

The West Midlands Kinship Care report: Supporting kinship families affected by drug or alcohol use



**Written by
The West Midlands Regional Forum**

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The cover of the report is part of Adfam's 'Other Faces of Addiction' exhibition, with Grandma Linda, mum Lisa and her daughter who have been supported by Aquarius Birmingham and have are now Family Recovery Champions providing a respite service to kinship carers.



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Executive Summary

The West Midlands Regional Forum is a space for practitioners working with families affected by a loved one's drug or alcohol use comes together. The Forum has written a report on the needs of kinship carers due to parental drug or alcohol use. The main points of the report are:

- 1 million children are affected by parental alcohol use and an estimated 250,000 to 350,000 children are affected by parental substance misuse in England¹, with 705,000 children living with dependent drinkers².
- 300,000 children live with a kinship carer across the UK³. Of these, 47% of children live with a kinship carer due to parental drug or alcohol use⁴.
- Kinship carers are supporting the same children who would otherwise be in the care system. The only difference between kinship carers and other carers is that they are related to or already known to the children they are looking after.
- It has been recognised that children who are no longer able to live with their parents are more likely to thrive when living with another family member or close family friend, compared to being bought up in foster care or adoption⁵.
- The costs of a child in care can be up to £56,000 per year and if outcomes are poor, then further costs are incurred by the state, such as benefit payments or costs in the criminal justice system⁶.

¹ Adfam (2015) *Support for Families and Carers affected by someone else's drug or alcohol use: Why Invest?*

² Adfam (2011) *Working with grandparents raising their grandchildren due to parental substance use*

³ Grandparents Plus (2013) *The Kinship Care Guide for England, First Edition*

⁴ *Ibid*

⁵ Family Rights Group <http://www.frg.org.uk/involving-families/family-and-friends-carers/research-and-practice>

⁶ Adfam (2011) *Working with grandparents raising their grandchildren due to parental substance use*

- Local Authorities (LAs) across the West Midlands hold little or incomplete information about the numbers of kinship carers that live within their area. Freedom of Information requests were sent to 14 LAs in the West Midlands; only three held information about how many kinship carers due to parental drug or alcohol use lived in their area and six LAs held information on the number of kinship children due to parental drug or alcohol use lived in the area. The report believes that the reported numbers are unlikely to represent the true extent of the numbers of kinship families in the area.
- A 2014 report by Grandparents Plus⁷ highlighted that 48% of all kinship carers are raising children who have emotional or behavioural difficulties and 35% stated that they faced significant challenges supporting children to cope with past trauma or abuse.
- 80% of kinship carers stated that they felt stigmatised or discriminated against for being a kinship carer⁸.
- This report recommends that Local Authorities and other services meet the needs of kinship carers by ensuring they have a clear picture of how many kinship carers due to drug or alcohol use are recorded by drug and alcohol treatment services. Kinship carers should access the same level of emotional, practical and financial support as foster carers, as they are caring for children with the same level of need⁹.

⁷ Grandparents Plus (2014) *Disadvantage, discrimination, resilience: the lives of kinship carers*

⁸ Grandparents Plus (2014) *Disadvantage, discrimination, resilience: the lives of kinship carers*

⁹ Selwyn, Farmer, Meakings & Vaisey (2013) *The Poor Relations? Children and Informal Kinship Carers Speak Out* Bristol University: Buttle UK

Introduction

The West Midlands Regional Forum (WMRF) is a forum for service managers, practitioners and volunteers who work in family support services for those affected by a loved one's drug or alcohol use. The Forum facilitates the sharing of best practice, exchanging knowledge and promoting the sector's voice across the West Midlands.

In September 2014, Kinship Carers Worcestershire support group presented to the WMRF about the needs of kinship carers and the support that is available for them. This presentation set the WMRF on a journey to find out more about kinship carers, their needs and how services can best support them.

This report will:

- provide a background to families of drug and alcohol users,
- identify the needs of kinship carers
- report on how many kinship carers there are in the West Midlands
- what support needs kinship carers may have and best practice for meeting these needs
- highlight the barriers services face to providing support
- make recommendations for how these can be overcome

A case study of Deb and Tom (not their real names) will be used throughout the report to illustrate the lived experiences of kinship carers. Deb and Tom are kinship carers to their three grandchildren, with a Special Guardianship Order, and are supported by a service in the West Midlands.

Purpose

The purpose of this report is to highlight the specific needs of kinship carers and the value that kinship carers add to children of drug or alcohol users across the West Midlands. It concludes with twelve recommendations for supporting this group. It is not the intention of the report to explain the different kinship care

arrangements available to families, but to highlight the needs of this particular group.

Definitions

This report defines a kinship carer as anyone who looks after the child or children of a drug or alcohol user, this could be from babysitting through to a Special Guardianship Order.

Kinship carers are carers who are already known to the child or children, including grandparents, aunts or uncles, siblings, step-grandparents, or a family friend.

The meaning of *family and carers* of drug and alcohol users is used in the broadest sense, relating to immediate and wider family and friends.

Methodology

This report has drawn its information from a variety of sources.

- A survey was completed by members of the WMRF who work with kinship carers who care for children affected by parental drug or alcohol use across the West Midlands.
- Freedom of Information requests were sent to Local Authorities, to gain a picture of how many kinship carers there are across the West Midlands.
- A literature review has been undertaken to understand the needs of kinship carers, particularly work undertaken by Grandparents Plus.

Background

It is estimated that 1 million children are affected by parental alcohol use and an estimated 250,000 to 350,000 children are affected by parental substance misuse in England¹⁰, with 705,000 children living with dependent drinkers¹¹. It is acknowledged that these statistics are likely to underrepresent the true extent of children who are affected by parental drug or alcohol use due to the lack of recorded figures available. For example, the figure of children affected by parental drug use only covers heroin and crack users.

It is estimated that 300,000 children live with a kinship carer across the UK¹². Of these, 47% of children live with a kinship carer due to parental drug or alcohol use¹³. According to the Grandparents Plus briefing on those who are kinship carers due to parental drug or alcohol use¹⁴, it was found that drug and alcohol use was not the only issue affecting children. 27% identified abuse and neglect as a problem, 15% highlighted domestic violence and 7% cited parental imprisonment as issues. 8% mentioned parental illness or disability and 6% said the death of a parent were significant problems. 7% of kinship children were born with Foetal Alcohol Syndrome¹⁵.

What are the benefits of raising children in a kinship care arrangement?

It has been recognised that children who are no longer able to live with their parents are more likely to thrive when living with another family member or close

¹⁰ Adfam (2015) *Support for Families and Carers affected by someone else's drug or alcohol use: Why Invest?*

¹¹ Adfam (2011) *Working with grandparents raising their grandchildren due to parental substance use*

¹² Grandparents Plus (2013) *The Kinship Care Guide for England, First Edition*

¹³ *Ibid*

¹⁴ Grandparents Plus (2011) *Family and Friends Care and Parental Substance Misuse*

¹⁵ Grandparents Plus (2014) *Disadvantage, discrimination, resilience: the lives of kinship carers*

family friend, compared to being bought up in foster care or adoption¹⁶. It offers children greater stability, helps them to feel loved and cared for and harnesses their sense of family identity. Kinship carers are more likely to remain committed to looking after their kinship children, especially when faced with difficult behaviour, as there is a deeper sense of connection¹⁷. Furthermore, it can help kinship children maintain relationships with their parents and other family members. As Deb and Tom recall:

“Our grandchildren are being raised in a normal family environment rather than being in foster care. We are able to see them, their extended family have contact with them and we are still a family, none of which would not have been possible if they were in care. We have been able to see these children grow, develop and improve. There has been such a huge positive change in them since they came to live with us and seeing that makes us so happy.”

The costs of a child in care can be up to £56,000 per year and if outcomes are poor, then further costs are incurred by the state, such as benefit payments or costs in the criminal justice system¹⁸. Placing a child or children into kinship care is a cost effective way of safeguarding a child and, as noted above, is more likely to offer longer term and more secure placements for children. As will be discussed later, kinship carers deserve full support from Local Authorities in order for placements to be as successful as possible.

¹⁶ Family Rights Group <http://www.frg.org.uk/involving-families/family-and-friends-carers/research-and-practice>

¹⁷ *Ibid*

¹⁸ Adfam (2011) *Working with grandparents raising their grandchildren due to parental substance use*

What are the difficulties in being a kinship carer?

Raising someone else’s child due to parental drug or alcohol use has a significant impact on kinship carers. Grandparents Plus¹⁹ identified that:

- 47% of kinship carers struggle financially, which compares to 36% of kinship carers who are caring for children for reasons other than parental drug or alcohol use.
- 28% said they had to give up work to look after children, with a further 28% stating that they had to reduce their work hours.
- 64% of kinship carers said they had a household income of less than £300 a week.
- 53% of kinship carers said they had a chronic health condition or disability, including arthritis and high blood pressure.
- 52% of kinship carers stated that they are stressed, with a further 11% saying they were depressed.
- 49% stated that they were looking after at least one child with special needs or disability.
- 37% of kinship carers highlighted that the children they were looking after had behavioural or emotional difficulties, compared to 28% of kinship carers who looked after children for other reasons.
- 83% of kinship carers have a Residence Order or Special Guardianship Order, with only 37% receiving financial assistance from their local authorities.
- 1 in 4 kinship carers are lone carers²⁰.

It was also noted that in some cases, kinship carers were providing emotional, financial or practical support to the parents, as well as the children.

¹⁹ Grandparents Plus (2011) *Family and Friends Care and Parental Substance Misuse*

²⁰ Family Rights Group <http://www.frg.org.uk/involving-families/family-and-friends-carers>

It has been identified that 32% of kinship carers describe their relationship with the child or children's mother as "difficult", and 23% describe their relationship with the father as "difficult". Just 22% and 14% identify their relationship as "good" with the mother or father respectively. 24% had no contact with the mother, and 43% had no contact with the father²¹.

Difficult relations between the parents and kinship carers can lead to tricky situations, especially where children are living with a kinship carer and parents still have key decision making responsibilities for their children, for example through Child Arrangement Orders. This is where a court has ordered for children to be placed in kinship care. Birth parents and kinship carers have joint decision making responsibility for the child or children, and parents maintain financial responsibility. It can become difficult when birth parents and kinship carers want different things for the child or children.

How many kinship carers are there in the West Midlands?

Local Authorities (LA) across the West Midlands were sent Freedom of Information requests in February 2015, asking for information about the numbers of kinship carers in the region, and identifying how many were kinship carers due to parental drug or alcohol use. The table overleaf summarises the information gathered from the requests. Sandwell Metropolitan Borough Council was the only LA that did not send a response within the 20 day time period.

From the FOI requests, we found:

- All LAs that replied could identify how many drug or alcohol users were in treatment in the area.
- 6 LAs identified the number carers of drug and alcohol users in their area.

²¹ Grandparents Plus (2011) *Family and Friends Care and Parental Substance Misuse*

- 6 LAs had records of how many kinship children due to parental drug or alcohol use live in the area.
- Only 3 of the 14 LAs that replied could identify how many kinship carers due to parental drug or alcohol use live in the area.

It is clear that LAs hold a lot of information about drug or alcohol users, but little to nothing is known about their wider family and networks, including information about drug or alcohol users' children and whose care they are in. Despite the efforts of this report to try and gather this information, it is clear that this information is not recorded. It is highly likely that the LAs that have identified the number of kinship carers and the children they look after do not reflect the true numbers that live in each area. This is due to several factors, including: lack of monitoring and recording of kinship carers by different agencies; differing kinship arrangements, meaning that informal kinship arrangements are less likely to be recorded or acknowledged by agencies; and kinship carers not coming forward to agencies due to stigma around having a drug or alcohol user in the family, or fear of having children taken away²².

However, this is not to say that kinship care families have fewer support needs. The lack of information on this group strongly demonstrates the need for robust record keeping to be implemented by LAs and services working with drug and alcohol users about their wider family network, especially where children are involved. Record keeping and signposting to relevant family and kinship support services is the first step to ensuring that LAs are aware of how many kinship carers live in their area, families are fully supported and that children are being looked after in an environment which is appropriate for them and their wider family.

²² Adfam (2012) *Challenging Stigma*

LA	How many drug or alcohol users received treatment in the past 12 months**?	How many known carers of drug or alcohol users are there?	How many kinship carers live in your LA?	Of the total number of kinship carers, how many are kinship carers due to drugs or alcohol?	How many children are looked after by a kinship carer due to parental drug or alcohol use?
Birmingham	9,202	No answer	No answer	No answer	No answer
Coventry	2,000	No answer	No answer	No answer	No answer
Dudley	1,586	No answer	98	14	16
Herefordshire	623	505	190	No answer	27
Sandwell					
Shropshire	1,585	142	47	No answer	No answer
Solihull	1,797	n/a	45	No answer	4
Staffordshire	3000 – 4000	250	No answer	No answer	No answer
Stoke-on-Trent	3,072	No answer	No answer	No answer	No answer
Telford and Wrekin	688	55	No answer	No answer	5
Walsall	2,504	9	123	10	10
Warwickshire	2,404	86	31	No answer	No answer
Wolverhampton	No answer	No answer	46	13	52
Worcestershire	2,616	No answer	76 kinship carers with full or temporary approval and 65 with Special Guardianship Orders	No answer	No answer

Table 1: Responses from Freedom of Information requests in February 2015

What support needs do kinship carers have and how can they be best supported?

Kinship carers have differing support needs, depending on their individual circumstances. It is widely recognised that kinship carers may have:

- Financial needs: one-off or regular financial payments
- Emotional needs: one-to-one support, counselling or mediation
- Practical needs: training and respite support.

Kinship carers are supporting the same children who would otherwise be in the care system. The only difference between kinship carers and other carers is that they are related to or already known to the children they are looking after. As previously noted, the costs of a child in care can be up to £56,000 per year and if outcomes are poor, then further costs are incurred by the state, such as benefit payments or costs in the criminal justice system²³. 47% of kinship carers are struggling financially with the costs of looking after their kinship child or children and 64% have a household income of less than £300 a week. Whilst in the long term, kinship families are saving LAs money, they are not being appropriately financially supported by LAs. This imbalance needs to be readdressed to ensure that kinship families are as successful as possible, without any financial strain.

In terms of emotional support, children who are looked after by kinship carers due to parental drug or alcohol use may have also been subjected to other traumatic experiences, such as domestic violence, abuse, neglect, parental imprisonment or bereavement. A 2014 report by Grandparents Plus²⁴ highlighted that 48% of all kinship carers are raising children who have emotional or behavioural difficulties and 35% stated that they faced significant challenges supporting children to cope with past trauma or abuse. Often, kinship carers are

²³ Adfam (2011) *Working with grandparents raising their grandchildren due to parental substance use*

²⁴ Grandparents Plus (2014) *Disadvantage, discrimination, resilience: the lives of kinship carers*

not always aware of the extent of the issues going on before they take on a caring role²⁵. Deb and Tom, kinship carers of three grandchildren, highlight that:

“When the children came to live with us they were behind in their development with the six year old still wetting the bed and having problems with his speech. None of them had had their immunisations and they had absolutely no idea about routine. As time went on they started to tell us how they had been treated while in their mother’s care, such as being tied in a room while she went out at night. We discovered that the two boys had been sexually abused. Discovering this was heart breaking and terrifying, we had no idea how to deal with this type of behaviour.”

Practical support, such as training and respite care, should be made available to all kinship carers. As noted above, 53% of kinship carers state that they have other long-term health problems. For those looking after a child later in life, this can present different challenges from when they raised their own children, for example the rise of the internet can leave some older kinship carers feeling lost about how to keep their kinship child or children safe online.

It is clear that kinship carers need access to the same levels of support that foster carers receive to be able to fully support the children in their care.

It is recognised that all LAs across the West Midlands have a Family and Friends Care Policy. However, the policies across the region vary, with some offering more support, or easier access to different levels of support. There are also anecdotal examples where kinship carers are promised a certain level of support, but it is not upheld in practice when legal orders change. This concurs with Deb and Tom’s experience:

“After about six months of being on a Residency Order we were told by Children’s Services about the Special Guardianship Order

²⁵ Grandparents Plus (2013) *The Kinship Care Guide for England, First Edition*

(SGO). They told us that it was the same as a Residency Order but allowed us to have more say about the care of the children, such as their school and the contact with their mother. The children's mother was becoming more chaotic and we thought that this would be best. We were assured that the support they offered us would stay the same to deal with the additional needs of the children and, importantly for us as we were already struggling; the money we received would not change, they said this would be honoured for two years. This was not so, as soon as we walked out of court after being granted the SGO, Children's Services did not help us deal with the children's difficult behaviour and we lost £100 a fortnight, leaving us without enough to live on. Basically they left us to it with no support then came banging at the door when anything happened."

Practitioners across the West Midlands who support kinship carers recognise that there should be a variety of support available to this group according to their needs. Support could include:

- one-to-one support
- support groups
- couples therapy
- family group conferencing
- drop in sessions
- educational groups

- respite services.

Deb and Tom identified support from their grandchildren's school and the drug and alcohol family support service as particularly helpful:

"The Family Support Worker at the children's school and the Head have both been wonderful, they gives us truthful reports about the children's progress and behaviour but are also very understanding about the children's background. They really understand our situation and have even reported to us when the children's mother was seen near the school.

I am so glad we found the kinship service as what they offer is what we needed but couldn't find. There is support out there for the children but none for us. Being able to talk to someone about dealing with the children's behaviours and our worries around their mother has been a great relief. We worry about the drugs the children have seen and although they haven't spoken about anything yet, we have improved our understanding to tackle these questions if they do. The respite during the school holidays has been such a blessing too, it is exhausting looking after three young children; we thought our parenting days were over. This service has really seen us as a family rather than kinship carers looking after these children, and when we have gone along to the family activities we have been able to meet families in similar situations."

What barriers are there to providing support to kinship carers?

Practitioners working in drug and alcohol family support services recognised that the biggest barrier for services supporting kinship carers is funding. Whilst services do support kinship carers within the family support structures already available, it is recognised that the lack of funding has been a major barrier for providing specific kinship carer support.

Further barriers include a difficulty in attracting kinship carers to groups that are running. This can be associated with the stigma that surrounds having a drug or alcohol user in the family, which is often difficult for families to overcome. 80% of kinship carers stated that they felt stigmatised or discriminated against for being a kinship carer²⁶.

Grandparents Plus²⁷ highlighted that 77% of kinship carers have requested professional support from various agencies, such as local authorities, children's services, Child and Adolescent Mental Health Services and GPs. 33% did receive the help they needed, however 30% received no support at all, and 37% did not receive all the help they needed. Many attributed this to the lack of understanding around kinship carers and their circumstances. This is also echoed in Deb and Tom's experience:

"We had a hard time with Children's Services; they made a lot of empty promises to us about the support that we were going to provide. When the children's mother started making accusations, which was in the hope that the children would be taken from us, Children's Services treated us like we had been the ones abusing the children all along, rather than looking at where the accusations were coming from. We felt in Children's Services eyes we could never do anything right, and that we were to blame for the sexualised behaviour because we were bad parents, not

²⁶ Grandparents Plus (2014) *Disadvantage, discrimination, resilience: the lives of kinship carers*

²⁷ Ibid

seeing that actually we were struggling to deal with these horrible situations. It was so frustrating."

It is clear that the lack of funding and the lack of understanding about the particular needs of kinship carers are major barriers for accessing the right level of support.

Recommendations

This report recommends the following to Local Authorities:

1. Local Authorities to ensure that they hold accurate information about the numbers of kinship carers in their areas, where the prime concern is due to parental drug or alcohol use.
2. Identify appropriate monitoring outcomes for kinship carers.
3. Ensure that kinship carers are able to access the same entitlements as foster carers, including training and financial support.
4. Publish a robust Friends and Family Policy with specific support clearly set out.

This report recommends the following to commissioners:

5. To recognise the specific needs of kinship carers and how their support can be funded, particularly around training needs and respite services.
6. Include specialist kinship care support services within new tenders and contracts.

This report recommends the following to drug and alcohol treatment services:

7. Drug and alcohol managers and practitioners must recognise the needs of the wider family in supporting a loved one who uses drugs or alcohol, and ensure that family members are signposted to specialist family support services.
8. Drug and alcohol treatment services should record where the children of their clients are living and who they are living with, and ensure that those

who are caring for their children are aware of support that is available for them.

9. Ensure that family support groups are well promoted within the service and wider community.

This report recommends the following for drug and alcohol family support services:

10. Ensure that family support groups are well promoted within the service and wider community.
11. Kinship carers should be actively identified and offered specific support to kinship carers, such as a kinship care support group.
12. Measure the outcomes of kinship carers using recognised outcome measurement tools.

Useful websites

Adfam: www.adfam.org.uk

Family Rights Group: <http://www.frg.org.uk/>

Grandparents Plus: <http://www.grandparentsplus.org.uk/>