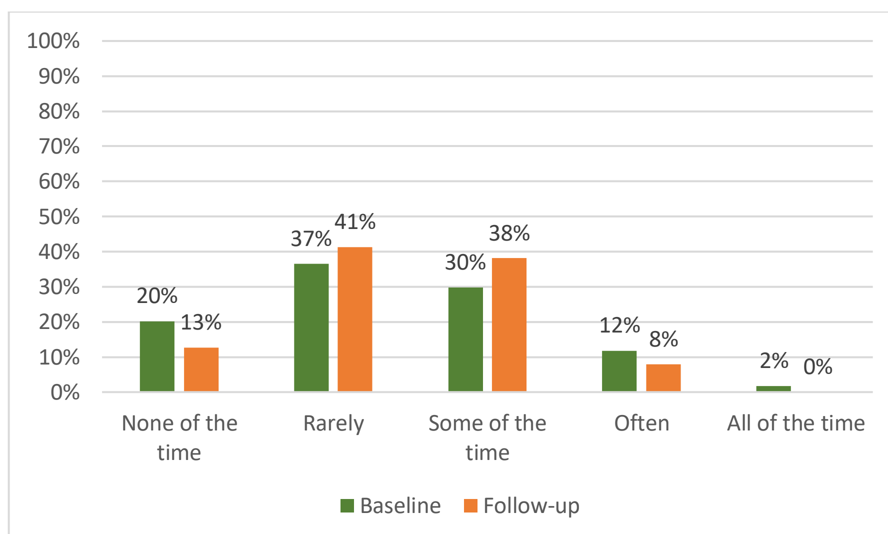
Source: treatment group data
Base = 78

6.25 There were examples of Grandparents Plus PWs liaising with schools to ensure they understood children's needs, and then referrals being made back to children's services where particular concerns had arisen. There were other examples of Grandparents Plus PWs liaising with the local authority on behalf of kinship carers in relation to financial support and housing. There were also examples of how Grandparents Plus PWs had encouraged kinship carers to seek help from doctors about their own health concerns and concerns relating to their children. The approach of Grandparents Plus PWs was to build carer confidence and self-efficacy by actively encouraging kinship carers to access services for themselves. They used scaffolding and modelling techniques to increase kinship carers' confidence and independence to seek support for themselves.

6.26 An increased feeling of support was also linked to the peer-to-peer support groups where there were many examples of kinship carers drawing on the support from others during difficult times.

6.27 **Figure 6.7** reveals that a greater proportion of kinship carers in the comparison group did not feel they had support when needed at baseline and follow-up. A notable difference was with those who felt they had support 'all of the time' which was 0% at follow-up for the comparison group (**Figure 6.6**) (compared to 44% at outcome for the treatment group) .

Figure 6.7: Comparison group data showing whether kinship carers felt they had support when needed



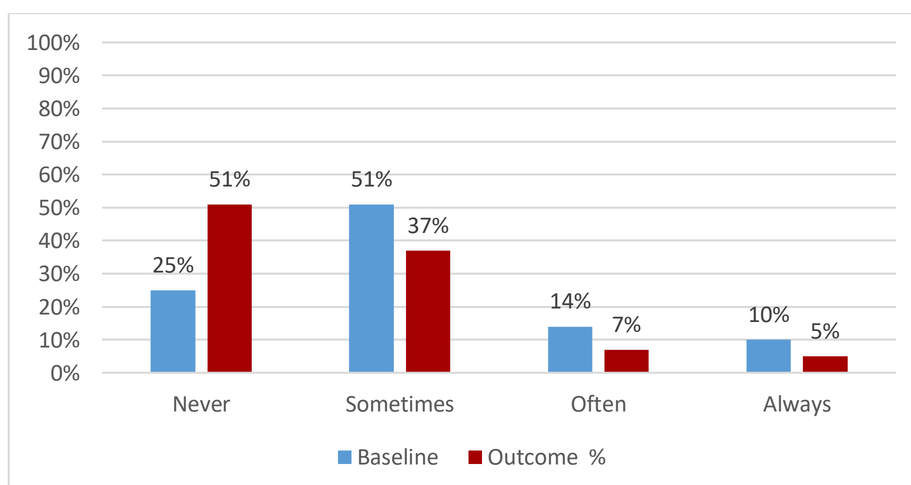
Source: comparison group data
Base=63

Reducing a sense of isolation

6.28 Grandparents Plus and their Grandparents Plus PWs are very aware of the isolation that many kinship carers experience, and breaking this sense of isolation and loneliness was a key aspect of Kinship Connected.

6.29 **Figure 6.8** shows how kinship carers in the treatment group reported their sense of isolation at baseline to follow-up.

Figure 6.8: Treatment group data showing changes in kinship carers' feelings of isolation over the last six months

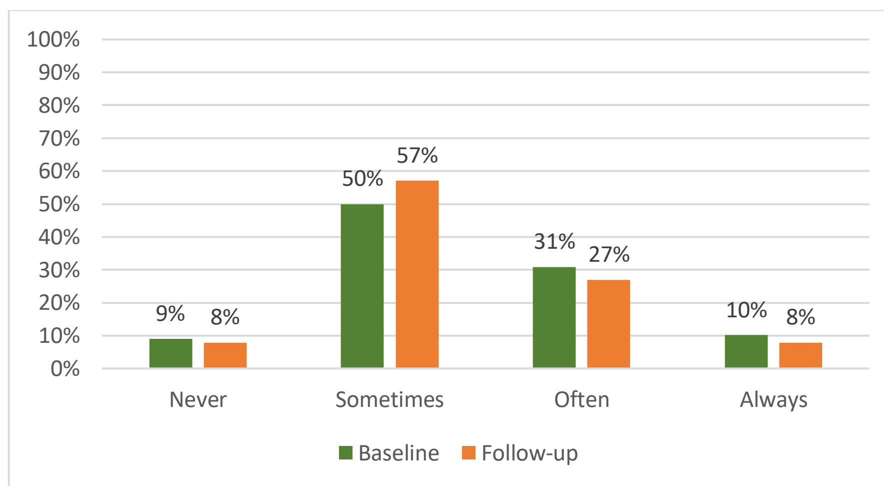


Source: treatment group data
Base =114

6.30 This shows a trend towards a reduced sense of isolation across kinship carers. Between baseline and outcome, there was a 26 percentage point increase in the number of kinship carers who reported that they never felt isolated and twelve percentage point decrease in kinship carers who reported they ‘often’ or ‘always’ felt isolated over the last six months. However, 13% (n=14) still felt isolated ‘often’ or ‘always’.

6.31 When reviewing how kinship carers in the comparison group responded to this question, there are some notable differences to the responses of the treatment group over the same period.

Figure 6.9: Comparison group data showing kinship carers’ feelings of isolation over the last six months



Source: comparison group data
Base=63

6.32 Fewer kinship carers in the comparison group had ‘never felt isolated over the last six months’ (8% compared with 51% in the treatment group at outcome). Despite the comparison group having a lower percentage of kinship carers with physical illnesses than the treatment group (27% and 53% respectively), more kinship carers in the comparison group felt isolated ‘often’ over the last six months (27% as opposed to 7% in the treatment group at outcome). A large reduction in feelings of isolation were not evident in the comparison group over the time period.

6.33 One of the areas of interest was to look at any relationship between attending a support group and a reduced sense of isolation. Observations of the peer-to-peer support groups evidenced a positive impact on kinship carers’ sense of connectedness. Several groups had been running for up to five years and kinship carers joined groups which had developed supportive relationships with each other.

6.34 Just under three-fifths of kinship carers in the treatment group (59%, n=101) had attended support groups. When analysing the data for trends regarding isolation and attendance at support groups, the sample size is somewhat reduced due to kinship carers not answering all three questions (i.e. a sense of isolation at registration *and* outcome/review, *and* whether they attended a support group). The data suggested that of those who attended a support group, 51% reported a reduced sense of isolation, while only 33% of those who did not attend a support group reported a reduced sense of isolation over the same time period.

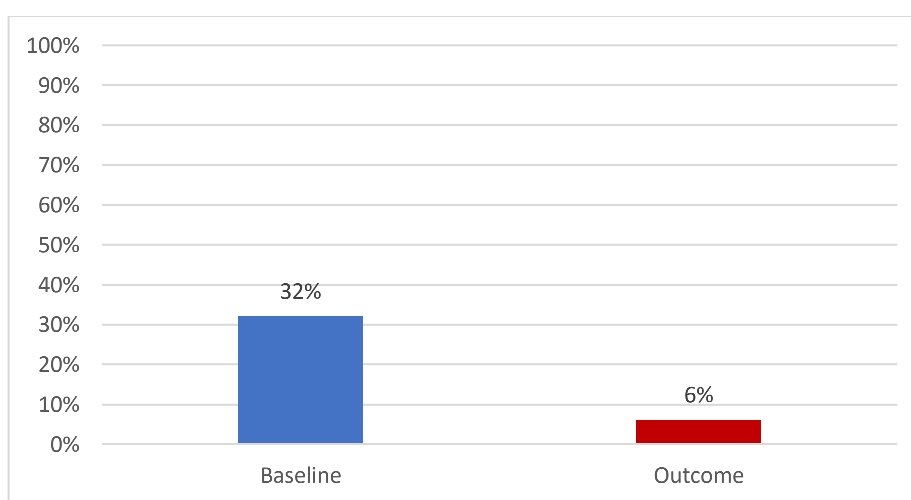
Table 6.1: Treatment group data showing impact on isolation and attendance at support groups

Impact on isolation	Did not attend a support group	Attended a support group
Isolation increased	4 (11%)	5 (9%)
Stayed the same	20 (56%)	24 (40%)
Isolation decreased	12 (33%)	31 (51%)
Totals	100% (n=36)	100% (n=61)

Impact on concerns relating to their home

6.35 Concern about the physical home environment had reduced by 26 percentage points in the treatment group. At baseline, 32% (n=54) of kinship carers had concerns about their home environment and at outcome, this had reduced to just 6% (n=10).

Figure 6.10: Treatment group data showing changes in concerns regarding the home



Source: treatment group data
Base = 170

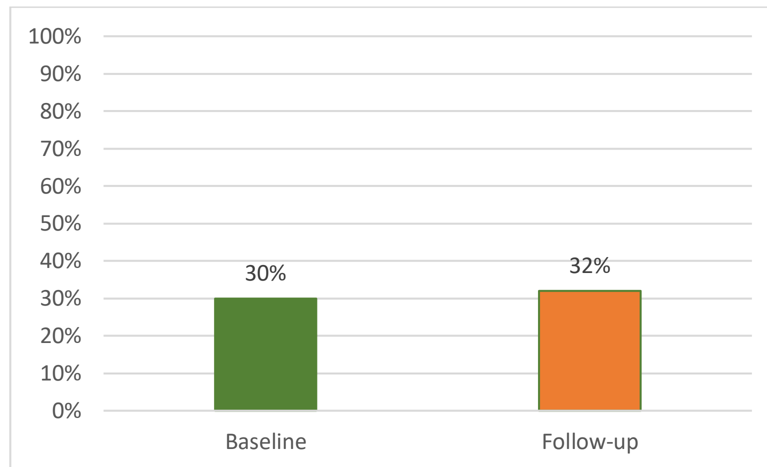
6.36 Grandparents Plus PWs helped twenty-five per cent (n=44) of the kinship carers receive a grant (e.g. from Buttle UK or BBC Children in Need). Many of the applications were for the purchase of household goods (e.g. white goods and furniture) which may have contributed to this change. There were examples of the Grandparents Plus PWs liaising with local authority housing about rent arrears and debt.

"She's been amazing. Nothing is too much trouble. She has liaised with housing about my debt issues and advised me on so many things. She has said if ever I need help, to ask her." (kinship carers)

6.37 For some kinship carers, their home environment was an ongoing concern, particularly where there was an insufficient number of bedrooms. There were examples of Grandparents Plus PWs supporting kinship carers with their housing situations through emails and phone calls to local authorities or housing associations. There were also examples of support with getting adaptations done to houses for children with disabilities and help with securing private tenancy agreements. There was evidence from case notes that one Grandparents Plus PW had been successful in securing new accommodation for one kinship carer.

6.38 When comparing this indicator for the comparison group, the comparison group reported no impact on their home environment over the same time period.

Figure 6.11: Comparison group data showing changes in concerns regarding the home environment

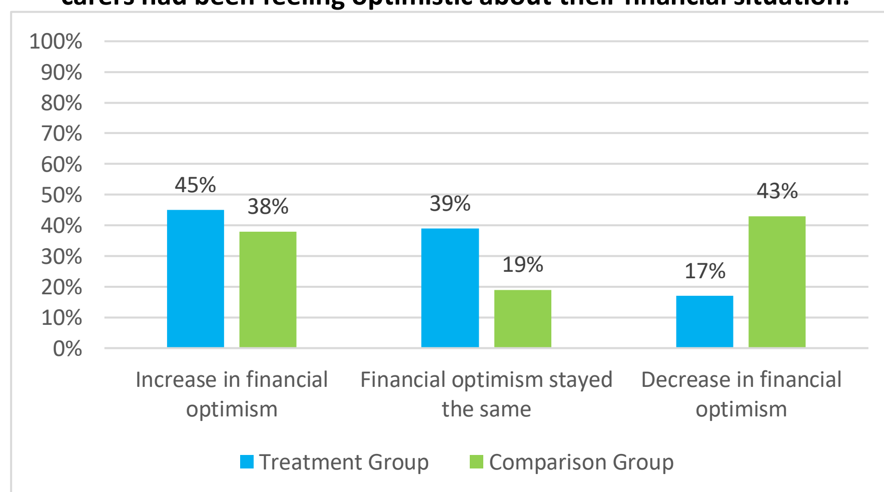


Source: comparison group data
Base = 63

Impact on financial concerns

6.39 Data which shows how each kinship carer reported their financial optimism from baseline to outcome is revealing of changes over that period. Each of the responses was given a rating of between one to five, where a response of 'none of the time' was given a score of one and 'all of the time' was given a score of five. Looking at how kinship carers' scores moved between the scores provides a greater level of insight into changes in financial optimism. **Figure 6.12** shows the changes.

Figure 6.12: Data comparing treatment group and comparison group responses to whether kinship carers had been feeling optimistic about their financial situation.



Treatment group baseline = 170
Comparison group baseline = 63

6.40 This shows that for the treatment group:

- 45% (n=76) of kinship carers reported an increase in their financial optimism;
- 39% (n=66) reported their level of financial optimism remained the same; and

- 17% (n=29) reported a decrease in their financial optimism[36].

6.41 There were examples of Grandparents Plus PWs supporting kinship carers in their appeals with local councils and providing information about their rights to a review of their financial situation. Other kinship carers had contacted the Grandparents Plus advice service for information relating to their welfare and benefits. Two kinship carers had been supported in accessing a local authority allowance, and others reported advocacy support with local councils when local authorities informed kinship carers of an intention to reduce allowances.

"She was really good to me, I can't thank her enough, she's come with me to the council to help me with my appeal and we were successful. Without her I don't know where I'd be" (kinship carer).

6.42 When comparing the scores with the comparison group, there was much less evidence of positive change in the comparison group.

- 38% (n=34) of kinship carers reported an increase in their financial optimism;
- 19% (n=12) reported their level their financial optimism remained the same;
- but as many as 43% (n=29) reported a decrease in their financial optimism.

Impact on mental wellbeing

6.43 Impact on mental health and wellbeing was measured using the WEMWBS mental wellbeing scale. This is a validated tool that self-reports people's sense of mental wellbeing. Kinship carers were asked to complete the tool at baseline and then again at the outcome stage. Results are reported as averages for the sample populations. **Table 6.3** shows the results for baseline and outcome for both the treatment group and the comparison group.

Table 6.2: WEMWBS average scores for treatment and comparison groups

Wellbeing averages	Baseline	Outcome	Difference	n
Treatment group	44.99	50.90	5.90	163
Comparison group	41.33	41.43	0.10	63

Source: Grandparents Plus data

6.44 **Table 6.3** shows that:

- the average WEMWBS score for the treatment group was 44.99 at baseline, and 50.90 at outcome, out of a total possible score of 70. This gives a 5.90-point difference between baseline and outcome
- the comparison group's responses to the set of questions remain largely unchanged with an average score of 41.33 at baseline and 41.43 at follow-up. This gives a 0.10-point difference.
- The comparison groups' scores also reveal a constant, but very low level of mental wellbeing (41 out of a possible 70).

6.45 Conducting a student T-test on the treatment group data shows that the change from baseline to outcome across the cohort of kinship carers was statistically significant with a P≤.05 (P=9.81083E-12).

[36] Note: percentages do not add up to 100% due to rounding.

6.46 National average scores for mental wellbeing were measured in 2015 in England and the average was 50. Therefore, the scores at outcome bring kinship carers to a similar level to the national average. The data provided through WEMWBS also indicates that there was an improvement in the sense of mental wellbeing for the kinship carers in the treatment group to above the point at which people's longer-term health is considered at risk from psychological stress[37].

6.47 A closer look at the range of individual scores in the treatment group at baseline and outcome shows that at baseline, 59 (36%) of kinship carers registered a score of below 40 on the WEMWBS and at outcome, this had reduced to 29 (17%) registering a score of below 40. However, this does mean that a significant minority (17%, n=29) of kinship carers still had poor mental wellbeing after having received support.

The overall impact of Kinship Connected

6.48 For the majority of kinship carers, the overall impact of Kinship Connected was much greater than can be evidenced through individual indicators such as isolation or mental wellbeing. Analysis of data generated from case studies and peer-to-peer support groups pointed to overwhelming evidence of the positive impact of Kinship Connected on kinship carers' sense of identity, connectedness and wellbeing.

6.49 Many reported not recognising themselves as a kinship carer prior to their involvement with Grandparents Plus.

"Before I got involved in all of this, I had no idea what a kinship carer was. I thought it was just me. To meet other people in the same situation is just a godsend. I really don't know where I'd have been without this support." (kinship carer)

6.50 A key theme emerging from the qualitative data was that kinship carers valued being recognised for their caring role. They spoke of the positive impact of being listened to by others, and of belonging to a community of kinship carers. Many spoke about the impact of the programme on their confidence and pride in themselves.

"She [Grandparents Plus PW] gave me the confidence to go out and meet others and helped me realise how I felt about things." (kinship carer)

6.51 Many kinship carers had felt abandoned by their local authorities prior to this support.

"I haven't had any practical support from my local authority from day one. I have never had any of the terms explained to me, never had any advice, nothing." (kinship carer)

6.52 Kinship carers also reported experiencing a *closed-door* when contacting local authorities for information or support relating to their circumstances. This reinforced their sense of isolation and increased their levels of stress.

6.53 Grandparents Plus, operating on behalf of an independent charity, was able to bridge this gap between local authority children's services and kinship carers. In some situations, this was starting to repair the relationship.

"I am glad that the local authority has funded this, it shows that they acknowledge our need for support." (kinship carer)

[37] WEMWBS score of less than 40 could indicate a high risk of major depression, and scores between 41 and 45 could indicate a high risk from psychological distress.

6.54 Although Grandparents Plus PWs were not able to resolve all of the kinship carers' concerns relating to their children, the fact that the support was focussed solely on them and on their families' circumstances was highly valued.

"I wish I'd have had this kind of support when I'd first got my SGO. I'd have been in a much better position overall." (kinship carer)

Summary comment

6.55 This section detailed the changes in concerns reported by kinship carers participating in Kinship Connected. There was a strong indication of an increased sense of connectedness and mental wellbeing and a reduction in concerns regarding their children. This confidence and access to social support was likely to have had a positive impact on their parenting and longer-term resilience. The findings suggest the impact is attributed to Kinship Connected when using data to compare the experiences of the treatment group with the comparison group.

7 DELIVERING KINSHIP CONNECTED – REVIEWING THE THEORY OF CHANGE

Introduction

7.1 This section considers the assumptions behind the Theory of Change (TOC) and describes some of the challenges and facilitators to achieving the anticipated outcomes and impacts. This section draws on evidence generated from interviews with key stakeholders (local authority team leaders and fostering and adoption organisations), Grandparents Plus PWs as well as the key findings from previous sections.

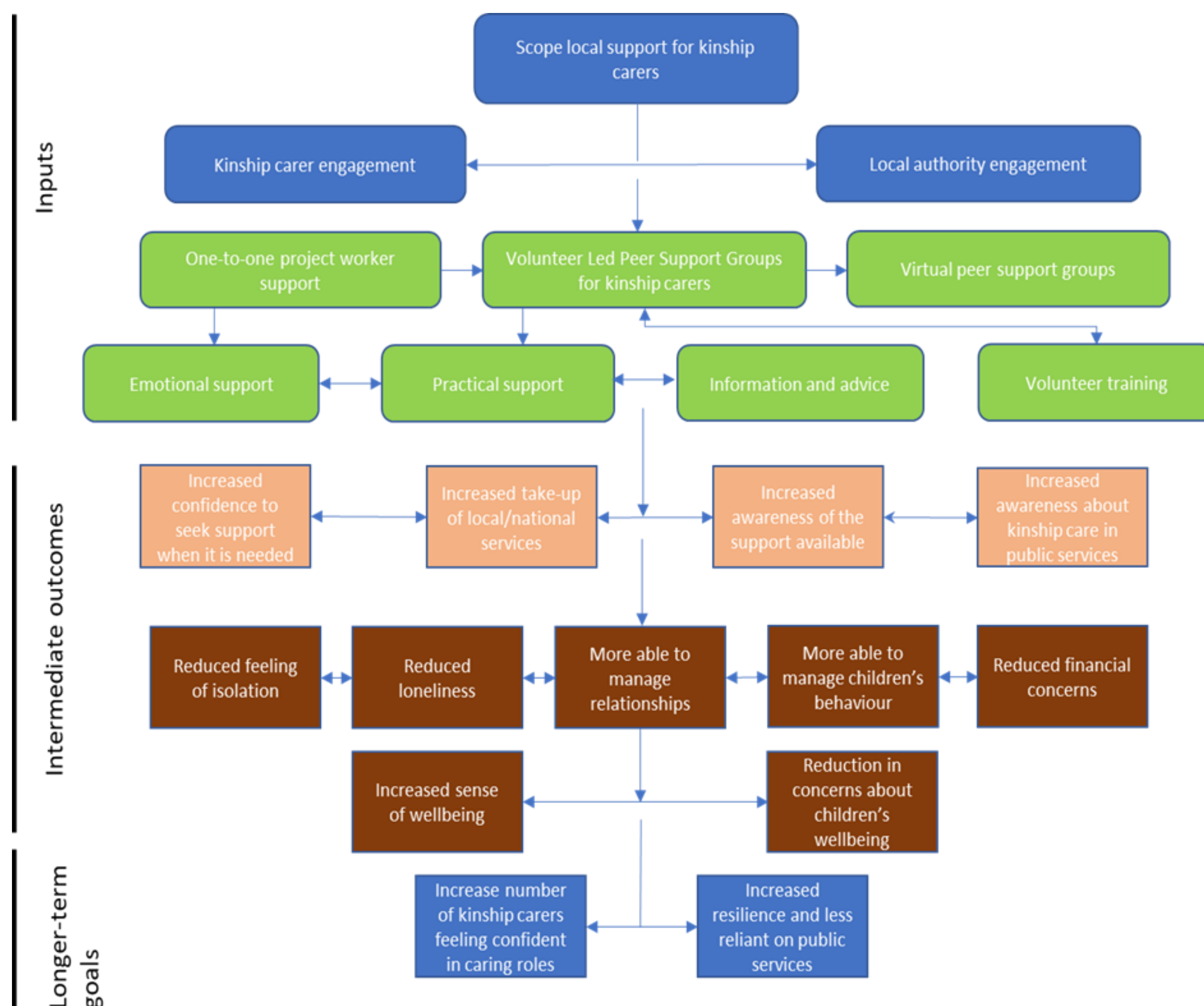
Summary of findings

- **The inputs** in the of TOC relate to: the scoping of need amongst local authorities; engagement with local authorities; the referral of kinship carers and engagement of kinship carers in the model of support.
- Local authorities and adoption and fostering agencies agreed that the additional support from Grandparents Plus was needed; that their teams were under-resourced to adequately respond to the range of needs of special guardians. Referral pathways into Kinship Connected varied and were dependent upon the special guardian support team structures within local authorities. This also impacted on the volume of referrals from local authorities. Many local authorities did not refer to their agreed targets.
- Relationships were stronger and referrals higher where Grandparents Plus PWs were co-located within local authority teams or where they regularly attended social worker meetings to review the support that kinship carers and their children needed.
- Local authorities were realising the benefits of having Grandparents Plus deliver support to their kinship carers and reported improved relationships between kinship carers and their social worker teams.
- Lower referrals from the local authorities impacted on the capacity of Grandparents Plus PWs. Where referrals were lower, the Grandparents Plus PWs had to actively seek out kinship carers who needed their help.
- Grandparents Plus PWs reported that the multi-faceted nature of their roles, for example, identifying and supporting kinship carers, and setting up and attending peer-to-peer support groups, was challenging to deliver within the commissioned resource (one to two days' support per local authority).
- The vision of a network of peer-to-peer support groups being led by volunteer kinship carers was beginning to be realised, although input from Grandparents Plus PWs was key to their ongoing success.
- **The intermediate outcomes** envisaged in the TOC relate to an increased awareness of support and confidence among kinship carers in accessing services. There was limited evidence which showed that kinship carers had accessed services outside of Kinship Connected. There was evidence that many kinship carers still needed ongoing support with their children due to the complexity of their situations and the chronic lack of support they had previously experienced. Through the one-to-one and peer-to-peer support from Kinship Connected, there was evidence that kinship carers' ability to cope had improved.

- The TOC narrative had not yet reached its **longer-term aim** of ensuring that kinship carers no longer needed support from public services. There was evidence of ongoing need for support and a requirement for local authorities to provide appropriate advice and support to kinship carers as part of their responsibilities to special guardians.

7.2 One of the key aims of the evaluation was to review the findings against the TOC designed by Grandparents Plus as part of the development of Kinship Connected. The TOC is presented in **Figure 7.1.**

Figure 7.1 presents the Theory of Change pathway.



The Theory of Change narrative

7.3 The **first line of inputs relates to scoping the need and local authority engagement**. Upon establishing the need for support in each area, contracts were agreed, alongside joint working procedures (e.g. referrals to Kinship Connected, sharing of information and progress reporting/keeping in touch). There was an implicit assumption that local authority engagement and contracting would lead to kinship carer engagement.

7.4 The **second line of inputs was the delivery of one-to-one support and the establishment of voluntary-led peer groups.** These would offer a blend of emotional and practical support, information and advice, and access to volunteering opportunities.

7.5 **Early outcomes anticipated** as a direct result of the support related to:

- increased engagement with services due to increased awareness of services
- increased confidence in accessing services
- increased awareness of kinship care among public service providers.

7.6 **Intermediate outcomes** related to kinship carers:

- being more able to manage relationships with children's parents
- increased sense of wellbeing, reduced isolation, reduced financial concerns and a reduction in concerns regarding their children's wellbeing.

7.7 The desired **longer-term impact** related to:

- increased confidence in their caring role
- increased resilience and less reliance on public services.

7.8 The remainder of this section discusses the evidence in relation to these assumptions.

Input – scoping the need

7.9 According to the local authority stakeholders interviewed (e.g. Pathway Permanence Team Managers, Adoption and Fostering Team Managers), the support offered to special guardians was limited once an SGO had been awarded by a court. Some local authorities reported they were able to offer up to three-months' support, some offered support/direct contact through a specialist team for up to one year. Most, however, offered little support once an SGO had been granted and social workers closed cases.

"Although the use of SGOs as a care order has steadily increased over the years, our senior leaders have failed to recognise how important it is to continue to provide support to our families…We are under considerable pressure to close cases, once things look to be stable, even though we know there are likely to be problems further down the line" (local authority kinship care team leader).

7.10 Although most children's services had some level of dedicated workers providing support to special guardians, this was typically limited to one or two social workers. Local authorities agreed their teams were understaffed and were unable to provide an appropriate level of support. Some local authorities had up to 400 special guardians to support with just a few staff.

"Our team is way too small…and there has been very little investment in this area over the years" (Local Authority Special Guardianship Team Manager).

"There is a lot we'd like to do to improve our support, but we are struggling to deliver this with 2.5 FTE workers" (Local Authority Special Guardianship Team Manager).

7.11 This lack of support was felt very keenly by special guardians who reported feeling vulnerable and unsure how to manage their situation once the SGO had been awarded by the courts.

"When I was awarded the SGO I didn't know what it meant, and I still don't. I got very little information from the social worker at the start and then this reduced to nothing very quickly" (kinship carer).

7.12 Some fostering and adoption teams identified difficulties in relationships between kinship carers and social workers, which had resulted in low levels of trust and transparency. One local authority reported long-standing concerns regarding the authority's relationship with the kinship carer community, which was just beginning to improve as a result of commissioning Grandparents Plus support.

"We realise that their concerns were not simply financial, but were part of a wider need to be recognised and supported by the council. By having someone who can mediate on our behalf, and by showing that we want to support kinship carers, relationships are beginning to improve" (Local Authority Kinship Carer Team Manager).

7.13 Working within this space, Grandparents Plus have facilitated improved relationships on behalf of the local authority.

"Our project worker [from Grandparents Plus] has proven that by having a trusted relationship with kinship carers, they are able to signpost them to the training – she has an amazing network, and this is a real advantage to the service. It helps break down barriers and increases the uptake of training" (Local Authority Special Guardianship Team Manager).

7.14 Kinship carers who participated in this research appreciated that the local authority had commissioned the Kinship Connected support on their behalf.

"We needed this. It's good that they've realised that what they were doing wasn't enough and have put us in touch with an organisation that really understands our situation" (kinship carer).

Input – local authority and kinship carer engagement

7.15 The Kinship Connected model was designed to provide support for newly approved special guardians who had recently been awarded an SGO, as well as for existing special guardians who may need additional support. Kinship Carers were recruited through a mix of direct referrals from local authorities' social workers/special guardianship teams, self-referrals through existing networks, or engaged directly by the Grandparents Plus PW through raising awareness of the service locally.

7.16 The total number of kinship carers registered for support from Kinship Connected is shown in **Table 7.1** and set against the total predicted targets (each LA agreed a target number of kinship carers who would receive one-to-one support).

Table 7.1: Kinship carers registered against targets

Kinship carers registered	Overall Target	Discrepancy
401	645	244 (37%)

7.17 **Table 7.1** shows a shortfall of 37% in relation to the number of kinship carers who received support compared to the targets agreed at the outset.

7.18 In the North East of England where access to support was not routed through local authorities (Middlesbrough and Gateshead) but through existing networks of support or self-referrals, the number of kinship carers who received support was greater than the target number. Grandparents Plus has developed a strong presence in the North East region and has sustained its support structures (e.g. peer support groups and local authority referral pathways developed through Relative Experience).

7.19 A closer look at the discrepancy across local authorities revealed that nine out of the 16 local authorities had a shortfall of 50% or over and three had a shortfall of over 60%.

7.20 Three local authorities achieved their target number of special guardians registered for support; one local authority exceeded their target number by 130%. According to the Grandparents Plus PW, this local authority was active in promoting their offer of support through social media. The special guardianship team had developed a welcome pack for special guardians which included information about the Grandparents Plus offer. This resulted in high numbers of referrals and, subsequently, the local authority achieved good value for money from the commissioned service.

7.21 There were some themes arising from analysis of data from local authorities that made regular referrals. These included: staff turnover was low, relationships between social worker teams and Grandparents Plus PWs were good, and the social workers' confidence in the support offer was higher. However, for many local authorities, referral numbers were lower than anticipated. Low levels of referrals reflected the following:

- **structural changes among local authority fostering and adoption teams:** the introduction of regional adoption agencies resulted in a change of personnel within some local authorities. This affected the levels of awareness of the offer in some London boroughs
- **staff in some local authorities acted as gatekeepers in the referral process:** due to concerns of 'opening the flood gates' in relation to special guardians needing support, some local authority staff were reluctant to make referrals
- **a perception that the support offer did not meet the needs of kinship carers:** one local authority team leader reported that their team of social workers held the view that special guardians needed therapeutic support and Grandparents Plus PWs were not qualified to deliver this
- **a lack of confidence in the additionality of the support:** staff in one local authority had a low level of confidence in the service at the start of the programme. This was due to concerns about how effectively the Grandparents Plus PW was able to operate on behalf of the local authority in terms of building bridges between the local authority and their special guardians. This improved due to closer working with Grandparents Plus programme leads.

7.22 In one local authority, the team leader described how they triaged the support needs of special guardians and referred special guardians to Grandparents Plus PWs where greater needs were identified. However, for most, this was not the case and many special guardians were referred at the same time (most referrals being for existing, not new, special guardians). In these circumstances, Grandparents Plus PWs reported difficulties in prioritising visits to kinship carers as too many were referred concurrently. Some Grandparents Plus PWs reported becoming overwhelmed quite quickly with their dual responsibility of engaging/supporting kinship carers and establishing local support groups.

7.23 In some local authorities in London, there were the opposite concerns of social workers not referring kinship carers quickly enough. Where there were no dedicated special guardianship support teams, Grandparents Plus PWs had to liaise with numerous social workers and this made promoting the service difficult. Also, there were concerns that some social workers were merely signposting special guardians to support rather than actively referring, resulting in special guardians with complex needs being left to self-refer. Kinship carers are often overwhelmed with their caring role by the time they request support, and this can prevent some from self-referring.

7.24 When it became clear that some staff in some local authorities were not making sufficient referrals, Grandparents Plus programme leads for the North and South of England became more actively engaged with social worker teams. This appears to have had a positive impact on relationships and on local authorities' confidence in the partnership more generally.

"Once we started to meet regularly to review progress, things really started to improve. I was much more confident in the quality of the support" (Local Authority Special Guardianship Team Manager).

7.25 Lower referrals also impacted on Grandparents Plus PWs' capacity as they were required to spend time raising awareness about the support offered and developing links through other means (e.g. children's services 'front door' services, local charities, family support hubs or community centres) to increase the uptake of support. In these circumstances, Grandparents Plus PWs reported that being commissioned for two days per local authority was an insufficient amount of time to carry out the breadth of their roles effectively.

7.26 Grandparents Plus PWs reported they had little opportunity to raise awareness among organisations more generally in the community. Grandparents Plus PWs saw this as an important feature of their broader role to continue to raise awareness of kinship carers in the community and among services. It was expected that, in some areas, more referrals would have come from schools if awareness of kinship caring and Grandparents Plus had been higher.

"It's really hard to engage schools, this is a piece of work in itself that at the moment, we just haven't had the time to do it" (Grandparents Plus PW).

7.27 In previous research, co-located working has been shown to improve joint working between agencies[38]. Here too, joint working between local authority teams and Grandparents Plus PWs was stronger where the Grandparents Plus PWs were provided with a desk space within the children's services special guardianship team. This facilitated better sharing of information between the Grandparents Plus PW and social workers regarding the support being delivered each week and forged a greater understanding of, and confidence in, the Grandparents Plus PW role more generally. As the coronavirus pandemic has restricted face to face meetings, Grandparents Plus are continuing to liaise with local authority teams through virtual meetings and telephone calls. This ensures that feedback regarding the support being delivered to kinship carers continues.

"[Name of project worker]*] recently raised a concern about a carer who was self-isolating and had run out of essential food. She phoned the team to see if we could shop and deliver food for her. Getting this information is really helpful for us."* (Social Worker)

7.28 Where Grandparents Plus PWs attended monthly meetings with the special guardianship support teams, team managers were more confident of the quality and frequency of the work being delivered by the Grandparents Plus PW.

"[Name of project worker] is very good at linking in and reporting what support has been offered and is very good at liaising with us via email. We have a sit down meeting every month or 5 weeks… this has made the whole service a lot more accessible to us and our carers" (Local Authority Special Guardianship Team Manager).

[38] Miller, R. (2019) Social Work and Integrated Care, Routledge; BMC Health Services Research (18 (1) (2018). 'The benefits of co-location in primary care practices: The perspectives of general practitioners and patients in 34 countries'. And also Taylor and Francis in Public Management Review, (2016) Co-location as a catalyst for service innovation: a study of Scottish health and social care

7.29 Where Grandparents Plus PWs were given access to children's services' case recording systems (e.g. Liquid Logic) this improved the level of partnership working. Grandparents Plus PWs were able to access kinship carer details and to make direct contact inviting them to engage in the programme. They were also able to add information about any visits completed. This facilitated a higher level of confidence in the value of the support and in the commissioned service in general. Where this was not the case and Grandparents Plus PWs worked more remotely, relationships were not as strong and in one local authority this directly affected referrals.

"I think our social workers were somewhat reluctant to refer. They didn't really understand the value of the support" (Local Authority Special Guardianship Team Manager).

7.30 As the programme has matured, there was evidence that the referral system was beginning to improve, and Grandparents Plus reported that very recently referrals for newly approved special guardians were increasing. According to two local authorities, once the automated referral system was introduced by Grandparents Plus in February 2020, referrals were more straightforward (i.e. no need for email exchanges) and local authorities were more confident of getting a swift response from the Grandparents Plus PW. A review of the referral system showed a good level of information is being forwarded to Grandparents Plus which allows Grandparents Plus PWs to better prepare for the initial visit.

Input - provision of one-to-one support

7.31 Data showed that kinship carers had a range of concerns relating to their children's health and wellbeing, behaviour, experiences of school and educational transitions. Kinship carers were also concerned with their own mental wellbeing, sense of isolation, housing/home environment, financial circumstances and needed access to information and advice and regular support.

7.32 Data and case studies did evidence emotional and practical support being provided directly to kinship carers on many issues. However, addressing the full range of concerns for all kinship carers was a challenge for Grandparents Plus PWs, mainly because of the limits on their time. Most Grandparents Plus PWs worked part-time (typically 0.2 FTE per LA). This low capacity was mentioned by several kinship carers who wanted to call their support worker but were mindful it was their non-working day and held off. Grandparents Plus PWs' time per local authority was stretched across many activities: identifying and engaging kinship carers, supporting kinship carers, setting up and attending local groups and liaising with additional services as necessary. Where Grandparents Plus PWs covered multiple local authorities, travelling time had to be factored into the day, and their time was quickly used up.

7.33 In addition, opportunities to refer kinship carers onto, for example, parenting programmes, or early help or support (where one-to-one support could be delivered for a longer period) appeared to be limited. There was an assumption among Grandparents Plus PWs that most kinship carers and their children would not meet children's services' thresholds for statutory support. As a result, referrals by Grandparents Plus PWs to these services were not evidenced, although a few kinship carers were signposted to children's centres for example. If Grandparents Plus PWs had more time and had closer working relationships with social worker teams, gaining access to additional targeted support for kinship carers and their families may have been easier.

Input - establishing volunteer-led peer-to-peer support

7.34 To maximise the capacity of Grandparents Plus PWs, as well as increase the independence of kinship carers from public services, a key element of the Kinship Connected model of support was the development of volunteer-led peer-to-peer support groups.

7.35 There was strong evidence of the value of the peer-to-peer support groups for kinship carers. These groups, established in each of the local authorities provided an essential resource that connected kinship carers and helped them to deal with their circumstances with a greater level of resilience and knowledge.

7.36 Where relationships with local authorities were stronger, there was evidence of joint working to deliver support groups. Grandparents Plus PWs in some local authorities were sharing the responsibility of running groups previously established by the local authority, and freeing up social workers' capacity to work on other things.

7.37 Establishing volunteer-led support groups, however, was challenging. For many kinship carers, leading a group was a daunting task and few volunteered to do so.

"It's an interesting one, the sustainability of the groups – if you're fortunate and the right person turns up, you can crack it, if not, it's a real challenge." (Grandparents Plus PW)

7.38 Although many kinship carers enjoyed the informality of coffee mornings, these groups were not at the point of being self-sustaining beyond Kinship Connected (i.e. running independently of the Grandparents Plus PW). As Grandparents Plus plan to extend their services to other local authorities, future commissioning needed to consider the ongoing input required from Grandparents Plus to set-up and sustain these groups.

7.39 In the North East of England, there were examples of groups that had become constituted and were, to a large extent, self-sustaining. This was, in large part, a legacy of the work that began under Grandparents Plus previous programme Relative Experience (which began in 2014). This suggests that the longer Grandparents Plus works within a local authority the more independent the kinship community becomes.

7.40 Grandparents Plus PWs typically concluded that it required one to two years before groups could become self-sustaining. Some informal support groups in London (e.g. *Chill and Chat*) had been meeting for between one to two years but kinship carers preferred the support of the Grandparents Plus PW to arrange the meetings and facilitate the discussion.

7.41 One kinship carer, who had successfully established an independent local support group in Milton Keynes over 14 years ago, suggested that kinship carers needed to work in pairs to set up groups. Fourteen years ago, she had wanted to establish a group in Milton Keynes as nothing existed there and she was told of a group that was already operating in a neighbouring city (Peterborough). She attended this group and the leader there helped her organise and run a 'fun day' in her own local authority. At this fun day, she met another kinship carer who was willing to help her set up a group in Milton Keynes and, between them, they went on to share the responsibility of running the group.

"We needed each other to keep going. Eventually, it snowballed as we continued to contact people and ask if they wanted to join." (volunteer kinship carer/group leader)

7.42 Grandparents Plus has developed its volunteering strategy through Kinship Connected. The organisation reviewed how they promoted the volunteering model to make it as accessible to kinship carers as much as possible. Fifty-five kinship carers completed the *Kinship Carer Champion* training and *Someone Like Me* training. Grandparents Plus PWs tried to encourage leadership among kinship carers attending the local peer-to-peer support groups, but few kinship carers felt they had the skills, confidence and capacity to lead groups. More training was due to be delivered as the coronavirus pandemic hit which meant it had been postponed.

Outcomes and impact - achieving early, interim and longer-term impacts

7.43 The Theory of Change assumes that kinship carers would increase their interaction with local and national services and that this in turn would will lead to an increased awareness of kinship carers within public services (e.g. GP surgeries, voluntary and community organisations and schools). Grandparents Plus PWs worked alongside kinship carers to signpost and encourage kinship carers to take action to resolve their own concerns, so creating independence. There were also discussions at local peer-to-peer support groups around services that were available. However, there is limited evidence from the quantitative data or from the case studies of any referrals or increased engagement in public services (other than the support from Kinship Connected).

7.44 Establishing the extent to which Kinship Connected had an impact on other services' awareness of kinship caring, was not within the scope of this study. Some kinship carers were beginning to promote awareness of kinship carers and the support available locally. Some kinship carers had distributed leaflets in GP surgeries or/and their local schools about kinship caring.

7.45 Some Grandparents Plus PWs had made links with heads of virtual schools within local authorities which should help identify (some) children living in kinship care who meet the criteria for additional support. However, Grandparents Plus PWs agreed that engaging with schools more broadly was a project still needing attention.

"In terms of the outreach part of it and connecting with the other services in the LA, to introduce myself…there is very little capacity to do this" (Grandparents Plus PW).

7.46 There was, however, quite considerable evidence that kinship carers had learned to struggle on/cope with their situation and were resigned to support from local authorities and other services being very limited.

"So much more needs to be done about this situation, but it seems like we are at a stalemate now with it all and [name of child] is growing up without his Mum."
(kinship carer)

7.47 Although the data showed a general decrease in kinship carers' concerns regarding their children, many kinship carers continued to have concerns relating to their children's behaviour, children's relationships and contact with their parents, and educational transitions. It has already been noted that Grandparents Plus PWs had limited capacity to support kinship carers on a one-to-one basis. For some kinship carers, needs were too difficult to resolve or were beyond the remit of the Grandparents Plus PWs and required further interventions from social workers or therapeutic practitioners, for example. In addition, many special guardians had needed advice and support much earlier when the legal order had first been made. Earlier input might have obviated some of their later difficulties. Some kinship carers were also reluctant to ask for support from children's services for fear of being judged by social workers as not being able to cope with their children.

7.48 Many kinship carers had learned to cope for years in very challenging situations, and this had already come at a cost to their mental and physical wellbeing. Although there was evidence of an improvement in mental wellbeing (through the use of the WEMWBS), this was from a low average score and a significant minority (17%) had ongoing mental health concerns. This indicates that many kinship carers had experienced/were experiencing long-term mental ill-health, most likely related to their circumstances. Being less reliant on public services had become a learned response; kinship carers did not/were not seeking help as there was an assumption that help would not be available due to high thresholds. Kinship Connected has tried to plug this gap in support through the additional one-to-one and peer-to-peer support. To an extent, kinship carers were becoming more resilient and self-reliant, felt they had improved their parenting skills, and were finding solutions to their problems by turning to each other for peer support.

7.49 The preferred model, however, in terms of joint working with local authorities would be one of delivering help much earlier; early help is a crucial form of preventing adverse child outcomes[39]. In this context, this means making referrals to Grandparents Plus as swiftly as possible, as soon after an SGO has been awarded and, preferably, as part of an integrated suite of support available to special guardians. This should help prevent many of these concerns from escalating in the first place.

Summary comment

7.50 To an extent, the evidence provided in this study does corroborate the theory of change pathway. There was evidence that many kinship carers had become more resilient and able to cope and felt less isolated. However, for many, support from the local authorities had been missing for years, and kinship carers and their children had suffered as a result. Grandparents Plus PWs did not always have the capacity or available resources to meet all the kinship carers' needs and Grandparents Plus PWs appeared to have limited or no access to targeted or specialist support services. Reaching the ultimate goal of independence from children's social care was still a way off and illustrates the importance of on-going support.

[39] Early Intervention Foundation (2018) Realising the Potential of Early Intervention

8 COST STUDY

Introduction

8.1 This section of the report presents a cost-benefit analysis of the Kinship Connected programme between April 2018 and March 2020. It draws on the data from the matched baseline and outcome dataset (n=170).

Summary of findings

- Grandparents Plus reported the **direct costs** of the programme to be **£441,809.** This equates to **£1,102 per kinship carer** for the 401 kinship carers supported by the programme.
- **Total benefits** of the programme are estimated to be **£531,183**, or **£1,325** per kinship carer.
- **The added value** (difference between costs and benefits) of the programme is estimated to be **£89,373, or £223 per kinship carer.**
- **The cost-benefit** ratio is therefore **1.20:** for every £1 invested in the programme, £1.20 of benefits is estimated to be generated. This equates to a 20% rate of return.
- This provides a good annual return from a relatively small level of investment (compared to the cost of foster care).

8.2 Cost-benefit analysis compares the direct and indirect costs of the programme ('costs') against the monetised impact of the programme ('benefits'). The impact of the programme was assessed by calculating the net outcomes of the programme: in this case, it is calculated as the difference in outcomes experienced by a treatment group of kinship carers (those on Kinship Connected) and outcomes experienced by a comparison group of kinship carers (those not on Kinship Connected). The outcomes of interest related to:

- Isolation
- Mental wellbeing
- Support
- Parenting
- Finances
- Children's healthy eating.

Costs of the support

8.3 The total costs of the programme are made up of:

- **Direct costs**, or the costs incurred in delivering the programme, including salaries of programme and project staff, project costs, volunteer training and support, and the costs of management and administration of the programme
- **Indirect costs,** incurred by stakeholders not directly involved in delivery but who play a role in supporting delivery through referrals, volunteering time or resources for example.

8.4 Grandparents Plus reported the direct costs of the support as £441,809 between April 2018 and March 2020 (**Table 8.2**). This equates to £1,102 per kinship carer for the 401 kinship carers supported by the programme. The direct costs were funded by local authorities (£376,491, 85%), Nesta (£43,809, 10%) and The Headley Trust (£21,509, 5%). [

Table 8.1: Costs of the Kinship Connected Programme

Income (£)	2018/19	2019/20	Total
Local authority income	152,747	223,744	376,491
Additional Nesta contribution	21,675	22,134	43,809
Additional Headley Trust contribution		21,509	21,509
Total	**174,422**	**267,387**	**441,809**

Source: Grandparents Plus

8.5 Indirect costs uncovered following consultation with Grandparents Plus staff included:

- Local authority staff time to liaise with the Kinship Connected Project Worker, make referrals and attend monthly review meetings
- Kinship carers' time supporting the running of the kinship carer peer support groups as volunteers
- Use of venues to hold the peer support groups.

8.6 Due to the complex nature of the programme's interaction with local authority staff, there was no accurate record of local authority staff time spent liaising with the programme. In the absence of the Kinship Connected programme, local authority staff would still have to support the kinship carers and children supported through Kinship Connected. Therefore, because the local authority does not charge Grandparents Plus in lieu of local authority staff time spent on the programme, it could be said that these costs are effectively written-off. A cost-benefit analysis would normally estimate and monetise these costs, however, because there is no accurate record of this time, no estimate can be made.

8.7 Similarly, the time kinship carers spent supporting the running of the kinship carer peer support groups as volunteers cannot be estimated, as there is no record. Again, typically in a cost-benefit analysis, volunteers' time would be estimated and monetised but, similarly, these costs can effectively be written-off in monetary terms, as volunteers' time is, by definition, free, and is not reimbursed. Any kinship carers' volunteer expenses that are reimbursed are already accounted for in the direct costs of the programme. Volunteers' time can also be seen as a benefit to volunteers themselves through reduced isolation/loneliness and/or increased wellbeing (see 'Benefits of the Programme' section below).

8.8 As indirect costs cannot be estimated accurately, the true costs of the programme are likely to be underestimated from a cost-benefit analysis perspective. However, in practice, these other costs are likely to be small (or effectively written-off) relative to the direct costs set out above. Local authorities hosting the programme in future should bear in mind these indirect costs of the programme.

Benefits of the Programme

Introduction

8.9 Average outcomes scores for the treatment group and comparison group were compared as part of a Difference-in-Differences analysis. Comparing average outcomes scores accounted for different magnitudes of change (i.e. that some kinship carers improve or regress more than others) but, in the absence of any clear evidence otherwise, does assume that the scale of change is linear. In other words, the difference between the highest and next-highest score is the same as the difference between the next lowest. For example, it assumes that the difference between "None of the time" and "Rarely" on the parenting question has the same cost equivalent as the difference between "Sometimes" and "All of the time".

8.10 The analysis extrapolates the impact as measured on the 170 kinship carers to apply to the 401 kinship carers supported in total. This implicitly assumes that the 170 kinship carers responding are representative of the 401 kinship carers supported in total. There will likely be unobserved differences between the treatment group and comparison group, including the characteristics and progress of the kinship children. Differences in outcomes may result from these different characteristics rather than the support itself. For example, there may be inherent characteristics of the kinship children supported by the kinship carers in the treatment group, that lead to better outcomes than for the children supported by the kinship carers in the comparison group.

8.11 Impact was monetised by assigning a monetary value or unit cost for each outcome. The unit costs applied have been selected from a variety of sources and are provided in **Table 8.3.**

Table 8.2: Unit Costs

Outcome	Unit cost (£, for 1 year)	Unit cost item	Unit cost source
Reduced isolation/loneliness	975	Monetary value of spending time with friends	Colombo and Stanca, 2013[40]
Increased wellbeing	10,560	Increased wellbeing	Greater Manchester Combined Authority Cost-Benefit Analysis
Feeling supported	N/A	N/A as supportive relationships already accounted for in wellbeing	new economics foundation National Accounts of Wellbeing
Confidence in the parenting role	413	Average cost of parenting classes	Relate[41]
Improved finances	384	12 Citizens Advice sessions at £32 per hour	Department for Education Family Savings Calculator
Healthy eating	200	4 x NHS dietitian consultations @ £50 per 15 minutes consultation	NHS reference costs

[40] Colombo, E.; Stanca, L.; 2013. Measuring the Monetary Value of Social Relations: A Hedonic Approach. Milan: University of Milan. Available at SSRN: http://dx.doi.org/10.2139/ssrn.2339923

[41] Calculated as 7.5 x £55 i.e. 5-10 (midpoint 7.5) Relate sessions at £50-60 (midpoint £55) per session. Source: https://www.relate.org.uk/norfolk-suffolk/frequent-questions

8.12 The unit costs for isolation/loneliness and wellbeing reflect academic studies into the estimated value of reduced isolation/loneliness (in this case in the form of spending time with friends) and a person's overall wellbeing. The unit costs for parenting, finances and healthy eating are alternative 'proxy' values representing unit costs of perceived equivalent value of the impact of the programme. Each unit cost has been chosen to last no longer than one year, in line with cost-benefit analysis good practice to not over-claim, and the uncertainty involved as to whether or not outcomes can be sustained longer than one year's duration. A unit cost for feeling supported is not applied as supportive relationships are already accounted for in the unit cost for wellbeing.

8.13 The detail regarding how savings were estimated against each cost indicator through the programme is provided in Annex D.

Estimating the total savings

8.14 Combining all of the evidence on the cost-saving considerations allows us to calculate the impact from all of the benefits. This analysis is shown in **Table 8.3**.

8.15 The total benefits from the programme are estimated to be **£531,183** between April 2018 and March 2020. Though not cashable (see Conclusion and Considerations section of this section), most cost-savings from the benefits of the programme would accrue to the NHS and local authority.

Table 8.3: Benefits of the Kinship Connected Programme

Outcome	Impact (£)	Cost-saving accrues to
Reduced isolation/loneliness	47,797	N/A
Greater wellbeing	439,033	NHS, Local authority
Feeling supported	N/A (accounted for in wellbeing unit cost)	NHS
Increased confidence in parenting	9,091	Local authority
Optimism about finances	21,581	Local authority, DWP
Healthy eating	13,681	NHS
TOTAL	**531,183**	

Cost-benefit ratio

8.16 In summary:

- Total benefits of the programme between April 2018 and March 2020 are estimated to be £531,183, or £1,325 per kinship carer
- Total direct costs of the programme are estimated to be £441,809 in the same period or £1,102 per kinship carer.

8.17 Therefore:

- The added value (the difference between costs and benefits) of the programme is estimated to be £89,373, or £223 per kinship carer
- The cost-benefit ratio is estimated to be 1.20. This means that, for every £1 invested in the support, £1.20 of benefits is estimated to be generated. This equates to a 20% rate of return.

Cost considerations

8.18 These benefits compare to other studies where a cost-benefit has been calculated[42]. This study did not conduct a social return on investment and does not, therefore, calculate all benefits over a person's lifetime. Some other studies do adopt this approach, and often predict savings that are not realisable. These calculations are estimates of a saving to the public purse over one year. For a small amount of financial investment by a local authority (circa £15,000), this is a good return on investment. Moreover, the savings to the local authorities of the cost of foster placements for all these children is very considerable. This has not been taken into account in these calculations but should be kept in mind.

8.19 A positive cost-benefit ratio highlights the economic value of the programme to local authorities, central government and indeed wider society. However, there are some considerations to bear in mind when inferring from this cost-benefit analysis. For example, the benefits of the programme are estimated to last for one year. If, in reality, some of the benefits persist for longer or shorter than is estimated (for example, finances), and therefore the cost-benefit ratio may vary over time.

8.20 Apart from healthy eating, benefits analysed pertain to kinship carers, and it was likely that further benefits applied to the children of kinship carers, which have not been analysed here due to a lack of robust evidence of the impact on them.

8.21 The cost-benefit analysis has taken a conservative approach. The long-term effect on kinship carers may be more meaningful and avoid more costly interventions or one-to-one work. This is particularly the case when considering the benefits to kinship carers of improved mental wellbeing and the avoidance of costs associated with long term mental ill health or stress.

8.22 The benefits monetised here are not 'cashable'. That is, the local authority cannot expect to be reimbursed directly for the cost-savings as a result of the outcomes of the programme. However, as referred to in the bullet point above, the long-term effects on kinship carers may be cashable. For example, optimism about finances amongst kinship carers may avoid the need to claim certain types of benefits, or confidence in parenting avoids placement breakdown and spot purchase of child care placements.

Summary comment

8.23 This section has illustrated the efficiency of the programme with regards to providing support to kinship carers at a cost of just over £1,000 per carer per year. It also demonstrated the cost savings to the public purse which were calculated using a very conservative but realistic approach. The programme provides a return on investment to local authorities with the costs avoided due to, in the main, increased mental wellbeing of the kinship carers.

[42] See Department for Education (2010) Turning around the lives of families with complex needs. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182428/DFE-RR154.pdf and York Consulting (2011) Evaluation of Family Pathfinder Westminster. http://democracy.lbhf.gov.uk/documents/s22802/Item%2012d%20-%20BP%20Westminster%20SROI%20draft%20final%20report.pdf

9 CONCLUSIONS AND RECOMMENDATIONS

Introduction

9.1 This section draws together the evidence presented in the report. Through the research, several lessons have been drawn out which could help improve the model of delivery and ultimately improve support to kinship carers. These are offered as recommendations at the end of the section.

Evidencing need

9.2 Many kinship carers who had been caring for their children for several years suffered from feeling isolated; many had no or limited family support networks on which they could call for help; many had limited financial resources due to having given up work and receiving a low financial allowance, and some had housing issues related to having too few bedrooms. Many lacked confidence in their parenting abilities due to having not received information, training or support from their local authorities to understand their children's behaviour and manage it effectively. Some kinship carers reported schools were struggling with their child's behaviour in class. Many kinship carers had ongoing problems with children's relationships and contact with parents, and again support from the local authority to help kinship carers deal with those challenges was limited.

9.3 A lack of support early on with issues related to the children's experiences in their parents' care, and a lack of support with understanding the impact these experiences had on their children's behaviour, had led to high levels of stress among kinship carers. The ability to cope with an ongoing stressful situation has been linked with access to high-quality social networks, provided by individuals, families or communities[43]. Equally, social isolation and low levels of social support for kinship carers are associated with increased morbidity and a host of medical illnesses alongside poor mental health[44]. Prior to support from Kinship Connected, most kinship carers in this study had low levels of social support and a low level of mental health. The average score of the population of kinship carers recruited on Kinship Connected revealed they were at high risk from long term depression and ill-health.

9.4 Many kinship carers received a financial allowance from the local authority and without it they would have struggled to look after their children. However, their financial issues, although a major ongoing concern, was not their key concern. Their main concern/frustration was the lack of recognition by their local authority of the contribution they were making to the care of their child, and for what appeared to be, for many, a closed-door on any help or support.

Kinship Connected as a model of local authority support

9.5 Grandparents Plus, through their work as a charity supporting kinship carers, campaigns for recognition and improved support for kinship carers. To help address the gap in the support, they design and deliver offers of support such as Kinship Connected. This programme is the first programme of support that has been commissioned by local authority children's services at a national level.

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[43] Fatih Ozbay, Douglas C. Johnson, Eleni Dimoulas, C.A. Morgan, III, Dennis Charney, Steven Southwick Psychiatry (Edgmont) . Social Support and Resilience to Stress (2007) May; 4(5): 35–40.

[44] Wang, J., Mann, F., Lloyd-Evans, B., Ma, R. and Johnson., S. 'Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review'. In BMC Psychiatry 18: 156 (2018)

9.6 Partnerships with local authority children's services have been forged (with adoption and fostering teams, or special guardian teams), where special guardians (and in this study other kinship carers) could be referred for support. Partnerships matured throughout the programme as Grandparents Plus and social worker teams came together to review referral pathways and address any barriers to referrals. Some important observations included:

- the capacity of Grandparents Plus PWs to respond to the range and scale of need, and to establish local support groups, was inevitably somewhat limited within a commissioning model of between one to two days per local authority
- not all local authority support teams were referring special guardians for support, and very few were referring special guardians with a newly awarded order
- levels of joint working varied between local authorities and Grandparents Plus PWs; the key lesson was for co-located arrangements which improved information sharing.

9.7 The benefits to local authorities became clear as the programme progressed. As a result, local authorities continued to commission Grandparents Plus when their contracts came up for renewal.

Impact of the Kinship Connected social action approach

9.8 Kinship Connected, through the use of social action and peer-to-peer support, provided a vital source of community support to kinship carers. Through a small team of Grandparents Plus PWs, kinship carers were linked-up to share stories; to listen to each other; to offer advice, and to provide moral support. For some kinship carers, this was the first time they had met others in the same situation as themselves. Their knowledge and expertise of their own situation increased as did their confidence in their parenting skills.

9.9 With the one-to-one help from Grandparents Plus PWs to help with specific challenges, all evidence points towards a reduction in concerns. Many kinship carers were better able to manage their situation; had increased confidence in their parenting role, and an increase in their self-esteem more generally. The changes to their mental wellbeing were statistically significant and brought the average mental health score of the kinship carers up above the point at which someone would be considered at high risk of depression and associated ill-health. Data gathered from the comparison groups, on the other hand, showed little change in the circumstances of the kinship cares in the comparison group, or in their optimism or their wellbeing from baseline to follow-up. This provides a good level of confidence that the changes evidenced in this report can be attributed to Kinship Connected.

9.10 There were, however, a significant minority of kinship carers for whom change had not been significant across the key indicators. This suggested that more intensive one-to-one and peer to peer support was required, with interventions from public services to address specific issues related to children's behaviour and wellbeing, including interventions relating to parental contact.

9.11 The longer-term vision for Grandparents Plus is to build on the social action approach by sustaining and extending the national network of peer-to-peer support groups developed through Kinship Connected and led by volunteer kinship carers. Ensuring these groups run independently of Grandparents Plus PWs will require considerable further input from Grandparents Plus. The training delivered through Kinship Connected equipped participant kinship carers with the skills and knowledge to undertake this role. This training needs to continue to ensure sufficient numbers of kinship carers are prepared and feel ready to support each other. The recent work in setting up virtual support groups for kinship carers was proving successful and this will go some way to ensuring kinship carers remain connected.

Return on investment

9.12 The return on investment for local authorities was evidenced through this study, with a cost-benefit ratio of 1:1.2. This is equivalent to a return of £1.20 for every £1 invested. This return was calculated using the outcomes evidenced in this study and by attaching financial proxies to the value of those outcomes. The savings mirror other fiscal returns on investment calculated for whole family support with much higher levels of intervention[45].

9.13 This was not a social return on investment calculation. If it were, the returns could have been much higher, if one levered in the potential longer-term health benefits and costs avoided. Kinship Connected was not, however, a health intervention programme and evidence has not been gathered to justify higher claims.

9.14 Instead, Kinship Connected sought to improve kinship carers' self-reliance and ability to cope with their situation. This return on investment calculation adopted a conservative approach in calculating the benefits to provide a realistic estimate of annual savings made to the public purse.

9.15 This return on investment is good, particularly when considering the small contribution that local authorities made to the support. However, without the subsidies from Nesta and other trusts and foundations, this programme would not have been able to operate at this scale. Therefore, adjustments will need to be made in future commissioning of the service.

The importance of early help and the need for continued support

9.16 The offer of support to kinship carers came at a crucial time for many, but for some, it was felt by carers to be too little, too late. Many kinship carers had already been through an immense amount of stress and suffered ill-health. It was not possible to evidence the impact of this continued level of stress on the children. However, there is a wealth of research that evidences the importance of parental wellbeing on the prevention of adverse child outcomes[46].

9.17 The preferred model would be one of delivering support to kinship carers much earlier to help prevent needs from escalating. This would need a more rapid and robust referral system to be agreed across all local authorities. Kinship Connected should also be delivered more as an integrated package of support for kinship carers. This would enable Grandparents Plus PWs to refer kinship carers and their children into early help or targeted/specialist support as required. Local authorities need to secure ongoing investment in this model of support if they are to fulfil their obligations as set out in the recent Special Guardians Guidance[47]and to make a sustainable difference in kinship carers' and their children's lives.

[45] See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/197376/DFE-RB154.pdf and http://democracy.lbhf.gov.uk/documents/s22802/Item%2012d%20-%20BP%20Westminster%20SROI%20draft%20final%20report.pdf

[46] See Hughes, K., Lowey, H., Quigg, Z. e*t al.* Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. *BMC Public Health* 16**,** 222 (2016)

[47] Department for Education (January 2017) Special Guardianship Guidance: Statutory guidance for local authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016)

Recommendations

This research evidenced what has worked well and where improvement can be made in the Kinship Connected model of support. These recommendations are offered for consideration.

- **Recommendation One**: **the number of days commissioned needs to reflect the size of the kinship community that local authorities are referring in to Grandparents Plus**. **Grandparents Plus PWs** generally carry out multiple roles (engage kinship carers, deliver one-to-one support, and organise and facilitate peer-to-peer support groups). The evidence indicates that where too few days were commissioned, the Grandparents Plus PWs were not always able to complete their roles adequately to meet the needs of kinship carer population.

- **Recommendation Two: the arrangements for local authorities to refer kinship carers to the programme needs careful consideration such that they can be more efficient and effective**. The referral pathway, for example, how many social workers could refer cases to the Grandparents Plus PW, affected the Grandparents Plus PWs' ability to forge trusted relationships with social workers and team managers. Where referral pathways were more straight forward and less complicated (e.g. fewer social workers making referrals), more referrals were being made.

- **Recommendation Three**: **local authorities to raise awareness of the Kinship Connected commissioned support available among special guardians**. Encourage local authorities to advertise the support available to special guardians from Grandparents Plus through newsletters and information packs aimed at special guardians.

- **Recommendation Four: ensure close working with social worker teams** through co-located working arrangements or/and attendance (or virtual attendance) at regular social worker team meetings. Greater levels of integrated working improved the level of understanding and trust between Grandparents Plus PWs and social worker teams. Where Grandparents Plus PWs were allocated desk space and had access to social care case records (e.g. could log on to Liquid Logic) this facilitated good information-sharing regarding kinship carers. This provided opportunities for Grandparents Plus PWs to discuss any emerging concerns they had about the family. Due to restrictions related to coronavirus, Grandparents Plus PWs should have regular virtual contact with the local authority team, possibly as part of the social work team meeting to maintain a positive working relationship. Where this was a feature of the joint working, there was no evidence it adversely affected the independence of the Grandparents Plus PWs.

- **Recommendation Five**: **target numbers for kinship carers supported should be agreed each month and should take into account the capacity of the Grandparents Plus PWs and the complexity of cases they are working on at any given time**. This will avoid the tendency for local authorities to over refer at the start of, the engagement process or during the programme. This should also encourage local authorities to prioritise referrals based on need each month.

- **Recommendation Six: Support offered through Kinship Connected should be included as part of any support plans the special guardians already have in place.** Any current support plans such as Court agreed SGO support plans, Child in Need plans, child protection plans and family support plans should be shared with Grandparents Plus PWs. Grandparents Plus PWs should be encouraged to request this plan at the point of referral. This will enable them to review the appropriateness of the support alongside the kinship carers' needs identified at

baseline. Grandparents Plus PWs should be involved in the reviews of these plans for the duration of the intervention to ensure that kinship carers are accessing the support they need.

- **Recommendation Seven**: **encourage the local authority to embed the Kinship Connected programme of support within its wider suite of support to families with a special guardianship order**. The local authority should brief Grandparents Plus PWs on the configuration of early help and targeted services and facilitate contact and relationships with key services. This will encourage Grandparents Plus PWs to make referrals where additional support needs have been identified and will help ensure that, where necessary, families can access the support they need.

- **Recommendation Eight: Going forward, ensure there is clarity about the role of Grandparent Plus PWs in ongoing social work interventions.** As Grandparents Plus PWs become more embedded in social work teams, they need to feel confident balancing working on behalf of the local authority and representing the needs and voice of kinship carers. For example, some kinship carers may want the option of Grandparents Plus PWs attending core group meetings with them as an advocate, whereas the Grandparents Plus PWs might be fulfilling a role as a core group member. Grandparents Plus need to be clear about and confident in their Grandparents Plus PWs role in these circumstances.

- **Recommendation Nine: review the strategy for a volunteer-led network of peer-to-peer support groups**. Few kinship carers felt confident in leading groups. Therefore, building a network of peer-led support groups requires an ongoing investment of time from Grandparents Plus. To encourage kinship carers to take on a leading role, consider how/if kinship carers can be paired up to work in partnership locally with one another to share ideas and to share the responsibility of organising and leading groups in their local area.

- **Recommendation Ten: boost the number of kinship carers undergoing volunteer training.** This could be achieved by delivering training in the peer-to-peer support groups. This will require Grandparents Plus PWs to have the capacity and ability to deliver the training.

- **Recommendation Eleven: continue to review the quality of the data gathered by Grandparents Plus PWs and held centrally on Salesforce**. To ensure that the data adequately reflects the support delivered to kinship carers as well as the outcomes achieved, Grandparents Plus should review the quality of the data being collected by Grandparents Plus PWs. This will help to ensure that need, support and outcomes can be adequately reported at a local authority level. To address any issues with data collection, consider holding regular Continuing Professional Development opportunities to ensure skills are updated in this area particularly around the use of the baseline and outcome tools.

ANNEX A: BASELINE AND REVIEW QUESTIONNAIRES

Project Worker:*Confidentiality Policy discussed* ☐

Use of personal information:

I understand that in order to access the services provided by the Kinship Connected programme, the information I give will be used by Grandparents Plus staff to understand my needs, what support was received and how this has made a difference to myself and my family. In addition to Grandparents Plus seeing the data, Starks Consulting Ltd in partnership with Ecorys has been commissioned to carry out an evaluation of Kinship Connected. They will have access to all **anonymised** data and will use this for the purposes of evaluating Kinship Connected only. They will not share this with anyone outside of Grandparents Plus. This data will be analysed to understand the impact that Kinship Connected has had on all those who have been involved in the programme. All data collected and shared with Starks Consulting and Ecorys will hold no personal data (relating to names, dates of birth or addresses) and no reporting of findings will reveal yours or your family's identity.

Do you agree to your data being used in this way?

Yes

No

- If no, do you require any additional information regarding how your data will be used in order for you to give consent?

Name: ____

Signed ____ ***Date:*** **____________**

Kinship Connected: Registration Form

KC No: **Today's Date [dd/mm/yyyy]:**

Project Worker:

Local Authority

We'd like to ask you a few background questions. We will keep the information you provide confidential and anonymous.

Please provide the details below, so we can get back in touch with you:

Preferred method of contact: email or mobile telephone:	
First Name	
Surname	
Telephone number	
Mobile number	
Email address	
Address **Postcode**	

1. Do you currently look after a relative's or friend's child)(ren)?

Yes ☐
No ☐

2. How many relative's or friend's child(ren) do you look after?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐

3. Question 3 (this is landscape on the next page).

4. Are you receiving any local authority allowance related to the order for the kinship children?

Yes ☐
No ☐

5. Do you also currently look after your own children, who live with you?

Yes ☐

No ☐

6. How many of your own child(ren) do you look after?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐

(If yes), please tell us more about your children or anyone else in household

Name	Gender	Date of Birth

3. Pleased provide details on each child.

Name	Gender	DoB [dd/mm/yy]	Age 0-4) (5-9) (10-14) (15-19) (20-24)	Date child came to live with you mm/yyyy	Relationship to kinship carer: - Grandchild - Niece/nephew - Sibling - No relationship - Foster - Cousin - Other …………………………	Care Order - RO - CAO - SGO - SO - CO - ICO, - Foster Care - Informal	Circumstances that led to them living with you? - LA Safeguarding - Parental capacity to care - Substance misuse - Parents mental health - Incarceration - Domestic abuse - Parental absence - Other/……………………………….

Interviewer Note: Please complete by writing in one of the choices as laid out above

PLEASE RETURN TO QUESTION 4 ON THE PREVIOUS PAGE.

6. Has your role as a kinship carer impacted on your own child(ren)?

Yes ☐
No ☐

6a.(If Yes) In what ways have the children being impacted

7. Is there anybody else living in the house?

Yes ☐ ………………………………………………….
No ☐

8. If relevant, please provide details about any statutory support and educational needs for each child in the table below

Name	Prior to you taking on the care of the child, was there any children's services involvement? - No - CIN - CP - LAC - Don't know	Prior to you taking on the care of the child, was there any concerns regarding the child's school attendance?* - Yes - No - N/A - Don't know	Has the child ever been excluded from school either temporarily or permanently? - Yes - No	Are there any concerns you have relating to the children's development needs? - Physical development - Speech and language development - Social and emotional development - Cognitive development	Has the child been diagnosed with a special learning difficulty or disability or physical disability? - Yes - No - In the process of being assessed

*** Attendance concerns are based on a 90% or less attendance (this is one half day each week or 1 full day every two weeks or 20 days off in a school year)**

9. Thinking about your support needs, do you have any concerns with the kin children relating to: (tick all that apply)

Children's contact with parents ☐

Parental relations with children ☐

Child(ren's) Behaviour ☐

Children's health and wellbeing ☐

Maintaining child(ren's) friendships ☐

Transitions ☐

Personal hygiene ☐

Eating / diet ☐

Finances ☐

Home environment ☐ (space, privacy, carpets, doors, white goods etc)

Other ☐

Description………

……….

10. Are there any other services, agencies or informal sources of help/advice you have accessed for the children?

Yes ☐ Which agency(ies)..

No ☐

11. If No, was help sought but not received?

Yes ☐

No ☐

12. Have you been feeling isolated or lonely over the past 6 months? (please tick one only)

Never ☐

Sometimes ☐

Often ☐

Always ☐

13. How would you like to be involved in Kinship Connected?

(Please tick all options that apply to you)

Join a face to face support group	
Join a virtual support group	
Join the Grandparents Plus support network	
Access the Grandparents Plus advice service	
Access the Someone Like Me service	
Apply for a grant	
Access one-to-one case support (to review my circumstances)	
Volunteer for Grandparents Plus	
Get a signposting/referral to another organisation	
Would you like to be involved in any other ways?	

14. **Thinking about all the above, do you have any additional support needs or referrals you would wish us to consider that you think might be helpful for your children?**

Question 15 is printed on a separate sheet – this should be completed by the kinship carers and you can probably continue with this questionnaire or wait until the end to hand it out.

15. Now we are going to ask you to complete this short set of questions on how you are feeling **and** your confidence in your role as a kinship carer. **Please tick the box that best describes your experience of each <u>over the last 2 weeks.</u>**

Statements	**None of the time**	**Rarely**	**Some of the time**	**Often**	**All of the time**
1. I've been feeling optimistic about the future	1	2	3	4	5
2. I've been feeling useful	1	2	3	4	5
3. I've been feeling relaxed	1	2	3	4	5
4. I've been interested in other people	1	2	3	4	5
5. I've had energy to spare	1	2	3	4	5
6. I've been dealing with my problems well	1	2	3	4	5
7. I've been thinking clearly	1	2	3	4	5
8. I've been feeling good about myself	1	2	3	4	5
9. I've been feeling close to other people	1	2	3	4	5
10. I've been feeling confident	1	2	3	4	5
11. I've been able to make my mind up about things	1	2	3	4	5
12. I've been feeling loved	1	2	3	4	5
13. I've been interested in new things	1	2	3	4	5
14. I've been feeling cheerful	1	2	3	4	5
15. I've been feeling that I have appropriate support when I need it*	1	2	3	4	5
16. I've been feeling confident in my parenting role*	1	2	3	4	5

*Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and * denotes additional questions relating to Kinship Connected.*

16. **How did you learn about Kinship Connected?** ***(tick all that apply)***

Event☐ Please state:	Social Worker☐
Children's Centre☐	Another Kinship Carer ☐
Social Media (Facebook/Website)☐	School☐
Friend ☐	Other ☐ Please state:

17. **What would you like to achieve by being engaged in the programme? Include training requirements. (These should be outcomes focused and be expressed for example as 'reduce my sense of isolation', 'socialise a little more', 'learn about being a kinship carer', 'learn about my rights' etc) and not 'join a group'.**

1.
2.
3.
4.
5.

Demographics: Now we need to collect some statistical information about you to review our engagement and to monitor whether our services reach all sectors of the population

18. **Are you:** *(Please tick **one**)* Male ☐ Female ☐

19. **What is your date of birth?**

DD	*MM*	*YYYY*

(Please tick what age category they fall in to for analysis purposes)

20-24 ☐ **25-34** ☐ **35-44** ☐ **45-54** ☐ **55-64** ☐ **65-74** ☐ **75-84** ☐ **85 +** ☐

20. **What is your family's ethnic group?** *(Please add KC for kinship carer, C1 for child 1, C2 for child 2, etc)*

White		Asian or Asian British	
British		Indian	
Irish		Pakistani	

Gypsy/Roma/Traveller		Bangladeshi	
Other White background		Other Asian background	
Mixed Heritage		Chinese	
White and Black Caribbean		Black or Black British	
White and Black African		African	
White and Asian		Caribbean	
White and Chinese		Other Black background	
Other Dual Heritage background		Other ethnic background	
Other			

21. What is your main language? *(Please tick **one** box)*

English ☐ Other ☐ If Other, please specify.....

22. What is your religion? *(Please tick **one** box)*

Christian ☐	Buddhist ☐
Hindu ☐	Jewish ☐
Jewish ☐	Sikh ☐
Muslim ☐	Muslim ☐
No religion/Prefer not to say ☐	Other religion ☐
Prefer not to say ☐	

23. Do you have any long-standing physical or mental illness, or disability?

(By 'long-standing', we mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months.)

Yes ☐ if Yes, can you tell us about this……..)

No ☐

24. How did you learn about Kinship Connected? ***(tick all that apply)***

Event ☐ Please state:	Social Worker ☐
Children's Centre ☐	Another Kinship Carer ☐
Social Media (Facebook/Website) ☐	School ☐
Friend ☐	Other ☐ Please state:

25. Our evaluation includes doing some face-to-face discussion groups and one-to-one interviews with kinship carers and their children if possible. This is to better represent your needs and the impact of the service in our research findings.

These will be arranged at a suitable time and are completely voluntary. Your name and the name of your children will not be divulged in the research. Are you happy to be contacted to participate in the research? [You may not be contacted but we need to ask your permission before we do so].

Yes ☐	No ☐

If yes, do you give permission for your contact details to be passed on to our evaluators for them to contact you directly once we have agreed our sample?

Yes ☐

No ☐

Thank you for providing this information

Kinship Connected: Outcomes Form

Please help us understand how the programme has supported you by completing the form below:

Key Details			
Kinship Carer Name			
Kinship Carer ID Code		**Date dd/mm/yyyy**	
Local Authority			
Your Experience of Kinship Connected			

Firstly we'd just like to understand how you were involved in the Kinship Connected Programme

1. **Did you ever attend a Local Support Group?**

   Yes☐ (Go to 1b)

   No ☐ (Go to 1a)

   1a. (If No) why not?

   - Did not want to attend a group☐
   - Could not physically get to the group☐
   - There was no group in my area☐
   - Other☐

   …….

   1b. (If Yes) How frequently did you attend?

   - Once☐
   - Regularly (weekly, bi-weekly, monthly)☐
   - Just a few times☐

1c. (If Yes) What impact did attending the local support group have on you and your role as a kinship carer?

- It improved my capacity to cope with the child(ren) ☐
- It provided me with an opportunity to share my experiences/concerns ☐
- It gave me ideas on how to improve my child(ren)'s behaviour ☐
- It helped me feel less isolated ☐
- I made new friends and improved my circle of support ☐
- Other ☐

Please comment

- None of the above ☐
- I did not like attending the groups ☐
  - They were not well run/organised ☐
  - They were too far away ☐
  - Other ☐

Please comment

2. Did you participate in a virtual support group?

Yes ☐

No ☐

2a) If Yes –

What are your views of the value of the virtual support group? (what support did get from it?)

Please comment

3. Did you access the wider Grandparents Plus Support Network?

Yes ☐ (Go to 2a)

No ☐

3a. (If Yes) Why and what did you achieve?

………

……….

4. **Did you access the GP+ Advice Service? (Please tick if Yes)☐**

4a. (If Yes) What advice were you seeking?

- Advice about financial support☐
- Advice about legal orders☐
- Advice about children's services' decisions☐
- Other☐

……

4b. Did this advice meet your needs?

Yes☐

No☐

If not, why not ………

5. **Did you access the Someone Like Me Service? (please tick if Yes)☐**
6. **Did you receive a grant? (please tick if Yes)☐**

   a. **What did you use the grant for?**

   - Purchasing furniture/white goods☐
   - Purchasing soft furniture☐
   - Improving the home (carpets, doors etc)☐
   - Going on a short break☐
   - Other ☐

………

7. **Did you become a KC Champion? (Leading Peer Support Groups) (please tick if Yes)☐**

   a. How long have you been a KC Champion?

      i. Less than 3 months☐

      ii. Less than 6 months☐

      iii. Over 6 months☐

   b. During this time, did you organise / lead groups

      i. Yes☐

ii. No☐

c. Do you think you will continue to organise/lead groups for a while?

i. Yes☐

ii. No☐

Please comment on your experience of being a KC Champion (e.g. skills gained, confidence in leading a group)

…….

…….

8. Other volunteering (Other roles)(If yes please tick)☐

a. What other roles were you volunteering for? (e.g. admin, social events)

……….

9. Did you receive training to become a volunteer? (If yes please tick)☐

a. Did this training meet the needs of your volunteering role?

- Yes☐
- No☐ (Go to Q9a)

9a. (If No) Why did it not meet your needs?

…….

10. Were you signposted/referred to other services (please tick if yes)☐

- GP☐
- Health clinic☐
- Local support group/network☐
- Local activities group☐
- Addiction services ☐
- Children's Services ☐
- Early Help (Children's Services)☐
- Other ☐

……

a. Did you access this service?

- Yes☐
- No☐

11. Were you involved in Kinship Connected in any other way?

………

Now we'd like to ask you a little about your experience of the support.

12. In your Registration Form you indicated things that you wanted to achieve by being involved in the programme. To what extent have you achieved these? (Please check back with the planning form)

	Low	Medium	High	N/A	
1.	☐	☐	☐	☐	…………………………………………….
2.	☐	☐	☐	☐	…………………………………………….
3.	☐	☐	☐	☐	…………………………………………….
4.	☐	☐	☐	☐	…………………………………………….
5.	☐	☐	☐	☐	…………………………………………….

13. In general, how would you rate the quality of the support and services you received from Kinship Connected?

1. **Very poor** ☐
2. **Poor** ☐
3. **Okay** ☐
4. **Good** ☐
5. **Excellent** ☐

Please comment

14. What suggestions, if any, do you have for improvements of the programme?

Now we'd just like to recap on any services involvement and school attendance and how this may have changed **since you have been caring for the child(ren).**

Name	**Are children's services currently involved with your children?** **- No** **- CIN** **- CP** **- LAC**	**What is the legal order status of your child(ren)** Residence Order Child Arrangement Order Special Guardianship Order Supervision Order Care Order Interim Care Order Foster Care	**Has there been any concerns regarding the child's school attendance?*** **- Yes** **- No** **- N/A** **- Don't know**	**Had the child been excluded from school either temporarily or permanently in the last 3 school terms?** **- Yes** **- No**

15. Do you have any concerns with the kin children in relation to: (tick all that apply)

Children's contact with parents ☐

Parental relations with children ☐

Child(ren's) Behaviour ☐

Children's health and wellbeing ☐

Maintaining child(ren's) friendships ☐

Transitions ☐

Personal hygiene ☐

Eating / diet ☐

Finances ☐

Home environment ☐ (space, privacy, carpets, doors, white goods etc)

Other ☐

16. **Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each <u>over the last 2 weeks.</u>**

Statements	None of the time	Rarely	Some of the time	Often	All of the time
17. I've been feeling optimistic about the future	1	2	3	4	5
18. I've been feeling useful	1	2	3	4	5
19. I've been feeling relaxed	1	2	3	4	5
20. I've been interested in other people	1	2	3	4	5
21. I've had energy to spare	1	2	3	4	5
22. I've been dealing with my problems well	1	2	3	4	5
23. I've been thinking clearly	1	2	3	4	5
24. I've been feeling good about myself	1	2	3	4	5
25. I've been feeling close to other people	1	2	3	4	5
26. I've been feeling confident	1	2	3	4	5
27. I've been able to make my mind up about things	1	2	3	4	5
28. I've been feeling loved	1	2	3	4	5
29. I've been interested in new things	1	2	3	4	5
30. I've been feeling cheerful	1	2	3	4	5
31. I've been feeling that I have appropriate support when I need it*	1	2	3	4	5
32. I've been feeling confident in my parenting role*	1	2	3	4	5
33. I've been feeling optimistic about my financial situation*	1	2	3	4	4

6. **Have you been feeling isolated or lonely over the past 6 months? (please tick one only)**

Never☐
Sometimes☐
Often ☐
Always ☐

What is your current employment status? *(Please tick **one** box only)*

Retired	☐
Employed: Full-time	☐
Employed: Part-time	☐
Self-employed	☐
Unemployed	☐
Any other status *(Please describe below)*	

ANNEX B: COMPARISON OF FOLLOW-UP TREATMENT AND COMPARISON GROUPS

DEMOGRAPHICS and outcomes data for the follow-up TREATMENT and COMPARISON groups

DEMOGRAPHICS

How many children do you look after?

Number of children	Treatment group	Comparison group
1	50%	56 %
2	32%	38 %
3	10%	5 %
4	7%	2 %
5 or more	1%	0%
Total	100% n=163	100.0 % n=63

How long have you been caring for the kinship children?

	Treatment group	Comparison group
Less than one year	5.2%	3.2 %
Between one and three years	18.0%	28.6 %
Between three and five years	30.3%	22.2 %
More than five years	46.5%	46.0 %
Total	100% n=170	100.0 % n=63

Age of kinship children

What age categories do the kinship children fall into? (*Total % is greater than 100 as kinship carers are reporting on more than one child)	Treatment group	Comparison group
	Treatment group	Comparison group*
0-4	17.2%	30.2 %
5-9	40.7%	44.4 %
10-14	29.8%	44.4 %
15-19	16.4%	15.9 %
20-24	0.0%	0.0 %
Total	n=119	n=63

What level of safeguarding concerns exist or existed? (*Total % is greater than 100 as kinship carers are reporting on more than one child)

	Treatment group	Comparison group*
CIN	16.3	38.6 %
CP	25.8	35.1 %
LAC	43.8	54.4 %
Don't know	14.2	21.1 %
Total	n=155	n=57

What legal order is in place?

	Kinship Connected Treatment group	Comparison group
Special Guardian Order	78.6%	73.1 %
Residential Order	5.0%	13.1 %
Child Arrangement Order	2.4%	15.4 %
Informal Arrangement	2.2%	0.0 %
Care Order	0.5%	0.0 %
Foster Carer	1.0%	1.9 %
Supervision Order	0.3%	1.9 %
Interim Care Order	0.0%	0.0 %
Other, please specify	0.0%	0.0 %
Total	100.0% n=120	100.0 % n=52

Are you receiving any local authority allowance related to the order for the kinship children?

	Kinship Connected Treatment Group	Comparison Group
Yes	71.7%	66.7 %
No	28.3%	33.3 %
Don't know	0.0%	0.0 %
Total	100% (n=170)	100.0 % n=63

Concerns at baseline with the kinship child(ren) relating to: (multiple choice question)

	Kinship Connected Treatment Group	Comparison Group
Children's contact with parents	33%	44%
Parental relations with children	36%	52 %
Children's behaviour	46%	51 %
Children's health and wellbeing	32%	40%
Maintaining children's friendships	28%	25 %
Transitions	23%	14 %
Personal hygiene	12%	22 %
Eating / diet	24%	29 %
Finances	22%	54 %
Home environment (space, privacy, carpets, doors, white goods etc)	32%	32 %
Total (multiple choice questions)	n=170	n=63

WEMWBS Scores at baseline

Wellbeing average	Score out of 70	N
Treatment Group	44.9	163
Comparison Group	41.3	63

Gender

	Kinship Connected Treatment Group	Comparison
Male	14%	1.6 %
Female	86%%	95.2 %
Prefer not to say	0%	3.2 %
Total	**100.0% n=178**	**100.0 % n=63**

Age

Age Category	Kinship Connected Treatment Group	Comparison
20-24	0.0%	0%
25-34	4.32%	6.0%
35-44	11.11%	12.0%
45-54	30.86%	31.0%
55-64	35.19%	25.0%
65-74	17.28%	25.0%
75-84	1.23%	2.0%
Grand Total	**100% n=162)**	**100% n=63**

Family's ethnic group

Ethnic Group	Treatment group	Comparison group
White British	71.9%	96.8 %
Irish	1.9%	4.8 %
Gypsy/Roma/Traveller	0.6%	0.0 %
Any other White background	4.4%	0.0 %
White and Black Caribbean	1.3%	3.2 %
White and Black African	0.8%	0.0 %
White and Asian	0.6%	0.0 %
White and Chinese	0.0%	0.0 %
Other mixed ethnic background	0.0%	0.0 %
Indian	0.0%	0.0 %
Pakistani	0.6%	0.0 %
Bangladeshi	0.0%	0.0 %
Chinese	0.0%	0.0 %
Any other Asian background	1.1%	0.0 %
African	6.6%	0.0 %
Caribbean	8.8%	0.0 %
Any other Black / African / Caribbean background	0.0%	0.0 %
Arab	0.0%	0.0 %

Any other ethnic group	0.0%	0.0 %
Prefer not to say	0.0%	0.0 %
Total	**100.0%** **n=160**	**100.0 %** **n=63**

Religion

	Treatment group	**Comparison group**
Christian	66.9%	60.3 %
Hindu	0.0%	0.0 %
Jewish	0.0%	0.0 %
Muslim	3.6%	0.0 %
Prefer not to say	2.1%	0.0 %
Buddhist	0.3.%	0.0 %
Sikh	0.3%	0.0 %
No religion	23.7%	36.5 %
Other religion	4.3%	3.2 %
Total	**100.0%** **n=139**	**100.0 %** **n=63**

Long-standing physical or mental illness, or disability

	Treatment group	**Comparison group**
Yes	57.4%	27.0 %
No	42.6%	68.3 %
Prefer not to say	0.0%	4.8 %
Total	**100.0%** **n=150**	**100.0 %** **n=63**

OUTCOME DATA FOR TREATMENT AND COMPARISON GROUP

Concerns at outcome with the kinship child(ren) relating to: (multiple choice question)

	Treatment Outcome	**Comparison group**
Children's contact with parents	22%	43.9 %
Parental relations with children	18%	52.4 %
Children's behaviour	29.0%	50.8 %
Children's health and wellbeing	15.0%	39.7 %
Maintaining children's friendships	8.0%	25.4 %
Transitions	14.0%	14.3 %
Personal hygiene	???	22.2 %
Eating / diet	6.0%	28.6 %
Finances	11%	54.0 %
Home environment (space, privacy, carpets, doors, white goods etc)	6.5%	31.7 %
Other (please specify)	0.0%	7.9 %
Total (multiple choice questions)	**n=170**	**n=63**

Are there any services, agencies or informal sources of help/advice that you have accessed for the children?

	Treatment Outcome	**Comparison group**

Yes	57.4%	54.0 %
No	42.6%	46.0 %
Total	**100%** **n=152**	**100.0 %** **n=63**

Do you use the Grandparents Plus advice line or website to receive information?

	Treatment Outcome	**Comparison outcome**
Yes	26.0%	66.7 %
No	74.0%	33.3 %
Total	**100.0%** **n=163**	**100.0 %** **n=63**

Have you been feeling isolated or lonely over the past 6 months?

	Treatment Outcome	**Comparison outcome**
Never	50.9%	7.9 %
Sometimes	37.1%	57.1 %
Often	7.2%	27.0 %
Always	8.0%	7.9 %
Total	**100.0%** **n=167**	**100.0 %** **n=63**

I've been feeling optimistic about the future (1)

	Treatment Outcome	**Comparison outcome**
None of the time	2.5%	1.6 %
Rarely	8.0%	23.8 %
Some of the time	39.3%	49.2 %
Often	23.9%	19.0 %
All of the time	26.4&	6.3 %
Total	**100.0%** **n=163**	**100.0 %** **n=63**

I've been feeling useful

	Kinship Connected Treatment Outcome	**Comparison**
None of the time	0.9%	1.6 %
Rarely	4.7%	11.1 %
Some of the time	15.0%	42.9 %
Often	30.0%	31.7 %
All of the time	49.3%	12.7 %
Total	**100.0%** **n=164**	**100.0 %** **n=63**

I've been feeling relaxed (3)

	Kinship Connected Treatment Outcome	**Comparison**

None of the time	5.2%	11.1 %
Rarely	12.1%	39.7 %
Some of the time	31.5%	38.1 %
Often	33.1%	7.9 %
All of the time	18.1%	3.2 %
Total	**100.0%** **n=162**	**100.0 %** **n=63**

I've been interested in other people (4)

	Kinship Connected Treatment Outcome	Comparison
None of the time	1.1%	6.3 %
Rarely	9.2%	20.6 %
Some of the time	14.7%	42.9 %
Often	30.1%	23.8 %
All of the time	44.9%	6.3 %
Total	**100.0%** **n=170**	**100.0 %** **n=63**

I've had energy to spare

	Kinship Connected Treatment Outcome	Comparison
None of the time	7.3%	28.6 %
Rarely	16.7%	41.3 %
Some of the time	33.0%	27.0 %
Often	26.4%	3.2 %
All of the time	16.5%	0.0 %
Total	**100.0** **n=166**	**100.0 %** **n=63**

I've been dealing with my problems well

	Kinship Connected Treatment Outcome	Comparison
None of the time	19.9%	0.0 %
Rarely	22.9%	14.3 %
Some of the time	30.1%	58.7 %
Often	18.1%	23.8 %
All of the time	9.0%	3.2 %
Total	**100.0%** **n=170**	**100.0 %** **n=63**

I've been thinking clearly

	Kinship Connected Treatment Outcome	Comparison outcome
None of the time	0.5%	1.6 %
Rarely	3.1%	9.5 %
Some of the time	20.3%	44.4 %
Often	33.8%	36.5 %
All of the time	42.3%	7.9 %
Total	**100.0%** **n=167**	**100.0 %** **n=63**

I've been feeling good about myself

	Kinship Connected Kinship Connected Treatment Outcome	Comparison outcome
None of the time	1.5%	4.8 %
Rarely	5.4%	39.7 %
Some of the time	26.7%	46.0 %
Often	26.2%	9.5 %
All of the time	40.3%	0.0 %
Total	**100.0% n=165**	**100.0 % n=63**

I've been feeling close to other people

	Kinship Connected Treatment Outcome	Comparison outcome
None of the time	1.6%	4.8 %
Rarely	7.1%	30.2 %
Some of the time	15.9%	46.0 %
Often	26.4%	14.3 %
All of the time	49.0%	4.8 %
Total	**100% n=167**	**100.0 % n=63**

I've been feeling confident

	Kinship Connected Treatment Outcome	Comparison outcome
None of the time	1.3%	1.6 %
Rarely	5.8%	30.2 %
Some of the time	20.7%	47.6 %
Often	26.4%	17.5 %
All of the time	45.8%	3.2 %
Total	**100.0% n=167**	**100.0 % n=63**

I've been able to make my mind up about things

	Kinship Connected Treatment Outcome	Comparison outcome
None of the time	0.9%	0.0 %
Rarely	4.6%	11.1 %
Some of the time	17.2%	42.9 %
Often	24.7%	42.9 %
All of the time	52.6%	3.2 %
Total	**100.0% n=166**	**100.0 %**

I've been feeling loved

	Kinship Connected Treatment Outcome	Comparison
None of the time	0.3%	3.2 %
Rarely	2.6%	9.5 %
Some of the time	13.3%	47.6 %
Often	19.5%	30.2 %
All of the time	64.4%	9.5 %
Total	**100.0%** **n=166**	**100.0 %** **n=63**

I've been interested in new things

	Kinship Connected Treatment Outcome	Comparison
None of the time	2.4%	4.8 %
Rarely	8.1%	44.4 %
Some of the time	19.8%	33.3 %
Often	26.4%	15.9 %
All of the time	43.2%	1.6 %
Total	**100.0%** **n=167**	**100.0 %** **n=63**

I've been feeling cheerful

	Kinship Connected Treatment Outcome	Comparison
None of the time	1.5%	0.0 %
Rarely	3.6%	19.0 %
Some of the time	23.4%	55.6 %
Often	35.1%	23.8 %
All of the time	36.5%	1.6 %
Total	**100.0%** **n=167**	**100.0 %**

Change in total average scores for WEMWBS

Wellbeing averages	Baseline	Post	Difference	N
Treatment	44.99	50.90	5.90	162
Control	41.33	41.43	0.10	63

I've been feeling that I have appropriate support when I need it

	Kinship Connected Treatment Outcome	Comparison
None of the time	9.2%	12.7 %
Rarely	1.1%	41.3 %
Some of the time	17.0%	38.1 %
Often	24.9%	7.9 %
All of the time	47.7%	0.0 %
Total	**100.0%** **n=170**	**100.0 %** **n=63**

I've been feeling confident in my parenting role

	Kinship Connected Treatment Outcome	Comparison outcome
None of the time	0.5%	0.0 %
Rarely	1.2%	6.3 %
Some of the time	16.2%	41.3 %
Often	28.8%	39.7 %
All of the time	53.3%	12.7 %
Total	**100% n=162**	**100.0 % n=63**

I've been feeling optimistic about my financial situation

	Kinship Connected Treatment Outcome	Comparison outcome
None of the time	11.0%	12.7 %
Rarely	9.2%	23.8 %
Some of the time	20.2%	49.2 %
Often	26.4%	11.1 %
All of the time	33.1%	3.2 %
Total	**100.0% n=170**	**100.0 % n=63**

ANNEX C: COUNT OF KINSHIP CARERS IN MATCHED DATA PER LOCAL AUTHORITY

Local authority/programme	**Count of kinship carers**	**Percentage of kinship carers**
Islington Giving	6	4%
Kinship Connected Barnet	9	5%
Kinship Connected Bradford	14	8%
Kinship Connected Bromley	4	2%
Kinship Connected Calderdale	4	2%
Kinship Connected Camden	6	4%
Kinship Connected Enfield	8	5%
Kinship Connected Gateshead	13	8%
Kinship Connected Hackney	7	4%
Kinship Connected Haringey	10	6%
Kinship Connected Islington	6	4%
Kinship Connected Kirklees	18	11%
Kinship Connected Leeds	18	11%
Kinship Connected Redcar and Cleveland	17	10%
Kinship Connected Southwark	8	5%
Kinship Connected Wakefield	13	8%
MTPF Middlesbrough	9	5%
Grand Total	**170**	**100%**

ANNEX D: COST STUDY DATA

Estimation of each cost indicator

Isolation

In our surveys, the Treatment Group and Comparison Group were asked 'Have you been feeling isolated/lonely?' Answer options were:

1. Never
2. Sometimes
3. Often
4. Always.

To calculate average scores, each item was scored between 1 and 4 as above. Average scores for the Comparison Group and Treatment Group at baseline and post stages are presented in Table 3.

Table 9.1: Isolation / Loneliness

Average survey scores	*Baseline*	*Post*	*Difference*	*n*
Comparison Group	2.33	2.35	0.02	63
Treatment Group	2.07	1.72	-0.35	114
		Total difference:	-0.37	
		Total difference (as % of scale):	12%	
		Total difference applied to 401 kinship carers with unit cost £975 (see Table 2)	£47,797	

The table shows that the Treatment Group felt less isolated/lonely, by a magnitude of -0.35, following their involvement with the programme (a lower score indicates less isolation/loneliness). The Comparison Group felt slightly more isolation/lonely over the time period, by a magnitude of 0.02.

The net outcomes can be computed as a difference of 0.37 in average scores between the Treatment Group and Comparison Group. This represents a 12% difference in the scale of between 1 to 4 (with the maximum difference therefore being 3). In other words, it could be said that the average kinship carer supported by the programme felt 12% less isolated/lonely.

Extrapolating this 12% reduction in isolation/loneliness across the 401 kinship carers, and valuing the unit cost of a reduction in isolation/loneliness as £975 (which comes from an academic study into the monetary value of spending time with friends: see Table 2), equates to the programme leading to a benefit of £47,797 in reducing isolation/loneliness amongst kinship carers.

Wellbeing

To measure wellbeing, the Treatment Group and Comparison Group answered questions that form the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)[48]. WEMWBS is a validated tool that has been

[48] The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

rigorously tested and is widely used nationally and internationally for monitoring and evaluating programmes, and investigating the determinants of mental wellbeing.

The WEMWBS includes 14 questions on positive aspects of personal and social wellbeing; therefore a high score represents good wellbeing. Answer options to each of the questions are:

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time.

To calculate average scores, each item was scored between 1 and 5 as above, and applied to each of the questions. Therefore a 'minimum' WEMWBS score is 14, and the 'maximum' score is 70. Average scores for the Comparison Group and Treatment Group at baseline and post stages are presented in Table 4.

Table 9.2: Wellbeing

Average survey scores	*Baseline*	*Post*	*Difference*	*n*
Comparison Group	41.33	41.43	0.10	63
Treatment Group	44.99	50.90	5.90	162
		Total difference:	5.81	
		Total difference (as % of scale):	10%	
		Total difference applied to 401 kinship carers with unit cost £10,560 (see Table 2)	£439,033	

The table shows that the Treatment Group experienced greater wellbeing by a magnitude of 5.90. Wellbeing improved from an average score of 44.99 to an average score of 50.90. This represents the cohort moving from having a high risk of psychological distress (as signified by a score between 41 and 45[49]) on average to a reduced risk (albeit with the baseline score being only just below the threshold). From baseline to post, the Comparison Group improved their wellbeing but only slightly, by a magnitude of 0.10.

Net wellbeing outcomes can be computed as a difference of 5.81 in the average scores between the Treatment Group and Comparison Group. This represents a 10% difference in the scale of between 14 to 70 (with the maximum difference therefore being 56). In other words, it could be said that the average kinship carer supported by the programme improved their wellbeing by 10%.

Extrapolating this 10% improvement in wellbeing across the 401 kinship carers, and valuing the unit cost of wellbeing overall as £10,560 (see Table 2), equates to the programme leading to a benefit or cost-saving of £439,033 in improved wellbeing amongst kinship carers. Though not cashable (see Conclusion and Considerations section of this report), the cost-savings from the benefits of the programme on wellbeing would likely accrue to the NHS in terms of reduced mental health support, and also to the local authority

[49] Taggart, F., Stewart-Brown, S., & Parkinson, J. (2015). Warwick-Edinburgh Mental Well-being Scale (WEMWBS) User Guide, Version 2. NHS Health Scotland.

associated with the "positive functioning" component of wellbeing[50] positively affecting outcomes for children.

Support

In our surveys, the Treatment Group and Comparison Group were asked to what extent they agree with the statement 'I have support when needed'. Answer options were:

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time.

To calculate average scores, each item was scored between 1 and 5 as above. Average scores for the Comparison Group and Treatment Group at baseline and post stages are presented in Table 5.

Table 9.3: Feeling Supported

Average survey scores	*Baseline*	*Post*	*Difference*	*n*
Comparison Group	2.41	2.41	-	63
Treatment Group	3.29	4.03	0.73	78
		Total difference:	0.73	
		Total difference (as % of scale):	18%	
		Unit cost not applied as already accounted for in wellbeing unit cost (see Table 2)	N/A	

The table shows that the Treatment Group felt more supported over the course of the programme, by a magnitude of 0.73. This represents an 18% difference in the scale of between 1 to 5 (with the maximum difference therefore being 4). In other words, it could be said that the average kinship carer felt 18% more supported following involvement in the programme. This is because the Comparison Group had the same average score at both baseline and post stages.

To maintain a conservative approach and avoid double-counting, this benefit has not been extrapolated or had a unit cost applied, because supportive relationships are already accounted for as part of the unit cost for wellbeing (see Table 2). Though not cashable (see Conclusion and Considerations section of this report), the cost-savings from the benefits of the programme on supportive relationships would likely accrue to the NHS in terms of reduced mental health support.

Parenting

In our surveys, the Treatment Group and Comparison Group were asked to what extent they agree with the statement 'I am confident in my parenting role'. Answer options were:

1. None of the time

[50] new economics foundation National Accounts of Wellbeing

2. Rarely
3. Some of the time
4. Often
5. All of the time.

To calculate average scores, each item was scored between 1 and 5 as above. Average scores for the Comparison Group and Treatment Group at baseline and post stages are presented in Table 6.

Table 9.4: Parenting

Average survey scores	*Baseline*	*Post*	*Difference*	*n*
Comparison Group	3.56	3.59	0.03	63
Treatment Group	3.88	4.13	0.25	159
		Total difference:	0.22	
		Total difference (as % of scale):	5%	
		Total difference applied to 401 kinship carers with unit cost £413 (see Table 2)	£9,091	

The table shows that the Treatment Group felt more confident in their parenting, by a magnitude of 0.25, following their involvement with the programme. The Comparison Group felt slightly more confident, by a magnitude of 0.03.

Net support outcomes can be computed as a difference of 0.22 in average scores between the Treatment Group and Comparison Group. This represents a 5% difference in the scale of between 1 to 5 (with the maximum difference therefore being 4). In other words, it could be said that the average kinship carer supported by the programme felt 5% more confident in their parenting role.

Extrapolating this 5% increased confidence in parenting across the 401 kinship carers, and valuing the unit cost of improved parenting as £413 (a proxy for parenting classes: see Table 2), equates to the programme leading to a benefit or cost-saving of £9,091 in improving confidence in parenting amongst kinship carers. Though not cashable (see Conclusion and Considerations section of this report), the cost-savings from the benefits of the programme on parenting would likely accrue to the local authority in terms of improved outcomes for children.

Finances

In our surveys, the Treatment Group and Comparison Group were asked to what extent they agree with the statement ‘I am optimistic about my finances’. Answer options were:

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time.

To calculate average scores, each item was scored between 1 and 5 as above. Average scores for the Comparison Group and Treatment Group at baseline and post stages are presented in Table 7.

Table 9.5: Finances

Average survey scores	*Baseline*	*Post*	*Difference*	*n*
Comparison Group	2.76	2.68	-0.08	63
Treatment Group	3.11	3.59	0.48	160
		Total difference:	0.56	
		Total difference (as % of scale):	14%	
		Total difference applied to 401 kinship carers with unit cost £384 (see Table 2)	£21,581	

The table shows that the Treatment Group felt more optimistic about their finances, by a magnitude of 0.48, following their involvement with the programme. The Comparison Group felt less optimistic about their finances, by a magnitude of -0.08.

Net outcomes on finances can be computed as a difference of 0.56 in average scores between the Treatment Group and Comparison Group. This represents a 14% difference in the scale of between 1 to 5 (with the maximum difference therefore being 4). In other words, it could be said that the average kinship carer supported by the programme felt 14% more optimistic about their finances.

Extrapolating this 14% increased optimism about finances across the 401 kinship carers, and valuing the unit cost of this as £384 (a proxy for 12 sessions of financial advice from Citizens Advice: see Table 2), equates to the programme leading to a benefit or cost-saving of £21,581 in increased optimism about finances amongst kinship carers. Though not cashable (see Conclusion and Considerations section of this report), the cost-savings from the benefits of the programme on finances would likely accrue to the local authority and Department for Work and Pensions (DWP) in terms of payment of welfare and/or reduced support needed from welfare.

Healthy eating

In addition to the above outcomes, concerns with kin children at baseline and post stages were recorded for the Treatment Group. From this it was possible to analyse the number of concerns with healthy eating/diet recorded at baseline and following kinship carers' involvement with the programme.

Table 8 illustrates that there were 40 concerns reported in relation to healthy eating at baseline and 11 concerns at post stage: a reduction of 29 concerns, or 17%. Extrapolating this reduction in concerns related to health eating across the cohort of 401 kinship carers supported by the programme, and applying a £200 unit cost (a proxy for four sessions with an NHS dietitian – an intervention of typical length: see Table 2) equates to the programme leading to a benefit or cost-saving of £13,681 in relation to healthy eating amongst kin children. This figure should be treated with more caution than the estimates of other outcomes, because it was not measured in the Comparison Group. Though not cashable (see Conclusion and Considerations section of this report), the cost-savings from the benefits of the programme on healthy eating would likely accrue to the NHS in terms of reduced health costs associated with a poor diet including obesity, diabetes and heart problems.

Table 9.6: Healthy Eating

Number of kinship carers reporting concerns in survey	*Baseline*	*Post*	*Difference*	*n*
Comparison Group	-	-	-	-
Treatment Group	40	11	29	170
		Total difference (as %):	17%	
		Total difference applied to 401 kinship carers with unit cost £200 (see Table 2)	£13,681	

Improvements in other concerns have not been monetised to avoid double-counting and in the absence of clear and consistent definition of the impact of the alleviation of the concern (for example, removing a concern with the "home environment" could relate to many different outcomes, of various magnitudes) or proxy value.

Total

Combining all of the above considerations allows us to calculate the impact from all of the benefits. This analysis is shown in Table 9. The total benefits from the programme are estimated to be £531,183 between April 2018 and March 2020. Though not cashable (see Conclusion and Considerations section of this chapter), most cost-savings from the benefits of the programme would accrue to the NHS and local authority.

Table 9.7: Benefits of the Kinship Connected Programme

Outcome	*Impact (£)*	*Cost-saving accrues to*
Reduced isolation/loneliness	47,797	N/A
Greater wellbeing	439,033	NHS, Local authority
Feeling supported	N/A (accounted for in wellbeing unit cost)	NHS
Increased confidence in parenting	9,091	Local authority
Optimism about finances	21,581	Local authority, DWP
Healthy eating	13,681	NHS
TOTAL	531,183	

ANNEX E: KINSHIP CONNECTED POPULATION AT THE OUTSET COMPARED WITH THE TREATMENT FOLLOW-UP GROUP

Data comparing BASELINES FOR KINSHIP CONNECTED TREATMENT GROUP AT THE OUTSET(n=401) and at FOLLOW-UP (n=170). Not all kinship carers answered each question and therefore the base are provided in each question.

How many children do you look after?

	Kinship Connected Population baselines	Treatment Group baseline
1	58%	50%
2	31%	32%
3	6%	10%
4	4%	7%
5	1%	1%
Total	100% n=296	100% n=163

How long have you been caring for the kinship children?

	Kinship Connected Population baselines	Treatment Group baseline
Less than one year	4%	5%
Between one and three years	10%	18%
Between three and five years	28%	30%
More than five years	48%	46%
Total	100% n=368	100% n=170

What age categories do the kinship children fall into? (*Total % is greater than 100 as kinship carers reported on more than one child. In the Kinship Connected baselines, the data was derived from information on the children. n=372 is the number of children reported on).

	Kinship Connected Population baselines*	Treatment Group baseline*
0-4	15%	17%
5-9	34%	41%
10-14	33%	30%
15-19	16%	16%
20-24	1%	0%
Total	n=372	n=119

What level of safeguarding concerns exist or existed? (*Total % is greater than 100 as kinship carers are reporting on more than one child)

	Kinship Connected Population baselines	Treatment Group baseline*
CIN	10%	16%
CP	20%	26%
LAC	41%	44%
Don't know	11%	14%
None	17%	19%
Total	100% 314	n=155

What legal order is in place?

	Kinship Connected Population baselines	Treatment Group baseline
Special Guardian Order	81.6%	78.6%
Residential Order	7.0%	5.0%
Child Arrangement Order	2.8%	2.4%
Informal Arrangement	2.5%	2.2%
Care Order	2.2%	0.5%
Foster Carer	1.4%	1.0%
Supervision Order	0.3%	0.3%
Interim Care Order	0.0%	0.0%
Total	100% n=358	100% (n=120)

Are you receiving any local authority allowance related to the order for the kinship children?

	Kinship Connected Population baselines	Treatment Group baseline
Yes	75.0	72%
No	25.0	28%
Don't know	0.0%	0
Total	100% (n=296)	100% (n=170)

Concerns at baseline with the kinship child(ren) relating to: (multiple choice question)

	Kinship Connected Population baselines	Treatment Group baseline
Children's contact with parents	29%	33%
Parental relations with children	29%	36%
Children's behaviour	39%	46%
Children's health and wellbeing	27%	32%
Maintaining children's friendships	23%	28%
Transitions	19%	23%
Personal hygiene	14%	12%
Eating / diet	17%	24%
Finances	23%	22%
Home environment (space, privacy, carpets, doors, white goods etc)	15%	32%
Total (multiple choice questions)	n=401	n=170

Are there any services, agencies or informal sources of help/advice that you have accessed for the children?

	Kinship Connected Population baselines	Treatment Group baseline
Yes	57%	58%
No	43%	42%
Total	100% (n=309)	100% (n=156)

Have you been feeling isolated or lonely over the past 6 months?

	Kinship Connected Population baselines	Treatment Group baseline
Never	25%	25%
Sometimes	52%	51%
Often	15%	14%
Always	8%	10%
Total	100% (n=252)	100% (n=114)

Change in total average scores for WEMWBS

Wellbeing averages	Score out of 70	N
Kinship Connected population	43.7	340
Treatment Group	44.9	163

I've been feeling that I have appropriate support when I need it

	Kinship Connected Population baselines	Treatment Group baseline
None of the time	12%	12%
Rarely	23%	19%
Some of the time	29%	22%
Often	19%	23%
All of the time	17%	24%
Total	100% (n=226)	100) (n=78)

I've been feeling confident in my parenting role* (16)

	Kinship Connected Population baselines	Treatment Group baseline
None of the time	3%	2%
Rarely	6%	7%
Some of the time	27%	25%
Often	31%	32%
All of the time	33%	34%
Total	100% (n=331)	100% (n=164)

I've been feeling optimistic about my financial situation

	Kinship Connected Population baselines	Treatment Group baseline
None of the time	13%	12%
Rarely	20%	16%
Some of the time	33%	33%
Often	24%	27%
All of the time	11%	13%
Total	100% (n=331)	100% (n=164)

Gender

	Kinship Connected Population baselines	Treatment Group baseline
Male	16%	14%
Female	84%	86%
Prefer not to say	0%	0%
Total	100% n=401	100% n=63

Age

Age Category	Kinship Connected Population baselines	Treatment Group baseline
20-24	0.3%	0.0%
25-34	7.4%	4.32%
35-44	11.5%	11.11%
45-54	34.2%	30.86%
55-64	31.2%	35.19%
65-74	14.5%	17.28%
75-84	0.8%	1.23%
Grand Total	**100% (n=365)**	**100% (n=162)**

Family's ethnic group

Ethnic Group	Kinship Connected Population baselines	Treatment Group baseline
White British	68.0%	71.9%
Irish	1.7%	1.9%
Gypsy/Roma/Traveller	0.8%	0.6%
Any other White background	3.9%	4.4%
White and Black Caribbean	0.8%	1.3%
White and Black African	0.8%	1.3%
White and Asian	0.6%	0.6%
White and Chinese	0.0%	0.0%
Other mixed ethnic background	1.1%	0.0%
Indian	0.0%	0.0%
Pakistani	0.8%	0.6%
Bangladeshi	0.0%	0.0%
Chinese	0.0%	0.0%
Any other Asian background	1.1%	1.1%
Black British African	7.4%	6.3%
Black British Caribbean	12.4%	8.8%
Any other Black / African / Caribbean background	0.6%	0.0%
Arab	0.0%	0.0%
Any other ethnic group	0.0%	0.0%
Prefer not to say	0.0%	0.0%
Total	100.0% (n=363)	100% (n= 160)

Long-standing physical or mental illness, or disability

	Kinship Connected Population baselines	Treatment Group baseline
Yes	53%	57&
No	47%	43%
Prefer not to say	0%	0%
Total	100.0% n=347	100% (n=150)

ANNEX F: COMPARISON GROUP BASELINE DATA AT THE OUTSET AND AT FOLLOW-UP

DEMOGRAPHICS and BASELINE responses of the original respondents in the comparison group (n=178) with the matched comparison group at follow-up (n=63)

How many children do you look after?

	Baseline Comparison Group	Matched Comparison
1	38.2%	55.6 %
2	45.2%	38.1 %
3	12.2%	4.8 %
4	4.5%	1.6 %
5	0.0	0.0 %
Total	100% n=178	100.0 % n=63

How long have you been caring for the kinship children?

	Baseline Comparison Group	Matched Comparison
Less than one year	2.2%	3.2 %
Between one and three years	16.0%	28.6 %
Between three and five years	15.9%	22.2 %
More than five years	62.3%	46.0 %
Total	100% n=178	100.0 % n=63

What age categories do the kinship children fall into? (Total % is greater than 100 as kinship carers are reporting on more than one child)

	Baseline Comparison Group	Matched Comparison
0-4	29.1%	30.2 %
5-9	44.9%	44.4 %
10-14	37.4%	44.4 %
15-19	20.7%	15.9 %
20-24	1.1%	0.0 %
Total	n=178	n=63

What level of safeguarding concerns exist or existed? (Total % is greater than 100 as kinship carers are reporting on more than one child)

	Baseline Comparison Group	Matched Comparison
CIN	20.4 %	38.6 %
CP	26.1 %	35.1 %
LAC	47.1 %	54.4 %
Don't know	28.7 %	21.1 %
Total	n=178	n=63

Prior to you taking on the care of the child, were there any concerns regarding the kinship children's school attendance?

	Baseline Comparison Group	Matched Comparison
Yes	21.3%	28.6 %
No	73.6%	68.3 %
Don't know/NA	5.5%	3.2 %
Total	100% n=178	100.0 % n=63

What legal order is in place?

	Baseline Comparison Group	Matched Comparison
Special Guardian Order	62.6%	73.1 %
Residential Order	19.6%	13.1 %
Child Arrangement Order	15.8%	15.4 %
Informal Arrangement	0.0%	0.0 %
Care Order	0.0%	0.0 %
Foster Carer	1.8%	1.9 %
Supervision Order	0.1%	1.9 %
Interim Care Order	0.0%	0.0 %
Other, please specify	0.0%	0.0 %
Total		100.0 % n=52

Are you receiving any local authority allowance related to the order for the kinship children?

	Baseline Comparison Group	Matched Comparison
Yes	67.4%	66.7 %
No	32.5%	33.3 %
Don't know	0.0%	0.0 %
Total		100.0 % n=63

Concerns at OUTCOME with the kinship child(ren) relating to: (multiple choice question)

	Baseline Comparison Group	Matched Comparison
Children's contact with parents	44.4%	43.9 %
Parental relations with children	46.0%	52.4 %
Children's behaviour	47.7%	50.8 %
Children's health and wellbeing	39.9%	39.7 %
Maintaining children's friendships	22.5%	25.4 %
Transitions	19.0%	14.3 %
Personal hygiene	15.0%	22.2 %
Eating / diet	24.7%	28.6 %
Finances	47.2%	54.0 %
Home environment (space, privacy, carpets, doors, white goods etc)	29.7%	31.7 %
Other	13.4%	7.9 %
Total (multiple choice questions)	n=178	n=63

Change in total average scores for WEMWBS

Wellbeing averages	Baseline Comparison Group	Difference	N
Baseline Comparison Group	41.05	0.28	178
Comparison Group	41.33		63

Gender

	Baseline Comparison Group	Comparison
Male	3.9%	1.6 %
Female	95.5%	95.2 %
Prefer not to say	0.5%	3.2 %
Total	100.0% n=178	100.0 % n=63

Age

Age Category	Baseline Comparison Group	Comparison
20-24	0.2%	0%
25-34	8.4%	6.0%
35-44	9.6%	12.0%
45-54	33.0%	31.0%
55-64	25.0%	25.0%
65-74	23.2%	25.0%
75-84	1%	2.0%
Grand Total	**100% (n=365)**	**100% (n=63)**

Family's ethnic group

Ethnic Group	Baseline Comparison Group	Comparison
White British	93.8%	96.8 %
Irish	1.7%	4.8 %
Gypsy/Roma/Traveller	0.0%	0.0 %
Any other White background	1.1%	0.0 %
White and Black Caribbean	2.8%	3.2 %
White and Black African	0.0 %	0.0 %
White and Asian	0.0 %	0.0 %
White and Chinese	0.0 %	0.0 %
Other mixed ethnic background	0.0 %	0.0 %
Indian	0.0 %	0.0 %
Pakistani	0.0 %	0.0 %
Bangladeshi	0.0 %	0.0 %
Chinese	0.0 %	0.0 %
Any other Asian background	0.0 %	0.0 %
African	0.0 %	0.0 %

Caribbean	0.0 %	0.0 %
Any other Black / African / Caribbean background	0.0 %	0.0 %
Arab	0.0 %	0.0 %
Any other ethnic group	0.0 %	0.0 %
Prefer not to say	0.0 %	0.0 %
Total	100.0% n=178	100.0 % n=63

Long-standing physical or mental illness, or disability

	Baseline Comparison Group	**Comparison**
Yes	32.6%	27.0 %
No	57.3%	68.3 %
Prefer not to say	10.1%	4.8 %
Total	100.0% n=178	100.0 % n=63