

# Kinship care: State of the Nation Survey 2021

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# Contents

Executive Summary	3
State of the Nation Report	6
Survey Findings	
Section A About the children	9
Section B About the kinship carers	14
Section C Education	18
Section D Stability and support into adulthood	20
Section E Contact	22
Section F Finances	24
Section G Housing	28
Section H The impact of Covid-19	29
Section I Time off and respite	31
Section J Support for kinship carers	33
Conclusion	36
About Kinship	38
References	39
Appendix	40

# Executive Summary

## INTRODUCTION

Kinship carers look after children of relatives and family friends whose parents are unable to care for them. Children in kinship care benefit from loving, stable family homes with carers who are dedicated to raising them into adulthood. However, kinship carers often face significant challenges due to their children's experiences or because of their own vulnerabilities, and most have very limited access to advice or support.

Kinship's State of the Nation Survey is an annual survey which explores what life is like for kinship carers in England and Wales. It enables the charity and the wider sector to identify and respond to emerging issues, and to track issues over time.

## METHOD

The survey was designed using Survey Monkey and was live from 21 June to 19 July 2021. It was promoted via social media, Kinship's kinship care community, partner organisations, and Kinship's professionals' network.

The survey received 1,651 responses from kinship carers caring for 2,538 children in England and Wales. This represents the highest number of responses ever for Kinship's annual survey. Survey Monkey software was used to analyse the data.

## KEY FINDINGS

### **Kinship care provides permanence**

Kinship carers are dedicated to the children they care for. Ninety-six percent of kinship carers believed the children would be living with them permanently. Eighty-one percent of carers were already planning to care for the children into

adulthood and only 2% did not think the children would remain with them once they reached the age of 18.

Most carers did not regard respite as an opportunity to get away from the children. Instead, they regarded it as a chance to catch up on daily tasks while their children were at school, or to take a family holiday together.

### **Children in kinship care often have high level of needs**

Children in kinship care are often vulnerable. Sixty-two percent of carers believed that their children had long-term physical and mental health needs.

Thirty-six percent of children in kinship care had special educational needs – three times the national average of 12%.

Forty percent of kinship carers reported their children displayed risk taking behaviour including self-harming and drug and alcohol misuse.

Child on carer violence continues to be a significant issue, which 26% of carers reported experiencing over the past year.

### **Kinship carers are older than other groups raising children, and over one-third of kinship carers have support needs of their own**

The majority of kinship carers who responded to the survey were older, with 65% ranging in age from 55 to 85. Kinship carers were primarily grandparents, making them an older group than the majority of parents raising children. Thirty-nine percent of carers reported they had additional needs that they felt required more support.

### **Covid-19 has put kinship families under additional strain.**

The impact of Covid-19 and the related lockdown restrictions continued to put kinship families under additional strain. Sixty-three percent of kinship carers stated that the lockdown restrictions had a negative impact on their physical and mental wellbeing.

Sixty-four percent of carers reported that the Covid-19 restrictions had a negative impact on their children's physical and mental wellbeing.

Fifty-four percent of carers strongly agreed or agreed that reducing lockdown restrictions would improve their overall well-being.

### **Kinship families are not getting the support they need**

A child's formal diagnosis can be a gateway to receiving support. Although 62% of carers stated they believed their children had additional physical and mental health needs, only 33% of children had received a formal diagnosis.

Parenting children in kinship care can be difficult due to children's additional needs, however, 70% of carers did not receive the support they felt the needed from their local authorities.

Contact between children in kinship care and their parents is often identified as an area where kinship carers need support. Despite this, only 11% of carers were receiving support from their local authorities to help with contact and a further 23% said they needed support but did not receive it.

Twenty-four percent of kinship carers reported they never got a break from caring for the children.

### **Schools are an important source of support for kinship families**

Schools could be an important source of support for kinship carers and their children. Fifty-two percent of carers said that their children receive additional support at school.

Forty-seven percent of carers said that their children's schools met their children's needs either extremely well or quite well.

### **Post- 18 support is almost non-existent for kinship families**

Seventy-one percent of carers indicated that they had not been offered any post-18 support.

## **CONCLUSION**

This survey has provided an overview of kinship carers' experiences over the past 12 months and highlighted some of the challenges associated with caring for children in kinship care. Children in kinship care have often suffered trauma and have additional needs. Kinship carers also often have their own additional needs. However, most families did not receive the support they needed to cope with the challenges they faced.

Despite the hardships they faced, this survey highlighted the kinship carers' unwavering love and dedication to the children in their care. Most regard the children as permanent members of their family and intend to care for them until they reach adulthood.

The survey has demonstrated the positive impact that support can have on kinship families. Some schools appear to be developing good support systems for kinship families, with many providing additional support to children as required. Although 70% of carers did not feel supported by their local authority, this percentage has reduced from the previous year. In the previous year, 82% of carers reported feeling unsupported by their local authority. Kinship's Kinship Response support service, delivered nationally during the pandemic, may be responsible for the reduction in this number. These findings highlight the need for providing long-term and targeted support to kinship families.

## RECOMMENDATIONS

- ✓ **A Kinship Care Act** – kinship care must be recognised in law to ensure all kinship carers and the children they care for have access to the support and information they need when they need it.
- ✓ ~~Local authorities must do more to support kinship carers in their areas and provide adequate support services to all kinship carers in their areas. Some local authorities are investing in independent specialist support for their kinship carers through Kinship. We recommend more need to do this.~~
- ✓ **Specialist and independent advice to be universally available to kinship carers** - to ensure they are made aware of their rights as soon as possible. They need access to free, independent legal advice in order to make informed decisions about the care arrangements they make for the child. All universal services offering support to families should develop a specific policy for working with kinship care families.
- ✓ **Comprehensive support to be universally available to kinship carers** - specific to the needs of every kinship family as soon as they begin looking after the child. This support needs to be offered by specialist professionals with an understanding of kinship care families. Carers should also be able to access peer support in the areas where they live. Kinship is already working with some local authorities to do this.
- ✓ **Financial support to be universally available to all kinship carers** - equivalent to the minimum fostering allowance. This allowance should not be means tested and should be paid until the child is at least 18 years old or until they leave full-time education.
- ✓ **There needs to be a better understanding of kinship care among professionals and wider society** - to ensure kinship carers feel valued for the important role they take on and the needs of their families are better understood and supported.
- ✓ **A greater voice for kinship carers, including kinship carers from ethnic minority communities and informal carers and sibling carers** - kinship carers' experiences should be at the heart of all decisions made about them.



# Kinship 2021

## State of the Nation Survey: full report

### ABOUT KINSHIP CARE

Kinship care is when a friend or family member looks after a child who is unable to live with their parents. This can be an informal arrangement between the carer and the parent, or it can be through a legal order such as a Child Arrangements Order (CAO), Residence Order (RO), or Special Guardianship Order (SGO). In some cases, the local authority of the child is involved in placing the child with the kinship carer, in which case the kinship carer becomes a kinship/family and friends foster carer (once an initial assessment is completed). They usually then need to undergo a full assessment, and their status as a foster carer will remain until a legal order is granted giving them parental responsibility for the child, or the child is returned to the care of their parents.

According to the 2011 census, an estimated 180,040 children were living with a relative under kinship care in the UK<sup>1</sup>. It is estimated that a further 20,000 children are in kinship care with family friends. There are more children in kinship care than any other placement option for children whose parents are unable to care for them, and if these children were not being looked after by their kinship carers most would be in local authority care.

Children in kinship care have usually had difficult experiences when in their parents' care which can make caring for them more challenging. Kinship carers often have additional vulnerabilities. They are more likely to be older, in poorer health, insecurely housed, socially isolated, and living in poverty than any other parenting group<sup>2</sup>. Kinship carers and the children they care for rarely receive the support they require to meet the needs of their children. Despite these challenges, most children in kinship care experience stable, consistent, and loving care from someone who is connected to them throughout their childhoods<sup>3</sup>. Furthermore, the outcomes for children in kinship care are generally good and better when compared to the outcomes of children in the care system.<sup>4</sup>

### Context

Kinship conducts a State of the Nation Survey annually. The findings help develop an understanding of what life has been like for kinship carers over the previous year. They allow us to learn about the issues that kinship carers face and help us to properly support and advocate for all kinship carers. The surveys also help us make recommendations for changes in government policy as well as helping us improve the practice of professionals who work with kinship carers.

<sup>1</sup> Wijedasa (2015)

<sup>2</sup> Wijedasa (2017), Hunt (2020)

<sup>3</sup> Farmer and Moyers (2008)

<sup>4</sup> Wellard et al (2017)

## Method

The survey was developed using Survey Monkey and was live from 21 June to 19 July 2021. The survey was promoted widely via Kinship's kinship carer community, social media, partner organisations, and our professionals' network. In total, the survey received 1,651 responses from kinship carers caring for 2,538 children in England and Wales, which is the highest number of responses for a Kinship annual survey. Survey Monkey software was used to analyse the data. Several questions required the respondents to leave comments and these comments were analysed thematically.

## Limitations

Most of respondents to this survey are likely to be kinship carers who are members of Kinship's kinship carer community or who were referred to the survey by other organisations that provide them with support. This means they are likely to be more aware of the services that we or other organisations offer and be more likely to have received support than other kinship carers. This means the findings from this survey may represent a more positive view of kinship carers' experiences than is experienced by harder to reach kinship carers.

# **SURVEY FINDINGS**



# Section A

## About the children

### WHAT WERE THE LEGAL STATUSES OF THE CHILDREN?

Status	No. of responses	%*
Special Guardianship Order (SGO)	1107	67%
Child Arrangements Order (CAO)/ Residence Order	302	18%
Kinship/family and friends/connected persons foster carer	181	11%
No legal order/ informal arrangement	117	7%
Adoption Order	6	0%
Other	65	4%

\* The percentage exceeds 100 since respondents were asked to tick as many that applied as some carers might care for more than one child, each with different legal orders

Most kinship carers were providing formal care for their children, either via a court order or as kinship foster carers. Only 7% reported being informal kinship carers. Historically, most kinship care was informal; however, the introduction of Special Guardianship Orders (SGOs) may result in more kinship arrangements being secured by a legal order that provides the kinship carer legal parental responsibility for the children. It is concerning that relatively few informal kinship carers responded to the survey because it suggests that support services may not be reaching them.

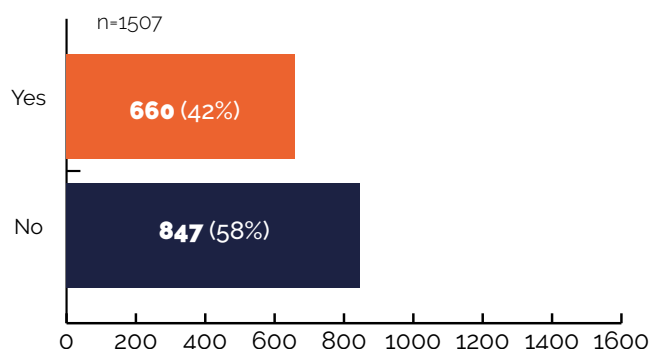
### WHY WERE THE CHILDREN UNABLE TO LIVE WITH THEIR PARENTS?

Reasons	No. of responses	%*
Parental drug or alcohol misuse	887	54%
Neglect	802	49%
Domestic violence	566	34%
Parental disability or illness (including mental health illness)	409	25%
Physical abuse	219	13%
Parent abandonment	164	10%
Death of a parent	121	7%
Very young parent	111	7%
Parent unable to cope financially	108	7%
Difficulties between parent and child	80	5%
Parent in prison	75	5%
Behavioural issues with child	69	4%
Sexual abuse	62	4%
Child criminal exploitation/county lines	8	0%
Other	106	6%

\* Percentage exceeds 100 since respondents were asked to tick as many as applied

The responses indicated that a large proportion of children in kinship care had experienced trauma and loss when in the care of their parents. For example, drug and alcohol misuse occurred in 54% of families, neglect in 49%, and domestic abuse in 34%. All of these issues have a substantial impact on children's development and behaviour, making them more difficult to parent<sup>5</sup>. Children who have experienced these early life events are likely to require more specialised help to cope with the consequences of this trauma<sup>6</sup>.

## HAD THE CHILDREN DISPLAYED RISK TAKING OR DANGEROUS BEHAVIOURS?

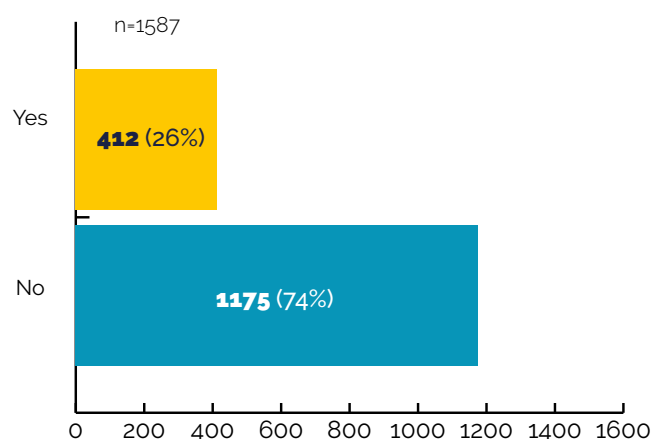


Behaviours	No. of responses	%*
Bullying/being bullied/cyberbullying	274	18%
Self-harm	258	17%
Missing school/truancy	90	6%
Running away/going missing	85	6%
Risky sexual behaviour/sexting	70	5%
Attempted suicide/overdose	64	4%
Illegal activities e.g. shoplifting	40	3%
Extremism	22	1%
Knife crime	7	0%
Gang-related violence	6	0%
Other	206	14%

\* Percentage exceeds 100 since respondents were asked to tick as many as applied

Forty-two percent of kinship carers reported caring for children who had engaged in risk-taking behaviour. Seventeen percent of the children had self-harmed and 18% had been bullied or were participating in bullying. These behaviours are most likely connected to previous traumatic events and developmental issues.

## HAD THE KINSHIP CARERS EXPERIENCED CHILD ON CARER VIOLENCE?



In the past year, more than a quarter (26%) of kinship carers had experienced violence from the children they were caring for. This included physical and verbal abuse directed at carers. When kinship carers were asked to comment on the violence they experienced, the responses indicated that carers attributed the violence to a variety of factors, including the effect of prior trauma, frustration, and contact with parents.

*(Child) suffers with high anxiety and is unable to verbalise how they feel, (I) have been kicked head butted and slapped.*

Grandmother caring for one child who was unable to live with their parents due to parental negligence

*Whilst only a toddler, after contacts (with parents) he hits me, bites, scratches, pulls hair, wees on the floor or on me. Kicks the cat and has kicked strangers on the school run. When we have long periods of parents not showing up, he is more settled.*

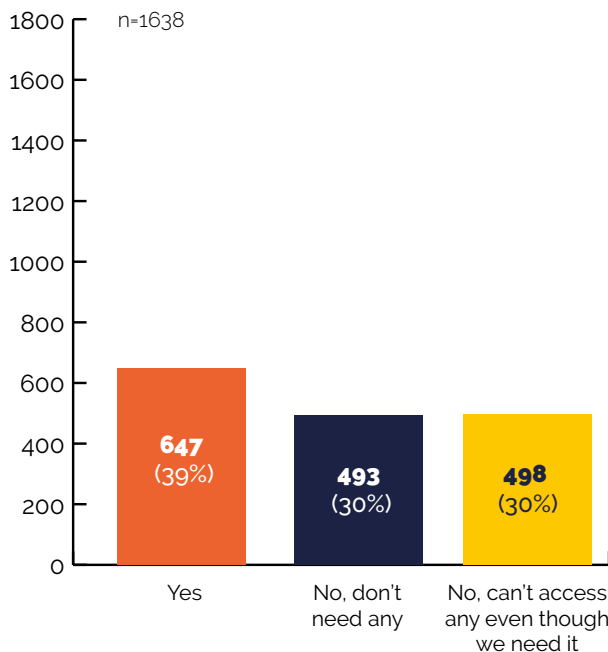
Aunt caring for one child who was unable to live with their parents due to parental negligence

One carer believed that providing therapeutic support to their children had resulted in less violence from the children they care for. This suggests that support in some situations, could help reduce child-on-carer violence.

*He used to get angry and smack me especially after visits which is where the play therapy/counselling would help. Things are calmer at the moment.*

Grandmother caring for one child who was unable to live with their parents due to parental drug and alcohol misuse and negligence

### DID CHILDREN NEED ADDITIONAL SPECIALIST SUPPORT?



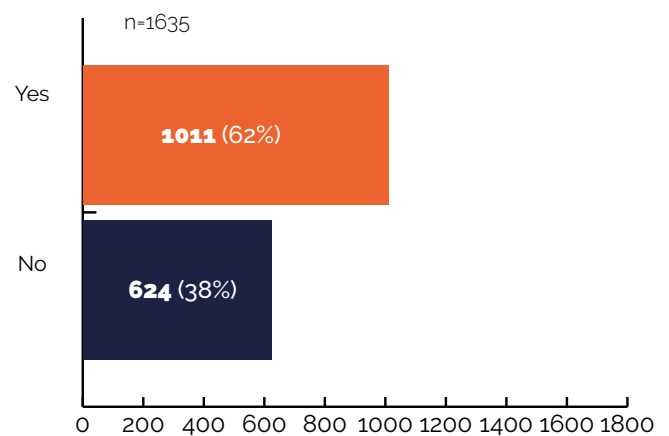
It is extremely worrying that 30% of carers believed their children needed specialist support that they were not receiving. This is likely to affect these children's development as well as their life chances. It can also contribute to the stress kinship carers face and affect placement stability.

*...We just wanted to be a family and the system made this so difficult the placement broke down ... it is absolutely heartbreaking because with the correct support system*

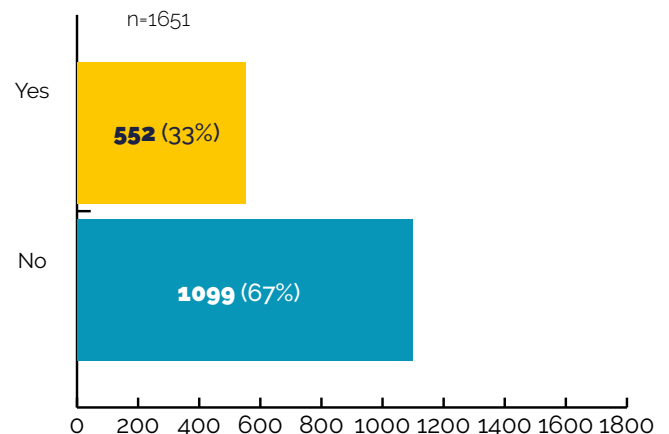
*in place I think we could have had a better experience of being a kinship carer as we want to care for our family because we love them.... but it is virtually impossible to have that support.*

Aunt who was caring for one child who was unable to live with their parents due to parental disability or illness

### DID CARERS BELIEVE ANY OF THEIR CHILDREN HAD LONG TERM PHYSICAL AND/OR MENTAL HEALTH NEEDS



### HAD ANY CHILDREN HAD A FORMAL MEDICAL DIAGNOSIS?



## WHAT DIAGNOSIS HAD CHILDREN RECEIVED?

Diagnosis	No. of responses	%*
Learning difficulty/disability	220	41%
Autistic spectrum/Asperger's	219	41%
Anxiety/depression	216	40%
Behavioural difficulties	204	38%
Attachment disorder	203	38%
ADHD	176	33%
Dyslexia/Dyspraxia	85	16%
Long-term/chronic health problems (e.g. diabetes, asthma, epilepsy)	84	16%
Global developmental delay	77	14%
Foetal alcohol spectrum disorder	63	12%
Physical disability	32	6%
Other	95	18%

\* Percentage exceeds 100 since respondents were asked to tick as many as applied (n=540)

Even though 62% of carers believed their children had additional physical or mental health needs, just 33% had received an official diagnosis. This suggests that many carers believed they were caring for children with undiagnosed health needs, which is likely to add to the carers' stress as their children are not receiving the help they need. One possible contributing factor is that, unlike children in foster care, children in kinship care do not undergo a formal health assessment before or while living with carers. Children in foster care receive these assessments as it is recognised that their past experiences mean they are more likely to have additional health needs<sup>7</sup>. Children in kinship care often have the same pre-placement experiences as children in foster care and it is likely their health needs will be similar. Parenting children with additional health needs can be challenging, and a formal diagnosis is often the gateway to

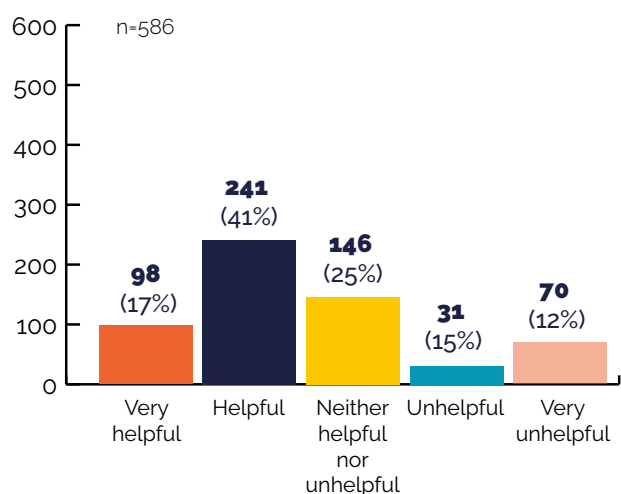
accessing additional support for the children. Many children in kinship care may not be receiving the help they need if they do not have a diagnosis.

## WHAT SPECIALIST SUPPORT HAD CHILDREN RECEIVED?

Support	No. of responses	%*
Child and Adolescent Mental Health Services (CAMHS)	165	27%
Social work support	163	27%
Counselling	156	25%
One to one therapy	144	23%
Specialist emotional support	84	14%
Specialist school	84	14%
Psychologist	68	11%
Adoption Support Fund (ASF)	64	10%
Mentoring	47	8%
Virtual school/ virtual head	46	8%
Pupil referral unit	22	4%
Other	107	17%

\* Percentage exceeds 100 since respondents were asked to tick as many as applied (n=613)

## HOW HELPFUL WAS THE SPECIALIST SUPPORT YOUR CHILDREN RECEIVED?



Over half of carers whose children received support found it to be very helpful or helpful, demonstrating the impact that good support can have on families. However, it is worrying that 42% of kinship carers did not believe the support their children received was useful. This could indicate that the support being provided was either not correct for the children or that the support being offered was generic rather than tailored to the needs of the children.

## WHAT SUPPORT DID CARERS THINK THEIR CHILDREN WOULD BENEFIT FROM?

Carers who responded to the survey were asked to comment on any type of support their children were not currently receiving but needed. The most common issues raised was the need for therapeutic treatment and peer support for children.

*Therapy to help them deal with the emotional impact of being removed from their parents. Life story work to help them understand why they were removed.*

Grandmother caring for two children who were unable to live with their parents due to domestic violence

*All the support that would come with fostering, as we do the same job, with more*

*to put up with, we need therapeutic help, help with fighting for a diagnosis...*

Grandmother caring for three children who were unable to live with their parents due to parental drug or alcohol misuse

*I think group support work would be good for some of these children as they could discuss and feel supported by others that have been through a similar experience as themselves.*

Grandmother caring for three children who were unable to live with their parents due to parental negligence

Children in kinship care do not have the same priority access to help as children in foster care or adoption. The Adoption Support Fund (ASF) does offer some children access to therapeutic support however, there is high access criteria. This restricts access to the fund to children who are subject to SGOs and had previously been in local authority care, rather than being linked to the therapeutic needs of the children. During 2020-21, around 9% of ASF applications were for special guardianship children<sup>8</sup>. All other children in kinship care typically have to wait for therapeutic help, leaving families struggling to cope.

Several kinship carers who had been caring for children for many years expressed that therapeutic support for the children should be provided soon after the children move in:

*I think support at an earlier stage would have been more beneficial. It took years of hounding ...which eventually led to getting support. I found the whole process very frustrating; it was like trying to push water uphill.*

Grandfather caring for one child for over ten years who was unable to live with their parents due to parental drug and alcohol misuse

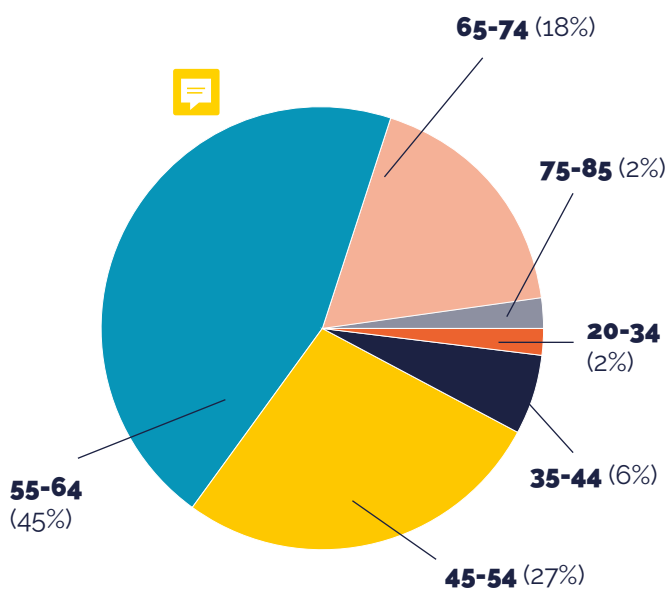
*Support was needed as soon as (the children) were removed from parents. We fought hard for four years, by which time, many behavioural issues (had developed).*

Grandmother caring for three children for up to five years who were unable to live with their parents due to parental negligence

# Section B

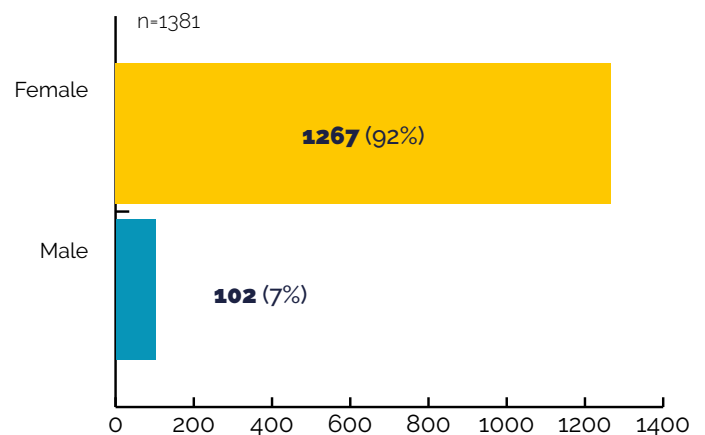
## About the kinship carers

AGE OF RESPONDENTS



Kinship carers were generally older, with 65% being between the ages of 55 and 85. Caring for children in older age can be more difficult. As people become older, they are more likely to suffer age-related health problems, and for some parenting becomes more tiring<sup>9</sup>. Furthermore, when the age gap between the children and their carer is significant, it can become more challenging for kinship carers to understand and engage with the issues their children may face<sup>10</sup>.

SEX OF RESPONDENTS



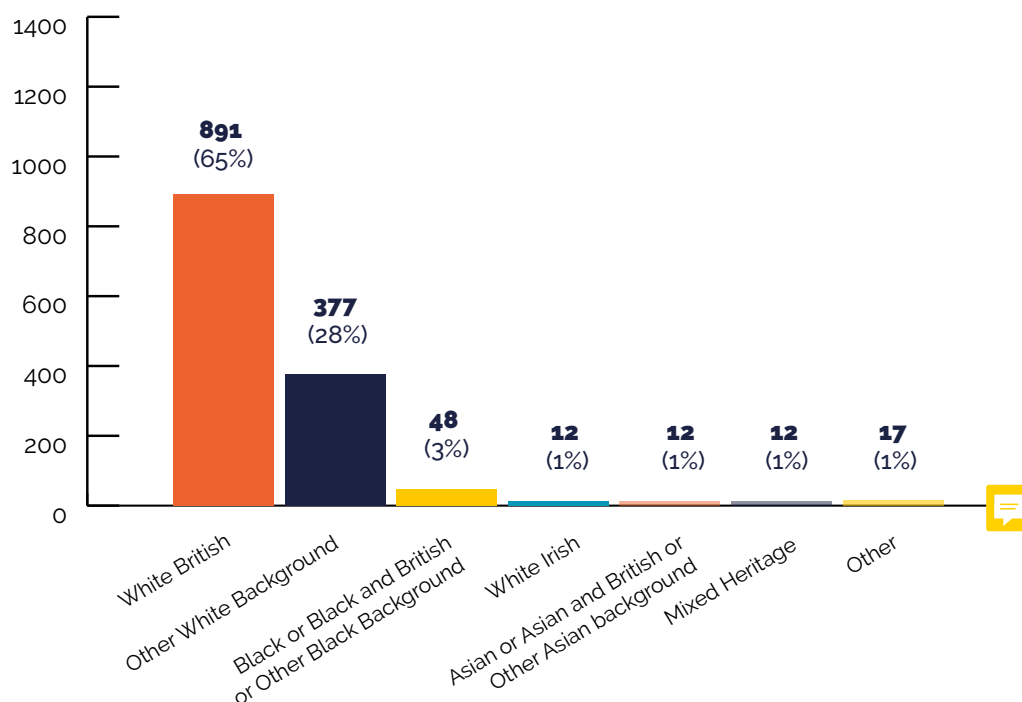
Women make up 92% of respondents, a finding which is consistent with previous Kinship surveys.<sup>11</sup> Women commonly face disadvantages because of their gender. Becoming a kinship carer can make these disadvantages worse. For example, many women have to give up work to raise their own children and during that time they do not pay into a pension. If they then become kinship carers as grandmothers they often have to give up work again to raise their grandchildren, which means they are again unable to pay into a pension. This leaves many facing spending the rest of their lives living poverty.

<sup>9</sup> Baldock (2007)

<sup>10</sup> Hunt (2018)

<sup>11</sup> Grandparents Plus (2017, 2018 & 2019)

## ETHNICITY



Ninety-four percent of kinship carers responding to the survey were either White British or from another White background. Only 6% were non-White. This finding is consistent with Kinship's past annual surveys<sup>12</sup>. This is concerning because analysis of the 2011 census found that 32% of children in kinship care were from non-White backgrounds<sup>13</sup>. This indicates that many non-White kinship carers are not engaging with Kinship's survey's, implying that their voices and experiences are not being heard.

## EMPLOYMENT STATUS

Employment status	No. of responses	%*
Not working due to ill health/caring responsibilities	359	26%
Retired	300	22%
Employed Part time	201	15%
Employed Full time	188	14%
Unemployed	146	11%
Self-employed	83	6%
Other	106	8%

n=1383

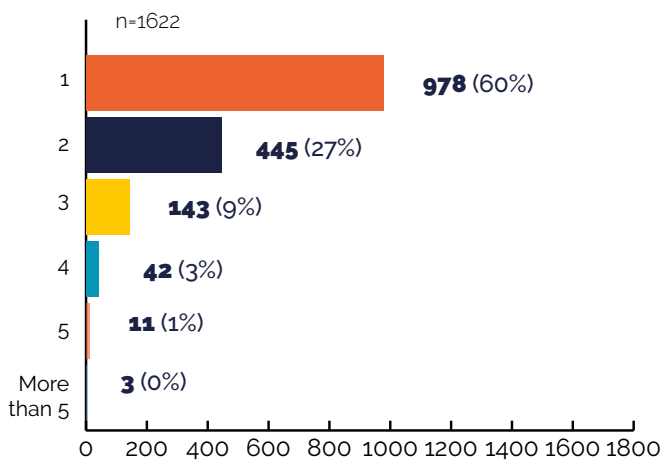
Only 14% of kinship carers were in full time employment and 15% were in part time employment. This means only a small proportion of kinship carers had a full wage coming into their households. According to Kinship's Giving up the Day Job study in 2012, 49% of carers who took the survey at the time were working full-time<sup>14</sup>. This implies that, over the last nine years, a significant number of carers may have left full-time employment, which will have had an influence on their financial situation.

<sup>12</sup> Grandparents Plus (2018, 2019 & 2020d)

<sup>13</sup> Wijedasa (2015)

<sup>14</sup> Wellard et al (2017)

## HOW MANY KINSHIP CHILDREN DID THE CARERS LOOK AFTER?



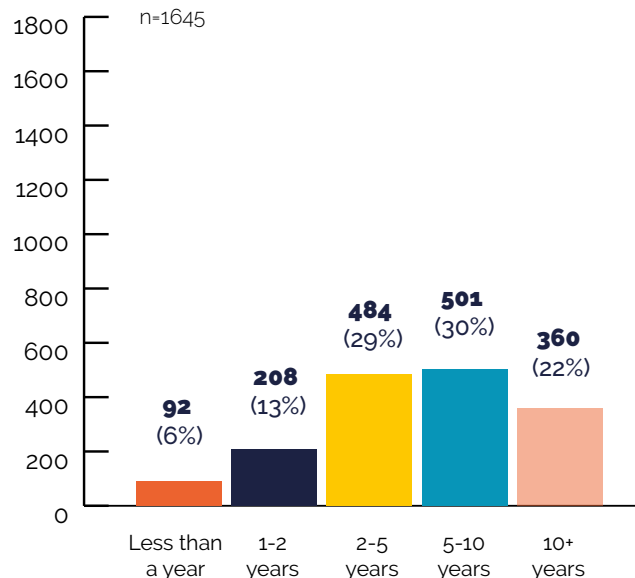
Forty percent of carers were responsible for two or more kinship children. Each child a person cares for adds to the emotional, financial, and practical strain they face.

## CARERS RELATIONSHIP TO THE CHILDREN

Relationship	No. of responses	%*
Grandmother	1209	73%
Grandfather	165	10%
Aunt	169	10%
Step grandparent	98	6%
Uncle	23	1%
Other connected person	21	1%
Other relative	21	1%
Great grandmother	16	1%
Unrelated foster carer	13	1%
Friend	9	1%
Sibling	7	0%

\* Percentage exceeds 100 since respondents were asked to tick as many as applied as some carers might care for more than one child, each with different relationships to the carer

## HOW LONG HAD THE CARERS BEEN LOOKING AFTER THEIR CHILDREN?



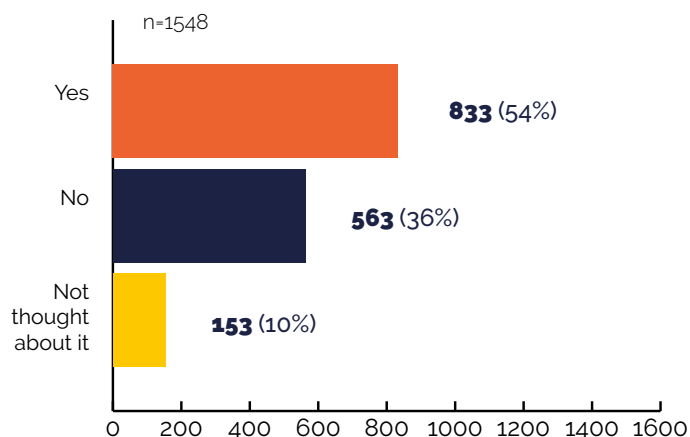
Thirty percent of carers had cared for the children for five to ten years. Another 22% of carers have been doing so for over ten years. This highlights the high rates of stability for children in kinship care, which is consistent with Kinship's Growing Up in Kinship Care study<sup>15</sup>, which found that the young people who participated had lived with their carers for an average of eleven years.

## HOW DID CARERS LOOK AFTER THEIR CHILDREN?

How were carers caring?	No. of responses	%*
With a live-in partner or spouse	932	57%
By themselves	553	34%
With support from family members who lived with them	89	5%
With a partner or spouse who did not live with them	31	2%
With support from friends who live with me	6	0%
Other	30	2%



## DID THE KINSHIP CARER HAVE ALTERNATIVE ARRANGMENTS IN PLACE IF THEY BECAME UNWELL AND COULD NOT CARE FOR THE CHILDREN?



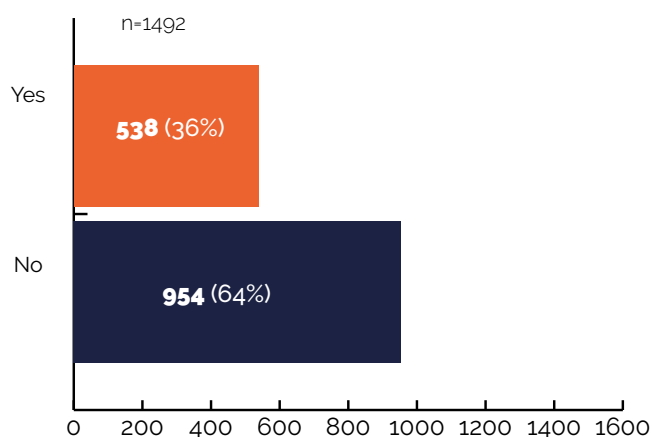
Only 54% of kinship carers had made alternative arrangements for their kinship children if anything were to happen to them. This is a very low amount considering the vulnerabilities many kinship carers face such as being older and in poorer health<sup>16</sup>. Thirty-six percent had thought about the issue but not made plans which could indicate that making these alternative plans can be emotionally difficult or that carers are unaware of how to make alternative arrangements. Kinship's Covid-19 surveys also discovered that many carers were worried about what would happen to the children they care for if they were ill or died<sup>17</sup>.

<sup>16</sup> Hunt (2020)  
<sup>17</sup> Grandparents Plus (2020a)

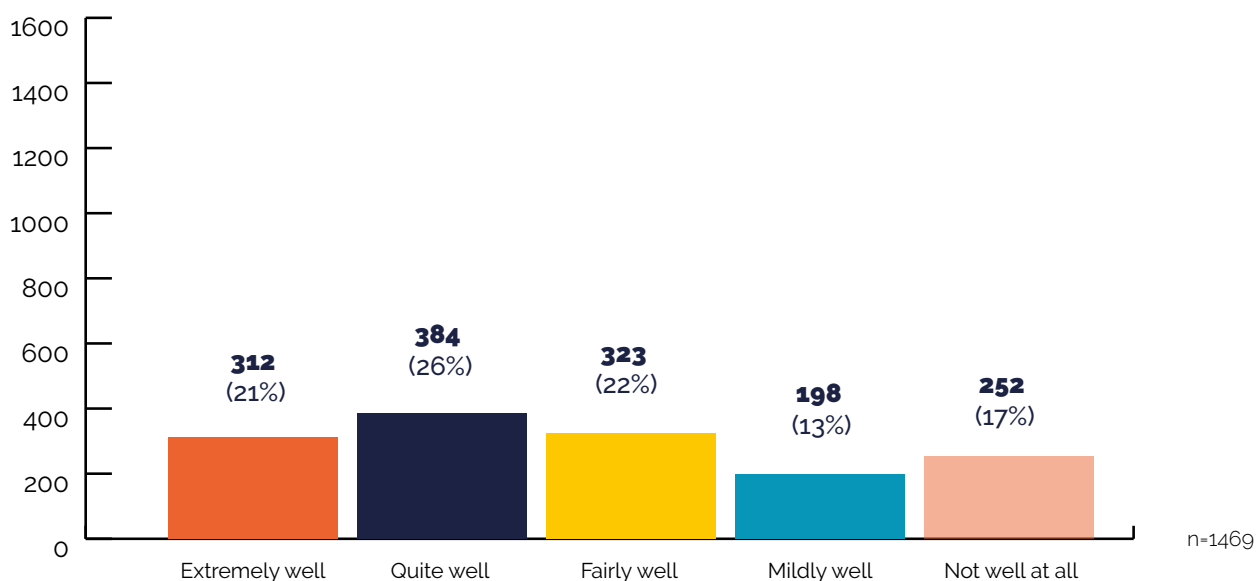
# Section C

## Education

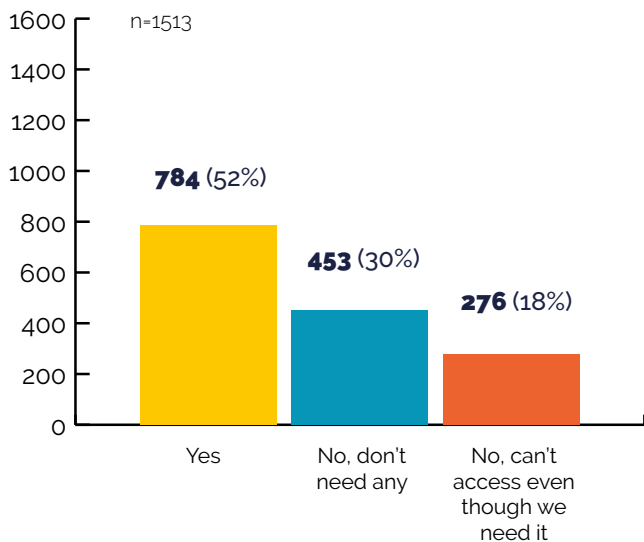
### WERE THE CARERS CARING FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS?



### HOW WELL DID KINSHIP CARERS FEEL SCHOOLS WERE AT MEETING THEIR CHILDREN'S NEEDS?



## DID THE CHILDREN RECEIVE ADDITIONAL SUPPORT FROM SCHOOL?



## WHAT ADDITIONAL SUPPORT AT SCHOOL HAD CHILDREN RECEIVED?

Support	No. of responses	%*
One to one support from teaching assistant/support staff	349	46%
Pupil Premium Plus (PPP)	280	37%
Education and Health Care Plan (EHCP)	262	35%
Personal Education Plan (PEP)	147	19%
Counselling	135	18%
Support from an educational psychologist	62	8%
Reduced timetable	55	7%
Other	151	20%

\* Percentage exceeds 100 since respondents were asked to tick as many as applied (n=757)

There were generally positive responses regarding the kinship carers experiences of their children's education. However, **36% of children in kinship care had special educational needs which is extremely high when compared to the national average of 12% of children in the general population<sup>18</sup>**. This gives another example of the additional needs of children in kinship care. Despite children's high levels of educational needs, 47% of kinship carers believed that their children's schools had met their children's needs either extremely well or quite well. Fifty-two percent of children had received extra support at school. However, a significant minority of 18% of carers felt their children had not received the support they needed.

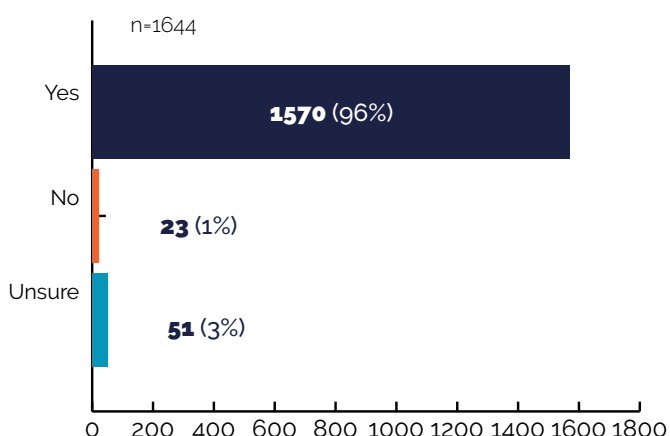
These findings demonstrate the importance of schools in the lives of children in kinship care and are consistent with Kinship's Growing Up in Kinship Care research<sup>19</sup> in which 80% of carers believed that their children had received the support they required at school. These findings highlight the importance of awareness of kinship care and support from all professionals who work with children in kinship care.

<sup>18</sup> DfE (2021)  
<sup>19</sup> Wellard et al (2017)

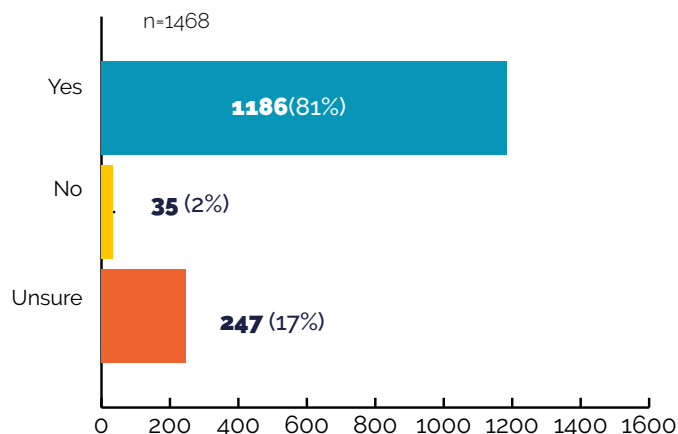
# Section D

## Stability and support into adulthood

### WAS THE PLACEMENT PERMANENT?



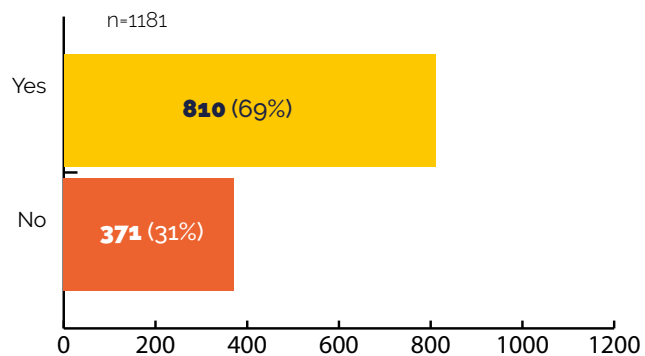
### WERE THE CARERS PLANNING ON CARING FOR THEIR CHILDREN ONCE THEY TURNED 18?



While kinship carers indicated that their children had high levels of need, most kinship carers believed they were permanently caring for their children. This demonstrates the dedication they have for the children and their willingness to put their own lives on hold whilst they ensure the children are provided with a loving and stable family home to grow up in. Well supported kinship care can be a good long-term alternative for children who cannot live with their parents. A stable family environment enhances children's sense of belonging and makes them more likely to feel cherished and wanted<sup>20</sup>.

<sup>20</sup> Farmer and Moyers (2008)

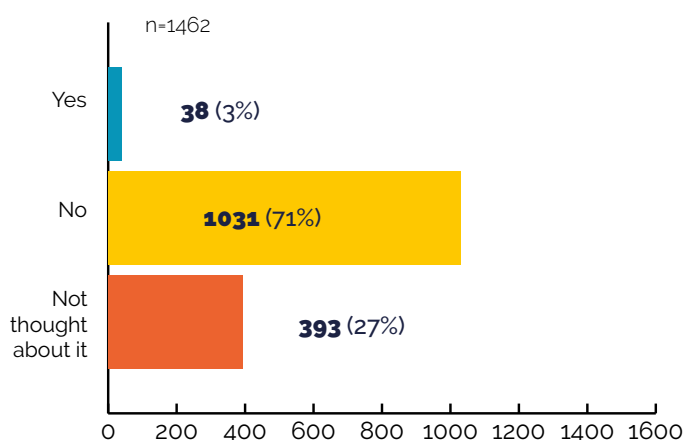
## WERE THE CARERS CONCERNED ABOUT HOW THEY WERE GOING TO MANAGE CARING FOR YOUNG PEOPLE BEYOND 18?



## WHAT WERE THE KINSHIP CHILDREN'S PLANS FOR THE FUTURE?

Plans	No. of responses	%*
Child too young to decide	869	59%
College	154	11%
University	132	9%
Apprenticeship	44	3%
Not currently engaging in education or employment	46	3%
Work	17	1%
Unsure	200	14%

## HAD CARERS BEEN OFFERED ANY SUPPORT FOR ONCE THEIR CHILDREN BECOME ADULTS ?

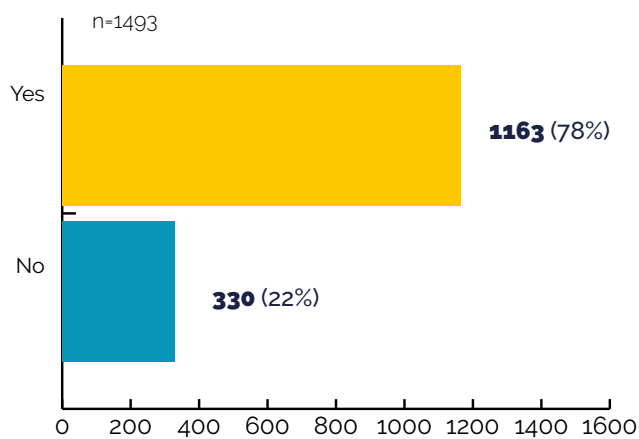


In kinship families, permanence seems to mean more than caring for a child until they are 18. It is about being part of a family forever. Only 2% of kinship carers stated that they were not planning to care for their children once they reached the age of 18. The kinship carers had aspirations for the children and in turn many of the children saw positive futures for themselves. The kinship carers indicated that children who were old enough to consider their adult lives were planning to go to university, college, work or apprenticeship. However, despite this commitment, 69% of carers were concerned about how they would cope because they are no longer legally responsible for the children and any financial help they were receiving would stop, despite the fact that the costs of caring will stay the same. Shockingly only 3% of carers have been offered support for when their children become adults.

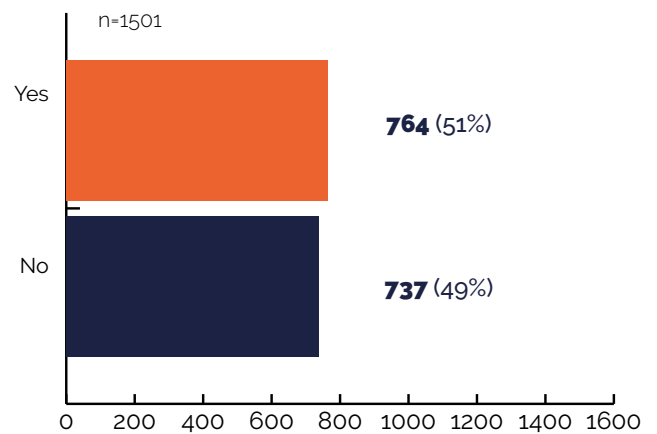
# Section E

## Contact

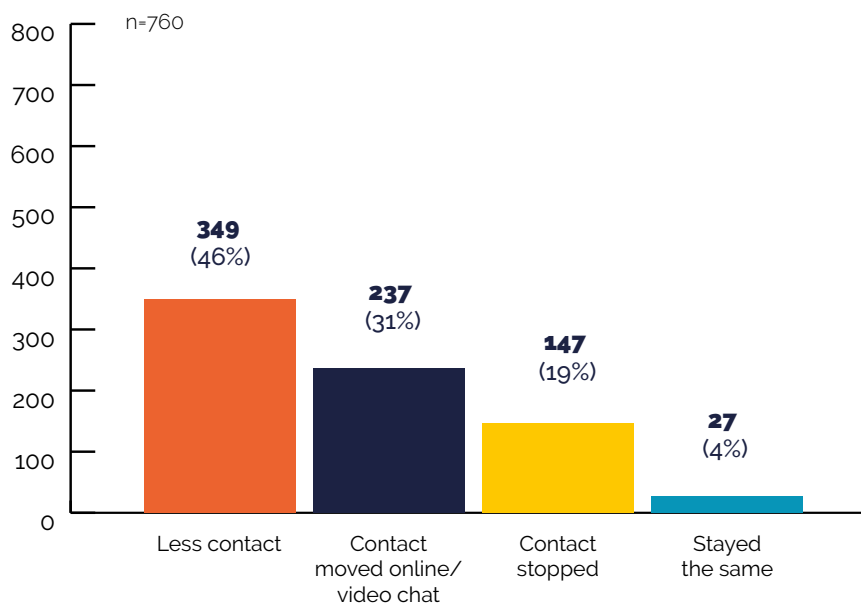
WERE THE CHILDREN HAVING CONTACT WITH AT LEAST ONE OF THEIR PARENTS?



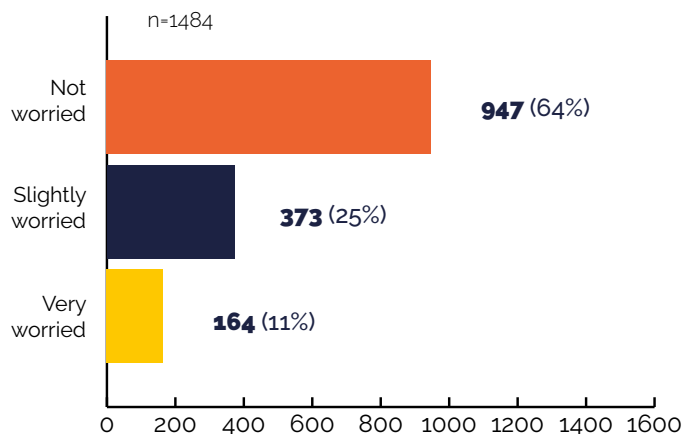
HAD COVID AFFECTED THIS CONTACT?



HOW HAD COVID CHANGED CONTACT?



## WERE THE KINSHIP CARERS WORRIED ABOUT HOW CONTACT WOULD CHANGE NOW LOCKDOWN RESTRICTIONS WERE EASING?

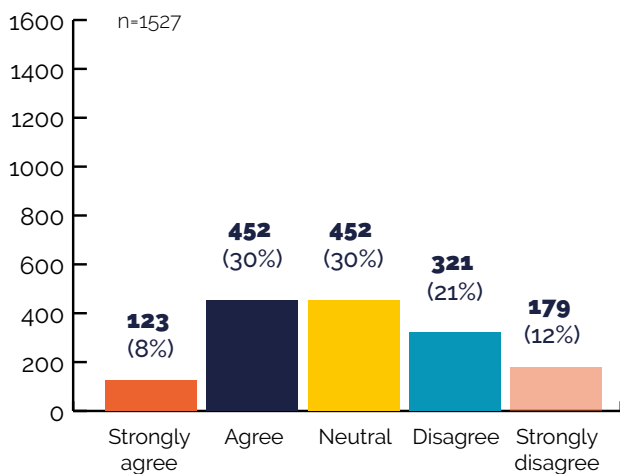


Covid-19 affected contact in half of the families. The majority found that contact reduced (46%) or moved online (31%) due to the lockdown and associated restrictions. Nineteen percent of contact stopped which could have a long-term impact on the child's relationship with their parents as well as their identity development if the children were not properly supported.

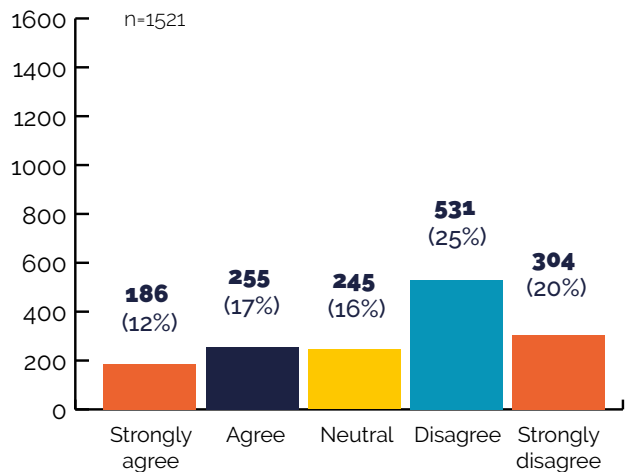
# Section F

## Finances

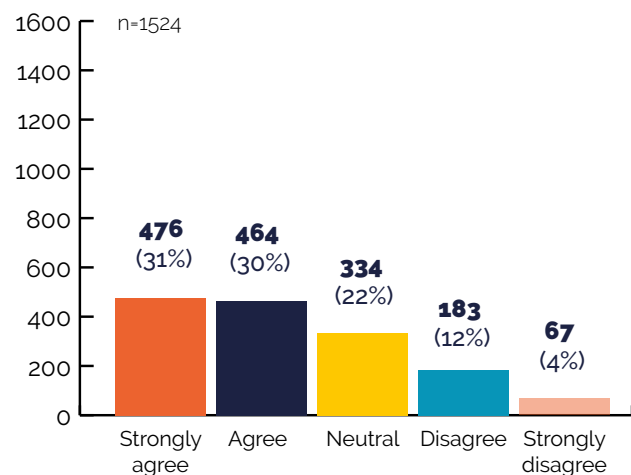
HAD KINSHIP CARERS BEEN ABLE TO MEET THE NEEDS OF THEIR CHILDREN GIVEN THEIR CURRENT FINANCIAL SITUATION?



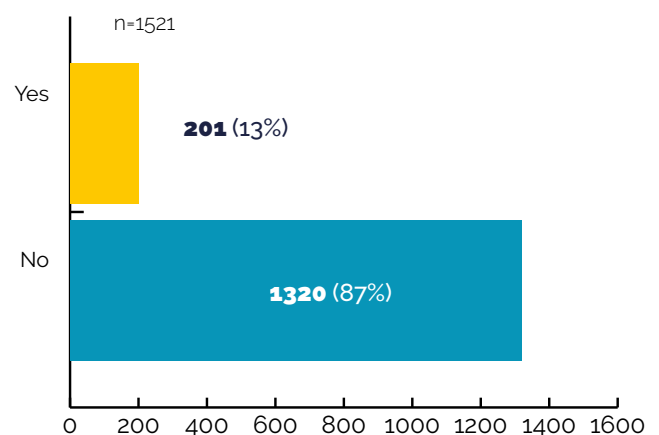
HAD THE KINSHIP CARER HAD TO SEEK FINANCIAL ASSISTANCE FROM FAMILY AND FRIENDS IN THE LAST YEAR ?



HAD THE KINSHIP CARERS WORRIED ABOUT THEIR FINANCIAL SITUATION IN THE LAST YEAR?

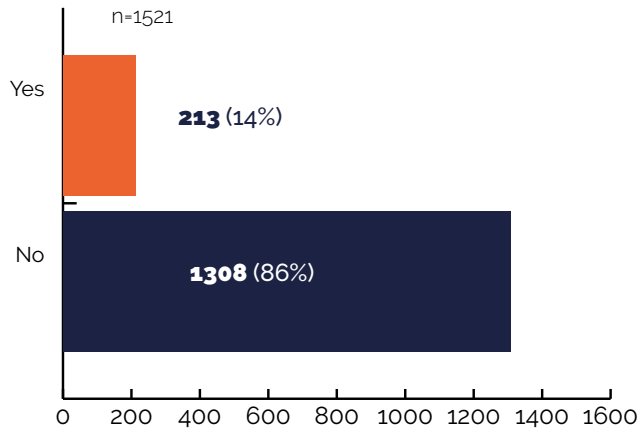


HAD THE KINSHIP CARER RELIED ON FOOD BANKS IN THE LAST YEAR?

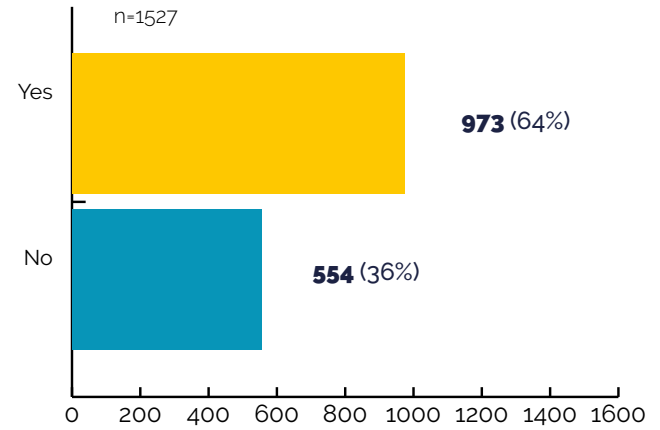




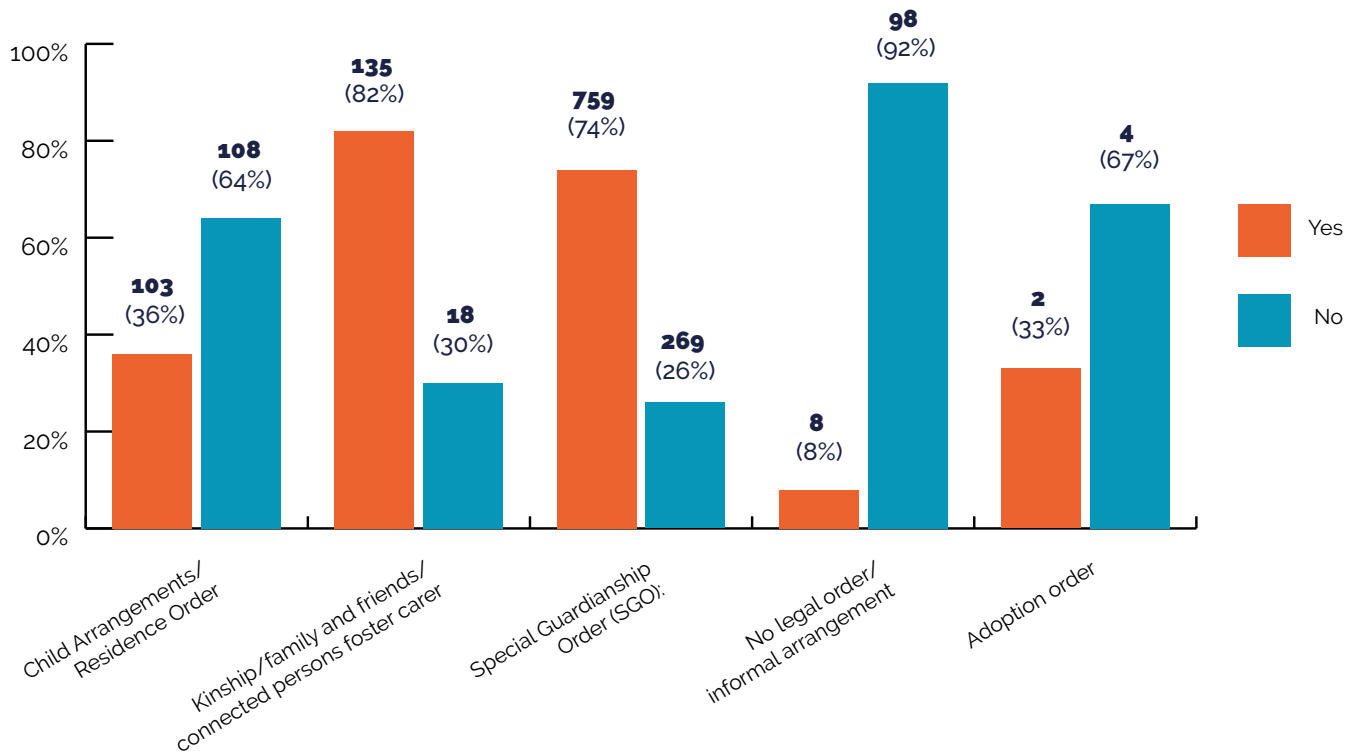
### HAD THE KINSHIP CARER RELIED ON CHARITY SUPPORT FOR ESSENTIAL GOODS IN THE LAST YEAR?



### DID THE CARER RECEIVE AN ALLOWANCE FOR THE CHILDREN THEY CARED FOR?



### DID THE CARER RECEIVE AN ALLOWANCE FOR THE CHILDREN THEY CARED FOR? (BROKEN DOWN BY LEGAL ORDER)



The financial situations of kinship carers continue to be insecure. Taking on the care of someone else's children is expensive because most kinship carers become financially responsible for them. Two-thirds (62%) of kinship carers had worried about their financial situations in the last year and shockingly, just one-third (38%) felt their current financial situations meant they could meet the needs of their children. When kinship carers were unable to financially support their children, they had to seek support from others. In the last year, 29% of carers had to rely on financial assistance from family and friends, while 13% relied on foodbanks. It is a shameful reflection on our society that people who are making personal sacrifices to care for someone else's children, most of whom are vulnerable, are being driven to desperate measures just to keep those same children fed.

Although some kinship carers now get an allowance for their children, 36% did not. There was also evidence of disparities in the legal orders. Eighty-two percent of kinship/family and friends/connected foster carers said their local authority offered adequate financial help. Furthermore, 74% of carers with SGOs said they were receiving an allowance sufficient to meet their children's expenses. In comparison, just 36% of carers with Child Arrangement Orders (CAO) thought this. This percentage was also significantly lower for informal kinship carers, with only 8% receiving financial assistance from local authorities. This finding was consistent with Kinship's financial allowances survey, which found there was a hierarchy in financial entitlement awarded to carers dependent on the legal order of their children<sup>21</sup>. Carers who responded to the survey were asked to comment on any support their children were not currently receiving but needed. Financial assistance to meet the needs of their children was the main support carers wanted.

*Extra financial support for everything the child needs from uniforms to educational things like laptops etc.*

Grandmother caring for one child alone with an SGO

*If we had better financial support the child wouldn't have to be without things a lot of his peers have.*

Grandmother caring for a child with a Child arrangements /Residence order with support from her partner

When asked to comment on how their financial position affected them as carers, several respondents expressed hopelessness about how their financial situation affected their caring duties.

*...This week we have run out of money literally... Can't pay any bills, direct debits etc. ... Heartbroken and feel worthless.*

Grandmother caring for four children with SGOs with support from her partner

*I have to stop working to care for the children... this will seriously impact on us and also puts placement at risk.*

Grandmother caring for two children with SGOs with support from her partner

The lack of universal financial support for kinship carers negatively affects some kinship families.

*(I) was forced to leave employment or told I wouldn't get custody of grandchild so couldn't pay car loan or mortgage so lost car and house and had car debt to clear and mortgage debt. Both I cleared with equity so had to go homeless to council who placed us 30 miles away from school in B&B. Lowest point of my life.*

Grandmother caring for one child alone with an SGO

*Within months of becoming a SGO for my granddaughter, I became single, homeless and in the last year jobless.*

Grandmother caring for one child alone with an SGO

<sup>21</sup> McGrath and Wrafter (2021)

It is unacceptable that kinship carers are having to live in poverty because they have decided to care for vulnerable children. Kinship carers prevent children from needing to be in local authority care which is likely to be saving the public purse a substantial amount of money<sup>22</sup>. However, some families are at risk of breaking down because of the stress the carers experience when they do not receive sufficient financial support.

Some carers faced additional financial hardship as a result of needing to replace items broken by children. Children in kinship care are more likely than children in their parents' care to exhibit difficult behaviours in the household, and destroying property can be one of these behaviours<sup>23</sup>.

*Because my grandson is autistic, he breaks toys on a weekly basis. His iPad screen has to be replaced usually every month. Local authorities do not pay premium for caring for a child with disabilities.*

Grandmother caring for one child with an SGO with support from her partner

*Never knowing what will be broken and when. Paying people for breakages caused - i.e pouring water down a family member's PC and having to pay them £300 to have it repaired.*

Great aunt caring for one child alone with an SGO

One carer suspected racial prejudice in the way financial assistance is provided.

*I feel that social service has not supported me financially... I know that they can but with my experience being a black family. I felt they were discriminating.*

Aunt caring for three children with SGOs with support from a family member

When carers did receive financial support from their local authorities there was some evidence it helped them feel reassured. It allowed them to care for their children and provide for them. Carers who received an allowance or had financial stability often felt they were 'lucky', even though they were receiving support they should be entitled to.

*Financially we are stable, and we are also able to take some breaks away from home, and also give the children a few perks that I wouldn't have been able to without the allowance.*

Grandmother caring for three children alone with SGOs

*We are very lucky we receive financial support from the local authority. Without that we would be unable to support the children without selling our house.*

Grandfather caring for two children with SGOs with support from his partner

*We are the foster carers poor relative. We do all the same work, meetings, contact etc but we only get a small kinship allowance whereas [non-related] foster carers get a wage [too].*

Grandmother caring for one child as a family and friends foster carer

When carers commented on how their financial status affected their caring duties, it became clear that those who were in a good financial situation and could focus on their children's needs were fostering and were receiving an allowance. This emphasises the presence of an unfair hierarchy of financial support based on the legal statuses of the children.

*As an SGO, my financial situation was terrible as I literally use that money for all the activities my child does as well as her travel, we really struggled to buy...Ever since her brother moved in, I have him on a kinship foster care order, I have been able to manage to afford little things like clothes for myself.*

Aunt caring for two children alone with an SGO & family and friends foster carer

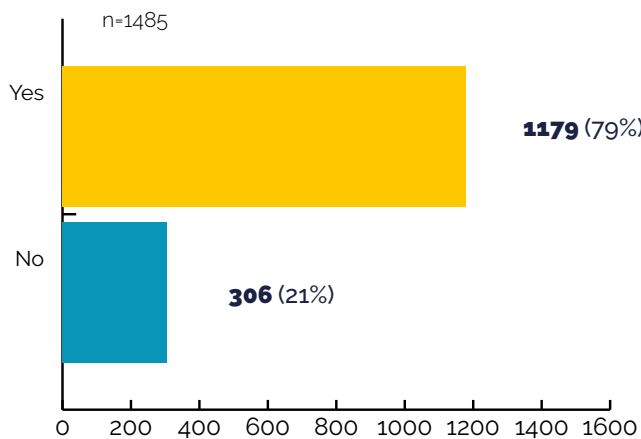
<sup>22</sup> Hunt (2003)

<sup>23</sup> Hunt (2020)

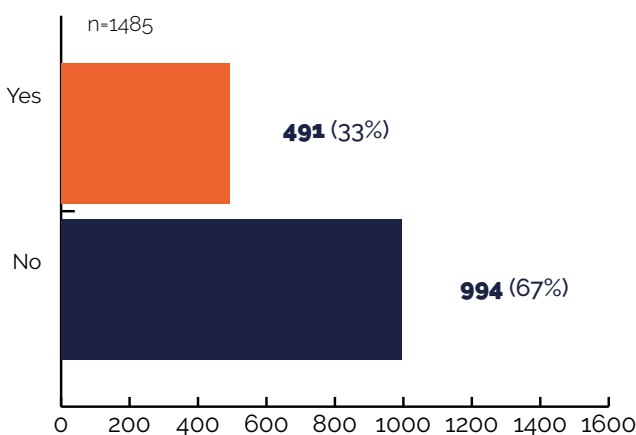
# Section G

## Housing

### WERE KINSHIP FAMILIES LIVING IN HOUSING THAT WAS SUITABLE FOR THEIR NEEDS?



### DID THE CARERS HAVE TO CHANGE LIVING AREAS INTO BEDROOMS?



### WHAT WERE THE CHILDREN'S BEDROOM ARRANGEMENTS?

Bedroom arrangement	No. of responses	%*
Have their own room	1168	78%
Share with a sibling	245	16%
Share with carer	76	5%
Share with a child who is not their sibling	58	4%
Share with an adult who is not their carer	10	1%
Other	53	4%

n=1488

#### *I sleep in the kitchen.*

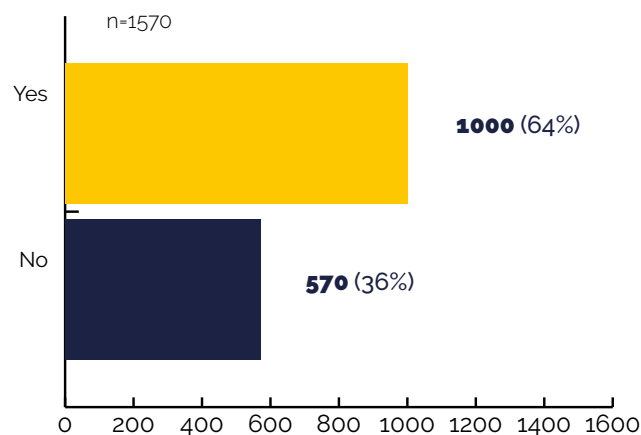
Grandmother caring for two children informally

Although the majority of children in kinship care live in homes that are suitable for their needs, it is alarming that 21% of carers stated that their living situation was not suitable for the family's needs. One-third (33%) of kinship carers have had to convert a living area into a bedroom, and 5% of children had to share a bedroom with their carer. Housing is a significant issue for kinship carers and Kinship worked with 359 kinship carers regarding housing-related cases in the last year. When kinship carers live in overcrowded or hazardous housing, it adds to their stress levels.

# Section H

## The impact of Covid-19

### DID THE COVID-19 RESTRICTIONS AFFECT THE KINSHIP CHILDREN'S MENTAL AND PHYSICAL WELLBEING?

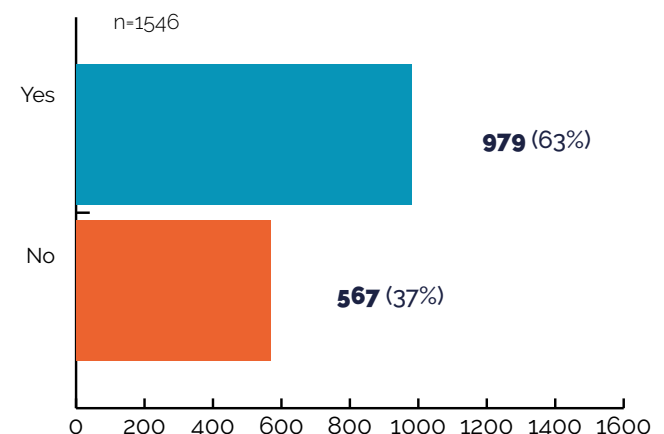


Sixty-four percent of kinship carers reported that their children had been negatively affected by Covid-19 and the resulting lockdowns. This figure had increased since last year's annual survey where 51% of carers reported lockdown had negatively impacted their children<sup>24</sup>.

Raising children during the pandemic has been challenging, especially for children with histories of trauma, or those with older or medically vulnerable carers where there was a real fear that catching the virus could kill them.

Despite the difficulties many kinship carers faced raising their children during the different lockdowns, Kinship's Covid-19 surveys<sup>25</sup> highlighted how kinship carers were not included in government messaging or policy. For example, they did not get priority access to school places, and the infamous 'don't kill granny' statement made by former Secretary of State for Health and Social Care Matt Hancock<sup>26</sup> may have exacerbated children's anxiety around the impact the pandemic could have on their carers. It is likely kinship carers have had to care for their children in a way that made them feel safe during the fear and uncertainty brought about by the pandemic. However, most had to do this with minimal support<sup>27</sup>.

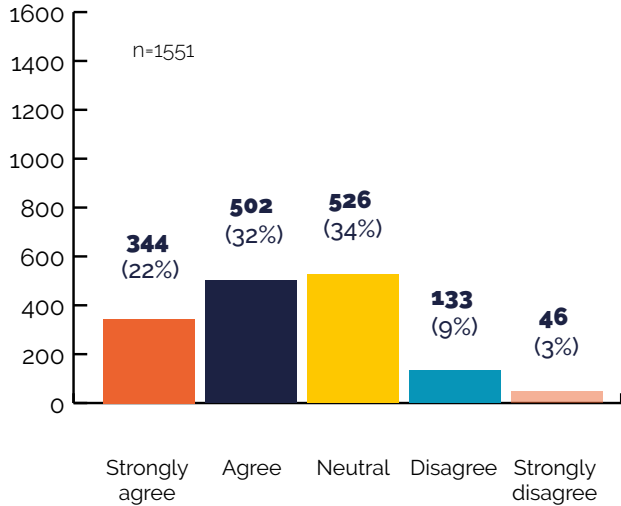
### DID THE COVID-19 RESTRICTIONS AFFECT THE KINSHIP CARERS' MENTAL AND PHYSICAL WELLBEING?



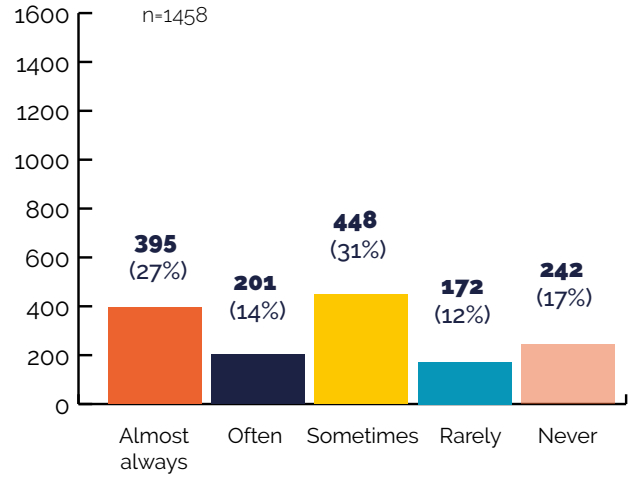
<sup>24</sup> Grandparents Plus (2020d)  
<sup>25</sup> Grandparents Plus (2020 a, b & c)  
<sup>26</sup> Bengtsson et al (2021)  
<sup>27</sup> McGrath & Peake (2020)

## HOW DID KINSHIP CARERS FEEL ABOUT THE FOLLOWING STATEMENT?

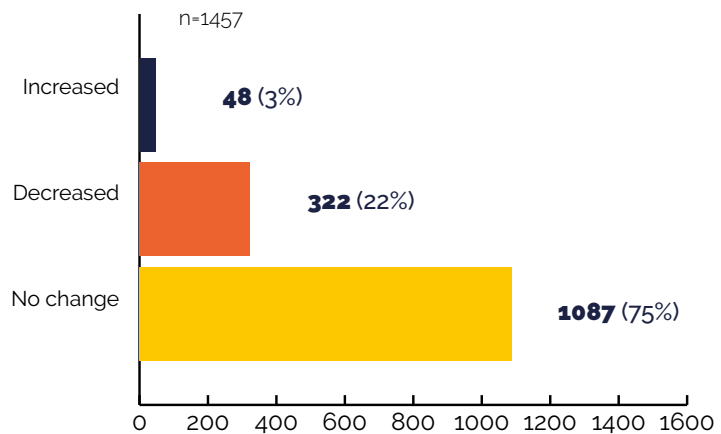
- 'I BELIEVE THE EASING OF LOCKDOWN RESTRICTIONS WILL BE POSITIVE FOR ME.'



## WERE KINSHIP CARERS ABLE TO HOMESCHOOL THEIR CHILDREN DURING THE Covid-19 LOCKDOWNS?



## HOW HAS Covid-19 AFFECTED THE SUPPORT CARERS RECEIVED FROM THEIR LOCAL AUTHORITY?



Just under two thirds (63%) of kinship carers felt the Covid-19 restrictions had a negative impact on their health and wellbeing. Furthermore, 22% of carers identified that support had decreased due to the Covid-19 restrictions. This would have happened whilst many of their kinship children would also have been struggling and needing extra care.

# Section I

## Time off and respite

### WHEN DID KINSHIP CARERS GET A BREAK FROM THEIR CARING DUTIES?

Form of break	No. of responses	%*
During school hours	989	68%
When children go to after school clubs	115	8%
They stay with family and friends	265	18%
Formal local authority respite	25	2%
None	350	24%
Other	118	8%

n=1463

Sixty-eight percent of carers were able to take a break from caring for their children while they were in school. Concerningly, 24% of carers stated that they were unable to take a break from their caring responsibilities. This is worrisome since children in kinship care can be more difficult to parent due to past traumas they have endured, as was evident in the 'about the children' section of this report. It is possible that some carers may be pushed to their breaking point if they do not have adequate time to rest.

Carers were asked to comment on what type of respite would make their caring role more manageable. Many carers commented that their

child being at school was a time when they could have a bit of respite, although this would not be the case for carers whose children were not in school.

*I am looking forward to my grandchild going to school full time in September which will allow me to do the thing that I could not do during the day.*

Grandmother who has been caring alone for one child

*My grandson starts reception class at school in September and hoping the time at school will help me. My disability restricts activities of daily living.*

Grandmother who has been caring alone for one child

*My child isn't at school, as one has not been found in 4 years. She is with me 24/7 most of the time. Day care would be good for her if she can mix with others, every other weekend respite. Anything would be good really.*

Grandmother who has been caring alone for one child

Kinship carers as a group are more vulnerable as they are commonly older and more susceptible to age-related illnesses, which can affect their ability to care<sup>28</sup>. Some carers suggested they were tired and in desperate need of a break.

<sup>28</sup> Wellard (2011)

*Just to have a meal together or be able to sleep past 6am one morning.*

Step-grandmother who has been caring for three children with support from their partner

*I'm 63 years old, have had one heart attack [and] it would be nice just to be able to have a break with no worries.*

Grandmother who has been caring for one child alone

*I have not slept through the night in almost three years as the child does not sleep and gets up around 4am. I would love a few hours childcare to sleep.*

Aunt who has been caring for one child alone

*I feel run down even though I am a 'housewife' at home. I would love to go out to work. I feel that I have lost my identity and wouldn't even know where to start... Just some time for me to get out, perhaps with people who understand...some form of escapism, tea and cake or some pampering to feel some sort of normality again.*

Grandmother who has been caring for one child with support from their partner

Several carers whose children displayed more complex behaviours commented that respite – their child being looked after by another experienced carer – would help them to cope.

*During times when reactive behaviours are particularly challenging a couple of hours for the child with an experienced carer would have given us weekly time for ourselves to relax/reflect and this would have been helpful.*

Grandmother who has been caring for one child with support from their partner

*I have cancer and child is hyperactive and very attention demanding. I need respite but can't get it. I'm on chemo so exhausted she's high energy. Friends and family can't cope with her. She needs a trained respite carer.*

Family friend who has been caring for one child alone

Many carers indicated that they felt respite was about having a break from their day-to-day lives. There was a sense that respite should include the children and be family time away from home.

*None of the children has had a holiday for over 13 years because I can't afford it.... my granddaughter has been asking me for holidays for years and I couldn't afford it, when her friends go on holidays they will tell her and send pictures and she became sad. She has never been on school trips abroad because I couldn't afford it.*

Grandmother caring for three children alone with SGOs

*Respite is not necessarily being away from the child but being able to have a family holiday with the child would help all concerned.*

Great aunt caring for one child with support from their partner

*...I don't need a break from them. if I had a chance to have a holiday, I would take them with me.*

Grandmother caring for three children with support from their partner

For kinship carers the word 'respite' has several meanings. Rather than respite being mainly about the child staying with 'respite carers', kinship carers often just wanted a break so they could do other chores and tasks, reflect on their situations, and recharge their batteries. Respite was often as simple as having a break whilst the children were at school. It was also important for kinship carers to have a break from their day-to-day lives and get away for the day or for a holiday as a family with their kinship children.



# Section J

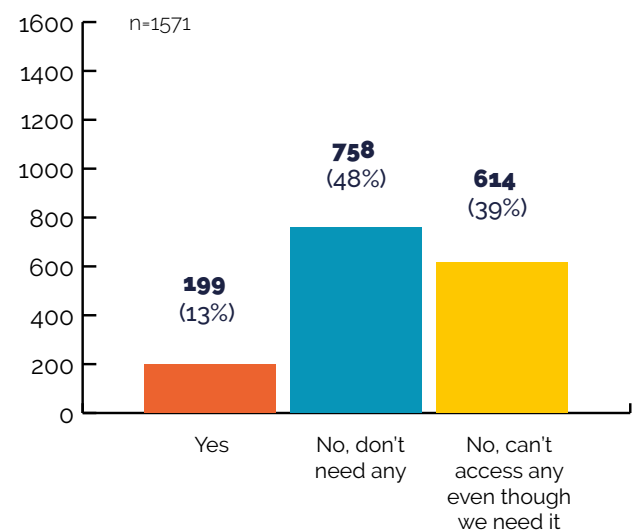
## Support for kinship carers

### WHERE DID KINSHIP CARERS RECEIVE MOST OF THEIR SUPPORT FROM?

Support	No. of responses	%*
Family and friends	827	58%
Other professionals such as teachers or health visitors	137	10%
Local authority	117	8%
Kinship (previously known as Grandparents Plus)	96	7%
Peers/other kinship carers	82	6%
Other charities	23	2%
Other	156	11%



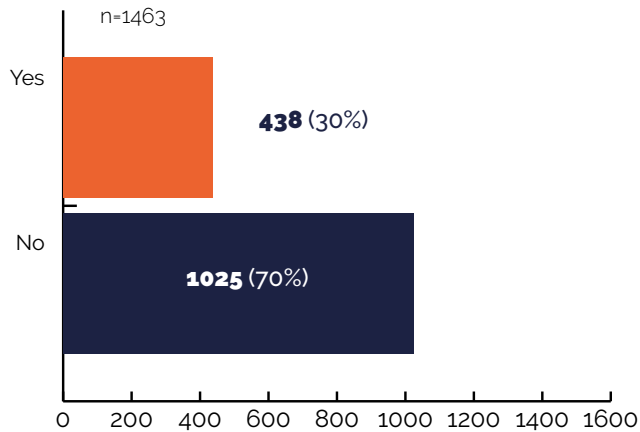
### DID THE CARERS RECEIVE ANY ADDITIONAL SUPPORT FOR THEMSELVES?



Fifty-two percent of the carers needed support for their own personal difficulties, however only 13% received any. This left 39% not receiving the support they believed they needed. Research has identified that when kinship carers have problems with their health and wellbeing it can limit their ability to care for their children<sup>29</sup>.

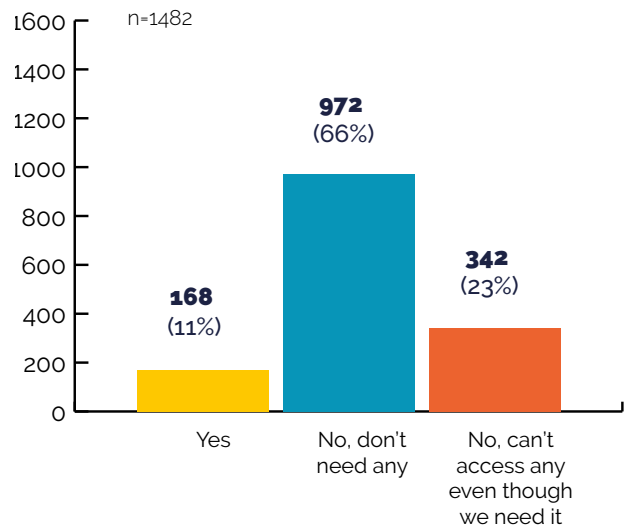
<sup>29</sup> Selwyn et al (2013), Hunt (2020)

## DID THE CARER RECEIVE THE SUPPORT THEY NEEDED TO RAISE THEIR KINSHIP CHILDREN FROM THEIR LOCAL AUTHORITY?



Worryingly, 70% of carers said they did not receive adequate support from their local authorities to help raise their children. This finding is consistent with most research into kinship care which highlights how inadequate support to kinship families can be<sup>31</sup>. Although the proportion of carers who believe they do not receive sufficient support is high, there has been an improvement since Kinship's 2020 survey<sup>32</sup>, in which 82% of carers said their local authorities had not provided adequate support. One reason that more kinship carers felt supported could be that additional funding granted due to Covid-19 allowed Kinship to provide advice and support to over 3,500 kinship carers and work directly with over 1,000 kinship carers nationally during the pandemic. Without this additional funding, most of these carers would not have received the support they needed.

## WERE THE KINSHIP CARERS BEING SUPPORTED WITH CONTACT BY THEIR LOCAL AUTHORITIES?



Although 78% of the children were having contact with their parents (as was found in the 'contact' section of this report) only 11% were receiving support for this through their local authorities. Nearly a quarter of kinship carers (23%) felt they needed help with safely managing contact but were not receiving it. It is common for kinship carers to feel abandoned to manage contact alone<sup>30</sup> and these findings suggest that is still the case.

## WHAT ADVICE AND INFORMATION DID KINSHIP CARERS BELIEVE THEY NEEDED BUT THEY DID NOT RECEIVE FROM LOCAL AUTHORITIES?

Carers were asked to comment on what support and information they felt their local authorities were failing to provide to kinship carers. Most carers wanted to know how their lives would change when they took on the role, especially in the early stages. Others wanted more information about their financial entitlements. Several indicated they did not feel properly prepared or supported to manage their kinship children's more challenging behaviours. This is all information that foster carers and adoptive parents are given before any children are placed with them, the same should be available to all kinship carers. Many kinship carers indicated they felt abandoned once the

<sup>30</sup> Hunt (2020)

<sup>31</sup> Hunt (2020)

<sup>32</sup> Grandparents Plus (2020d)

children moved into their care as there was a lack of practical and face-to-face support.

*I believe that kinship carers are not really informed on the impact to their lives when taking on a child. Financially, socially, emotionally, mentally - no information, no training and having to fight for any support.*

Great aunt caring for one child who was unable to live with their parents due to parental drug or alcohol misuse

*When you are first given the child, we should be given an information pack with information and advice on things we need to do.*

Grandmother who has been caring for one child who was unable to live with their parents due to parental negligence

*They are deliberately obtuse in terms of giving us financial information. We need to understand the means tested allowance and they won't give us the information.*

Great aunt caring for two children who were unable to live with their parents due to parental drug or alcohol misuse

*We were not told about possible behaviours of kinship children who are abandoned by their parents. We have had violence to outburst/smashing up of property along with emotional instability and mental health issues. All of which should be addressed and advised on before placement along with a package of support for those children. Instead of 'get on with it' attitude that they currently have.*

Step-grandmother caring for two children who were unable to live with their parents due to parental abandonment

*Training and advice on how trauma and neglect change a child's perceptions and behaviours, timely support from a social worker or another carer who has experience of a child with similar reactive behaviour to help us understand what was /is happening.*

Grandmother who has been caring for one child who was unable to live with their parents due to parental disability or illness

# Conclusion

This year's annual survey has provided insight into the lives of 1,651 kinship carers in England and Wales who were caring for 2,538 children. This is Kinship's largest annual survey and adds to the growing understanding of what it is like to be a kinship carer.

A significant finding in this survey is that the overwhelming majority of kinship carers want to offer a permanent home to their kinship children for as long as they need. There is no cursory cut off point or cliff edge at 18 or 25 where the children are no longer part of the family. Kinship care offers children the opportunity to build positive family relationships that will last a lifetime.

However, the findings also clearly demonstrate the challenges faced by kinship carers and their children. Kinship carers often have their own difficulties which they have to manage whilst caring for their kinship children. Many carers who responded to the survey indicated that the kinship children they care for are struggling with aspects of their lives. The children often have additional developmental, health or educational needs. Over half displayed behaviours that were dangerous to themselves and others, and the instances of child-on-carer violence reported continue to increase. It is extremely concerning that kinship carers believe that their children often have significant physical and mental health needs that are not being diagnosed and that support is not being offered to help them manage these needs.

Being a kinship carer has a significant impact on the lives of the people who selflessly undertake this role. This survey has again highlighted the financial implications of caring for someone else's children. Even though kinship care can push families into poverty and lead to people having to use food banks just to feed their children, the provision of financial support is woefully inadequate. When kinship carers are having to focus all their efforts on ensuring their children are fed and their homes are heated, it leaves them

less time and energy to help the children deal with the other issues they face, such as managing their behaviours and the impact of trauma on their development.

Unfortunately, despite the challenges faced by kinship carers and their children, support from local authorities continues to be seen as being inadequate. The carers indicated they just wanted to be treated fairly. They needed financial support to help with the cost of raising their children. They wanted therapeutic support and peer support for their children so they had the opportunity to reach their full potential. They often needed support for themselves to help them with the often-challenging task of raising traumatised children. They wanted the ability to go on holiday and have a break with their children, like any other family. They wanted help to transition their children into adulthood. However, 70% of kinship carers did not believe they had received the support they needed, and this is unacceptable.

This year's survey did highlight some positives. Even though children in kinship care were significantly more likely to have a special educational need than mainstream children, schools were often providing the support they needed. This support was seen as essential to carers of the children who received it. Kinship carers who received sufficient financial support indicated it reduced their stress and allowed them to focus on the needs of the children. Twenty-four percent of kinship carers were able to have a break, either when the children were at school or staying with friends or other family members, which allowed them time to rest and recuperate and reflect on their situations. Sadly, these positives continue to be the exception rather than the rule.

At Kinship we continue to be dedicated to doing everything we can to improving the lives of kinship carers and their children and we make the following recommendations:

## RECOMMENDATIONS

- ✓ **A Kinship Care Act** – kinship care must be recognised in law to ensure all kinship carers and the children they care for have access to the support and information they need when they need it.
- ✓ ~~Local authorities must do more to support kinship carers in their areas and provide adequate support services to all kinship carers in their areas. Some local authorities are investing in independent specialist support for their kinship carers through Kinship. We recommend more need to do this.~~
- ✓ **Specialist and independent advice to be universally available to kinship carers** - to ensure they are made aware of their rights as soon as possible. They need access to free, independent legal advice in order to make informed decisions about the care arrangements they make for the child. All universal services offering support to families should develop a specific policy for working with kinship care families.
- ✓ **Comprehensive support to be universally available to kinship carers** - specific to the needs of every kinship family as soon as they begin looking after the child. This support needs to be offered by specialist professionals with an understanding of kinship care families. Carers should also be able to access peer support in the areas where they live. Kinship is already working with some local authorities to do this.
- ✓ **Financial support to be universally available to all kinship carers** - equivalent to the minimum fostering allowance. This allowance should not be means tested and should be paid until the child is at least 18 years old or until they leave full-time education.
- ✓ **There needs to be a better understanding of kinship care among professionals and wider society** - to ensure kinship carers feel valued for the important role they take on and the needs of their families are better understood and supported.
- ✓ **A greater voice for kinship carers, including kinship carers from ethnic minority communities and informal carers and sibling carers** - kinship carers' experiences should be at the heart of all decisions made about them.



# About Kinship

Kinship, formerly known as Grandparents Plus, is the leading charity for kinship carers and the children they care for in England and Wales. We have developed a growing Kinship Community of over 10,000 kinship carers which we engage with regularly. Our advice service has provided advice to over 3,500 kinship carers in the last year alone. We have pioneered the development of evidence-informed support programmes for kinship carers including Kinship Connected and Kinship Active, a new kinship family activity programme. Our programmes are co-developed with kinship carers and we follow a social action model with a focus on peer support. We are proud to work alongside kinship carers and local authorities to transform support at local and national level.

Kinship plays a key role in raising awareness of kinship care and campaigning for policy and practice change. We work to ensure that the voices of kinship carers and young people are heard. We bring professionals and researchers together, through our Professionals Network of over 1,000 social workers and other professionals working with kinship carers and our Kinship Care Researcher Network of over 40 academics.

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# Appendix

## What financial support are kinship carers entitled to?

Local authorities' responsibilities towards kinship carers are complex and dependent on the legal status of the child. Below is a brief overview of the ways kinship carers can be financially supported by their local authorities.

### Special guardianship order allowances

Local authorities must have services to support Special Guardians in their area, but this doesn't mean that every Special Guardian will receive support. Financial support in the form of a Special Guardianship Allowance is discretionary and means-tested, although you will be able to claim Child Benefit and Child Tax Credit if applicable. Support is more likely to be provided if a child was previously 'looked after' by the local authority.

Local authorities can provide additional financial support as necessary. Allowances paid to special guardians should be in line with what they pay their foster carers. Allowances are means tested and any benefits received for the child, such as child benefit, would need to be deducted from the total allowance. Allowances will be reviewed annually.

Unfortunately, many local authorities are not following the regulations, and this led to the Local Government and Social Care Ombudsman (2018) to release a report on this issue. There are slight differences for special guardians who were previously mainstream foster carers.

### Child arrangement orders and residence orders

Once you've got your Child Arrangements Order, there's no additional entitlement to support, although you will be able to claim Child Benefit and Child Tax Credits if applicable. Local authorities have the power to pay an allowance to a carer with a Child Arrangements Order. This is more likely to be paid if the child was previously

looked after by the local authority, but even then there is no automatic entitlement.

Financial responsibility for the children remains with the parents but often they are unable to financially support the children. Therefore, local authorities can pay an allowance to kinship carers caring for children.

### Informal arrangements (including private fostering)

There is no support specifically available for informal kinship carers. However, local authorities do have a duty to safeguard and promote the welfare of children in their area who are 'in need' by providing a range of family support services under section 17 of the Children Act 1989. This can include financial support, although it's likely to be restricted to those in particularly difficult circumstances.

Informal kinship carers can generally claim the same benefits and financial help as parents including Child Benefit and Child Tax Credit. In many cases, parents are no longer entitled to claim these benefits if their children are no longer living with them.





## ABOUT KINSHIP

Kinship is the leading kinship care charity in England and Wales. We're here for all kinship carers. The grandparents, siblings, aunts, uncles, other family members and friends who step up to raise children when their parents aren't able to. We want every kinship family to have the recognition, value and support they need and deserve.

We offer kinship carers financial, legal, practical and emotional support and understanding from the moment they need it, for as long as they need it. Our expert advice, information and guidance helps with complicated and stressful decisions that so many kinship families have to make. We're always there to support them through difficult times and celebrate the good.

Kinship carers are strong and determined. Together, they are powerful. We help them build communities of support and action by connecting families locally and across England and Wales.

We're at the heart of kinship networks, partnering with and influencing service providers, local and national government and other organisations. We give everything we have to fight for each family and their rights, changing society until every kinship family is recognised, valued and supported.

**[www.kinship.org.uk](http://www.kinship.org.uk)**



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