

'Other children say you're not normal because you don't live with your parents'. Children's views of living with informal kinship carers: social networks, stigma and attachment to carers

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ABSTRACT

Our re-analysis of census data shows that 95% of kinship arrangements are 'informal', i.e. made outside the formal child welfare system. Interviews with 80 children aged 8–18 years in informal kinship care and their carers showed that most children were well attached to their kin carers, but one-third had been taunted or bullied because they did not live with their parents. Many children tightly controlled who knew about this potentially stigmatizing information. Most children had good numbers of adults and children in their social networks, and for three-fifths, their parents were still key figures in their lives. The children who regarded few people as very important to them significantly more often lived with older kin carers (many of whom were in poor health), were more often anxious and depressed, and did not talk about their living situation to others. A considerable number of children worried about their carers' poor health and about their own future if they died. The significance of these findings for statutory and voluntary services is discussed.

BACKGROUND

There is a long history of children being brought up by their relatives or friends when their parents, for whatever reason, are unable to look after them. In recent years, our knowledge about the situation of formal kinship carers in the UK has improved (e.g. Broad *et al.* 2001; Hunt 2003; Aldgate & McIntosh 2006; Farmer & Moyers 2008; Hunt *et al.* 2008). By formal kinship care, we mean here looked-after children where most kin carers have been approved by Children's Services as kinship foster carers, although some carers later took out legal orders such as residence orders. These studies show that children do as well in formal kin care as in unrelated foster care but that their placements last longer, partly because of planned moves in foster care and partly because of high levels of kin carer commitment. They also show

that formal kin carers are more disadvantaged than unrelated foster carers in terms of financial hardship, the level of carers' health difficulties and overcrowding. Against a background of economic stringency, recent legislation and guidance (Department for Education 2011) has increasingly stressed that a kinship placement should be the first option considered by social workers when children need to live away from their parents. In addition, increasing parental drug and alcohol misuse and subsequent family break-up are thought to be factors increasing the number of children growing up with kin (Aldgate 2009).

The use of kinship care has been increasing in the UK and in many other countries too, such as the USA (Geen 2004; Winokur *et al.* 2009), Australia (Paxman 2006) and New Zealand (Connolly 2003). However, in all these countries, there has been very little information about children living *informally* with kin, where the

arrangements are made outside the ambit of Children's Services (Goodman *et al.* 2004; Messing 2006; Swann & Sylvester 2006). This is partly because there is no easy way to contact this population. Nonetheless, all the signs have been that many more children live in informal kinship arrangements than formal ones (Ehrle *et al.* 2001; Tapsfield & Richards 2003). In addition, little is known about how children themselves experience living with kin and still less about how children in informal kin care view their situation.

AIMS AND METHODS

This Big Lottery-funded study was intended to fill some of these gaps in our knowledge and was undertaken in partnership with Buttle UK, a grant-giving charity that supports vulnerable children and families. Ethical approval was gained from the Ethics Committee at the School for Policy Studies. In the first phase of the study, restricted access micro-data from the UK Population Census were used to estimate the extent of kinship care in the UK in 2001 and to describe the characteristics of kinship carers and children. The Census is a 10-yearly survey of the UK population, which collects information on topics, including basic demographics (e.g. age, gender and ethnicity), employment, occupation, health, educational and professional qualifications, as well as information about family structure and living conditions. In 2001, it was completed by 94% of the population and thus provides the most representative data about the UK's population (Office of National Statistics 2005).

In the second phase of the study, by means of interviews with kin carers and children, we explored children and young people's views of being brought up by informal kinship carers, its advantages and disadvantages, and investigated how well informal kin carers managed the children they were parenting, the extent of strain they experienced and the supports they received and needed. The well-being of children in informal kinship care was also assessed on a range of dimensions.

The criteria for inclusion in the second part of the study was that the kinship carer was bringing up a child aged 8–18 years who was not a looked-after child and who had been living with the carer/s for at least 6 months; the carer had not been approved as a foster carer; the parents were not involved in the day-to-day care of the child; and both carer and child had independently given consent to participate. Both relatives and friends were included. Friend carers included parents' former partners or friends.

By definition, this group of kinship carers is not in contact with Children's Services, and therefore, there was no easy way of identifying this population. Recruitment activity included advertisements in the 'Primary Times' (a free magazine circulated to primary school parents); promotion of the study through voluntary organizations such as Family Rights Group, Grandparents Plus and the Grandparents Association; a dedicated website; posters in places of worship, in contact and family centres; help from agencies such as Children and Family Court Advisory & Support Service who forwarded information to their clients; and a mail-out to kin carers who were in contact with our partner organization, Buttle UK.

As a result of extensive recruiting, we engaged 200 carers, of whom 80 kinship carers and children were interviewed from the four countries of the UK. Where kin were caring for a sibling group, one child per family was selected to ensure that there were sufficient numbers of boys and girls and younger and older children in the sample. More girls ($n = 47$) than boys ($n = 33$) were interviewed, which probably reflects girls' greater willingness to be interviewed. The average age of the study children was 12 years (mean: 12.6, standard deviation [SD]: 2.98). Thirty-one per cent of the children were aged 8–10 years at interview, 29% each aged 11–13 and 14–16 years, and 11% were aged 17–18 years. The majority (78%) of the children were of white British ethnicity, 12% were of mixed ethnicity and 10% were black.

Carers and children were interviewed at home separately using the 'investigator-based approach' (Brown 1983; Quinton & Rutter 1988). This method uses pre-coded and open questions, and combines a 'qualitative' approach to questioning but allows a 'quantitative' treatment of data. It provides systematic and detailed coverage of topics and numerically analysable data, whilst providing extensive case material. In addition, standardized measures were utilized including the Strengths and Difficulties Questionnaire (SDQ; Goodman 1997); Piers-Harris 2 Self-Concept Scale (Piers & Herzberg 2007), and the Inventory of Parent and Peer Attachment – Revised (IPPA-R; Gullone & Robinson 2005). The IPPA-R scores have been found to correlate significantly with young people's reported level of family cohesiveness and conflict, and lower scores with increased depression, anxiety and alienation.

A children's illustrator designed an activity book for the children that contained the standardized measures and used illustrations to make the interview more

enjoyable. This proved to be very popular with children and young people.

Numerical data were analysed within SPSS (Statistical Package for the Social Sciences; SPSS Inc., Chicago, IL, USA) and bivariate analyses were undertaken. Chi-square, biserial correlations, Kendalls tau and Mann–Whitney *U*-tests were used as distributions were skewed. A detailed summary of the family's circumstances was written up after the interview and this and the qualitative data were analysed within NVivo (Q & R International, Doncaster, Victoria, Australia). The interviews were coded and analysed thematically (Flick 2006).

In this paper, the characteristics of kin carers nationally will be described briefly (for further information on the findings from the re-analysis of the census, see Nandy *et al.* 2011 and Selwyn & Nandy 2012). Then, in order to understand the experience of being brought up by relatives or friends, we focus on children's sense of belonging in their kinship families, such as who they saw as most important to them and how well attached they were to the kin carer. Children's names and some details have been altered to maintain confidentiality.

KINSHIP CARE IN THE UK: FINDINGS FROM THE ANALYSIS OF THE CENSUS

In the first part of the study, using a definition of formal kinship care as denoting looked-after children in kinship foster care, we found that most (95%) children are in informal kinship arrangements in the UK outside the formal child welfare system. Children of minority ethnicity were over-represented amongst the informal kinship population, whereas they are under-represented amongst those in formal kinship care (Farmer & Moyers 2008). The second largest group of kinship carers (38%) were siblings.

The rates of long-term illness or disability amongst kin carers were much higher than in the general population and most were living in poverty. As we know that children who grow up in poverty tend to have poorer outcomes across a range of dimensions (Brooks-Gunn & Duncan 1997; Bradshaw 2001), in the second stage of the study, we examined how well children in informal kinship families were progressing in relation to attachments to their carers, self-esteem and behavioural difficulties.

In this paper, we now examine the kinship children's social networks. To understand these issues, we first consider the reasons why the children moved to live with kin, their feelings of belonging in the kinship

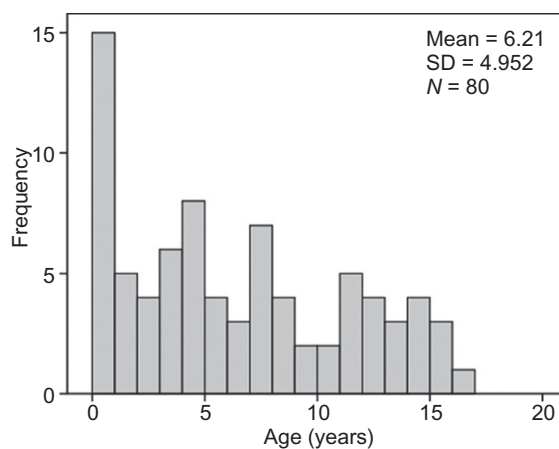


Figure 1 The child's age at the time they moved in with their kinship carer.

family and children's openness in discussing the arrangements.

Reasons why the 80 children were living with a kinship carer

Most of the kinship carers had an established relationship with the child prior to the start of the arrangement, but nearly always multiple adverse factors had led to the child finally moving in. Two-thirds of the children's parents misused drugs or alcohol, domestic violence was reported in one-third of families and most children (88%) were thought to have been maltreated. For one in three children, one or both parent/s had died, often suddenly and sometimes linked to risky parental lifestyles. Many carers reported that parents lacked any commitment to their children and were indifferent to their needs. One-quarter of the parents had actively rejected or abandoned their children.

Just less than one-third (30%) of the children had moved in with their carers under the age of 3. Thirty-per cent had gone to live with them between the ages of 3 and 7 years; 30% between 8 and 13 years, and 10% at 14 years or older (Fig. 1). Thus, most of the children had lived with a parent for some time before the kinship care arrangement had begun and therefore had formed relationships with parent/s and had memories of their earlier lives.

Belonging in the kinship family

Children were asked an open question 'What's it like for you living here?' followed by prompts asking them to identify good and bad things. Two children were very unhappy and said that they did not like being

with their carers and would have preferred to be with a parent. However, most children (97%) thought that living with their carers was good and quite a few, particularly those who remembered domestic violence and parental arguments, used words such as 'calm', 'quiet' or 'don't get hurt'. It was clear from the interviews that most of the children and young people were happy and relieved to be with their kinship carers.

When asked whether they thought they would still be with their carers in 5 years time, 58% of the children said they would. Teenagers were much more likely to say they would have moved, joined by six younger children. When asked where they would most like to be living now, if they could choose, most (73%) said with their kinship carer, 13% with a parent, 11% elsewhere and 3% wanted to live independently or did not answer.

Stigma and openness about the arrangement

Previous research (Broad *et al.* 2001; Messing 2006) has suggested that kinship care is perceived by children as less stigmatizing than unrelated foster care, but more than one-third (36%) of the children reported hurtful remarks because they were being brought up by relatives or friends:

People that I've just met have been quite insensitive and . . . be like, "It's a bit weird you don't live with your parents. Do they hate you?" (17-year-old with grandparents)

It was something like, "You're not normal because you don't live with your parents". (12-year-old with grandmother)

Five children had been subject to sustained bullying because of living with kin:

(The bullies say) I'm not wanted . . . I'm used to it. (13-year-old with aunt)

Children sometimes taunted kinship children about their parents when they had a local reputation because, for example, of their drug-taking, involvement in prostitution or time in prison.

Recent research (The Children's Society 2012) has highlighted that children who are bullied, socially isolated or do not have the clothes to 'fit in' with friends are at much higher risk than others of experiencing poor well-being.

What children told their friends

We also asked children what they told their friends about why they were living with kinship carers. The children's responses showed how carefully they

managed this potentially stigmatizing information. Two children (2%) did not answer; 24% said they had not told their friends anything; 60% said that a few close friends knew; and 14% said they were completely open about it. One young woman, when asked if she had talked to friends about why she was living with relatives, said:

Only ever once but that was a big mistake . . . she kept on bringing up [my] answer to me and I didn't really like it. (15-year-old with grandmother)

Children who were older than 11 at interview were three times more likely to be secretive about the reasons for the kinship arrangement than those who were under 11 (Fisher's exact test = 0.02). We also examined whether there was a statistical association between children not telling friends why they lived with kin and the reasons for the move. Children's openness was statistically associated *only* with parental bereavement (Fisher's exact test = 0.02). Most (92%) of those who moved to their kin carers because a parent had died were open with their friends about it. This is understandable as the death of a parent is likely to carry much less stigma than the kinds of problems that leave parents unable to care for their children. Indeed, of those who did not share information about their backgrounds with other children, almost two-thirds had parents with drugs misuse problems and one in five had a parent who was in prison.

Unanswered questions about their backgrounds

One in five children had unanswered questions about why they had not been able to stay with their parents or were troubled by events that they did not understand:

I don't know why I'm not living with [my parents]. (9-year-old with aunt and uncle)

Some wanted to know about the nature of their parent's difficulties or, in cases of bereavement, to understand more about their parent's death:

I want to know [how my mother died] but I just live on with life and try and . . . put it behind [me] . . . not [let it] get the best of me. (14-year-old with grandmother)

These issues are pertinent to the consideration of children's social networks which follows. Research indicates that social networks are a protective factor for children for recovery from bereavement (Stroebe *et al.* 1993) and for building resilience against many other adversities (Gilligan 1999; Morrow 1999; Ferguson 2006).

The children's networks of important relationships

To understand more about the children's social networks, we used a simplified map of three concentric differently coloured circles. Children were asked to place the people who were most important to them in the inner circle, in the next circle people who 'are important to you but not the most important' and, finally, in the third circle, people who 'are not as important as the others, but still important people'.

The size of the children's inner circles

Most children had about six people in their inner circle – the people who were most important to them – but the size of children's inner circles ranged from 2 to 42 and included adults and children. The different sizes of children's inner circles may, in some cases, reflect the way they understood the task as some children but not others placed many friends in the inner circle. Nonetheless, it did appear that the different sizes also reflected children's very varying perceptions of how densely populated their social worlds were.

One-third of the children had inner networks of four or fewer people. Seven children put the names of only two people in their inner circle: five lived with grandparents and two with aunts and uncles. Four of these seven children also put very few (1–3) other people anywhere on their maps, suggesting that their overall networks were very limited indeed.

Factors associated with the size of children's inner networks

We thought that the size of children's (inner circle) networks might vary by gender, age, children's self-esteem or behaviour, but these factors were not statistically significant. However, the size of children's networks of important people was significantly correlated with three other factors: the carer's age (Kendall's tau = 0.189, $P < 0.02$), children's lack of openness about the reasons why they were living with kin ($U = 393$, $P < 0.03$, $r = -0.23$) and higher levels of anxiety and depression (Kendall's tau = -0.213, $P < 0.01$).

Age of carer. As the age of the carer increased, so the size of children's inner networks decreased. Some children who were living with older carers saw few friends or relatives. Advancing age, ill health and frailty have been found to be associated with smaller adult social networks (Freund & Riediger 2003) and

some of these carers told us that they had only a very small number of friends or family whom they could count on and limited social lives. Research has shown that children living with grandparents say that their contact with friends is limited by their carers' age and health problems (Dolbin-MacNab & Keiley 2009). In addition, some children in the study had developed mutually dependent relationships with older carers, as the young people became increasingly involved in caring for them or helping with household chores, which could have had an impact on the children's opportunity to develop and maintain a broad social network, especially when children did not wish to leave their carers alone or they lived at some distance from their friends. The inner circles on these children's maps often contained the grandparent/s and also poignantly one or both parents, even when contact with these parents was very infrequent.

For example, 12-year-old Leroy put only his grandmother carer and two brothers in the inner circle of his map. His grandmother had asthma, osteoarthritis, a visual impairment and restricted mobility. She had very little energy or social life and no family she could count on. Leroy took care of his grandmother by helping out with the housework:

I sometimes do the cooking, washing up, cleaning the house and the washing of the clothes . . . generally helping her out with stuff. (12-year-old with grandmother)

He chose to spend time with his grandmother during weekends rather than socializing with friends. Shortly before the interview, Leroy had not wanted to go to school because of anxiety about his grandmother's health, triggered by an unexpected hospital admission. Leroy's first big worry was that his grandmother was going to die. His own parents had died together in a house fire a few years earlier.

In another example, a 9-year-old boy put only his grandmother carer and father in the inner circle of his map. His grandparents were elderly and in very poor health. He described living with his grandparents as 'boring' and said he would rather be living with his two friends who had 'everything, a playstation, X box, Wii and two phones'. These two friends were the only other people on his map, suggesting that he was quite socially isolated (see also Farmer & Moyers 2008).

Secrecy. We also found that children with small inner networks significantly more often than others did not talk to others about why they lived with kin. Six of the seven children with three or fewer people in their inner network, who were not open with friends, also had

parents with drugs misuse difficulties and the same number had parents who showed little interest in or had abandoned them. It is possible that awareness of parental rejection and the shame of parental substance misuse had contributed to their wish to keep their backgrounds private.

For example, a 9-year-old boy, with just two people in his inner circle, said that he neither discussed his living arrangements with friends nor his worries with anyone. Other children had been spiteful to him because he lived with his grandmother and he had also been racially abused. He said that he hated his mother who was a drug addict and had been in prison. He had never met his African father and had been told that nothing was known about him. Nevertheless, he thought of his father as family and he was one of the two people he placed in the inner circle of his map, together with his white grandmother.

Anxiety. The children with *small* inner networks were often very close to their carers but they had higher levels of anxiety and depression on the Piers Harris 2 sub-scale. We do not know the direction of effect. Were they more often anxious and depressed because their inner network was small or had their networks reduced as a consequence of being depressed? As we have seen, some were living with elderly grandparents whose ill health might have increased their anxiety.

It is important to note that a high proportion of all the children (44%) had many worries about their kin carers or parents dying, no doubt associated with the fact that some carers were in poor health and a number of children had already experienced the death of a parent. They worried about what would happen to them if or when their kin carer died but did not feel able to raise this with their kin carers (see also Burgess *et al.* 2010). This is likely to be a troubling issue for children with small inner networks who have no or few other close adults who they know they could depend on in the future.

People included in or excluded from the inner circle

The kinship carers. Almost all the children placed at least one of their kinship carers in their inner circle. However, five children did not. Three of these young people were rejecting of their carers or did not feel fully accepted by them. One had sided with her mother against her grandmother carer, another would have liked to continue living with her drug-using parents and her aunt, in turn, would rather not have been caring for her; the third had recently arrived to live with his stepfather and felt pressured by him to achieve. The other two children presented a more complex picture. One was a 9-year-old girl with attention deficit hyperactivity disorder who, whilst appearing close to her sick grandmother, had placed only her cousin and her adopted half-brother in her inner circle. The other was a 15-year-old girl whose risk-taking behaviour worried her aunt and uncle and who put only her best friend and boyfriend in her inner circle.

The children's parents. Given that all the children in the study (except those [*n* = 6] where both parents were dead or mother was dead and father unknown) lived with kin because their parents could not care for them adequately, we were also interested in where they placed their parents on the maps. Whilst three-fifths of the children included at least one of their parents in their inner circle of the people who were most important to them (see also Heptinstall *et al.* 2001), 41% did not. Not surprisingly, children significantly more often considered parents to be this important to them when they had face-to-face or letter contact with them (Fisher's exact test = 0.00).

Nonetheless, nearly one-third (31%) of the children who had contact with a parent did not place them in their innermost circle (Table 1), mainly because the contact was minimal. A few children with more regular contact with parents did not regard them as very important, either because the

Table 1 Presence of parents in children's inner circle of important people and contact

| | Parents dead/ unknown | No contact | Contact (includes letters and face to face) | Total |
|---------------------------------|--------------------------|------------|--|-----------|
| Parents in the inner circle | 2 (33%) | 2 (17%) | 43 (69%) | 47 (59%) |
| Parents not in the inner circle | 4 (67%) | 10 (83%) | 19 (31%) | 33 (41%) |
| Total | 6 (100%) | 12 (100%) | 62 (100%) | 80 (100%) |

contact was very unreliable (with parents not turning up as arranged) or exposed them inappropriately to parental problems. For example, one girl who lived with her grandparents regularly visited her father and his new partner and their son but did not enjoy it because of the rows between her father and his partner.

The children's attachment to their carers

The children's early adverse experiences would suggest that they would be at risk of insecure attachment and poor developmental outcomes, and indeed considerably more children (34%) than in the general population (10%) had abnormal levels of emotional or behavioural difficulties on the carer-rated SDQ (Table 2). However, in spite of their earlier adversities, in this sample of kinship children, their overall attachment score (using the IPPA-R) to their primary kinship carer was similar to those of children in the general population (Gullone & Robinson 2005). Not surprisingly, the children who had not placed their kinship carers in their inner circle had lower attachment scores to them. In addition, the children with higher total standardized scores on the IPPA-R measure of attachment had higher self-esteem (Kendalls tau = 0.35, $P < 0.00$), whereas those with low attachment scores had greater behavioural problems (Kendalls tau = 0.20, $P < 0.01$), although we do not know which came first.

DISCUSSION

In this sample of 80 children aged 8–18 years in informal kinship care, most of the children felt they belonged in their kin families and that they would remain there as long as they wanted. They were also well attached to their kin carers, in spite of their past adversities, including maltreatment and parental rejection. In addition, most of the children also had good numbers of people in their social networks.

Indeed, living with relatives often involved a considerable amount of contact with other relatives who either lived with them or visited frequently (see also, e.g. Aldgate & McIntosh 2006; Hunt *et al.* 2008; Farmer 2009).

However, we did find, contrary to previous suggestions in the literature, that children experienced living with kin (or not living with parents) as stigmatizing. As a result, many tightly controlled the numbers who knew about their situation, whilst some had the experience of spiteful remarks or bullying about it. It was not surprising that children who were open about their living situation often had a parent who had died, whilst those who did not share such information often had parents with drugs misuse problems or sometimes a parent who had been in prison.

A considerable group of children had unanswered questions about the past or why they were living with kin. Carers varied in how openly they talked about the children's parents and the past. Moreover, when carers were themselves struggling to cope with bereavement, the kinship children often avoided talking to them about their parents and their own earlier lives to avoid upsetting them. Some carers would benefit from advice about how to talk to children about the past, their parents' problems, parental rejection and parents who have died.

Sometimes, carers found it difficult to cope with the death of the child's parent and were themselves experiencing a prolonged grief reaction (Melhem *et al.* 2011) and carers' ability to resolve their grief can affect whether children do so and children's overall functioning (Sandler *et al.* 2010). Bereavement counselling for carers and children might therefore be helpful and the opportunity for children to talk either to their carer, another relative or a counsellor about the parent they have lost (Stokes 2004). Moreover, as a considerable number of children had moved to kin because a parent had died, it would be useful if local authority family and friends policies included details of organizations that specialize in bereavement counselling for children and

Table 2 Means and standard deviations (SDs) for the Inventory of Parent and Peer Attachment – Revised (IPPA-R) by age group and gender

| | Child <i>n</i> = 29 | | Adolescents <i>n</i> = 51 | | Males <i>n</i> = 33 | | Females <i>n</i> = 47 | | Total <i>n</i> = 80 | |
|------------------|------------------------|-----------|------------------------------|-----------|------------------------|-----------|--------------------------|-----------|------------------------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| IPPA total score | 24.0 | 7.2 | 20.4 | 8.3 | 19.1 | 8.5 | 23.5 | 7.4 | 21.7 | 8.0 |

adults, such as Winston's Wish and Cruse and information on guardian's allowances which are payable when both parents are dead or one is dead and the other is serving a long prison sentence or their whereabouts is unknown.

A small number of the children saw few people as very important to them. These children often lived with older relatives who were in poor health and for whom they provided companionship and help. Their carers' social lives had shrunk and the children's social lives were restricted too. The children were often actively involved in caring for them and keeping them company. Some of these children were likely to be somewhat isolated, particularly from their peers, although they often had very intense relationships with their elderly sick kin carers. It is of some concern that children who had very few people who were very important to them were more anxious and depressed than others. Children's worries about their carers' poor health and about their own future, and their difficulty in sharing these worries with their carers, suggest the need for clearer contingency plans to be made by kin carers, which are fully discussed with children, in order to reassure them about the future. Some of these children might benefit from services for young carers and others from greater opportunities to be involved in activity groups and organized leisure activities.

At a broader level, it is clear that children who are cared for informally by kin have similar characteristics to those who are supported by the state as children in formal kinship care, although it appears that more children in informal kin care have experienced the death of a parent. If kin carers step in quickly to care for children, Children's Services view these as private arrangements, and in some cases in the study, social workers had requested that kin carers take the children and orchestrated the move, but still made this claim. The result of this lottery is that some children cared for by kin are supported by social workers and the carers receive foster care allowances or residence or special guardianship order allowances, whilst others receive no help at all (Hunt & Waterhouse 2012).

More worrying still, the study shows that most children in informal kinship care are living in situations of very considerable disadvantage. Most live in poverty and very few of the carers in the second part of the study had sufficient income to meet the minimum income standard that would enable them to reach a minimum socially acceptable standard of living in the UK (Hirsch 2011). Indeed, half of the

carers said that they worried about money virtually all the time. In addition, rates of long-term illness and disability amongst the carers are high. At the same time, some of the children they are looking after have substantial difficulties.

We had expected this to be an invisible population of children whose needs were not known to Children's Services. Instead, we found that almost three-quarters (73%) of the kin carers had asked Children's Services for help or advice (including almost all [92%] the carers without a legal order). There is a long legacy of reluctance to help family members to do what many think should be done out of a sense of kinship affection and obligation (O'Brien 2000) and we found that only one-quarter (23%) received the help they had requested. Carers were often told that they were expected to manage without state assistance. The attitudes the carers encountered are likely to be underpinned by attempts to contain costs.

Government's 'Guidance for Family and Friends Care' (Department for Education 2011) emphasizes that children should receive the support they and their carers need to safeguard and promote their welfare whether or not the children are looked after. The guidance also states that local authority policies on kinship care should be premised on the principle that support should be based on the needs of the child rather than their legal status, although worryingly 42% of the family and friends policies so far published make no reference to this principle (Roth *et al.* 2012). Some authorities have responded considerably more fully to this guidance than others. Unless the government finds a robust way to ensure that this guidance is implemented, it may have little impact on practice.

There has always been a fear that offering adequate support to kin carers will open the floodgates (Tapsfield 2001). However, a little help would go a long way to assist informal kinship carers and the children they bring up. Whilst financial help is their most pressing need, advice about how to manage disturbed children and direct help for them, occasional practical help (such as with housing) and advice on how to access counselling and emotional support for themselves would all be helpful. Some carers would welcome the opportunity to attend a kinship carers' group.

CONCLUSION

There is clearly a long road to travel before the current complex system delivers what children and their kinship carers really need rather than what follows

from the happenstance of their legal status. However, a start would be made if Children's Services social workers and their managers became more aware of the very disadvantaged circumstances of informal kinship carers and their own pivotal position in assisting them. Indeed, many of the children about whom carers contacted Children's Services would have been eligible to be regarded as 'children in need' and thus provided with services. This is an area where Children's Services and other organizations have the opportunity to make a real impact on children's lives and mitigate the strain on kin carers who are making a major contribution to providing children with security and stability.

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