

## Exploring inequalities in the context of kinship care

*Alexandra Chapman and Anna Tarrant*

### Introduction

**This Policy Brief is based on the workshop Exploring inequalities in caring: grandparents' experiences of kinship care from multiple perspectives, which was held at Queen's University Belfast on the 7<sup>th</sup> June 2017. Organised by the ARK Ageing Programme and supported by the British Society of Gerontology Northern Ireland and Keele University, the event focused upon a range of issues related to older kinship carers. Different perspectives were offered from published research, policy and personal accounts, providing powerful insights that were discussed and explored at the workshop.**

**The workshop involved four presentations and seven**

**speakers, interspersed with questions and discussion. This Policy Brief outlines the main points made by each speaker and highlights some of the key issues and themes raised during the event.**

### Context

The term 'kinship care' refers to an arrangement where a child who cannot be cared for by their parents is instead cared for by either a relative or a family friend. This can be a formal arrangement which involves statutory services, although the legal context differs across the United Kingdom (UK). In Northern Ireland, kinship foster carers are assessed and approved by their local Health and Social Care Trust. The children for whom they care are either the subject of a Care Order, or are voluntarily accommodated (Houston et

al., 2015). In England, formal kinship carers are either those who care for a 'looked after' child as an approved kinship foster carer, or those who have taken out a Residence Order, Special Guardianship Order or Adoption Order, which gives them [varying degrees of] parental responsibility' (Nandy and Selwyn, 2013: 1650). Informal kinship carers are close relatives who assume responsibility for a child without having any state involvement.

Several research studies (Cuddeback, 2004; Geen, 2004; Houston et al., 2016; Grandparents Plus, 2016) corroborate that the majority of those providing kinship care tend to have lower incomes, poorer health and are aged 50 and over. There are a number of complex routes into kinship care, and while every situation is unique,

the majority of older kinship carers take on this role as a result of a family crisis in an emergency situation.

Across the UK, and particularly in Northern Ireland, the number of people who are providing kinship care has significantly increased in recent years (Houston et al., 2016; Tarrant et al., 2017). Recent figures from the Children's Social Care Statistics Northern Ireland (DHSSPS, 2016) indicate that in March 2016, 933 children were in a formal kinship placement, accounting for two fifths of those in foster care. This proportion was highest (50%) within the Western Health and Social Care Trust. However, it is important to note that these statistics do not include children living within an informal kinship arrangement.

The main aim of kinship care is to provide family preservation and to offer permanency to children by keeping them close to their own communities and families (Black, 2012). This relates to the right to a family and family life as outlined in the United Nations Convention on the Rights of the Child and the European Convention of Human Rights. It is also reflected in the ethos of the Children (Northern Ireland) Order 1995, which emphasises that safe family settings are significant in

supporting and helping children. While grandparents can offer a huge resource to families, by becoming kinship carers they face an array of issues and challenges. McSherry et al. (2016) found that kinship foster carers had high levels of clinical stress, perhaps reflecting a complex and challenging family context. Research from Nandy and colleagues (2011) found that over one third of older kinship carers reported a limiting long-term illness or disability that restricted their daily activities. As a result, some older kinship carers are often reluctant to approach children's services for support in the fear that they will be perceived as 'too old to care' (Wellard, 2012). With this in mind, it is crucial that legislation considers an array of complexities that are associated with providing care and ageing.

Seven invited speakers presented at the workshop, which was divided into two sessions. The first session *Messages from research* focused on research findings about kinship carers in the UK with presentations from Anna Tarrant (University of Lincoln), and Mandi MacDonald (Queen's University Belfast) and Kathleen Toner (Fostering Network in NI). The second session *Carers and Practitioners* focused on practical experience in Northern Ireland. Evidence from kinship carers was

provided by presentations from Michelle O'Neill (Kinship Care NI) and Rose Hughes (a kinship carer). The experience of practitioners was highlighted by Mark Cocks and Dymphna Brogan (Western Health and Social Care Trust).

## **Session 1: Messages from research**

### **Reflections on inequalities experienced by kinship carers in the UK: insights from research**

*Anna Tarrant, University of Lincoln*

Anna's presentation focused on men's care responsibilities, specifically the sexism experienced by grandfathers who have faced inequalities in their caring roles. Drawing on qualitative research conducted for her study *Men, Poverty and Lifetimes of Care*, a range of issues for grandfathers were presented. In particular, Anna highlighted the impacts of gender imbalance as it operates in both policy and practice. The research found that while the majority of kinship carers are women, there is also a large proportion of men who provide this care, either as part of a couple or as a lone carer. However, often because of perceived gender roles, men can be overlooked and have not received much attention. Anna illustrated several examples of this from the research and also discussed the impact gender inequalities can have on the

experiences of these male kinship carers.

At the forefront of these men's narratives were the financial challenges of caring – often in unanticipated circumstances – which supports the established link in research between kinship care and poverty (see, for example, Nandy and Selwyn, 2013). This was a major concern for participants, and one participant in Anna's research stated that the 'government is making it harder'. In an era of austerity and deep spending cuts in social services fuelled by a neo-liberal ideology, a greater reliance has been placed on family support. Thus, for some families financial hardship is worsening. Attention was also paid to the financial divide between the different legal statuses of carers, as it was found that informal carers were less likely to receive any form of financial support compared to those who were formally recognised.

### **Hearing the voices of kinship foster carers in Northern Ireland**

*Mandi MacDonald, Queen's University Belfast and Kathleen Toner, The Fostering Network in Northern Ireland*

As highlighted earlier, the number of people who are kinship carers is at an all-time high in Northern

Ireland, and the number of those who are grandparents is also rising. Both speakers asserted that there are no signs of these numbers slowing down, and that a further 200 foster families are needed in the next 12 months to support the growing number of children who need care. The presentation focused on the findings from a mixed-methods study into the characteristics, needs and experiences of kinship foster carers, which was commissioned in 2013 by the Health and Social Care Board (Houston et al., 2015; 2016). All foster carers in Northern Ireland are members of the Fostering Network, and a sample of members completed a questionnaire, with a sub-sample participating in a semi-structured interview.

The research findings highlighted that most kinship carers often take on this role during a crisis situation and the majority are women. Akin to Anna Tarrant's research findings, the study also indicated a link between a lack of economic activity and kinship care. The study found that 75% of respondents felt that the amount of fostering allowances from social services was adequate to meet the needs of child/children. However, many felt that with the impact of the current economic climate and increasing cost of living, providing care was

difficult, especially for those who were already in financial hardship before they became a kinship carer.

## **Session 2: Carers and practitioners**

### **Caring for kin**

*Michelle O'Neill, Kinship Care NI and Rose Hughes, kinship carer*

As an advocacy worker at Kinship Care NI, Michelle's role is to provide advice and support for those who are kinship carers. Her presentation focused on the overall characteristics of kinship carers, the challenges they face, and the range of services that are available for them. For example, statistics from the 2011 Census of Population in Northern Ireland identified 8,655 children being cared for by 6,794 kinship carers (Rodgers and Waugh, 2015). One quarter (26%) of these kinship carers were aged 55 years or over, and almost one quarter had their day to day activities limited by a long term health problem or disability. Again, it was recognised that the majority of these kinship carers are grandparents who are either unemployed, or whose pension is their main source of income. There is a growing number of older kinship carers who have either a long-term illness or a disability, and Michelle discussed the impact that this can have on both the carer and their families. The importance of 'looking after yourself' was

emphasised throughout the presentation, as it was recognised that while caring can be rewarding, it can also be physically and emotionally exhausting, and that help and support is available.

All of these issues came to life when Rose an older kinship carer for two granddaughters discussed her own personal experience. Rose identified the difficult move from being a 'grandparent' to 'parent', and the challenges this presented. Falling into the category of the 'sandwich' generation, Rose takes care of both her grandchildren and her own parents, making her responsibilities even more challenging. The complexity of understanding social services was also highlighted, especially when kinship carers normally take on this role in emergency situations and have little understanding of the overall system beforehand. Rose ended her presentation by expressing how privileged she feels being an older kinship carer and in spite of the challenges she asserted that she 'would not change it for the world'.

## **Kinship Care in the Western Health and Social Care Trust**

*Mark Cocks and Dympna Brogan, social work managers based in the fostering service*

This presentation focused on a range of findings for kinship care in the Western Trust, particularly the impact this can have for older people. Not only has this jurisdiction witnessed an increase in the number of kinship carers, but 48% of this group are aged over 50 years. It was highlighted that the majority of older kinship carers do not always intend to take on this role, but there can be an 'emotional pull' in such scenarios because they want to help. Normally, they propose to take this on in the short term, but it often ends up being for a longer period of time. As a result, older carers become fatigued and are more likely to have health problems.

To help inform practitioners, Mark discussed the feedback of older kinship carers in the Western Trust. Many had never been in contact with social services before, which brings a whole new experience. In particular, many older carers were concerned about their feelings of being judged because of their age. Thus, the Western Trust Mark encouraged a new multi-agency partnership approach to manage these situations, making it easier

and less stressful especially for those carers who were unsure of how to navigate social services systems.

## **Key themes**

Throughout the presentations, several key themes emerged. These were also evident within the discussion sessions chaired by Robert Hagan (Keele University). This section of the Policy Brief identifies these themes, especially those focusing on how practitioners and policy-makers can better support the growing number of older kinship carers in Northern Ireland.

### *Gender roles*

The workshop discussion focused on how societal norms in relation to gender roles influence expectations about men and their engagement in care. In particular, Anna Tarrant's research found that for many older male kinship carers, perceptions of traditional gender roles persist. As a result, they do not receive the same research or practice attention as women carers. In addition, where mixed-sex couples are kinship carers, women are often more in contact with practitioners and agencies than men are. These gendered inequalities are observable in the experiences of men who seek to become a

kinship carer, but instead report a range of barriers at both policy and practice level. The notable dearth of research and evidence in this area presents challenges for both practitioners and policy-makers as policies continue to be gender blind.

### *Financial pressure*

Financial pressure was recognised as a ‘norm’ for many kinship carers and this was highlighted throughout the workshop. For grandparents, in particular, the challenge of providing care on a low income was raised by Rose who had first-hand experience of the financial difficulties kinship carers face. The link between unemployment and kinship care was also apparent. Rose talked about giving up her new job to become a full-time carer, as did many of the participants in Anna’s study. Unsurprisingly, this is in line with recent statistics that demonstrate that over two-thirds of kinship carers are unemployed and those who are in employment report low-incomes (Green and Goodman, 2010; Strozier et al., 2011; MacDonald et al., 2016). As a consequence, more families are at risk of living in poverty and given the current economic climate, children are also at an increased risk of growing up in poverty than ever before. One participant at

the workshop, a social worker, described this mix as the ‘perfect storm’ in an era of austerity, and expressed that a preventative model should be introduced to provide support to these families before they face severe financial difficulties.

### *Unexpected roles*

Another recurring theme that formed part of the discussion was that the majority of kinship carers take on this role unexpectedly. This is normally in a crisis situation when family or friends will become carers to avoid children being ‘looked after’. Several participants suggested that there should be a strong drive for early intervention to help kinship carers manage this new role as it was outlined that information and knowledge is power in such situations for all involved. The benefits of this family preservation were also discussed, as it is widely accepted that children are likely to experience more stability, feel safer and have a greater sense of belonging by staying within their own family circles. However, there was also a strong sense that there are still many people providing kinship care who have no support whatsoever. It was advised that organisations need to ensure they can identify those who fall into this ‘hard to reach’ category to ensure they

understand their rights and are supported through this process.

## **Conclusion**

The aim of the workshop was to explore kinship care from different perspectives, including research, policy and personal experience. Participants completed an evaluation form at the end of the event, and many identified the diversity of voices as being the most valuable aspect of the day, for example ‘hearing a range of voices’, ‘representation from all sectors’, ‘real perspectives’, and ‘interdisciplinarity’.

It is clear that kinship carers provide a valuable resource to families, society and most importantly for those they are caring for. At a time when the number of older people providing kinship care continues to grow across the UK, it is crucial that any barriers or inequalities carers face must be recognised and tackled. However, given the different dynamics of caring that were discussed throughout the workshop, it is evident that a ‘one-size-fits-all’ approach does not work in kinship care, mainly because each situation is so unique. Nonetheless, it was clear that everyone is working towards the same aim – to ensure that appropriate support (be it financial, social and/or emotional) is available

for those who need it, in order to reduce some of the inequalities kinship carers may face. The workshop also demonstrated that whilst significant progress has been made in terms of policy developments and practical support networks, there is still more to be done to support older kinship carers in the UK. Of particular concern were older male carers who have been noticeably absent from such policy debates.

Further information on this event, including videos and presentation slides, are available at [ark.ac.uk/ap/people/vfellow/anna-tarrant/grandparents/](http://ark.ac.uk/ap/people/vfellow/anna-tarrant/grandparents/)

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### Fostering Network in Northern Ireland

[thefosteringnetwork.org.uk/about/about-us/our-work-in-northern-ireland](http://thefosteringnetwork.org.uk/about/about-us/our-work-in-northern-ireland)

### Kinship Care Northern Ireland

[kinshipcareni.com/](http://kinshipcareni.com/)

### Men, Poverty and Lifetimes of Care project

<http://menandcare.blogs.lincoln.ac.uk/>

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