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Growing Up in Kinship Care

**Experiences as Adolescents
and Outcomes in Young
Adulthood**

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Grandparents Plus 2017

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Foreword

Grandparents Plus has long been at the forefront of fighting for better support for kinship carers, so that they can provide the best homes possible for children. Over the last 16 years, we've gathered a huge amount of knowledge on the subject, especially on what it is to be a kinship carer and the many challenges they face. As the first research in the UK focussed on the unique experience and outcomes of young people who've grown up in kinship care, this report is the missing piece of the puzzle, and shines a light on a group of young people that has been too invisible to policy makers and service providers especially.

We're immensely grateful to the young people and kinship carers who shared their experiences with us, to the Paul Hamlyn Foundation for supporting the study and the authors of this report – Sarah Wellard, Sarah Meakings, Elaine Farmer and Joan Hunt – for the huge amount of effort that's gone into it. Thanks also go to the local authority teams who worked with us to find participants and to everyone who gave their time and expertise in commenting on various drafts of the report.

Grandparents Plus is committed to transforming kinship care. The findings will influence our work as a charity, and we hope they will stimulate a step change in the understanding of and support for children and young people in kinship care and their carers.

Lucy Peake
Chief Executive, Grandparents Plus

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Grandparents Plus is very grateful to the Paul Hamlyn Foundation for recognising the importance of finding out more about the outcomes for young people growing up in kinship care, for their generous funding of the work and for their support throughout the project. Particular thanks are due to Susie Dye and Kate Hitchcock.

Grateful thanks are due to Grandparents Plus staff past and present. The study was initially conducted by Sarah Wellard, former Director of Policy and Research at Grandparents Plus, who was responsible for all aspects of the research and Jessica Satchell her research assistant. Mahamani Cronin conducted some of the interviews. Yanyan Ni and Tonje Amland gave generously of their time and skills as volunteer research assistants, working on data analysis and writing. In particular the study's viability was assured when Lucy Peake took up the role of Chief Executive of Grandparents Plus and found resources to allow the interviews to be completed and the report to be written up.

Grandparents Plus trustee Professor Elaine Farmer (University of Bristol) was research consultant from inception to completion of the study.

We would like to thank members of the Research Advisory Group for their help: Susie Dye (Paul Hamlyn Foundation), Professor Joan Hunt (Cardiff University), Jim Wade (University of York), Professor Elaine Farmer (University of Bristol), Julie Wilkes (kinship carer and Grandparents Plus Trustee) and Valerie Hales (former Children's Services manager). Valerie Hales also provided significant help as a volunteer interviewer.

An enormous amount of painstaking work brought the study to completion. A deep debt of gratitude is owed to Dr Sarah Meakings and Professor Joan Hunt (both of Cardiff University) who gave very generously of their time to contribute to further analyses, reanalysis and writing up of the data and worked with Professor Elaine Farmer, who had overseen the work throughout the study, to finalise the report.

We are very grateful to the three local authorities which assisted us in approaching families to invite them to take part and supported the study and to the Grandparents Plus Relative Experience project and kinship care support groups which helped to recruit participants.

Most of all our grateful thanks are due to the young people and their carers who participated in the research and willingly and openly shared their personal experiences of kinship care with us and provided us with valuable insights into their lives.

We have tried to represent accurately the many different experiences and views of kinship care in this report and also convey some of the complexity of the issues. However, if there are any errors they are solely our responsibility.

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1. Introduction, aims and methods

For children who are unable to live with their parents, kinship care arrangements (living with extended family or friends) represent the most frequently used form of alternative provision in England (Wijedasa, 2015). Analysis of the 2001 UK census data found that around 173,200 children were growing up with a relative in kinship care (Nandy *et al.*, 2011). A decade later, the 2011 census showed that the kinship child population in England had increased by 7%, meaning that as many as one in seventy-four children were growing up in the care of the extended family (Wijedasa, 2015).

There are many, often complex, circumstances that result in the need for kinship care. They include parental difficulties and adversities such as drug and alcohol misuse, mental health problems, physical illness, learning difficulties, domestic violence, homelessness and imprisonment. Some children move in with extended family or friends when a parent dies. Most children enter kinship care with a history of maltreatment and with parents who have been unable or unwilling to prioritise their needs (Selwyn *et al.*, 2013). Some children have a disability or behaviour problem that leads to parents being unable to care safely for them (Department for Education, 2011). Children living in kinship care will often have faced a similar range of adversities to children looked after in state care. Indeed, many children living with extended family and friends would be in local authority care, had their relatives not stepped in to bring them up (Hunt *et al.*, 2008; Farmer and Moyers, 2008; Selwyn *et al.*, 2013).

Whilst there is a considerable literature on the disadvantages and difficulties faced by young people leaving local authority care (see for example, Stein, 2012; Wade, 2014), much less is known about how children who have been brought up in kinship care get on as young adults. Do they do better or worse than care leavers and how do they compare with young people in the general population?

To our knowledge there are no UK studies which address these questions and the international literature is sparse. There appear to be only two studies which explore the perspectives of young adults brought up in kinship care (Del Valle *et al.*, 2011; Dolbin-Macnab *et al.*, 2009) and four that consider outcomes in adulthood (Benedict *et al.*, 1996; Carpenter and Clyman, 2004; Fechter Leggett and O'Brien, 2010; Del Valle *et al.*, 2011).

The objective of this research, funded by the Paul Hamlyn Foundation and conducted by Grandparents Plus, was to fill this gap in our knowledge. More specifically, the aims of the study were to examine the experiences and outcomes of young adults, aged 16-26, who had lived, or continued to live, in kinship care. Information was sought on their relationships with family and friends (including their kinship carer, parents and siblings), their health and wellbeing, educational attainment, and access to further training, higher education and employment. Where possible, comparisons were drawn between the progress of young people in our study and that of care leavers and/or young people in the general population. Since there have been concerns about the young

age at which care leavers move to independent living (see for example, Wade and Dixon, 2006; HM Government, 2016), we wanted to consider how the transition to independence was experienced by young people in kinship care, or in fact, how often the young people remained living in the kinship household as young adults. The study also set out to capture the views and experiences of kinship carers.

Methods

Semi-structured interviews were carried out with 53 young people who had lived (or continued to live) with extended family or friends. Interviews were also conducted with 43 kinship carers. An 'investigator-based' approach was used at interview (see for example, Quinton and Rutter, 1988). Using a pre-coded interview schedule, this method allows for the collection of numerically analysable data, whilst also generating extensive qualitative material.

Participants were recruited to the study in a range of ways. Three local authority Children's Services departments (in the north of England, London and the south of England) assisted by contacting carers known to them on behalf of the research team. However, many of their contact details turned out to be incorrect, particularly for families who had been living in London. Some of the carers who were contacted were unable or unwilling to take part due to their own ill health, or because they were no longer in touch with the young people or because their relationship with them was too difficult. The Grandparents Plus support network for kinship carers also helped with recruitment, by inviting members to take part through advertisements placed in the charity's newsletter. Kinship care support groups in the northwest and

east of England and the Relative Experience kinship care support programme, delivered by Grandparents Plus and Family Lives in the north east England and now London, also assisted. Two young people were recruited through personal contacts. Furthermore, efforts were made to recruit participants through a provider of hostel accommodation for young people. Table 1.1 sets out the numbers of young people recruited through these different strategies.

Table 1.1: Recruitment sources for study participants

Source of recruitment	n	%
Local authority contact	22	41.5
Grandparents Plus kinship care support network	22	41.5
Other kinship support group or word of mouth/personal contact	6	11
Grandparents Plus Relative Experience project	3	6
Total	53	100

An attempt was made to ensure that a broadly balanced sample was achieved in terms of the young people's gender, their age at interview, age on entry into kinship care, relationship to the kinship carer, geographical location, socio-economic background and the legal status of the arrangement. Particular effort was made to include young people with disabilities and other special needs, those from ethnic minorities and those who were no longer in contact with their carers. However, it proved difficult to recruit young people who were not white British and those who were not in touch with their carers;

because of the latter, the study sample may be biased towards the more successful kinship care arrangements. In most cases, the kinship carer was contacted in the first instance, who in turn, helped to recruit the young person. However, several young people were contacted directly by the research team and invited to participate, some of whom approached their carer about participation.

All the 53 young people who participated in the study were young adults (aged 16-26 years) who had lived in kinship care for at least two years. The sample contained 10 kinship families in which two young people (siblings) were interviewed. Forty three carers were also interviewed, of whom 38 were paired with a young person; that is to say that we interviewed both the young person and their kinship carer. When siblings from the same kinship family had participated in the study, we asked their carer to focus on just one young person in their interview. Five carers were interviewed in the absence of an interview with the young person they had brought up. In these instances, the young

people could not be contacted, had refused to be interviewed, had died or were thought to be too vulnerable to participate. Five young people were interviewed without a corresponding carer interview because their carer was unavailable or was too unwell to participate. These interview combinations are shown in Table 1.2.

Individual interviews were carried out separately with the young people and the kinship carers, most often in the kinship home. A few young people were interviewed in their own home, or other locations, including rooms booked through a local library and a kinship support group office. All but one interview was conducted face to face. The interviews took about 90 minutes, although several interviews with carers were much longer.

In all but one instance, the interviews were recorded and fully transcribed. One young person did not want to be recorded, so detailed notes were taken instead. The interview work was carried out by a team of five experienced researchers. The interview schedules for the

Table 1.2: Interview combinations of the young people and their carers

	Young people (n)	Kinship carers (n)
Paired interviews (both young person and their carer interviewed)	38	38
Only carer or only young person interviewed	5	5
Sibling interviewed (carer interviewed about a brother or sister)	10	-
Total number of interviews	53	43

kinship carers and the young people covered the following areas:

- Demographic data about the young person and their carer
- Reasons for entering kinship care / what was happening in the family at time
- Childhood experiences of kinship care (up to age 12)
- Teenage experiences of kinship care
- Support provided to the young person and carer
- Education (schooling and post 16 education), training and employment
- Young person's health and wellbeing
- Relationship between the young person and their carer
- Relationships between the young person and their parents
- Other key relationships: siblings, wider family, friends, partners
- Current situation and living arrangement of the young people
- Hopes for the future

The young people also completed two standardised measures: the General Health Questionnaire (GHQ) 12 (Goldberg and Hillier, 1979), measuring the young people's psychosocial functioning and the Parental

Bonding Instrument (PBI) (Parker *et al.*, 1979) to assess the parenting they had received from their carers. Furthermore, they were asked to record all their examination results (with dates) and complete a tick-box assessment of their independent living skills. Carers were asked to fill in a checklist developed by the researchers, detailing the young people's emotional and behavioural presentation during their teenage years.

A selection of coded responses completed by each interviewer were cross-checked for consistency. Coding decisions for any ambiguous responses were agreed by the research team. The quantitative data generated were entered into SPSS by two researchers working together to increase accuracy. The databases were cleaned in preparation for analysis.

Following each interview, a detailed summary was written. The qualitative material from the interviews was analysed thematically. The transcripts and summaries were read and re-read to promote familiarisation with the data and central charts that summarised key data were created. Themes and patterns from within the organised data were identified.

In what follows, the names and some of the details of the individuals who are described have been changed in order to preserve anonymity. In the next chapter, we describe the characteristics of the young people and their kinship carers who took part in the study.

2. The young people and their kinship carers

In this chapter, we report on the characteristics and care histories of the young people who participated in the study. We describe the key features of the kinship arrangement, including the relationship of the carers to the young people and the duration and legal status of the placement. We also set out the ages of the kinship carers at the start of the placement and when the young people turned 16.

Age gender and ethnicity of the young people

Of the 53 young people interviewed for the study, 26 were male and 27 female. Their average age was 19 (range 16–26 years). The majority (94%) were white British; 6% were of mixed ethnicity (White and African or Black Caribbean). Since the 2011 census data showed that nearly one in three children living in kinship care in England (32%) were non-white (Wijedasa, 2015), it can be seen that ethnic minority young people were under-represented in the study.

Disability

Five (9%) of the young people in the study said they had a disability. This figure is similar to the rate of disability reported in the general population, which has been calculated at 5.7% for adults of working age (Office for Disability Issues and Department for Work and Pensions, 2014). Although the kinship carers were not asked directly about disability, the interviews

suggested that more of the young people had a disability (about one in five), than was reported by the young people themselves. Most commonly carers identified autistic spectrum and attention deficit disorders, as well as learning difficulties and physical disability. The prevalence of disability in the kinship young people, as suggested by their kinship carers, is comparable to the 10–25% rate of disability reported in the 'looked after' children population (Baker, 2007).

Geographical location

All the young people interviewed lived in England. Most lived in London (13, 25%), Yorkshire and the Humber (12, 23%) or the Northwest (10, 19%). One young person was from the South West. Others lived in the South East (7, 13%), North East (5, 9%), or East (5, 9%) of England.

Age of the young people on entry into this kinship arrangement

On average, the children were almost seven years old when the kinship arrangement they were being interviewed about started (range 0–16 years). However over a third (36%, 19) had been under five, including nearly a quarter who were under 12 months old. At the other end of the spectrum 28% (15) were adolescents (aged 12 and over). Table 2.1 sets out the ages of the children at the start of the kinship arrangement.

Table 2.1: Age of young people at the start of this kinship arrangement (n=53)

Age	n	%
Under 12 months	12	23
1 year – 4 years, 11 months	7	13
5 years – 7 years, 11 months	11	21
8 years – 11 years, 11 months	8	15
12 years – 14 years, 11 months	11	21
15 years +	4	7
Total	53	100

Stability and duration of the arrangement

Most (41, 77%) of the young people were either still with their carers at the point of being interviewed (29, 55%), or had lived there until they were at least 18 (12, 22%). This represents 72% of those aged 18 or over (31 of 43). Twelve young people had left the kinship home prematurely (under the age of 18), including three who had left before they reached 16.

On average, the young people had lived with their carers for just over 11 years. More than half, (28, 53%) had been there for 13 years or more. The duration varied, however, from 2 to 21 years. Eleven young people had lived with their carer for less than 5 years, another 11 between 6 and 10 years, and 12 between 11 and 15 years. Nineteen young people had lived continuously with their kinship carer for more than 15 years.

Relationship between the young people and their main kinship carer

The main kinship carers for more than two thirds (71%, 38) of the young people were grandparents; whilst 19% (10) were aunts or uncles, 6% (3) were older siblings and 4% (2) were friends or connected persons. Three quarters (40) of the kinship carers were maternal relatives. Table 2.2 shows the young people's relationship to their main kinship carer.

Table 2.2: Young person's relationships with their main kinship carer (n=53)

Relationship type	n	%
Grandmother	33	62
Grandfather	5	9
Aunt	8	15
Uncle	2	4
Older brother	2	4
Older sister	1	2
Family friend	2	4
Total	53	100

Analysis of the 2011 census data showed that 51% of young people in kinship arrangements in England were cared for by grandparents and 23% were cared for by siblings (Wijedasa, 2015). Compared to this national data, grandparent kinship carers were over-represented in the study, and sibling kinship carers under-represented (as is the case with most kinship care studies).

In over two-thirds of the sample (36, 68%), when the young person moved in, their carer had a partner living with them. The remaining third (32%) of the kinship carers were caring alone. This is similar to the proportion (27%) in Farmer and Moyer's study (2008) but is lower than that in Selwyn and colleagues' (2013) study of informal kinship care (51%). Where the carer who was interviewed (and considered the primary carer for the purpose of the research) was male, all had a partner to share the task (five grandfathers, two uncles and two older brothers). In contrast, of the 33 grandmothers interviewed, 13 (39%) were caring alone, as were the two female 'friend' carers and two of the eight aunts.

Previous care arrangements

Before entering the kinship arrangement that relates to this study, 58% (31) of the young people had not lived with any carers other than their parents. However, the remaining 42% (22) had experienced placement instability. Eight had lived previously with these kinship carers, four of whom had also spent some time in local authority (stranger) foster care. Six had lived with a different kinship carer, two of whom had also lived in stranger foster care. Eight young people with no prior experience of kinship care, had lived in foster care or a children's home. In total, 14 young people had spent some time (ranging from a few months to nine years) in local authority care (stranger foster care or a children's home) before entering the kinship arrangement, including one who had also experienced an adoption breakdown.

Young people who had lived with other kinship carers

In two of the six instances where children had previously lived with other kinship carers, the first placement was brief and, it seems, had always been intended to be a temporary arrangement. In a third case, the young person had lived for about a year with his grandparents before moving in with his uncle. It was not clear why this move had occurred. In two other instances, however, the arrangement seemed to have broken down. The first was a young man, who went to live with his aunt and uncle, aged four. After six months and a violent incident, he said his uncle had *'literally dropped me on Social Services doorstep'*. In the second, a young woman began living with her great aunt at the age of three, where she was emotionally abused. She was very unhappy in the placement and frequently stayed overnight with one of her great aunt's friends. When she was 10, she asked the friend if she could move in. In the sixth case, the move from a previous kinship placement was for positive reasons: nine year-old Beth and her brother had lived with their grandmother but later left to join their older siblings in unrelated foster care.

Young people who had lived in unrelated foster care

We wanted to understand why children who later went to live with a member of their kinship network, entered unrelated foster care in the first place, and what circumstances had brought about their move to kin. There were a few cases where these matters were clear. One young woman, for example, went to live with her older sister after nine years in foster care. At the time, she was removed from home, her sister was only 15 and clearly too young to become her official

carer, even though she had previously taken on a great deal of responsibility for her care. Two other children were initially unable to live with their kinship carer (maternal grandmother) because their mother had refused to allow this. One young man, who entered foster care, aged 8, later moved in with his grandparent. At the point of becoming a looked after child, he hardly knew his grandparents, which may explain why they did not put themselves forward as his carers at the outset. He said of his relationship with his grandmother:

We were not that close at all. I knew she was my gran and that, but I never really had a close bond with her.

Other carers seemed to have been involved in the children's lives at the time they entered foster care, and it is not entirely clear why the young person had not gone to live with these relatives instead. The plans formulated by the local authority may well have been a key factor. In one such case, a young child was placed in foster care. Her plan for permanence was stranger adoption. However, the child's aunt made it clear that she wanted to bring the child up. The decision to allow her to do so took two years.

Notably, none of the moves from *foster* to kinship care were reported to have been initiated by Children's Services. In three instances, the young people themselves were the instigators. One young woman, for example, eventually moved in with her grandmother at the age of 15, having spent eight years in care. She said:

Running away from the care home just became like second nature to me. It wasn't a very nice place. There was always something kicking off . . . I used to get the taxi to school and skip

school, and go and see my nan, and then she would have to phone and say 'Joanne is at mine again' . . . I just wanted more contact with the family, because by that point my mum had passed away, so I was just wanting to be close with the family.

More typically, though, it was the carers who took the initiative, either because they were concerned about the care provided, because the young person was clearly unhappy in placement or because the placement had disrupted. Several carers mentioned the struggle they had encountered with the local authority in getting them to support the kinship placement. A sibling carer, for instance, said she had needed to overcome the initial resistance of Children's Services. One grandmother had enlisted the support of a local councillor to help initiate the kinship placement and another said she had needed to '*take political action*'.

Young people who moved between their parents and their kinship carer

Four young people (two sets of siblings) returned to the same kinship carer having spent some time back with a parent *and* a period in unrelated care. All the others who had moved between their kinship carers and a parent more than once had not experienced the additional disruption of living with strangers. Nonetheless, three young people had moved back and forth several times. One young man, for example, moved permanently to live with his grandmother when he was 12. However, since birth he had been moving backwards and forwards between his family and his grandmother because of recurrent domestic violence incidents and his mother's alcohol and heroin dependency. The transition into permanent kinship care happened at the young man's request, after a particularly violent

outburst from his step-father. The request was quickly supported by both his mother and Children's Services.

Young people spoke of their difficulties in moving back and forth between a kinship carer and a parent before the kinship care arrangement became permanent. They spoke of feeling loyal to their parents and of mixed emotions about their kinship carers. One young woman, for example, as a young child stayed frequently with her grandmother when her mother's mental health deteriorated. Whilst the young person described her grandmother as a reliable source of stability, she said she was not close to her and was often reluctant to go. Her mother wanted the young person to stay with her, but when this was not possible, wanted her to be placed in unrelated foster carer. The young person herself was aware of this. She said:

My brother used to always want to live with my grandma and I used to always want to live with my mum. I used to always think my grandma was trying to take me away from my mum, when I was really little . . . then it was hard for me and my grandma to get a bonding . . . my mum used to play on that.

Age of main kinship carer

When the kinship arrangement started, the main carers were on average 47 years old (range 20-67 years). Almost half (48%, 24) were at least 50 years old when the young person joined their family. Table 2.3 set out the ages of the main carer at the start of the kinship arrangement.

A particular focus of this study was to gain an understanding of how the young people fared as teenagers in the kinship home. It was therefore salient to consider the ages of the

Table 2.3: Age of main carer when kinship arrangement started (n=50*)

Age of carer	n	%
Under 30	4	8
30-39	7	14
40-49	15	30
50-59	17	34
60-69	7	14
Total	50	100

*Missing n=3

Table 2.4: Age of main carer when young people were 16 years old (n=50*)

Age of carers	n	%
Under 30	1	2
30-39	4	8
40-49	4	8
50-59	16	32
60-69	21	42
70+	4	8
Total	50	100

*Missing n=3

kinship carers during this time. As 16 year olds, half of the young people were living with carers aged 60 or more. This included four young people living with carers over the age of 70. At the other end of the age range, five (10%) were living with carers under the age of 40 (see table 2.4).

Legal status of the kinship arrangement

All the carers and some of the young people identified the legal status of the arrangement. Not all the carers were entirely sure that they were correct. There were a couple of instances where their reports were at variance with the information given to the research team by the local authority through which the family had been recruited.

Table 2.5 below sets out the most recent legal status of the kinship arrangement based on the best evidence available to us. The great majority of young people (88%) had lived with their carer under a formal legal arrangement of some kind, that is they had been in kinship foster care, or had been cared for under a private law order (either a Residence or Special Guardianship Order). Nearly half of all arrangements had been formalised by a Residence Order.¹

Table 2.5: The most recent legal status of the kinship arrangement (n=51*)

Legal status	n	%
Care Order/Looked After Child	15	29
Residence Order	24	47
Special Guardianship Order	6	12
Informal arrangement	6	12
Total	51	100

*Missing n=2.

For some young people, the legal status of the arrangement had changed over time. Eight young people, for instance, had ceased to be looked after when their kinship foster carer applied for a Special Guardianship Order (5) or a Residence Order (3). One arrangement was initially treated by the local authority as an informal family arrangement until persuaded, with the assistance of a voluntary organisation, to acknowledge that the young person should be a looked after child. Other arrangements started off informally and were then formalised by a private law order.

It should be noted that Special Guardianship was introduced as an amendment to the Children Act 1989 by the Adoption and Children Act 2002 and came into law on the 30th December 2005. As a result, a Special Guardianship Order would not have been an option when many of these Residence Orders were made. It is probable that a similar sample now would include considerably more young people on Special Guardianship Orders.

Living arrangements at the point the young people were interviewed

At the time of the interview, 55% (29) of the young people were still living in the kinship home. A few of the young people who had moved out were at university, but returned to their carers during the holidays.

The next chapter considers the circumstances surrounding the young people's moves into kinship care.

¹ Now called Child Arrangement Orders

Summary

- Most of the young people in the study were white British, so ethnic minority young people are under-represented in this sample.
- According to the carers, about one in five had some kind of disability which is comparable to rates of disability amongst looked after children.
- More than two thirds of the carers were grandparents, one in five were aunts and uncles, whilst a small number of the children had been brought up by older siblings or friends.
- When the arrangement started, more than two-thirds of the carers (and all the males) were living with a partner. However two-fifths of the grandmothers were caring alone.
- By the time the children were teenagers, half were living with carers aged 60 or more.
- For many young people their only home before moving into the kinship arrangement (about which they were being interviewed) had been with their parents. However, a sizeable proportion (22; 42%) had experienced more instability. Just over a quarter had been in local authority (non-kinship) care.
- Over a third of the young people (36%) were under five when they entered the kinship arrangement, with almost a quarter being under 12 months. In contrast, more than a quarter (28%), were aged 12 or over.
- At the time of the interviews, the young people had lived with their kinship carers for between two and 21 years, with an average of just over 11 years. Twenty one per cent had lived there for under five years and more than half, (53%) for 13 years or more. The placements had generally been stable, with 72% of those who were aged 18 or over having lived continuously in the kinship home until they reached independence.
- Most young people (88%) had lived with their carer under a formal legal arrangement. Only six arrangements were entirely informal. The most recent legal status was typically a private law order, usually a Residence Order with a small number of Special Guardianship Orders. However, 15 young people (29%) remained in kinship foster care.

3. Moving into kinship care

Drawing on the accounts of both the young people and the kinship carers, this chapter sets out why the young people were not able to live with their parents. We consider what the relationship was like between the young people and their carer before the start of the kinship arrangement. Finally, we report on the carers' views of the support they had received in the early days of the kinship placement.

Young people's understanding of why they had moved into kinship care

All but one of the young people offered some explanation of why they had entered kinship care. Three fifths (31, 60%) said that it was because their parents were misusing alcohol and/or drugs. A quarter of the young people said their parent/s had been unable to cope (13). Similar proportions identified abuse or neglect (23%) and parental death (23%) as a reason for the kinship placement. Often young people gave multiple reasons, all of which are set out in table 3.1.

Those young people who moved in with their carers when they were very young had little or no memory of why they had been unable to live with their parents. Their accounts were based on what their carers had told them. Two of these young people explained:

My mum passed away and my dad couldn't cope with me, so I was going to be adopted. My gran and granddad didn't want that happening so they fought for me and that's how I came to live with them.

I think because I was only young I didn't really understand. I couldn't tell they were on drugs or they had a problem or anything.

Table 3.1: Young people's understanding of the reasons for their entry into kinship care (n=52*)

Reasons	n	%
Parental alcohol misuse	23	44
Parental drug misuse	20	38
Parent could not cope	13	25
Abuse or neglect	12	23
Death of parent	12	23
Rejection/indifference	8	15
Parental mental illness	7	13
Domestic violence	7	13
Parental imprisonment	7	13
Abandonment	3	6
Young parent	3	6
Parental physical illness	2	4
Parent involved in prostitution	1	2

*Missing n=1.

Most of the others identified reasons for joining the kinship family which were based on their own recollections of events. Some spoke of their parents' behaviour, which had sometimes been violent or abusive or involved outright rejection. Three young people, all placed with their kinship carers between the ages of 5 and 8, said:

I remember [mother's new partner] ringing granddad saying, 'Come pick her up because I don't want her any more.'

My mum abandoned me for drugs and my dad was never around and so my mum used to leave me in the street a lot and in accommodation where I was surrounded by a lot of raw and mental and physical imagery, so it was unpleasant.

My dad went to prison, and my mum, I think she's got mental health issues so she can't actually look after herself, so she couldn't look after me . . . He (father) sexually assaulted me when I was living with him throughout my younger years.

Some young people were emotionally and/or physically abused for years before moving into kinship care in late childhood or early adolescence: One young woman who moved in with her grandmother at the age of 12, said:

*I used to get hit a lot. I started to realise that she shouldn't be doing it . . . It didn't feel right that my mum was supposed to do that. I remember . . . when I used to say, 'Oh, I'm going to ring Childline'. She used to say, 'Oh, f****g get it done. They won't believe you.' I was like, 'Oh, better not then . . . they won't believe me.'*

Why the young people moved into kinship care – carers' accounts

The carers in the matched sample were also asked why the young person had been unable to live with their birth parents. The two most commonly cited reasons were parental drug and/or alcohol misuse (26, 68%) and abuse and/or neglect (23, 61%). It should be noted however, that when specifically asked about maltreatment, rather more carers (25, 66%) said that the child had experienced this when living with their parents. Again, there were often multiple reasons for not being able to live with a parent, as is shown in Table 3.2.

Table 3.2: Reasons why the young people could not live with their birth parents, according to kinship carers (n=38)

Reasons for move into kinship care	n	%
Abuse and/or neglect	23	61
Parental alcohol abuse	21	55
Parental drug abuse	20	53
Domestic violence	14	37
Parent could not cope	12	32
Parental mental illness	10	26
Death of parent	10	26
Rejection/indifference	7	18
Parental imprisonment	7	18
Parent involved in prostitution	7	18
Parental learning difficulties	5	13
Young parent	3	8
Abandonment	2	5

Overall, the reasons carers gave for the young people being unable to live with their birth parents were similar to those for children entering local authority care (see for example, Farmer and Moyers, 2008) and they highlight the extent of adversities in the children's backgrounds. The evidence also matches that for children who became subject to Special Guardianship Orders (mostly made to kinship carers), a majority of whom (70%) had also been in local authority care immediately prior to the granting of an SGO (Wade *et al.*, 2014).

Not surprisingly, carers also tended to give much fuller accounts of the circumstances that led to the kinship arrangement than did the young people, often revealing complex, extensive and severe difficulties. Some also described their increasing involvement in the care of the child in the weeks and months leading up to the kinship placement. One aunt said:

Both parents have got learning disabilities, and there was a time they just couldn't manage her. We started looking after her for a weekend, from her being very young, and in the space of time, things broke down. Mum and dad were arguing and the police kept getting involved. Mum walks out and went on holiday and left dad with my niece and from there it just escalated, and so eventually she came and lived with us.

In most cases (24, 63%), the carers in the matched sample said that they had initiated the young person's move to live with them. However, a quarter (9, 24%) said it had been instigated by Children's Services. As we have seen, three young people (8%) had themselves initiated the move and in two families (5%) a parent had done so.

Prior relationships between the young people and their carers

A fifth of the young people (10 of the 49 for whom data were available) had lived with their carer from shortly after birth. Around a third (17, 35%) had stayed with them for periods of time and almost as many (16, 33%) had seen them regularly before going to live with them. Only one young person said that there had been no contact before moving in, and five reported limited contact:

We were a close family even with everything that went on . . . My mum always babysat my aunt's children and [my aunt] babysat me and my sister.

She's always been heavily involved, my grandma, because our family has always lived close. So she used to pop round quite a bit . . . She has always been there, a second parent.

Similarly, in the matched sample, of the 30 cases where the child had not lived with the carer since birth, 24 carers said that they had been 'very close' to the child before they moved in. Only three said that they had been 'quite close' and another three that they had been neither close nor not close.

Many of the children in the study therefore already had an established and close relationship with their carer at the outset of the kinship placement. This underlines one of the advantages of kinship care over stranger foster care, in that the existing bond between the kinship carer and child has the potential to help ease some of the stress associated with moving out of home. There is also evidence from research on Special Guardianship that the strength of the pre-existing bond between

child and carer is predictive both of well-being outcomes for the child and a reduced risk of placement breakdown (Wade *et al.*, 2014).

Most of the young people aged at least four at the time they moved in, said that they had wanted to live with their carer (20, 62.5%). One in eight had wanted to live with someone other than their carer or parent. A quarter of the young people had wanted to stay with their parent/s. Two young people explained:

I've always been around my mum and stuff, and I always wanted to live with my mum, and I still wanted to live (with her) right at the start, just because I hated living with my (sibling carer), and that's just how I was.

At that moment in time, I wanted to stay with my dad and my little sister Tilly more than anything. It was more for Tilly's sake. I just didn't want to be split up from my dad and, like I loved my granny, but it was more the fact of losing Tilly more than anything.

One young man's preference was demonstrated by his actions, although he said he had not understood at the time why he had behaved as he did:

When I lived with me mum I was always excited about going to me nan's, but then I moved to me nan's when (mum) went to jail and I missed living with me mum. All me stuff in me bedroom in me nan's I used to take it out in the middle of the night and leave it in the hall. Every night I used to do that. I don't even know why.

In most cases, the carers' views about where the young person had wanted to live were consistent with what the young people said. However,

a small group of young people described feeling torn about who they had wanted to live with – feelings which, it appears, had not always been fully recognised by their carers. One young man, for example, who had spent several years moving back and forth between his mother and his grandmother, before eventually moving in with his grandmother permanently at the age of 8, said he had wanted to live with his grandmother. Yet later in the interview he explained:

Well I did want to live with mam but I knew it wasn't going to happen, because it would be all right for a few weeks and then she'd start kicking off and obsessively cleaning the house, and obsessively cleaning her hands. Her hands are red raw.

Involvement of Children's Services

According to the carers in the matched sample, Children's Services were involved with most of the families (32, 84%) at the time the kinship arrangement was made. This is higher than in some other studies of kinship care (e.g. Selwyn *et al.*, 2013) and might reflect the fact that many of the families were recruited to the study with the help of the local authorities which had supported them. In the sample of young people, nearly half (25, 47%) had, at some point in their childhood, been looked after by the local authority. Fourteen young people had been in local authority (unrelated) care before moving to their kinship placement, 11 of whom continued to be 'looked after' when they moved in with their kinship carer. A further 11 young people became 'looked after' once in their kinship placement. Fifteen of the 22 young people in kinship foster care remained looked after for the rest of their childhood.

How well supported carers felt in the early stages of the arrangement

Carers in the matched sample were asked how well supported they had felt when the young person first came to live with them. As table 3.3 shows, fewer than one in five said that they had felt very well supported, while three in five (60%) responded with either 'not very well' or 'not at all well'.

Table 3.3: How well supported carers felt at the outset of the kinship arrangement (n=38)

Level of support	n	%
Very well supported	7	18
Quite well supported	8	21
Not very well supported	13	34
Not at all well supported	10	26
Total	38	100

Notably, Children's Services were involved in all the instances where the carers had felt very well supported. However, almost three in five carers (59%) said that they had been 'not very well' or 'not at all well' supported, despite Children's Services involvement.

Support from Children's Services

Similarly, there were mixed views about the helpfulness of Children's Services. Just under half of the carers (47%) described their involvement as quite or very helpful, whilst the same proportion (47%) said that Children's Services had been not very, or not at all helpful. Two carers (6%) considered Children's Services to have been neither helpful nor unhelpful (see table 3.4).

Table 3.4: Carer's evaluation of Children's Services (n=32*)

Helpfulness of Children's Services	n	%
Very helpful	9	28
Quite helpful	6	19
Neither helpful nor unhelpful	2	6
Not very helpful	5	16
Not at all helpful	10	31
Total	32	100

**No Children's Services involvement in 6 cases*

There was a marked contrast in the extent of carers' satisfaction between those where young people were, or had been, looked after by the local authority and those who had not. About two-thirds of the former group said they had found Children's Services involvement to be quite or very helpful. However, where the young person had never been looked after, about two thirds of carers described Children's Services involvement as not very, or not at all helpful. These findings are not unexpected. Kinship carers raising 'looked after' children have a legal entitlement to support from the local authority, including the payment of financial allowances, whilst for others support is discretionary (Lawson and Raine, 2015). Previous research has also established that it is legal status, rather than the level of need, which tends to determine the support offered by the local authority (Hunt and Waterhouse, 2013). This runs contrary to the expectations set out in Statutory Guidance on Family and Friends Care (Department for Education, 2011).

The significance of the legal status of the arrangement in relation to how helpful Children's Services were thought to be, is exemplified in the account of one aunt kinship carer. She described a shift in the helpfulness of Children's Services once her nephew became a looked after child:

Initially [pre looked after status] I just didn't find them very good. I didn't find [social worker] very useful, . . . when I'd phone the social worker, he would be like, 'Well he is 13 years old,' and just really unhelpful. It's like, 'Yeah, I know he's 13 but I'm at work . . . I just can't get up and leave and go chasing him around town' and whatnot.

After successfully pushing for her nephew to become a looked after child, she began receiving financial support and active help from social workers:

I then got regular visits from social workers and they would just check that he was okay, check out I was okay. I was able to kit out his bedroom and get stuff for him.

The significance of legal status in relation to local authority support was also highlighted in cases where the young people had originally been looked after in kinship foster care, but their carers had subsequently obtained a private law order. These carers were often critical of the reduction in the support they received once the care order had been discharged, even though the needs of the children had not changed.

Carers who found Children's Services involvement helpful

Carers who described Children's Services as helpful, often spoke very positively about the practical, emotional and/or financial support

they received. One carer, for example, who became an approved kinship foster carer for her brother's children when their (unrelated) foster placement broke down, said:

Social Services in the beginning, they were massively helpful. I couldn't have done it without them. If there was any working in partnership example of splendid working, it was them. It could not have been better . . . The support that was given was as needed, and I mean that on an emotional level for me if you like, but equally and most importantly at that point the financial support which allowed me not to work. The financial package that came through was absolutely fine and generous.

In another example, a single carer, with a baby of her own, said that she felt extremely well supported by Children's Services. She described how staff would take her nephews out regularly and supervise contact with their parents. They also helped get the children ready for school and arranged for transport to school by taxi. Similarly, a grandmother who took on the care of four grandchildren after their mother died, described Children's Services as '*very helpful*'. Although the children were never in local authority care, she received a financial allowance and said she valued the emotional support that was provided by social workers:

[The social worker would] just sit talking to me about [the children] really. How was they doing at school and was I having any problems with them or anything else like that. Someone else to talk to rather than someone in the family, someone away from the family.

Carers who did not get the help they needed from Children's Services

Several carers who reported a lack of support from Children's Services described how social workers had asked them to take the children and then claimed that these were 'private' family arrangements that the local authority had no obligation to support (see also Hunt and Waterhouse, 2012; Selwyn *et al.*, 2013). Others complained that social workers had pressurised them into obtaining a private law order, but had refused to provide any support. In some of these instances it appears that children would have been taken into local authority care, had their kinship carers not stepped in. One such grandmother, who took on the care of her two grandchildren following child protection concerns, described her experience:

The actual social worker I really liked, she was very good, but right from the beginning there was just pressure, from day one 'Are you going to get a Residence Order. Are you going to put in for this order, are you going to do it?' Just constantly. At the same time as refusing to put anything towards it. So there wasn't a lot of support from them. Went to all the meetings, but they weren't classed as looked after children, which cuts you out of a lot of support.

A sibling who took on the care of her four half siblings, after they had been neglected by their alcohol dependent mother, lamented the lack of social work support:

They didn't offer us any help, none . . . They come, basically got me hook line and sinker to take kids without even looking into going the right way about getting some funding off them, in a time when we were all over the place because my dad were dying. I just feel like they

had me on . . . according to them it were a family agreement.

A few carers said they had eventually got help from Children's Services, but that this had taken some time and in some cases occurred only after repeated requests for assistance. For example, one grandmother, bringing up four grandchildren due to their parents' substance misuse, said that she received financial help for the two oldest children once she obtained a Residence Order, but that this had taken more than a year.

Other sources of support

Carers in the matched sample were asked about any other help or support they had received in the early days of the kinship placement, including that from professionals, voluntary agencies or informal sources, such as friends or family. Just over a quarter (26%) mentioned professional sources other than Children's Services, namely GP's, health visitors, teachers and nursery staff. One carer identified a mental health professional. About a third (34%) mentioned support groups and/or voluntary organisations.

However, the most frequently identified source of support in the early days, was through informal networks of family and friends (58%). This ranged from a single person, typically a son, daughter or sister, to a large extended family network. One young man and his aunt, for example, were supported by a very close and extensive family, which included both paternal and maternal relatives.

Such informal sources of support, it would appear, do make a difference. Where carers identified having had informal support, over

half (54%) said they had felt at least 'quite well' supported in the early days of the placement. In comparison, when carers did not report informal support, only a fifth (3 of 15) said that overall, they had felt supported, whilst most said that they had not felt at all well supported.

In the next chapter, we consider how the young people fared as teenagers living in kinship care.

Summary

- According to both the young people and the carers, parental substance misuse and abuse and/or neglect were the most commonly identified reasons for children not being able to live with their parents. About a quarter of young people entered kinship care following the death of a parent. In most families, a combination of circumstances led to the kinship placement.
- The range of adversities faced by the young people before entering their kinship placement were similar to those experienced by children and young people who enter unrelated foster care.
- In more than three fifths of cases, the carers initiated the move into the kinship home. Nearly a quarter of the moves were instigated by Children's Services.
- About a fifth of the young people had moved into kinship care soon after birth. Most others had been in regular contact with their carer before moving into the kinship home. Only six young people reported no or limited contact with their carer before the start of the kinship arrangement.
- Of the young people aged over four at placement, most (62.5%) said they had wanted to live with their kinship carer, whilst a quarter had wanted to live with a parent. The others had wanted to live with someone other than their parent or kinship carer.
- As children, some young people felt torn between wanting to stay with their parents and wanting to move in with their carer.
- In terms of support from any sources, about two fifths of the carers reported feeling very well or quite well supported at the start of the kinship placement. Three fifths had felt not very well or not at all supported at this time.
- Children's Services were involved with over four fifths (84%) of the families at the time the kinship arrangement was made. Where Children's Services were involved, nearly half of the carers (47%) described them as quite or very helpful at the time. However, the same proportion said that Children's Services had been not very, or not at all helpful.

- Nearly half of all the children (47%) had, at some point in their childhood, been looked after by the local authority. The carers of children who were 'looked after' were more positive about the early support they received from the local authority, than when the children did not have 'looked after' status.
- When care orders were discharged, carers reported a reduction in support from the local authority, even though the needs of the child and family had not changed. Some described a 'fight' to get the support they needed.
- Aside from local authority assistance, the support most widely drawn on in the early days of the kinship placement was through informal networks of family and friends. Those who accessed informal support were more likely to say they had felt supported at this time.
- A few carers reported help from other professionals, such as GPs, health visitors and teachers. About a third had sought help from support groups and voluntary organisations.

4. The teenage years

This chapter examines how the young people were (or are) doing during their teenage years. We consider how close the young people and their carers considered their relationship to be, the level of tension and conflict between them, and who young people confided in as teenagers. We also examine how the young people rated their carer's parenting. Finally, we set out the carers' reports on the emotional and behavioural presentation of the young people as teenagers and outline any professional support offered to the young person and their kinship family at the time.

The relationship between the young people and their carers

More than three quarters (79%) of the carers in the matched sample described their relationship with the young person they were bringing up as either 'close' or 'very close'. Just one kinship carer reported being 'not at all close' to the young person.

Most young people too said that, during their teenage years, they had a close and supportive relationship with their kinship carer. For more than two thirds (70%) of the young people, their carer was the person, or was one of the people, they felt closest to. A further 14% were particularly close to their carer's partner (often grandfathers). Most other young people felt closest to either an older sibling or an aunt or uncle also living in the kinship home. Just one felt closest to his mother as a teenager.

Seventy three percent of the young people said that, as teenagers, they had felt able to speak to the person they felt closest to about things that upset them, or were important to them:

Yeah, I'd always be able to talk to my nan, like silly things or intimate things . . . and you think because it's my nan I'm like 'How do I talk to her about things like this?'; but she's not bothered, she'd rather me just talk to her.

I could talk to (gran) about anything . . . yeah, I would always come home and tell gran, or she'd notice it on my face.

Yeah, definitely (I could talk to my nan if upset). She would know if I wasn't . . . she would instantly know, and I think she wouldn't force me to tell her, but she would, it would be, I don't know, it doesn't matter, but she will be there for me whatever happens.

Taken together, these findings compare favourably with what is known about young people's closeness to parents in the general population, which shows that 67% of young women and 50% of young men aged between 16 and 21 talk to their mothers about things they feel matter (Office for National Statistics, 2014b). Despite their early adversities, the close and supportive relationships most young people in the study formed with their kinship carer chimes with recent research evidence suggesting that maltreated children can form secure relationships once in stable foster care placements (Joseph *et al.*, 2013).

Nevertheless, a sizeable minority (30%) of the young people did not consider their carer to be the adult they were closest to (or one of those they were closest to) as a teenager. Moreover, a quarter (27%) did not have a confiding relationship with the adult to whom they felt closest. Proportionately more young men than young women had felt unable to talk about things that upset or worried them (38% vs. 22%). Two young men explained it this way:

No, I always felt like I can just deal with it on my own. But I was stressed and all anyway, with shit. I'd just keep it to myself.

I never did [talk things over with my nan]. I'd just keep things to myself, and that's probably why there was arguments.

In addition, family attitudes and practices about sharing or not sharing difficulties with others probably had some effect on the development of close and confiding relationships. One young woman, who had not been close to her carer, nor had an adult she felt she could confide in as a teenager, said:

Like my family have always kind of said if someone asks you if you're okay and stuff like that, it's always polite to just sort of say 'Yeah, I'm fine.' Like they say to me 'They don't want to hear "No, actually I'm not [OK] blah, blah, this is what happened today"' or whatever, do you know what I mean? So that's what I've been brought up with and, if there's ever a problem in the family or something like that, everyone just sort of bypasses it and pretends like it just never happened.

The young people's experience of being parented by their carer

We used the Parental Bonding Instrument (PBI) (Parker *et al.*, 1979) to assess the young people's recollections of being parented by their kinship carer up to the age of 16. This instrument has been widely validated as an effective measure of two particular aspects of parenting – care and control.

Table 4.1 sets out how the young people rated the quality of parenting given by their carers.

Table 4.1: Young people's scores on the Parental Bonding Instrument in relation to parenting by their kinship carers (n=51*)

PBI Quadrant	n	%
Optimal parenting (high care, low/appropriate control)	30	59
Affectionate constraint (high care, high control)	10	19.5
Affectionless control (low care, high control)	3	6
Neglectful parenting (low care, low control)	8	15.5
Total	51	100

*missing n=2

As can be seen, almost three-fifths (59%) of the 51 young people who completed the measure scored as having received 'optimal parenting' from their carer, meaning that their experiences were characterised by a high level of care and a low (i.e. appropriate) level of control. At interview,

these young people spoke positively about their relationship with their carer as a child. For example, one said:

She always cared for me, looked after me and we had a lot of fun, 'cos being retired, so much attention was given to me. I've got these videos and pictures from when I was younger. [My grandparents] used to record the things we did together, days out and zoos, play dates and activities with friends and all that. They used to like to keep the memories. We've still got them all now.

A further fifth (19.5%) of the young people scored as having been shown 'affectionate constraint', evidenced as a high level of care, combined with a high level of control. It seems that some of the young people may have perceived their carers to be strict and controlling because they had not been used to appropriate boundary setting whilst living with their birth parents. As one young woman observed:

There was a bit of a rocky patch in the middle [during adolescence] where I didn't like having, like, I wasn't very used to having rules, so that was difficult . . . but I think that's just teenage stuff, isn't it?

In other instances, the special needs of the young people may have necessitated a higher than usual level of supervision. One young woman with learning difficulties explained:

If I was going to a party of a friend of mine, I had to be home at certain times. There was rules

laid out for me . . . but I'd abide by them and that was it. But [grandmother] was quite strict on what I could do and what I couldn't do . . . yeah, I think she helped me more as a teenager because I wasn't quite sure what to do and stuff. So she cooked my meals and she would sort of help me get dressed, pick my clothes out for me, and she used to always say when I had to get a shower.

The remaining fifth of young people (21.5%) scored their carer as having shown 'affectionless control' (low level of care and high level of control), or 'neglectful parenting' (low levels of both care and control). These two categories give cause for concern as they suggest that the young people had received poor levels of care whilst living in the kinship household. When we considered the circumstances in those kinship households where on the PBI scores kinship carers had provided sub-optimal care, a range of ongoing stressors in family life were evident. Most of the carers had been looking after other children in the household, who were nearly always younger than the young person in this study. Several families had been living in overcrowded accommodation and/or had struggled financially.² In addition, more than half of the carers had serious physical or mental health problems. Although numbers were too small to conduct meaningful statistical analyses, compared to those young people who were shown a high level of care, those who reported low levels were more likely to have been placed with their kinship carer at the behest of the local authority and were much less likely to have been placed as an infant.

² Analyses of census data has shown that kinship carers disproportionately live in poverty in the UK (Nandy *et al.*, 2011; Wijedasa, 2015).

For most of the 11 young people who did not experience high levels of care, their carer was not the adult they felt closest to as a teenager. Some of these young people described feeling different to, or being treated differently from, others in the family. Complex triangular relationship dynamics between the young person, their mother and their carer were sometimes evident, with young people experiencing divided loyalties. In the words of two young women:

When we were younger [my relationship with grandmother] wasn't the best because I think we clashed a lot, and I think my mum might have made it a bit worse actually because when my mum used to come round and see us . . . I would do something to get in trouble, but then my mum would stick up for me, then my nanna would shout at my mum, and then it would just be like a vicious triangle with me, my nanna and my mum all the time.

I used to always think my grandma was trying to take me away from my mum, when I was really little.

Moving into kinship care as an older child

We wondered whether there might be a relationship between those young people who had moved into kinship care as an older child and their experience of a less nurturing relationship with their carer. However, of the 17 children who entered kinship care aged 10 or over, only two (12%) did not experience a caring relationship, as measured by the PBI. In fact, proportionally more (26%) children who entered kinship under the age of 10 considered that they had not received a high level of care.

Most young people described having already had a close relationship with their kinship carer before they began living together. As noted in chapter 3, some carers had been actively supporting and protecting the young people, even before the kinship arrangement had started. One young woman, who had moved in with her aunt at the age of 13, explained:

I never called the police [when violence between my parents escalated] but, yeah, it was always other people heard it, they did it. But my aunt would always come and pick us up and find out we hadn't eaten for the day and she'd make us dinner at hers at like one o'clock in the morning. Yeah, she was always the one that we went to, which was nice . . . before I moved in, we were very close, always were.

Conflict between carers and young people

A fifth of the young people (11, 21%) and a similar proportion of carers from the matched sample (8, 22%) reported no conflict with one another when the young people were teenagers. There was also some parity in the proportions of young people and carers reporting major battles (11.5% and 13% respectively). Major battles comprised conflict that occurred regularly and involved shouting, running off and violence. Occasionally the conflict had become so severe that it had led to the young person moving out of the kinship home prematurely (see chapter 10, Moving out). Two thirds of the young people (35, 67.5%) reported minor or moderate episodes of conflict, as did a similar proportion of carers (24, 65%). However, proportionately more carers classed this mid-range level of conflict as serious, more often reporting moderate episodes of conflict, characterised by frequent altercations that were not easily resolved. The young people, it seems,

were more likely to underplay the conflict, by describing the episodes as minor. Table 4.2 sets out the conflict levels between the young people and their carers, as reported by both the young people and their carers.

Both the young people and kinship carers talked about a period of heightened conflict in early adolescence, thought by some to be associated with puberty and a desire by the young people to assert their independence. A young woman said:

I went through like a bad phase, through like my teenage years, where I wasn't bothered about nothing. But then I snapped out of it then. So my nan had to put up with all that . . . all your hormones kicking everywhere, you want to do what you want. So I wasn't really interested in school, I just wanted to do what everyone else was doing.

For other young people, the conflict was thought to be linked to boundary setting by the carers that the young people had not previously experienced whilst living with their parents (see also Lipscombe *et al.*, 2003). One young man explained:

The way the structure was, was a lot different how [my carer] ran things compared to my mum, because obviously my mum was pissed half the time. I know she wasn't caring for us when I look back now . . . mates on the estate I grew up on, they were always allowed out until 11, 12 o'clock at night, and lonce I was with my uncle I was that kid that had to be on the bus back home at six o'clock and get in for seven. There were some times where I think I got on my high horse . . . I texted [carer] and said something like 'You're only my uncle and you can't tell me what to do, mate'.

Table 4.2: Conflict between young people and their carers – young people's (n=52*) and carers' (n=37*) reports

Level of conflict	Young people's reports		Carers' reports	
	n	%	n	%
No confrontations	11	21	8	22
Minor episodes	29	56	16	43
Moderate episodes	6	11.5	8	22
Major battles	6	11.5	5	13
Total	52	100%	37	100%

*missing n=1

Quite often, the young people described having felt very angry as teenagers. Some did not know how to channel their frustration. Whilst for some young people, it seems that their experiences may have been linked to 'normal' teenage angst, others described how their unhappiness and aggression had been borne out of living in kinship care and feeling 'different' to their peers. One young man explained:

You get to that age where your mates are having a pint with their dad or something, and I'm with me nan. So I probably just took it out on me nan, and just used to cause trouble, that's all it was really. I was probably just jealous of the other kids . . . I think I used to break a few things . . . called her all sorts as well . . . I would always lgo out without telling her where I was] just turn up whenever, turn up at all sorts of hours.

Emotional and behavioural wellbeing during the teenage years

Studies of children in kinship care show that compared to population norms, a higher than average proportion have emotional and behavioural difficulties or other special needs (Hunt and Waterhouse, 2012; Selwyn *et al.*, 2013). As reported in chapter 3, according to the carers, for three fifths (61%) of the young people the move into kinship care had been because of abuse or neglect from their birth parents. When specifically asked about whether the young people had ever been maltreated, two thirds (66%) of the carers said that they had. A growing body of research shows that children

who have been maltreated are at increased risk of developing a range of emotional and behavioural difficulties and psychological disorders. Stressful events that are chronic, uncontrollable and experienced without children having access to support from caring adults, can provoke strong, frequent or prolonged activation of the body's stress management system. Extreme exposure to severe stress can change the stress system, so that it responds at lower thresholds to events that might not be stressful to others. The stress response system therefore activates more frequently and for longer periods than is necessary, thus increasing the risk of stress-related illness in the teenage years and adulthood (National Scientific Council on the Developing Child, 2014).

When we asked carers (matched sample, n=38) about the emotional and behavioural presentation of the young people as teenagers, just four (11%) reported no problems. Many had been worried about multiple aspects of the young people's wellbeing. More than half of the carers expressed some level of concern about the young people's low self-esteem (66%), their anxiety (61%) and their levels of anger and aggression (53%). It was not unusual for carers to be seriously concerned about these matters. Table 4.3 sets out the concerns expressed by the carers about the young people's behaviour during their teenage years.

As can be seen from table 4.3, carers had concerns about a range of behaviours, including drug use and offending. These are discussed in chapter 9.

Table 4.3: Carers' concerns about the young people's emotional wellbeing during the teenage years (matched sample, n=38)

	Major concern		Any concern	
	n	%	n	%
Low self-esteem	12	32	25	66
Anxiety	9	24	23	61
Anger/aggression	8	21	20	53
Lying	4	11	17	44
Depression	5	13	16	42
Temper tantrums	4	11	16	42
Lack of empathy	4	11	15	39
Concentration	9	24	14	37
Isolation/few friends	7	18	14	37
Attachment/relationship difficulties	5	13	14	37
Truancy	4	11	13	34
Drug use	4	11	12	32
Stealing	3	8	11	29
Fighting	4	11	11	29
Controlling behaviour	6	16	10	26
Running away	3	8	10	26
School exclusion	3	8	10	26
Manipulation by others	1	3	9	24
Risky sex	1	3	9	24
Alcohol use	3	8	9	24
Nightmares/sleep problems	5	13	8	21
Offending	2	5	8	21
Eating disorder	2	5	8	21
Poor hygiene	4	11	7	18
Involvement with gangs	1	3	6	16
Self-harming	3	8	5	12
Damaging property	2	5	5	13

Professional support shown to the young people as teenagers.

We asked both the young people and their carers about the professional support they had received whilst the young people were teenagers and living in the kinship home. This included help provided by counsellors, psychiatrists, psychologists, therapists, social workers, or any other professional from statutory or voluntary organisations. The majority of carers (62%) said that some form of professional support had been forthcoming during this time. Most others said that although no help had been provided, none had been needed.

Of the 48 young people who were asked, 56% (27) reported having received some form of professional help as a teenager, usually from a therapist or counsellor. Several young people complained that the support had not been timely enough. Others described feeling preoccupied or distracted by other matters. Some said that as teenagers, they were simply not ready or willing to engage:

I was going through a mad time at school with exams and picking my options and that . . . and I used to have a social life, go out after school with my mates, so I went [to counselling] a few times but it just ended up being crap really, I didn't really enjoy it, just talking to strangers about how your life is.

They tried. I had a few sessions but the counsellor said, I just wasn't talking, so she said it wasn't right for that time in my life, but that if I ever wanted to talk about it that I should have counselling then . . . That was just me, I wanted to deal with it by myself.

As reported in chapter 3 (according to the carers in the matched sample) Children's Services were involved with most of the families (32, 84%) at the time the arrangement was made. In addition, nearly half of the young people in the study (25; 47%) had, at some point in their childhood, been looked after by the local authority, including 22 who had been looked after for at least some of the time they had lived with their kinship carers. One in five carers said that the young people had received support from a social worker during their teenage years, about half of whom thought that the intervention had been helpful. The young people themselves were more positive about their experience of social work support, with most (62%) reporting that the intervention had helped:

Every social worker I met, when I dealt with them one on one, was really nice to me. I remember really liking them and I felt like they wanted to help me.

However, there was a feeling amongst some carers that the constant presence (or perceived intrusion) of social workers, had not been helpful as it had marred the opportunity to 'normalise' kinship family life. Furthermore, both the young people and the carers spoke about the difficulties they faced in engaging with local authority services when their social workers constantly changed. Some carers also expressed concerns about social workers not having enough time to support the children adequately:

They had a social worker. When the previous one left we had another one, and then he left and then another one, so probably about three or four different social workers that the kids had between them so every time they got to know someone, they changed anyway.

The social workers they're run off their feet . . . often they phone at half past seven at night . . . they can't fit everything in . . . [Social worker] is doing the best, but it's people further up the chain . . . when you have got staff doing all these kind of hours . . . there's something wrong there.

I've had a Connexions worker, I've got a SIL (Supported Independent Living) worker . . . SIL is a housing thing, they just help out young mums and stuff like that, find accommodation, and whatever else they need. They've been very useful.

Those young people who had received support as part of a leaving care package reported variable experiences. Not all the young people thought that the process of moving into independent living had been properly explained, leading to some confusion about what support would be provided and what the young person was expected to do without assistance. Others reported a more straightforward transition, with good support from the local authority and associated services:

The professional support shown to the young people throughout their time in kinship care, and their overall satisfaction with the help provided is more fully explored in chapters 8 and 9.

In the next chapter, we consider the young people's relationships with their parents whilst in kinship care and beyond.

Summary

- More than two thirds (70%) of the young people said that their kinship carer was the person, or one of the people, they were closest to as a teenager. Fourteen per cent felt closest to their main carer's partner. Just one young person felt closest to a parent.
- Nearly four in five carers in the matched sample described their relationship with the young person as either close or very close. Just one carer said she had not been at all close to the young person as a teenager.
- Despite their early adversities, most young people did form a close and supportive relationship with a significant adult. Nearly three quarters (73%) of the young people said that, as teenagers, they felt able to confide in the person they felt closest to about things that upset them. Those that did not have a confiding relationship with a close adult were more often young men than young women.

- During their teenage years, 78.5% of the young people reported having received a high level of care from their kinship carer (most of whom had also received an appropriate level of control).
- Most of the 21.5% of young people reporting a low level of care were living in stressful circumstances: carers were often looking after multiple children, some were living in overcrowded accommodation and in poverty. More than half of the carers in this group had serious physical or mental health problems. They had less often than others put themselves forward as the young person's kinship carer.
- More than a third of the carers reported either moderate levels of conflict with the young people as adolescents (22%), or major battles (13%).
- The young people often described having felt very angry as teenagers. Whilst some of this seems to have been 'normal' teenage angst, others described how their unhappiness and aggression had been borne out of living in kinship care and feeling 'different' to their peers. Sometimes it had been linked to boundary setting by the carers that the young people had not previously experienced whilst living with their parents.
- Many carers had harboured concerns about multiple aspects of the young people's emotional and behavioural wellbeing as teenagers. Of particular concern was their low self-esteem (66%), anxiety (61%) and levels of anger and aggression (53%).
- Fifty six percent of young people reported having received professional help as a teenager, usually from a therapist or counsellor. Interventions were not always considered timely. For some the support came too late, others were distracted by other matters or were simply not ready or willing to engage.
- A small group of young people (about a fifth) received social work support during their teenage years. The young people and the carers reported mixed experiences of social work intervention.
- Those young people entitled to support as part of a leaving care package also reported variable experiences, ranging from focussed, well-coordinated support, to no support at all.

5. Relationships with parents

This chapter reports on what the young people told us about their relationships with their parents over time. We begin by describing how the young people felt, as children, about not living with their mothers and/or fathers. We set out how they rated the quality of their contact with parents whilst living in kinship care as teenagers and highlight some of the advantages and complexities associated with such interactions. We also consider the way in which relationships with parents changed (either improved or deteriorated) as the young people entered adulthood.

How the young people felt, as children, about living apart from their parent/s

We did not ask the young people directly how they felt about living in kinship care as a child, but a substantial minority of the 38 young people who had moved into their kinship home under the age of 12 reported having experienced episodes of unhappiness as a child, which they attributed to living apart from their parents. Most often the young people described having felt angry, but they also identified a range of other difficult emotions, including confusion, sadness, anxiety, isolation and rejection. Although some had felt relief from the anxiety and risks of living with their parents, the young people also spoke about having felt let down, even abandoned by their parents, or said they had felt responsible for the circumstances that had led to the kinship arrangement. As young children, the experience

of living apart from mothers was keenly felt at school in particular:

I used to leave the house and run to school by myself. If I didn't get what I wanted I'd get angry and I would start throwing stuff in the house, because I didn't really understand why I wasn't with my mum. When I was at school I would see everyone's mum picking them up. Everyone would ask me, 'Why are you with your aunt?' I was like 'I don't know'.

My nanna would come and pick me up [from school] and everyone else would have their parents or their mum and dad there, and it was hard because people didn't really understand, because people asked 'Where's your mam?' and stuff like that and I would just say 'She's ill'. It was hard to explain to them because I didn't really know myself. So it was, I was just jealous of the other kids basically.

Compared to the feelings the young people had as children about not living with their mothers, as a group they tended to report less intense or less conflicted emotions about living apart from fathers. One young woman who as a child lived with her aunt, but was sometimes collected from school by her mother, said:

Everyone else would go home (from school) with their mums and dads and I'd be like, 'Is mummy picking me up today?' Stuff like that. I wasn't really bothered about my dad, it was more my mum.

Nevertheless, a few young people said that they had felt abandoned by their fathers, and/or saddened by the circumstances that had led to the kinship care arrangement:

In my mind, I feel like he abandoned me . . . but he was quite young at that time and he just couldn't cope.

There were instances where young people, who reported never having had a close relationship with their parents (because, for example, they had moved into kinship care as babies), appeared untroubled by, or indifferent to, the lack of a meaningful bond with them:

The only thing that I can say which sums it all up for me is that you don't miss what you never had, because as far as I'm aware my grandparents – because they had been in that mother/father role – they are more my parents.

On the other hand, occasionally as children, young people had developed, or maintained, intense loyalty to birth parent(s), which was difficult for their carer to understand and which had a detrimental effect on the young person's relationship with their carer. One grandmother, for example, described how hard it was for her to discover that she featured last in her grandson's life story book:

We had done various life story stuff, but they asked us to do a scrap book with him on who is his family and we chose pictures together for that. I felt sad when we did that because he was so adamant that mum was on the first page, his dad was on the second page. We went through all these other people and then he put us on the last page. That was his choice, but that's pretty tough when you're living with people and they're the last choice in your family album.

Contact between the young people and their parents during the teenage years

We asked the young people about their relationships with birth parents whilst living in kinship care as a teenager and in particular, about the quality of contact. The mothers of six young people had died. Of the remaining 46 for whom data was available, just eight young people (17.5%) considered the quality of contact with their mothers to have been 'good'. For five (11%) the relationship with their mother had been so complex, troubled or harmful, that they were estranged, while a further 19 (41%) said that contact had been mostly difficult and often conflictual (table 5.1). Quite often, these young people reported intermittent contact with mothers that had included lengthy episodes of not being in touch at all.

Experiences with fathers were even less satisfactory. A higher proportion of fathers had died (12, 21%). Of the remaining 41 young people, however, more than two fifths, (18, 44%), had been estranged from their fathers in the teenage years and only five (12%) described their contact as a positive experience.

Kinship carers in the matched sample were also asked about the young peoples' relationships with their birth parents. Where contact had taken place during the teenage years, carers were often worried about its negative impact. Many carers (14, 54%) of the 26 young people in contact with mothers (in the matched sample), had harboured concerns (usually major) about the harmful effects it was having. Carers were also concerned about nine of the 16 young people (56%) in contact with their fathers. These high levels of alarm are consistent with other research findings on the contact of young

Table 5.1: Contact quality between the young people as teenagers living in kinship care and their birth parents (as reported by the young people)

Contact Quality	With Mothers (alive n=47)*		With Fathers (alive n=41)	
	n	%	n	%
Good	8	17.5	5	12
Neither good nor poor (or variable)	14	30.5	4	10
Poor (difficult/conflictual)	19	41	14	34
Estranged	5	11	18	44
Total	46	100	41	100

*Missing n=1

people in kinship care with their parents (see for example Farmer and Moyers, 2008; Selwyn *et al.*, 2013; Wade *et al.*, 2014).

Young people reporting good quality contact with their parent/s

The circumstances of the eight young people who said that, as teenagers, they had enjoyed good quality contact with their mothers, were varied. Most had been in touch with their mother on a regular (sometimes daily) basis. As well as meeting often, one young woman described how her mother had always sent her a goodnight text at the end of each day. Two young people, in kinship foster care, reported having enjoyed good quality contact with their mothers, despite it being supervised at times. One such young woman described the enjoyment derived from spending time with her mother:

Yeah, [contact] was nice. It was nice when I got to see her you know what I mean. Like 'cos when I got took away, I didn't get to see her for like

seven weeks . . . but then I got to see her every week-end and went out without a supervisor. We had days out at Nando's and all that sort of stuff, gone bowling and all that, so it was alright . . . I used to love seeing her, it used to make my day.

However, a couple of the young people reporting positive contact also described limited expectations of the relationship. Not all saw their mothers as a parent figure. One young woman, for example, said her mother was more like a friend with whom she could hang out; another likened the relationship with her mother to that of a sister or an aunt (see also Selwyn *et al.*, 2013). A young man remarked:

Ever since I've been two, (mum's) always come down nearly every day. It's like a normal thing because I never really had her out of my life. But I kind of class my nanna and grandad as my mum and dad because they look after me and stuff like that, but it's nice to still see my mum.

There were also instances where the usual parent/child role had been reversed. One young man, for example, whilst reporting enjoyable contact with his mother, expressed his sense of responsibility towards her when they met up:

I feel that I bring a shine to her day and I can always cheer her up and make her happy if she's negative. I think she smiles a lot more when she's with me. I like to think that I've made her proud because the rest of them (siblings) haven't done that well.

Only five young people, two of whom lived with paternal relatives, said that as teenagers, they had enjoyed good quality contact with their fathers. Interestingly, two of these fathers had been in prison during the young person's teenage years and another two had lived abroad. Nonetheless, a couple of the young people described how, as teenagers, they had leant on their fathers for support. One young woman, for example, who went through a particularly rebellious risk-taking phase during her mid-teens, explained:

For a while I thought I was invincible. I thought that no one could do anything to me. If things happened, I would always call my dad. So I thought if anything happened I would call my dad and he would sort it out.

The young people were not always pressed on what they meant by good quality contact and sometimes what they said did not seem consistent with their positive rating of the experience. For example, despite describing the contact with her father positively, one young woman explained that when she saw him, he

was nearly always high on drugs. Her father had since died from substance misuse.

Occasionally, young people who reported positive contact with one or other parent said they had not dwelled on the circumstances that had led to the kinship care. One young woman reported an improvement in the contact with both her parents once she felt able to 'move on' and 'stop asking questions' about her early life with them. A grandmother described the neglect her grandson had endured whilst in the care of his mother, yet recognised the positive contact he enjoyed with her during his adolescence. She observed:

He seems to have put all that to one side, which is perhaps the best way to deal with it. He doesn't even remember a lot of it, I don't think, or he doesn't choose to.

Relationships that were considered neither good nor difficult and those that were variable

Fourteen young people described contact with mothers that they considered neither particularly good, nor particularly difficult or conflicted. Only four young people said this about the relationship with their father. These young people often used language such as 'okay' or 'alright' to describe their contact with a parent. Many of these parents had had limited involvement in the young people's day to day lives in the teenage years and it was not unusual for the young people to report feeling no strong emotional connection to them. One young man said of the relationship:

My mum . . . has that mental state where we don't have a bond, it's just an acquaintance bond as opposed to a motherly one . . . Contact with [mother] was the weirdest thing really. This makes it sound a bit sad, but I don't really know what it feels like to have a mum . . . I'd meet up with her, we'd go out or something, but we would be friends rather than mother and son . . . [I am] not really bothered about (my father) to be honest. He's alright. I got along with him, but don't want him in my life . . . he just needs to grow up. [He is a] thief and everything. Been in prison too many times for thieving, robbing, drugs, everything – needs to sort his life out.

Whilst on the face of it at least, contact with parents for most of these young people was not an overt source of stress or anxiety, neither was it a satisfying or particularly enjoyable experience. One young woman said:

I'm not sure what age I was when I started meeting my mum, because for a few years I didn't, but then there was a certain point where I would see her, but only with family, I'd be with family . . . I don't know, it's like just meeting anyone, I don't know, it wasn't difficult.

Other young people described variable experiences of their contact with a parent, the quality of which often depended on the behaviour and wellbeing of mothers or fathers at the time. For several young people, their teenage years were characterised by periods of feeling close to parents and enjoying positive contact experiences, interspersed with episodes where the relationship was difficult and/or distant and contact was infrequent and fraught. One young woman explained:

We had a good relationship [during the early teens], but then like she started taking more drugs . . . When [my younger siblings] got taken off her, she went off the drugs and was really good and I was like 'I'm proud of you' and she was getting back to her old self, but then she went back on them . . . I know it sounds bad, but it makes me feel disgusted looking at her . . . I was really close, and then I'm not close with her no more. Basically, the relationship's lost.

Young people who as teenagers experienced persistently difficult contact with parents.

Of the young people who were in touch with mothers and fathers, many described the contact as difficult (46% who had contact with mothers and 61% where there was contact with fathers). From the accounts given by them, we identified a range of factors that characterised difficult contact with a parent during adolescence. This included circumstances in which parents had been unreliable, or whose lifestyles had continued to upset them. It also involved situations where parents had continued to reject the young people. Some young people reported difficult contact with parents who had exposed them to damaging or risky situations. Others described awkwardness or embarrassment in the company of a parent, which had made for strained contact. Several young people reported difficulties in their contact with a parent due to unresolved feelings of hurt and anger.

Parents who were unreliable and those whose lifestyles continued to cause upset

Many young people who reported poor quality contact with mothers and/or fathers during

their teenage years described parents who were unreliable and who continued to let them down. The young people described situations where parents had simply failed to meet up as arranged, had cut short visits, and had reneged on promises to stay in touch:

She'd promise you that she'd stay, but there were just too many promises and you just thought like, 'This isn't going to happen, you're not going to stay.'

Social workers organised it where we'd see [mum] once every fortnight . . . then she was just never turning up. We were sat waiting at bus stops and all sorts, waiting for her to turn up and it just got to a point where we gave up. Like why should we be turning up if she's not? She never made the effort.

Parental drug and alcohol misuse often contributed to the decision for children to enter kinship care (see chapter 3). In some families, continued substance misuse by parents during the young peoples' teenage years, destroyed the opportunity for quality contact:

When [mum] came, I'd have to give up my bed . . . but because she was so into alcohol and drugs, stuff like that, she wouldn't be conscious of what she'd be doing, so she'd be lying in bed and light a ciggy and then like you used to have all ciggy burns and stuff like that in your carpet and then I'd be like 'What are you doing?'

She was always off her head or something, it was horrible. There's the amount of times I kicked her out my nan's. Once I said, 'Mum you better go before the kids come home from school' . . . I can't remember why, but I was off school and she was just off her face, she just looked horrible.

When I used to see my mum, what she wanted to do was to drink [alcohol] with me . . . She just thought we were her friends, not her kids basically. She used just to ask us for some money and things, knowing that we'd always have money.

Young people who experienced repeated rejection from parents

Several young people who had been abandoned or rejected by their parents as young children, continued to experience parental rejection whilst living with their carer (see also Selwyn *et al.*, 2013). Understandably, this was a difficult matter for the young people to talk about. It was usually the accounts from carers that highlighted the strained relationships and difficult contact that existed in the context of parental rejection. One carer, whose grandchild had serious mental health concerns as a teenager and in adulthood, explained:

It must be very stressful for her, to have that [type of relationship with parents] . . . I mean they've walked past her in the street. They've totally ignored her when they come to visit.

A young woman, who, as a teenager, had found contact with her mother very difficult, did allude to rejection:

I was worried about my mum, I still used to feel like I had to look after her. I was worried . . . what she'd think of me, that she didn't like me. I found out that she didn't like me at all at that point [as a teenager], so that was just not very nice.

As teenagers, several young people were aware that their fathers had gone on to raise another family. Whilst most of these young people were generous to fathers in their accounts of this

situation, for some the fact that fathers were capable of parenting, yet had been selective in their choice to do so, had been a source of disappointment. Some young people had been told by fathers that they would have parented them had they, for example, had enough space in their house, had enough money or lived closer. One young woman had not only lived with the knowledge that her father was parenting children in another family, but also felt that his priorities towards them had compromised her opportunity to enjoy good quality contact with him:

(When I was 14) we had some contact for maybe a year or two I think it would have been. But it ended up, he was a bit flaky and he's got his own family, he's got his own kids like, and I think it was too hard for him to kind of juggle that.

She went on to say:

It's like dealing with the rejection. Because I felt like all the people that are supposed to really care for you in your life, or be there for you, and then they're not . . . you do start to think that. Like I said, when everyone starts doing it, just leaving you or hurting you, you start to think it's a personal thing, like maybe I'm doing something wrong.

Young people exposed to risky or damaging situations during contact with their parents

Several young people spoke about risky or otherwise harmful situations that their parents had exposed them to when they were teenagers. Kinship carers were not always fully aware of what had occurred whilst the young people were in the company of their parents. One young woman who as a young teenager would visit her mother at weekends explained:

Because [mother] had younger people going into her house, there'd be a lot of drinking and things like that . . . she supplied me with drinks and different things like that.

A young man said:

Our relationship wasn't like a mother-son relationship. She didn't see me as her son, so she would tell me things that like a child shouldn't hear or shouldn't know about the world. And so it was tough because she would tell me about what was happening, like people she had been meeting, or like, you know stuff that was going on, and I'd come home like literally sick. I would throw up and stuff because it was that bad.

Young people who felt awkward, embarrassed or angry in the company of a parent

There were accounts of young people feeling uncomfortable in the company of a parent, which made for difficult, unfulfilling, contact. One young woman, for example, whose mother had learning difficulties, was very ambivalent about the contact they had with one another. She had not wanted to see her mother more often than three or four times a year and only then in the kinship home. The young woman's aunt explained the situation in more detail:

I think she's embarrassed by Judy [mother], understandably so. Judy doesn't take great care of herself and she has got mental and learning difficulties. I think [young person] is very much about image. She would take ages getting dressed and wouldn't go out without make up and that. Judy took her when she was a bit younger to the theatre and they went on the bus together. Judy is a little bit deaf and

talks very loudly and I think that was a bit of an embarrassment.

Other young people, especially those who had had very little contact with a parent over the years, reported feeling awkward in their company. A young man said of his infrequent teenage contact with his father:

[It was] awkward, still feels awkward, I don't know why, awkward silence. Maybe I'm just not comfortable with him.

There were other young people whose unresolved feelings of hurt or anger towards a parent came to the fore when they met. One young woman, who reported extremely conflicted contact with her mother, explained:

With my mum, we never really saw each other [much] during my teens. It was if she came over here, but we never spent time with each other. I wanted to do stuff and she never had time. We were never close, and for that reason I hated her . . . we never had anything in common . . . We didn't really talk, but we argued and with a lot of abuse from me, just telling her how she failed as a mum and how much I hated her, and how she didn't care.

Young people whose parent/s had died

At the point of interview, nearly two fifths of the young people in the study (20, 38%) had experienced the death of one or both parents. In many cases this was as a result of suicide, a drugs overdose or another violent cause. For most young people, a parent's death had triggered the kinship care arrangement (see

chapter 3), but for others a parent had died subsequently. The parent who had died was usually the daughter/son, sibling or other blood relative of the kinship carer, so as well as dealing with their own loss, the young people were living with carers who themselves were grieving. Some kinship families had been able to support one another through their loss. One young woman, whose mother had committed suicide, was philosophical in her outlook. She spoke about learning to live with a really difficult set of circumstances. Her grandmother described how they had leant on one another for support:

We both helped each other out, I helped teach her about how to get through it, Chantelle helped me and we would go and visit her grave, put flowers, and we do it that way. We don't go by ourselves, we go together, and also I have her ashes and all, and if you want to know why there's photographs of her mum, it's to keep her memory alive for Chantelle's sake.

For other young people, the loss of their parent was still raw and they were struggling to deal with the turmoil and anger triggered by their grief. A grandmother, whose daughter had died several months earlier explained:

Kayla says some horrible things about her mum, and I just ask her to shut up, and if I ask her to shut up she gets worse and worse and worse, and I say, 'You have to remember she's my daughter you're talking about.' So I think that probably causes the most of the arguments. One minute she will say, 'I didn't care about my mum,' and all this, and then she'll say, 'Oh you think I don't care about my mum.' She's up and down and I can't keep up with her sometimes.

Young people estranged from their parents and those in irregular contact

There were a variety of reasons why young people, living in kinship care as teenagers, had not been in contact with a parent, despite their mothers and fathers being alive. In the main, absent fathers had never had much (if any) contact with the young people in their early lives and this had continued as the young people entered their teenage years. Often these young people said they had not wanted contact with their fathers anyway, including those who had memories of, or knowledge about, a father's violent past:

I don't want to know [my father] . . . I never want to. If I did, I'd smack him round the face, because I know something bad happened ages ago when I was young. That's why I never want to see him . . . I think he tried to kill my mum and my brother. So if I ever did meet him I would smack him round his gob.

Only five mothers had been completely estranged from their teenage children. In three instances, mothers had been in prison and whilst this was not the reason for the lack of contact *per se*, the young people had chosen not to remain in touch. One young man, for example, decided, when he was 12, to stop contact with his imprisoned mother. He described wanting 'to avoid her at all costs'. Only one mother had been banned by the courts from contact with her child.

Aside from those young people who had been completely estranged from a parent during their teenage years, many others reported irregular contact with mothers and/or fathers that had

included lengthy periods of not seeing each other. The uncertainty and anxieties around when a parent might suddenly show up could be difficult:

My mum used to come now and again, like every couple of years. Like you'd just get settled and then like she'd come back and everything would be like all messed up again.

Some birth parents had been instrumental in ending contact, occasionally kinship carers had taken the decision on behalf of the young person to do so and, at times, the young person had taken it upon themselves. One young woman who moved into kinship care aged 12, after having endured years of physical and emotional abuse from her alcoholic mother, was initially in regular contact. This became more sporadic, before stopping altogether. She said:

When I first decided to go back and see how my mum was doing, she gave me a hug. She was upset, saying that they'd taken me away for no reason and stuff like that. I think it started to conflict a lot. The fact that I was thinking that it wasn't right, 'Why am I away?' It was really difficult, and then it's like, 'Oh, I know that she's done wrong, I don't want to see you again.'

Another young person spoke of the lengthy period of time he was out of contact with his mother, at her behest.

I didn't see my mum 'til I were like 15. She just didn't come. She was sorting herself out with like getting off smack and that, and crack. Like when I were 15, I think, got like a call saying 'Oh your mum wants to see you' so I ended up going to see her and I was seeing her for a bit.

Relationships with parents as the young people entered adulthood

We did not ask the young people directly about the current status of their relationships with parents, but it was often a matter the young people chose to talk about. Whilst experiences were extremely varied, it was not uncommon for young people to try to renegotiate family relationships in their late teens or early twenties with mixed results (see also e.g. Biehal *et al.*, 1995; Biehal and Wade, 1996). A couple of young people described how they had since developed a satisfying and supportive relationship with a parent:

We are like sisters. It's quite nice how things have worked out. She has been really supportive over the last two years.

Others continued to navigate difficult and conflicted relationships with parents or had maintained relationships that were superficial and unrewarding. Even though young people recognised that they had been let down as children and teenagers, some still wanted to explore the possibility of developing a meaningful relationship with a parent (fathers in particular) as an adult. One young woman, who had recently made contact with her father, after not having seen him for many years, explained:

About three months ago he went to rehab and sorted himself out and now I speak to him at least twice a week . . . It is really nice to speak to him and he'll kind of explain to me what's happened and why he wants to make things better. And like he is so positive and I just think everyone deserves a second chance, I'm quite like that.

However, there were also young people who had decided, as adults, that their relationship with a parent was too harmful or too conflicted to maintain contact. Several young people, mostly young men, had decided to sever contact with mothers in order to protect themselves psychologically:

When you get older, you just think 'You've done that to me', so why should I give my time and spend it with you? Like you're not someone good to be around and I should only stay with people who are positive and that are going to help me and if I stay with you, then you're just going to drag me down. And that's the way I think of it. So, I just think no, you know what, I'm just going to get on with my own life.

We were disappointed [when mum did not turn up for visits] but there were nothing we could do about it. We just obviously knew she didn't care . . . Soon as I turned 18, she expected me to go running, and I never did and I never will.

Well I think with my mum, it's been very distant with her for my whole life, as far as I can remember it's been a weird relationship. But to cut a long story short, I don't have any contact with her any more, because it's a choice that I took upon myself due to issues that kept arising . . . She wasn't happy that I wasn't conforming with her perfect idea of everyone being as one – if that makes sense? It was only in the [last] year, but I just had to emotionally disconnect myself from her because of certain issues that came up.

The young people's mental health and their teenage contact with birth parents

In their study of informal kinship care, Selwyn and colleagues (2013) found that young people (aged 8-18 years) who experienced difficult contact with a parent, were more likely to have mental health concerns, than those whose contact with a parent was not considered difficult. Whilst our sample size was too small to run any robust statistical analysis on this issue, our findings did suggest a similar relationship. The young people in our study who as teenagers had experienced difficult contact with a mother, had a greater tendency to have poor mental health as young adults (evidenced by the General Health Questionnaire (GHQ) (see chapter 8), than those who considered contact to have been at least 'okay' (47% vs. 37%). The trend however, was less marked with fathers (42% vs. 37%). These findings may suggest that the damaging impact of difficult contact with mothers for children in kinship care, does not necessarily subside over time.

In relation to parental contact and mental health, it was noted too that, where data was available, those young people who, as teenagers, had not had any contact with their mothers (either because mothers had died or because they were estranged), rarely reported poor psychological wellbeing, as evidenced by scores on the GHQ (only 1 out of 8 young people, 12%, did so). In comparison, two fifths of the young people who did have teenage contact with their mothers (15 of 36, 42%) reported poor psychological wellbeing.

In spite of the complexity and difficulty of these family relationships, other than occasional accounts of supervised contact between children in kinship foster care and their parents, there was little evidence of assistance being offered to kinship families to deal with them. This is in contrast to Wade and colleagues' study of Special Guardianship (2014) where almost half of the special guardians had received some assistance with contact (mostly supervised contact) during the three to six year follow-up period.

Now that the young people's relationships with their parents have been examined, in the next chapter we consider their relationships with siblings and the extended family.

Summary

- Some young people who had moved into their kinship home under the age of 12 reported having experienced periods of unhappiness as a child, which they attributed to living apart from their parents.
- As young children, the experience of living apart from mothers was keenly felt, particularly at school. Feelings about living apart from fathers were generally less intense.
- The young people's experience of parental contact during adolescence was considered. Excluding the six young people whose mothers had died, less than a fifth (17.5%) rated the quality of contact with their mothers as 'good'. Two fifths (41%) said that contact had been mostly difficult, whilst five (11%) had been estranged from their mothers. Where contact had been difficult, young people had sometimes had intermittent contact with mothers, including lengthy episodes of not being in touch at all.
- A fifth (21%) of fathers had died. Where alive, contact experiences with fathers were even less satisfactory. More than two fifths (44%) had been estranged from their fathers in the teenage years. Only 12% described their contact positively, whilst a third (34%) said that contact had been difficult.
- Where there was contact, kinship carers often worried about the negative impact it had on the young people, when they were teenagers. Fifty four percent of carers were concerned about the harmful effects of contact with mothers and 56% had concerns about contact with fathers.
- Most young people who reported good quality contact with their parent/s, had been in touch with their mother on a regular (sometimes daily) basis. The five young people, who had enjoyed good quality contact with their fathers had felt a positive connection with them, albeit two of the fathers had been in prison and two had lived abroad.
- Parents had often had limited involvement in the day to day lives of young people who described contact with their parents as neither particularly good or bad. Some of these young people did not feel a strong emotional connection to their parents. Where the quality of contact was variable, this was often because of fluctuations in parental behaviour, sometimes depending on their level of alcohol or drugs misuse.

- A range of factors characterised difficult contact between the young person and a parent. This included parents who had been unreliable, or whose lifestyles had continued to cause upset, parents who had continued to reject the young people or who exposed them to risky situations. Other young people described awkwardness or embarrassment in the company of a parent, so that contact was strained. Several young people reported difficulties in their contact with a parent due to their own unresolved feelings of hurt and anger.
- At the point of interview, nearly two fifths of young people in the study (20, 38%) had experienced the death of one or both parents. In many cases this was as a result of suicide or a drugs overdose. As well as dealing with their own loss, the young people were usually living with carers who themselves were grieving. Some kinship families had been able to support one another through their loss but other young people remained angry and unable to seek comfort from their carer.
- A third of the fathers had been absent from their children's lives from early on. Only five mothers were estranged in this way, three of whom had been in prison. Some parents had ended contact, as had a few of the kinship carers and sometimes the young people themselves when they wanted to 'cut their losses' after feeling let down by parents. Over time, a small number of the young people had managed to develop more positive relationships with a parent.
- The young people in the study who as teenagers had experienced difficult contact with a mother, had a greater tendency to have poor mental health as young adults (evidenced by the GHQ), than those who considered contact to have been at least 'okay' (47% vs. 37%). These findings may suggest that the damaging impact of difficult contact with mothers for children in kinship care does not necessarily subside over time.
- Those young people, who as teenagers, did not have any contact with their mothers (because mothers had died or because they were estranged) very rarely reported poor mental health as young adults, as evidenced by their GHQ scores.

6. Relationships with siblings and the wider family

It is increasingly recognised that sibling relationships play an important role in children's development and have the potential to provide lifelong support (see for example, Downey and Condron, 2004; White, 2004). Where children must live apart from their parents, placement with a familiar sibling can minimise the discontinuity they experience. There is some evidence that such placements are less likely to disrupt (Farmer and Moyers, 2008). Children in care endorse the importance of sibling relationships: a report by the Children's Rights Director in England (Morgan, 2009) found that 86% thought it was important to keep siblings together and three-quarters thought that local authorities should help siblings to keep in touch. These principles are also reflected in legislation and guidance (see Ashley and Roth, 2015). Sibling placements, of course, are not always in children's best interests (Lord and Borthwick, 2009). They are also likely to make additional demands on carers and in some situations, may even contribute to placement breakdown (Hunt *et al.*, 2008).

According to a recent UK study of local authority foster care (Ashley and Roth, 2015), sibling groups are more likely to be kept together in kinship care than in unrelated foster care. This

finding is consistent with earlier UK research (Kosenen, 1996; Hunt, 2003) and several US studies (see for example, Leathers, 2005), although it should be noted that Farmer and Moyers (2008) found no difference.

Another potential advantage of kinship care is that, in addition to living with a relative, children can preserve, or develop, supportive connections with the extended family network (Farmer and Moyers, 2008; Kiraly and Humphreys, 2015). Relationships with siblings and other members of the wider family can be of great importance not only in childhood but throughout adult life. Even in situations where contact with the birth parent(s) is highly problematic, contact with siblings and wider family may be positive and supportive (Kiraly and Humphreys, 2013).

During our interviews with the young people, we therefore asked about their relationships with siblings, grandparents, aunts, uncles and other family members, aside from their carers. We also asked the carers about their perception of these relationships. This chapter first explores the young people's relationships with their siblings, then examines our more limited data on their relationships with members of the wider family.

Sibling relationships

Overview: family structure and variation in closeness

Our sample was characterised by birth families with large numbers of children. On average, there were four siblings in a family, including full, half and step siblings. Almost two-thirds (34, 64%) of the families contained at least three children, of which eight (15%) had five or more. Some children were born after the young person entered kinship care. Only two young people in the study had no siblings.

Whilst in kinship care, nearly two thirds of the young people (34, 64%) had lived apart from at least one sibling. In these instances, a brother and/or sister had, most often, remained living with a parent in the family home or had moved in with a different relative or family friend. Eight had a sibling living in unrelated foster care and six young people had a brother or sister who had been adopted. Some young people had half-siblings who lived with the parent who was not the young person's mother or father. Where young people had more than one brother or sister, the siblings sometimes lived in different places.

Nonetheless, over two-thirds of the young people (36, 68%) entered kinship care with at least one sibling and a number of others were joined by siblings subsequently. Only 19% had grown up in kinship care without any siblings.

The sibling experiences for the young people in our sample were extremely varied – ranging from those who had been brought up together, to those who lived apart and barely knew each other. In terms of the strength of their bond, whether the siblings shared one or both parents

seemed less important than time spent together whilst growing up. The interviews with the young people revealed that, when in kinship care, most had contact with at least one sibling with whom they did not live. Those with multiple siblings did not always have contact with all their brothers and/or sisters.

Some young people told us about very strong relationships, where a sibling was the most significant person in their lives. Others described the tremendous amount of responsibility and concern they felt for younger siblings, especially those who lived elsewhere. Some young people, who lived with younger siblings described how they had helped their kinship carers look after them. Not all sibling relationships were harmonious – a degree of jealousy and/or resentment was evident amongst some. The following sections explore these patterns of sibling relationships in more detail.

Close and supportive sibling relationships

It was unusual for young people who had lived with a sibling in kinship care to report persistently difficult relationships with them. For the most part, relationships were said to be 'good', 'generally good', or just 'normal for siblings', with only minor conflict or occasional arguments. About a third of the young people were more emphatic, using words like 'close', 'warm' or 'supportive'. For these young people the relationship, which seemed to have been strengthened by them having been through difficult times together, was clearly of great importance and appeared to be a protective factor in their lives.

One young man, for example, went to live with his grandmother when he was six years old,

together with his younger brother, then aged two. Their mother had suffered from a serious illness and later died, while their father had abandoned them, moving to a different city to start a new relationship. The two brothers relied on each other for support while growing up: *'As long as I had my brother, that was the main thing.'* At the time of the interview this young man was 23. He spoke about his continuing close relationship with his brother and hoped to buy a flat with him: *'I know I could chat to [him] about everything.'*

Some of the young people who reported being particularly close to a sibling attributed much of their personal success and wellbeing to this relationship. Several said that they had had few friends they could talk to outside the family when they were growing up, but felt that having a sibling in the same situation provided them with the support they needed. One young woman, along with her younger brother and sister, had lived with her aunt from the age of 14, having witnessed parental alcohol misuse and violence. She explained that whilst she did not share much of what she experienced with her friends, she could talk to her brother:

Me and my brother, we were quite close to each other . . . we are quite close. So we talked about it, we still do even, yeah. I didn't really talk to friends so much about it.

Close relationships were rarer where siblings had been separated, but did occur with those who had remained at home, had been taken into care or were being cared for by other relatives. In one such example, a young woman and her brother had been brought up by their maternal

grandmother, while their older brother had gone to live with the paternal grandmother. Despite spending far more of her childhood and teenage years under the same roof as her younger brother, the young woman felt equally close to her older sibling. Both her brothers were doing very well in their lives and were a source of inspiration for her:

They're really good people to look up to and they've really helped me. They're the people that have inspired me to do really well and always supported me too, and yes they've made me realise like if you want to achieve something you can, so they're the main people in my life that I've always looked up to for guidance.

Feelings of responsibility and concern for younger siblings living elsewhere

A recurring sentiment voiced by many of the young people was a desire to care for and be close to their younger siblings. Several young people expressed concern about these siblings.

Many of the young people who moved away from birth parents without their younger siblings, or whose mothers had more children after they went into kinship care themselves, found it distressing that they could not be with them. In some cases they had been used to looking after siblings from a very early age due to neglectful parenting and felt protective towards them and responsible for their welfare (see also Selwyn *et al.*, 2013; Ashley *et al.*, 2011a). Some of these young people said they had felt much older than their years because they had taken on adult responsibilities. One young man, for example,

who at the age of 10 moved with his older sister to live with his grandparents, felt a marked and lasting concern for his two younger siblings, one of whom was born after he moved out. His younger sister was placed for adoption whilst his baby brother stayed for several years with their mother, who struggled to care for her children and who associated with men who posed a threat to them. This young man described his life from the age of 12 as 'turbulent':

My brother had just been born and I was gravely anxious about his wellbeing. He was left with my mother and it started going a bit topsy-turvy for me in school. I got into fights because I was constantly anxious but I had no idea how to express it, so it came out as aggression . . . With my sister as well, I always wanted to look after her. Making sure she was cleaned, fed, things like that.

Several young people blamed themselves for the things that had gone wrong in their family. When something untoward happened to a younger sibling, they often felt they should have prevented it, and subsequently struggled with feelings of guilt. One young woman, for instance, blamed herself for her younger sister being removed and adopted:

I blamed myself because I admitted to social services [about] my dad's drinking and I couldn't do it anymore, bringing up my little sister. I was only like very young at the time.

Another young woman, who had moved to live with her grandmother at the age of eight, described how the death of her baby brother had affected her, particularly at school. Despite

their close relationship, her grandmother had been unaware at the time of the effect of this on the young person. It was only some years later, whilst in therapy, that the young woman was able to share how, as a child, she had blamed herself and had felt responsible for her brother's death.

Some of the young people felt concern for siblings whom they had never met, or as in one young man's case, who had not yet been born. This young person had spent most of his life living with his grandmother because of his father's involvement with drugs and criminal activity and his mother's inability to cope. At the time of the interview his father was out of prison and his new partner was pregnant:

He is having another kid now. Hopefully he doesn't go back to his old ways, and just normal raises his kid up. It was a shock when I first heard.

Young people who helped their kinship carers to look after younger siblings

About a fifth of the young people said that, as teenagers, they had helped, or were still helping, their kinship carers to look after their younger siblings. Most of them gave little detail about this, and it did not appear to be an issue. For several, however, it clearly was, as in the case of one 16 year old young woman, being brought up by her older sister who was struggling to bring up five kinship children. The young person helped to care for their younger siblings, two of whom had disabilities. She said:

It's not a bad life really, but it is in a way. I'm not like anyone else, I'm not like a normal teenager, and I have to do things for the children. I can't just leave the house without worrying about them. I can't even sleep at my grandmother's for a night without worrying about them. It's really hard. Sometimes I actually do feel like I have to get away from here. Sometimes I feel like I need to run away and I just want to be alone.

Another young woman, aged 21, had lived with her grandparents since babyhood. Her three younger siblings had moved into the kinship home some years later. All appeared to have serious behavioural problems. The young person had concerns about her grandmother's health and the stress she experienced because of the children and their difficulties. She provided a lot of support with their care. She helped her grandmother with the laundry, bathed the children, put them to bed, made the tea or minded the children when her grandmother went to the shops. Sometimes she even took the youngest to work with her to give her grandmother a break:

She says that, I'm like a lifeline to her . . . I don't think of it as that, I just think they're my brothers, it's my nan, I'm just doing what I'm supposed to do.

Nonetheless, these responsibilities clearly weighed on her. She said she visited her boyfriend quite often to get away from the children. She spoke of resenting the fact that the social worker seemed to expect her to help out, and of her ambivalence about moving out because her siblings were such hard work and their grandmother needed her help:

Like I want to move out eventually, but then I don't because then I feel guilty leaving my nan with the children and, if anything happens to my nan and my grandad, it will be me that has to look after them and me that has to take them on. So . . . in a way I'm scared of moving out.

In contrast, for young people who had carried considerable responsibility for caring for siblings while living with parents, kinship care could relieve them of the burden, even if, at first it was difficult to accept. One young man, for example, aged 13 when he went to live with his aunt, said he used to take care of his younger brother, when they lived with their mother. He described mixed feelings about handing over that responsibility to their kinship carer:

With my baby brother, when I first moved in, my aunt noticed the fact that I was very father-like and I was the one that was telling my brother to do stuff. She took me to one side and said 'You don't have to do that any more. It's not up to you now.' That was hard at first, to let go of what I was used to doing and let someone else look after him, as strange as it is. But they took over from there, which was a huge relief on my part. He's my little brother, but it got to the point where I was resenting him, because I was fed up of why this were all happening, and I had to look after him.

A few young people mentioned that if their carer was no longer able to look after their siblings, they would take on that responsibility. They emphasised the importance of keeping siblings together and preventing a placement outside the family. Even though some were themselves still teenagers, most young people felt confident that they could provide a safe and positive environment for their siblings if needed. One

young woman, for example, aged 18 at interview, felt that caring for her two younger sisters would be a natural responsibility if her grandmother could no longer look after them:

I don't worry about (that) because I just think whatever happens, or if my nan became really unwell, I just think 'I'm 18 and I'd look after my sisters'. That doesn't bother me . . . I'd take them on. I'd become a kinship carer.

Jealously, rivalry and distance between siblings

In contrast to these patterns of affection, concern and connection, some sibling relationships were marked by conflict, jealousies and rivalry, although this was less usual when siblings had been brought up together in kinship care. A striking exception was the relationship between one young man and his younger sister, who were placed together with their grandmother at the ages of six and five. The grandmother said that the children had fought like 'cat and dog' and the young peoples' interviews bore this out. The young man described being resentful and jealous of his younger sister, who he felt had been his carer's favourite grandchild. Their grandmother said that the children's mother had favoured her son (the young person), whilst emotionally abusing her daughter. Consequently, the grandmother had tried to make amends by being particularly loving and affectionate towards her. As a result, the young man, said that he had felt excluded. At interview, he described how, in recent years, his maturity had brought about a less conflictual relationship with his sister and he expressed care and concern for her.

In contrast, there were instances where previously good sibling relationships had deteriorated.

Stacey (aged 19 at interview) and her older sister Layla, were placed together with their aunt, at the ages of four and seven. Stacey said that, as children they had been close and had taken comfort in each other. They made a pact to stay together in kinship care until they were both old enough to move out. However, when Layla was 18, without discussion, she moved back with her birth mother, leaving 15-year-old Stacey behind. Stacey felt abandoned by her sister and this hurt her deeply. The turn of events had caused a lasting negative impact on the quality of their sibling relationship. Stacey observed: *'We promised each other that none of us would leave until I turned 18 and then she left. We don't talk, not like we used to'.*

Siblings joining the kinship family

It might be anticipated that jealousy and rivalry would be more frequent where a young person had already been living with their kinship carer for some time and another sibling then moved in. However, there were only two occasions where this was reported. In the first instance, a young woman's brother had lived with their mother for seven years before joining his sister in kinship care. The young woman was 12 at the time. She had lived with her grandparents since she was three and admitted to having been jealous and resentful of her brother when he first moved in:

It was alien to me because going from being an only child to having a brother come live with me at the age of seven was really odd. It was hard to adapt to . . . It was jealous yes, I think because he needed a lot of support and he needed a lot of time and love, things he had missed out on in those seven years. So I

remember feeling a bit resentful towards him and feeling that he was impinging on my space.

The interview with the young woman's grandmother revealed that even though the young person was upset about her brother's arrival in the kinship home, given her young age, she nevertheless displayed considerable maturity:

I thought it was so well balanced because she said, 'Well, I don't really want him, but he is my brother and I think he deserves to be here' . . . and we've never had any trouble between them . . . [Sometimes she would say] 'nan, I just feel awful, I can't tell him off because I just feel he's come here and is a stranger to everything and I can't do that' . . . They've got a bond but it's a gentle one, if that makes sense . . . She felt that she was established and that he came into this established family.

In the second instance, the young person was thirteen when her sister moved into the kinship family. She said:

When she came it felt intruding, because it was just me and my nan and granddad and then my sister came and then my whole life just changed completely. A bit of jealousy, just because she was new. I just had to share my time with her.

Siblings who stayed with parents

Eleven young people said that, while they were in kinship care, one or more of their siblings had been living with a parent. This caused confusion and/or resentment for some. One young woman, for example, moved into kinship care permanently at the age of six, whilst her younger half-brother remained living with their mother.

The young person said she was resentful and jealous that he had stayed with their mother and she blamed him for the fact that she had needed to leave home. A conflictual relationship with her brother had carried on into adulthood: 'We can't hold down a conversation without arguing'. For another young woman, whose sister had remained with their mother, the situation was particularly difficult because, as children, they had different living arrangements, yet attended the same school.

I didn't understand why she was allowed to stay and I wasn't. But she went to my primary school . . . I never got angry, just upset 'cos I didn't think it was fair.

Contact with siblings who lived elsewhere

The majority of young people had some form of contact with at least one sibling living elsewhere. Contact most often happened when siblings were living with a parent or with another member of the extended family. Contact occurred less often with siblings living in unrelated foster care, whilst contact with an adopted sibling was rare. One young woman, for example, aged 18 at interview, moved from residential care to her grandmother's at the age of 14. She enjoyed regular contact, arranged by social workers, with two of her younger siblings, who remained in unrelated foster care. However, she had no contact with her third sibling, who was adopted at the age of three.

In all, about a fifth of the young people had siblings with whom they had lost contact, or had never met. Others felt that although they had continued to see their siblings, they had missed out on having a deeper relationship and wished that things had turned out differently. For

example, one young man living with his aunt, had a younger sister who was in unrelated foster care. He was troubled by their lack of day to day contact and clearly missed her a great deal:

Yeah, when she went into care it was worse because I just didn't see her much, and every time you see her she would get a bit taller and that, and you know you just missed out on loads. Because when you have a little sister you love to pieces, my little sister, and they just grow up without you, and it's just not normal.

The loss of a sibling to adoption was particularly difficult for two young women. One said:

It was really hard when [sister] got taken for adoption. We tried everything, asking if anyone in the family would take her, so this was the last resort. It was quite a scary time as we didn't know whether we would still have contact with her.

The second young woman said that the adoption of her younger brother had triggered lasting difficulties. At the time of the interview (aged 18) she was struggling with mental health problems. She believed that, in recent years, the separation from her brother had been a major factor in her psychological distress. She said:

He was only young when he got took off my dad. I brought him up for a couple of years because my dad's drinking was getting out of control . . . He's been adopted out, closed adoption . . . It broke me. I was in hospital for months after self-harming. I had admissions to hospital, counselling, everything.

Relationships with the wider family

In their teenage years, all but one of the young people had been in contact with members of their extended family, aside from their kinship carers. In fact, according to the carers in the matched sample, almost half of the young people had been in contact with both sides of their family, which is perhaps surprising, given that four in five of these carers were maternal relatives. Frequent contact however, more often occurred with maternal relatives (87%), than with paternal relatives (40%).

Just over three quarters of the young people (77%) described their contact with extended family members positively. It was also notable that for most, these relationships were being maintained. At the time of the interview, about 70% of the young people said they were in regular contact with extended family, about 20% were in occasional contact and 10% were not in touch at all. Ongoing contact was not dependent on the young person still living in the kinship home, since nearly two thirds of those who had left the kinship family said they had regular contact with other relatives.

These positive and enduring family links are an important component of kinship care, not only in helping to maintain young people's identity and social connectedness but in providing access to an additional source of support, both during their childhoods and into adult life. Young people who are going through emotional difficulties may be reluctant to seek professional help, and so the presence of caring adults within the family network can provide support that the young person might not otherwise have access to, had they not been living with kin (Rickwood *et al.*, 2007). Studies of young people in the care system indicate that about half do not receive

strong family support after leaving care (see for example, Dixon *et al.*, 2006).

The young people often spoke with warmth and appreciation about being part of a supportive extended family network, with close relationships across the generations, as illustrated by the comments of two young people:

I'd go and stay with Connie [great-aunt] at the weekends, to give my nan a break, that kind of thing. She just listened . . . my nan would be like more serious, Connie was like the more fun one. My nan did all the responsible stuff, like make sure I went to school. So it was like a treat for me because Connie was always on my side and stuff.

My other gran [the one I do not live with] . . . is so supportive. Like for example last year she paid for some of my training, and she just wants me to achieve and to do what I want to do, but it just goes to show that you don't need the colloquial family ideal if you like to be successful . . . and it's really strange as well because my relationship with the rest of the family has changed . . . I don't see my aunt and uncles as my aunt and uncles, they're both like brother and sister relationships because of the closeness of age and it's just a lot more fun, and then my cousins are more like nieces and nephews.

In fact, when we asked the young people who they felt closest during their teenage years (see chapter 4), several said that it had been a member of their extended family (aside from their carer or their carer's partner). For these young people, it was easier to connect with and confide in relatives who were nearer to their

own age, who seemed more parent-like, or who acted as positive role models:

I feel like I was closer to my auntie, only because she was kind of like what you wanted your mum to be like. Do you know what I mean? Because she was younger and stuff like that . . . I wouldn't describe nan as old because she's like so glamorous and so outgoing and stuff like that, but my auntie was just like more up to date and, I don't know, I just felt I could confide in her more than my nan.

My uncle, I see him like a brother because when I moved in . . . he got me into all that hip hop . . . he was a big support in my life and he still is today. I really see him as someone close to me. My uncle also got me into taekwondo . . . I saw my uncle training, I didn't know really what he was doing, I just knew that he did some type of martial art and so I was like 'I want to do what you do.'

In contrast, in some instances where there were other related, but still dependent, children living in the kinship household, relationships could be difficult. One young man and his brothers, for example, joined a family where his aunt had two children of her own. He felt that his aunt did not treat them all the same, although as he grew older, he said he realised that she was probably doing her best, with limited resources and responsibility for five children:

It wasn't her fault, she was just trying to support four [other] children. She had a lot on her plate and I wasn't being helpful at all.

Similarly, a young man living with his brother in kinship care, described the difficulties he faced in adjusting to family life, when his aunt's grandchildren joined the kinship household:

It was okay, (when) it was just me and my brother, but then later as the years went on, the grandkids came in and it was like they got more attention than what I did, you see? So at the time I felt like the black sheep of the family . . . they got more attention. I felt like I'd had an easy life and then it just went odd.

Occasionally, not surprisingly, it was the carers' children who resented the arrival of the young person. A grandparent carer, for example, had two teenage sons living at home when

her grandchildren, aged three and two joined the household. The grandmother described the jealousy shown by her younger son in particular, who had to give up his bedroom to accommodate the children.

Now that moving into kinship care, the teenage years and relationships with parents, siblings and the wider family have been described, we turn to consider the outcomes for these young people who had grown up in kinship care, starting with their educational progress and employment.

Summary

- Most of the young people in the study had several siblings. Almost two-thirds (64%) had at least two siblings; 15% had four or more. Brothers and sisters were sometimes born after the young person entered kinship care. Only two young people did not have any siblings.
- Over two-thirds of the young people (68%) entered kinship care with at least one sibling and sometimes others joined them subsequently.
- Whilst living in kinship care, nearly two thirds of the young people (34, 64%) lived apart from at least one sibling.
- Most young people living with a brother or sister in kinship care, had positive sibling relationships. A third used words like 'close', 'warm' or 'supportive' to describe particularly positive relationships. Some young people who reported close and supportive sibling relationships attributed much of their personal success and wellbeing to this relationship.
- Young people often had a desire to care for and be close to their younger siblings not living in the kinship home. They felt responsible for siblings living elsewhere. Some young people blamed themselves for not being able to protect a brother or sister at risk in the parental home. Young people talked about feeling guilty when siblings living with a parent were harmed or were placed for adoption.

- About a fifth of young people reported having helped their carers to look after their younger siblings in the kinship home. Several felt weighed down and at times overwhelmed by the responsibility of caring for siblings and did not feel like 'normal teenagers'. Others, who had previously looked after siblings because of their parents' limitations, felt that a responsibility had been lifted from their shoulders once in the kinship home.
- Occasionally there was jealousy between siblings living together in kinship care, especially when a brother or sister had entered the placement after they young person's own arrival. Jealousy and resentment was also evident amongst some young people whose siblings had remained living with a parent.
- Most young people had some contact with at least one of the siblings from whom they had been separated, especially when siblings were living with a parent or with another relative. Contact occurred less often where a sibling was in unrelated foster care and, even more rarely, when a sibling had been adopted.
- About a fifth of the young people had siblings with whom they had lost contact, or had never met. Others, who were in contact, felt that although they had been able to see their brothers and/or sisters, they had missed out on having a close sibling relationship. The loss of a sibling to closed adoption caused particular distress.
- Young people often spoke with warmth and appreciation about being part of a supportive extended family network. All but one young person was in touch with members of their wider family whilst living in kinship care and such contact had been a positive experience for most. Nearly two thirds of those who had left the kinship family still had regular contact with other relatives.
- Nearly half the young people had maintained a relationship with both maternal and paternal sides of the family.
- For a small number of young people, a member of the extended family was identified as someone the young person had felt closest to as a teenager. This was because it was sometimes easier for them to connect with and confide in relatives who were nearer to the young person's own age or who acted as positive role models.

7. Education and employment

Educational outcomes for children in the care system are often poor. However, a recent study by Sebba and colleagues (2015) has shown that, in general, the longer a child is in care, the better their educational progress at school, but that multiple care placements and school changes are unhelpful. Research has also shown that kinship care provides high levels of stability (see for example, Farmer and Moyers, 2008; Hunt *et al.*, 2008; Wade *et al.*, 2014) and that kinship carers often have high aspirations for the children they raise (Selwyn *et al.*, 2013). In addition, children who remain in the same neighbourhood, which is more likely in kinship care (Hunt, 2009), are often able to continue at the same school. For the young people in our study, such features might have acted as protective factors in terms of their educational progress, mitigating, at least to some extent, the effects of the circumstances which led to them entering kinship care. These circumstances were, as we have seen, very similar to those faced by children in the care system (see chapter 3).

As reported in chapter five, even at an early age, school could be a challenging environment for the young people in our study. This chapter further examines the educational experiences and the attainment of our young people who grew up in kinship care.

Education and employment: an overview

Inevitably, since the ages of the young people in this study ranged from 16 to 26, the stage they had reached in their education varied, from

a couple who were still in year 11 at school to those who had completed a university degree or postgraduate qualification (table 7.1). Many young people were planning to continue their education: six said they wanted to go to/return to college and 13 hoped to get into university.

Table 7.1: Stage the young people had reached in their education (n=53)

Educational Stage	n	%
School		
Still in school (Year 11)	2	4
Left school at 16 and ceased education	2	4
Further Education		
Undertaking further education	14	26
Started further education – dropped out	11	20.5
Completed further education	17	32
Higher Education		
Undertaking first degree	3	5.5
Obtained first degree	2	4
Undertaking Masters degree	1	2
Obtained Masters degree	1	2
Total	53	100

Variation was also apparent in the ease with which young people had progressed through school. Just over half had truanted and three in 10 had been excluded at some point, in two cases permanently. A quarter said they had missed a lot of school. As many as 40% of the young people said that they had difficulties with learning, but reports from carers in the matched sample suggest that the true figure is about 60%. Not surprisingly, therefore, levels of achievement at 16 ranged from those who did not achieve any passes at GCSE to those who reached the government's target of at least five GCSE's at grade C and above, including English and Maths. At the point of being interviewed, the majority of young people in the study were either still in full-time education or in paid work. However just over a quarter (28%, 15) were not in education, training or employment (NEET). The following sections set out these findings in detail. We also explore possible reasons for variation in educational outcomes and examine the support the young people had been offered.

Educational attainment at age 16

All but two of the young people in the study had, at the time of interview, completed Year 11. Almost all (45 of 49, 92%) had achieved at least one pass in a public examination in that year and two thirds (33, 68%) had gained a pass at GCSE, with one or more at grade C or above.

More than a third (18, 37%) achieved the national target of at least five grades A* to C at GCSE including English and Maths. This is substantially lower than the national average of 59% in the academic year ending 2013 (DfE, 2014a) – the year during which those of median age in the study took their GCSEs. However, it is considerably higher than the GCSE attainment rates of young people looked after by local

authorities, where, in the year ending March 2014, only 12% gained at least five grades A* to C including English and Maths (DfE, 2014b).

Table 7.2: GCSE attainment for young people in the study (n=49*)

Exam Passes	n	%
None	4	8
Exam passes – none at GCSE grade C or above	12	24
Exam passes – one or more at grade C, but less than 5 grades A* - C at GCSE with English and Maths	15	31
5 grades A*-C at GCSE including English and Maths	18	37
Total	49	100

**Missing, n=2 (plus 2 young people still in Year 11)*

Factors linked with educational outcomes at 16

At the age of 16, most young people (46, 87%) were still living with their kinship carer. All but three of these children had lived continuously with their carer since they had come into kinship care and on average had been there for 9.6 years. Almost half of all the young people (49%) had spent at least 10 uninterrupted years in the same kin placement by the time they reached 16; only 15 (28%) had been there for less than five years.

Analysis of the data suggests that continuity was linked to better educational outcomes at 16: of the 38 young people who had lived continuously with the same kinship carer since moving in *and*

were still there at 16, 45% reached the national target, whilst only 26% did not achieve any GCSE C grades. Comparable figures for the 11 other young people were substantially worse: only one young person achieved the national target whilst six (55%) did not achieve any C grades at GCSE.

Research on looked after children has found that changing schools is associated with poorer educational outcomes (Conger and Rebeck, 2001; Sebba *et al.*, 2015). Only 10 of the 29 young people in this study who were of school age when they came to live with their carers had had to change schools. This continuity of schooling only seemed to make a small positive difference to the proportion achieving the national target – just 30% of those who had changed schools achieved this, compared to 42% who did not do so – and this rose to 50% of those who also experienced continuity of care.

The looked after children research also shows that young people who move into care over the age of 10 do worse in education than those who enter care at a younger age (Sebba *et al.*, 2015). Overall, this was also the case in our sample: 44% of the young people who were older than 10 when they moved into kinship care (7 of 16) did not achieve a pass at grade C or above, compared to 27% (9 of 33) of those who were younger than this. Strikingly, though, in the highest achieving category, there was very little difference, with 38% of the older group gaining at least five A-C grades with English and Maths, compared to 36% of the younger entrants.

Although numbers are small, it was notable that young people who had lived with their kinship carer continuously since shortly after birth, tended to do the best educationally at 16, with

56% achieving the national target. Beyond this age, however, there was no clear trend, with only 20% of those placed between one to four doing this well, compared to 42% of those placed between 5 and 16.

We did find that a few young people did well at school, even though they did not have the advantage of early placement. How was this achieved? Continuity of care (which 5 of the 6 young people in this group enjoyed), providing stability in the crucial years leading up to public examinations, may be part of the answer. It may also have been connected with the support carers gave with their education, as a couple of the young people mentioned. One young man, for example said that his uncle had ensured he did his homework and '*studied hard*'. Much, however, must have been down to the young people themselves – to their determination or sometimes simply because they were particularly intelligent.

One young man, for example, moved to live with his grandmother at the age of 13, following years of neglect, abuse and domestic violence while living with his mother and stepfather. Despite these experiences, he said he had been doing well at school until this point. He had to move schools briefly because of conflict within the extended family. On moving back to his original school, he started truanting regularly in year 10 and using drugs. At the age of 15 he moved out of his kinship home for a couple of months following an argument, staying first with his father and then in unrelated foster care. Nonetheless he achieved eight GCSE's, including English and Maths and subsequently obtained four passes at A/S level before leaving college to commence employment.

Young people with poor educational outcomes at 16

We looked at the circumstances of the 16 young people at the other end of the spectrum – those who did not achieve any GCSE passes at grade 'C' or above (including four who did not gain any passes at all). Whilst the numbers were too small to conduct meaningful statistical analyses, some trends in the data emerged. In terms of their educational experience, compared to those who achieved better examination results, the young people with poor educational outcomes, on their own report, were more likely to have had difficulties with learning (56% compared to 27%), more likely to have missed a lot of schooling (47% compared to 19%) and more likely to have been excluded from school (50% compared to 27%).

Similarly, there tended to be fewer protective factors in their placement histories. Thus they were more likely than those who achieved better examination results to have entered their kinship placement over the age of 10 (44% compared to 27%); less likely to have lived continuously with the same kinship carer (69% compared to 85%); and less likely to be still living with their carer at aged 16 (82% compared to 97%).

Teenage pregnancy also appeared to have been a contributory factor in the poor educational outcomes of four young women. Furthermore, for five young people, the death of a close relative (particularly a parent) around the time they would have been taking, or studying for examinations, was thought to have affected their ability to learn and achieve academically and some of these young people had particularly poor educational outcomes at 16. One young man, for example, did not take any exams at the age of 16. According to his grandmother,

he had been highly traumatised by the death of his mother from a drugs overdose two years earlier. His grandmother thought that he had blamed himself for not being able to prevent her death. Following the bereavement, the young person became increasingly fragile and angry and school life became much more difficult. His carer explained:

[After his mother's death] he was frightened of his aggression and that led to times when he would not go in classrooms because he was concerned that he would lose it . . . then afterwards he'd do things like, he had a sleeping bag, and he rolled himself in it and he'd be inside the cupboard weeping.

There were only four instances where all three of the protective factors we identified were in place (10 or younger on entry to this placement, uninterrupted placement, still in placement at 16) *and* there were no traumatic events in their teenage years, yet the young people still had poor educational outcomes. Three of these four young people, all young women, appeared to have learning difficulties, two of whom had attended special schools. All three went on to further education and given their difficulties appeared to be doing rather better than might be expected. The one young man in this group, however, was considered by his carer to have seriously underachieved and left school at 16, with a single GCSE pass. He had been neglected by his mother, who misused drugs, and when he was six, he went to live with his grandparents. His father had died when he was a baby, and his grandfather, to whom he had been very close, died shortly after he entered kinship care. During his primary school years his grandmother described the young person as a well behaved intelligent child. However, this all changed when he entered secondary school,

where he became extremely disruptive, which resulted in him spending time in isolation. On one occasion, following an incident when he hit a teacher, he was temporarily excluded. He also truanted regularly. This young person described himself as the '*class clown*'. He talked about the lack of structure and discipline at the school, which he felt contributed to his behaviour there. At home, he displayed increasing mood swings, with outbursts of aggressive language and behaviour. This young man said he suffered from depression and anxiety, which he related to childhood trauma.

Truancy, school exclusion and bullying

As reported in chapter 4, for many young people, their teenage years had been turbulent. Not unexpectedly this was often reflected in their school lives. More than half of all the young people (53%) admitted to truancy, which in some instances resulted in them missing a good deal of schooling. School absence could also be associated with risk-taking behaviour:

I never bunked school before year 10, but then after we moved, and I started a new school and my attendance in year 11 was like 65% . . . I was smoking quite a lot of weed, and I'd be with other people who smoked as well and they'd also bunk school. If I hadn't been as smart, I really would have struggled in school.

It was the same every week, we had PE and me and my friends would meet and slip out at that time because we knew where everyone would be and we'd go to one of the lad's house and drink . . . I hung around the wrong sort of crowd and [at the same time] I was going to visit my mum and she was giving me drink and putting me in vulnerable situations.

For some young people, truancy involved occasional 'bunking off' from lessons, while for others, it was a regular pattern of behaviour. A few young people said there was a point when they had stopped going to school altogether. Probably because of this variation in levels of truancy, truancy in itself was only marginally associated with poorer educational outcomes: 35% of the truants did not achieve any grade C passes at GCSE (compared to 30% of those who had not truanted); 35% achieved the national target (compared to 39%).

What seemed to be more important than truancy *per se*, was whether the young people had missed a lot of school. This has also been found to be a factor in the poor educational achievement of looked after children (see for example, Sebba *et al.*, 2015). Just over half of the young people in our sample who reported having missed a lot of school did not achieve any grade C passes, compared to a quarter of other young people. Only 15% of those who had missed a lot of school achieved the national target, compared to more than two fifths (42%) of those whose school attendance was good. One young woman, for example, moved to live with her grandmother aged 14. From the age of seven, she had lived with foster carers and had also been in residential care. She missed a lot of school whilst in residential care, particularly as a young teenager after her mother's death:

I missed quite a lot of school, but most of that was when I was in care and stuff like that . . . Well basically because I was having a hard time obviously with my mum and everything, and I got put in an offsite provision, because I was refusing to go to school. School just wasn't a comfortable place for me to be . . . My grades weren't great obviously because I'd missed a lot of school from when I wouldn't go . . . Oh gosh,

my school grades were terrible, I think I only did Maths, English and Science.

All but three of the 13 young people who had truanted and missed a lot of schooling had been excluded from school. A further eight young people had also been excluded. As might be expected, exclusions, too, were related to poor educational outcomes at 16: where data was available, almost half of the young people (47%) who had been excluded from school at some point, had not achieved any GCSE passes at grade C, compared to a quarter (25%) of those not excluded. Just one in five young people who had faced school exclusion achieved the national target, compared to 47% of those without such a history.

For a few young people who truanted and/or were excluded, this seems to have been part of a period of rebellion and challenging behaviour during their teenage years, after which they settled down and either continued their education or started work. One young man, for example, missed a good deal of school because of truanting and school exclusion. Nonetheless he obtained good GCSE results and at the time he was interviewed was working in a management position and had been offered a place at university.

For most others, however, their school difficulties were part of a more troubled trajectory, such as the young man, regarded as intelligent by his carer, who refused to sit his GCSE exams. At the point he was interviewed, he was 18 and NEET:

I were just a total idiot . . . I was out of control. Didn't listen to anyone, constantly fighting, could class it as bullying because, shall we say I] hit them, beat them up, fight, swear at teachers, damaged teacher's car, smashed the

classrooms up something like that . . . from a young age I just didn't see why I had to actually sit in a building . . . I started dropping out in around year 8 beginning of year 9 and about beginning of year 10 I just dropped out and used to come in once every now and again.

Another young woman, aged 18 at interview, had also missed a lot of school and did badly in her exams at 16. She briefly had two jobs, one of which she only stayed at for just a week. She enrolled on a college course but quickly dropped out. She then became pregnant and, at the time of the interview, was attending a parenting course:

I was at a nail technology course for about a month, but I didn't like the college. The tutors at the college itself, the people in it were just so stuck up, and everything had to be their way or no way, and it was like 'Okay gosh I've only been here a month, chill out.' It was really in your face, and I don't like in your face.

Bullying

In at least twenty instances (38%), the young person or their carer reported bullying at school. While there was one reported instance of physical assault, and another of the young person being ostracised, typically the bullying was verbal.

Bullying was not always related to being in kinship care: sometimes it was about the young person's academic performance compared to their contemporaries. One young woman who had special educational needs, said she was taunted about this by other pupils. Another young woman did exceptionally well in her state school and went to a private school on a scholarship. Although she achieved very good

GCSE results – including 6 passes at grade A* or A, she did less well in the sixth form. Other girls in this exceptionally high achieving school were unkind to her about this and the young person lost confidence in her abilities. Although she passed three A levels, her grades were not as high as might have been expected.

For other young people, however, the focus of the bullying was very much related either to them being in kinship care or to the reasons for this – for example having a mother who was a prostitute or drug-dependent.

In some instances, bullying was explicitly linked to the young person becoming reluctant to go to school and at least three were transferred, by their carers, to new schools because of this. For example, when Sophie was in primary school, she was severely bullied by another pupil. Sophie said: *'I don't know why it was but she just decided that she was out to get me'*. Her grandmother took on a job as a dinner lady at the school to monitor the bullying. After an incident that left Sophie with a large bruise on her forehead, her grandmother arranged for her to transfer to another school which had a firm anti-bullying policy. Subsequently, Sophie's situation improved greatly.

Young people with special educational needs

In 2013, nineteen per cent of all pupils in schools in England were recorded as having special educational needs (SEN). This included the 3% of pupils who had a statement for their SEN (Department for Education, 2013a). The rates of SEN for looked after children (with and without statements) were considerably higher at 68% (DfE, 2013b).

Two in five (21, 40%) of the young people in our study reported that they had 'difficulties with learning', including four (8%) who had a statement for their SEN. This probably underestimates the total in our study with some kind of special educational need, as it may exclude some young people, regarded by their schools as having SEN related to emotional and behavioural difficulties, but where the young people themselves did not consider their emotional and behavioural difficulties to constitute a learning difficulty.

In the matched sample, there were four instances in which the young person reported difficulties with learning, but their carers did not. However, it was far more common for the reverse to be true, with 11 carers identifying learning difficulties that were not reported or recognised by the young people. Combining reports from both sources indicates that at least 32 of the young people in our study (60%) had some kind of difficulty with learning. Of the 21 carers who identified a special educational need, the most commonly specified were emotional or behavioural difficulties, followed by dyslexia and disorders on the autistic spectrum. Others mentioned learning disability, attention deficit disorder and foetal alcohol syndrome.

Not all the learning difficulties identified by the young people or their carers had been formally recognised or given an official label, and there were four instances in which they were diagnosed at a very late stage. One young man for example, was only diagnosed with dyslexia at the age of 19. Another young man was also 19 when diagnosed with Asperger's Syndrome and ADHD. He said that he had always known that he was different, but had not known what it was. His grandmother had been instrumental

in ensuring that a support strategy was in place at school to help him calm down when he began to 'kick off'. At the time, most people had seen his behavioural difficulties as due to his early adverse experiences whilst living with his parents. The young man explained:

I wasn't formally diagnosed until I was 19. Like I say, they put a lot of my issues down to my childhood. Like social anxiety, I've been like aggressive. It was put down to my childhood. 'He'll grow out it' kind of thing. And then when I didn't grow out of it, that's when me nan's alarm bells started ringing. 'He's not changed'. So that's when we started going to see a doctor. He put me in for an assessment for Asperger's and ADHD.

Young people with learning difficulties (reported either by themselves or their carers) were much less likely than those without such difficulties to have achieved the national target of five GCSE passes at grade 'C' including English and Maths (21% compared to 60% where data was available). Forty-five per cent of the young people with learning difficulties did not achieve any C grades at GCSE (compared to 15% of other young people).

The majority (88%) of young people with special educational needs, however, went on to further education, with only five subsequently dropping out. Of the rest, nine were still studying at the point they were interviewed, while 13 had achieved a qualification of some kind, including three who had obtained three A levels, and one a degree.

Several of these young people described how their carers had supported their education,

either directly, by helping them with their school work, or indirectly, by advocating on their behalf to ensure that proper support was provided at school. One young woman, for example, had an autistic spectrum disorder and learning difficulties. At the time of interview, she was studying for a level 3 NVQ (equivalent to an A level) in Information Technology. She said:

Gran would sort of just stand behind me [when I was doing homework] and, if there was anything that I was a bit stuck on, she would go over it with me once and then I'd do it myself . . . Some of [the teachers] didn't really understand me, so like for an annual review . . . my gran would have to come in . . . they just didn't understand where I was . . . I wouldn't know what to do without my gran, I'll tell you, she's helped me through quite a lot of this. It would be hard without her.

Carers also spoke of their struggles to get the young people's difficulties recognised and obtain support. For example, one carer who had looked after her granddaughter since she was a toddler, said that it had been apparent from the outset that she had special needs and was unlike other children in her ability to learn and concentrate. The grandmother's efforts to secure recognition of this, and to obtain support for the child, was a strong theme in her interview. Educational professionals, she felt, assumed that her granddaughter's difficulties were due to her living in kinship care, rather than, as it turned out, her specific learning difficulties.

Another young person's diagnosis of autism at the age of 14 did not initially lead to additional support because the education authority argued that he was already in mainstream

education and was managing sufficiently. He was already studying within the learning difficulties department within the school, where he was taken out of mainstream classes. His grandfather however, felt that he was not receiving appropriate education at school and took the local education authority to a tribunal. Arrangements were subsequently made for the young person to attend a special school.

Further education

All but six of the 51 young people who had completed year 11 schooling went on to further education or training, whether this was to try to improve on the results they had obtained at 16, to pursue more advanced study, or to undertake vocational courses. This included 13 of the 16 young people who had not achieved any GCSE passes at grade 'C' or above. While six of these young people dropped out part way through their course, two achieved some qualifications before doing so. Another five were still studying and two had completed their course. Further education, therefore, had given many of these young people a second opportunity to achieve.

One young man, for example, who had a statement of special educational needs, had not enjoyed school where he said he had been bullied. He changed schools at his own request, but continued to have problems. He said that the other children and teachers gave him grief and called him attention-seeking. His attendance was extremely poor (around 20%) and he had a short term exclusion for fighting. However, at the time of being interviewed, he was regularly attending college, where he was studying health and fitness and retaking English GCSE and

appeared to be engaging well with his studies. He was awaiting an assessment for possible dyslexia and said he also suffered from short term memory loss and emotional problems.

Another young man was taken into care, at the age of two. Both his parents were heroin-dependent and had neglected him. His father was frequently in prison. At the age of 8, he moved from foster care to live with his grandmother. This young person said he had not liked school and was frequently in trouble for truanting, fighting and smoking. He was expelled and moved to a pupil referral unit – described by his grandmother as the '*naughty school*', where he was put in secure classrooms so he could punch the walls. He said that he found concentration difficult, although he was never stated. His father died when he was 16, which he found extremely distressing. Despite his poor performance educationally at 16, he enjoyed college because, he said, the work was more '*hands on*' and he could '*have a laugh*'. He obtained GCSE's in English and Maths as well as BTECs level 3, A/S levels and one A level.

Educational attainment at age 18 plus

Forty-three young people were 18 or older at the time they were interviewed. As can be seen from table 7.3, by that point in time, four had gained a degree, more than a third had gained A levels (or equivalent) and a further five (12%) had achieved other qualifications. However, 13 (30%) young people either did not go on to further education, had dropped out or failed their course.

Table 7.3: Highest level of educational attainment for young adults, post GCSE (n=43)

Educational attainment post GCSE	n	%
Degree	4	9
A level (or equivalent)	15	35
B tech diploma (or equivalent)	5	12
Still studying	6	14
Failed/dropped out post 16 education	9	21
Did not attend post 16 education	4	9
Total	43	100

Young people who did not enter, or did not complete further education (after the age of 16)

Not unexpectedly, this group of 13 was disproportionately made up of young people who had done least well in public examinations at the age of 16 (n=8). The remaining five, however, came from the intermediate group of young people who had achieved some GCSEs at grade C, although they had not met the national target of five passes at this level including English and Maths.

The backgrounds of these five young people did not differ materially from those whose achievements at 16 were similar, but who continued with further education. They were no more likely to have experienced discontinuities in care, to have been older than 10 when they joined their kinship carers, or to have left their

kinship placements prematurely. However, in terms of their school careers, they were more likely to have truanted and to have missed a lot of schooling, which may be part of the explanation for why they did not persist with further education. However, as a group they were no more likely to have been excluded from school and less likely to say that they had found learning difficult. Hence the reasons for not attending, failing or dropping out of education post 16, may lie in the particular combination of adverse circumstances they had experienced, combined with established patterns of poor school attendance.

Four of the young people who had dropped out, or never entered higher education, nonetheless said they wanted to continue with their education. One young man for example, who said he had not attended school regularly for almost all his school years, did not obtain any passes at age 16. Aged 20 at interview, he was unemployed but was due to start college later that year to try to get his English and Maths GCSE's. Similarly, a young woman had not achieved any qualifications at 16. She said she had found learning difficult, did not like school, and was often excluded for things such as *'bunking off lessons, smoking in the playground etc'*. Looking back at 20 she wished she had worked harder at school: *'You don't realise until you get older what mistakes you do and by then is too late . . . I do wish I did better'*. She began a beauty therapy course at college, but dropped out when she became pregnant. She said she wanted like to retake English and Maths: *'It's all I want nowadays, is to have something to put on my CV'*.

After leaving school at the age of 16, Bradley started a college course in motor mechanics but he left the course after only four weeks. At the point he was interviewed, aged 19, he had no plans to return to further education and was unemployed. His lack of motivation was of concern to his aunt, who had given up her teaching career to look after him. She clearly regarded education as very important and it is possible that, but for her support, Bradley would not have achieved as much as he did at 16, given his early life circumstances. As a young child, he was exposed to domestic violence and both his father and mother misused drugs and alcohol. His father was later killed in a traffic accident.

Bradley alternated between living with his mother and living in kinship care, before moving in with his aunt permanently at the age of 12. His school attendance was poor and although this did improve once he settled into his kinship home, it was '*a constant battle*'. The school considered him intelligent, with predicted 'A' grades at GCSE. However, he had an SEN statement because of emotional and behavioural problems. Bradley's difficult past seemed strongly implicated in failing to reach his academic potential. He said that only a few months previously he had decided to stop getting upset about his personal experiences any more: '*Real recently I've thought about it properly, and there's no point*'.

In addition to those who dropped out from further education altogether, several young people had moved between different colleges after finding the first course they attended did not work out for them or, in the case of one young man who suffered from ADHD, because, on his report, the college could not cope with him.

It is clearly vital that second (and third) chances are available in further education for young people in kinship care, as they may not be psychologically ready to succeed in education at the same age as other young people who have not experienced such severe difficulties in their lives.

University

At the time of interview, four young people had obtained a university degree, two of whom had embarked on post-graduate studies. A further five were at university. Therefore, 16%

of all the young people in our study aged 18 or above were/had been in higher education. This compares favourably with the 6% of care leavers who go into higher education (DfE, 2012), although it is not as good as the third of 19-year olds in the general population who do so (National Audit Office, 2015). A further ten young people said they would like to go to university.

Young people with very positive educational outcomes

The young people who had been to, or were still at, university had experienced major difficulties in their early lives and showed remarkable resilience. The story of one young woman (Nadia) was considered '*inspirational*' by the interviewer and '*an example of how young people in kinship care can be high achievers despite multiple adversities*'. Nadia's father had died of a heart attack when she was seven. The next couple of years were very difficult at school, as her mother's mental health, deteriorated and

she became an alcoholic. When she was nine, Nadia and her brother went to live with their grandmother some distance away, which meant a change of school. She was separated from her two older siblings, who went into foster care. Although these arrangements were expected to be temporary, Nadia's mother was never able to resume care. Nadia went to unrelated foster carers, aged 10, which meant another change of school. Her grandmother died shortly afterwards. Sadly, the foster placement was not a good experience, with Nadia reporting '*no affection, no comfort*'. When she was 15, the foster carers declared their intention to give up fostering and move away. Nadia's mother died around this time. Her aunt stepped in. Nadia found it hard to adjust to living in kinship care because she did not have a strong bond with her aunt and found it difficult to open up, as she had learned to bottle up her feelings and lie. However, this later changed. Her aunt gave up her job and moved to the area where Nadia had been living, so she was able to remain at the same school. Despite all the disruption, Nadia obtained 10 good GCSE's, continued in further education and gained a first class honours degree at university.

Another high-achieving young person said he had had a period of losing focus at school and getting involved in anti-social behaviour. Ryan's mother had suffered a head injury when he was two, became severely disabled and moved to a care home. Ryan described his childhood as being overshadowed by his mother's disability. Ryan and his sister initially lived with their father, who was an alcoholic and violent towards them. When Ryan was six his father '*dumped us with a solicitor*', after which the children moved to live with their grandparents. At the age of

14 his grandfather died and Ryan assumed responsibility for the care of his grandmother, who had become disabled. When he was 15 his mother died. Ryan described a difficult period in his mid-teens around the time his mother died, when his behaviour was out of control. He started drinking, taking drugs and engaging in casual under-age sex. He was temporarily excluded from school. He became involved in petty crime and was once arrested, although not charged. This, fortunately, was a pivotal event which changed his behaviour. Although Ryan did well in his GCSE's, he said they should have been a lot better. However, he went on to obtain three A levels and then a degree. At the time he was interviewed, he was training to be a social worker.

While those who succeeded at university level may be the stellar examples of young people who did well educationally despite adverse circumstances, there were other young people at earlier stages in their education who were also doing well. One young woman for example, was born with mild foetal alcohol syndrome. As a young child, she was physically and emotionally abused and severely neglected. When living with her parents, her school attendance was extremely poor and she was considered to be two years behind in her education. After moving into kinship care, her attendance went up to near 100% and she worked very hard to turn things around. She achieved 12 GCSEs at A*-C and three good passes at A level. Alongside her college studies, she worked part-time as a sales assistant. At the time of the interview, she was in the process of applying to university to study for a degree in teaching.

Young people who were not in education, employment or training (NEET)

Whilst most young people, at the point of interview, were either working or were engaged in some form of education, there were six young women and nine young men (15, 28%), aged 18 or over, who were not in education, employment or training (NEET). This is higher than the rate in the general population of 19 year olds (15%), but lower than for care leavers, where, in 2013-2014, 41% of 19 year olds were NEET (National Audit Office, 2015).

These young people were more likely to have had troubled school careers. They were less likely than others in the study to have done well at GCSE, with only one (of 14 where data were available, 7%) having achieved five passes at A* to C (including English and Maths), compared to 49% from the non-NEET group. They were more likely to have achieved no 'C' grades at all, compared to their non NEET counterparts (50% vs. 26%). Additionally, they were more likely to have truanted (73% vs. 46%), missed a lot of school (50% vs. 17%) and to have been excluded (53% vs. 27%). The NEET group was also, on average, older on entry to the kinship arrangement (8.3 vs. 6.3 years) and very much more likely to have left the kinship home under the age of 18 (50% vs. 17%).

In terms of health and wellbeing (see chapter 8), where data were available, the young people who were NEET were much more likely to have scores on the GHQ indicative of psychological distress than their non NEET counterparts (54% vs. 28%). Of course, it is not possible to ascertain whether young people's NEET status was, in part, responsible for their poor mental health, or whether their poor mental health contributed to their NEET status.

Emily's anxiety had been a problem for her since secondary school. She found it difficult to stay in school unaccompanied. Sometimes she had an attendance tutor to help with this. It is likely that that this was in part associated with her acknowledged feelings of being different as a child in kinship care and her perception that the school did not understand her situation. She missed a lot of school, fell behind and did badly at GCSE. At college Emily managed to pass GCSE's in Maths and English but felt unable to complete her diploma. She had worked in the past but at interview, when she was aged 20, she said she felt unable to return to work because of her anxiety.

Several young people who were NEET had faced particularly troubled and unstable lives before coming to live with their carers. Some of their circumstances have been described earlier in this chapter because they did badly at GCSE or dropped out of further education.

Six of the nine young men and one young woman in the NEET group said that they had offended. Four of these young people had recently been in trouble with the police. Their offending histories could impede their efforts to obtain work. One young man, for example, was keen to work. However, he had convictions for car theft, for which he had served a short custodial sentence. He explained how this had lost him the chance of a job:

I went to all the induction days like two days but then they phoned me, said they couldn't take me on because of my criminal convictions.

Four of the six young women who were NEET had become pregnant in their teens, three of

whom had kept their babies and appeared to be coping with parenthood. These three young women had ambitions to undertake further education and/or obtain employment in the future. One young woman, for instance, expressed an interest in becoming a midwife, despite her history of severe anxiety and no educational qualifications. She had had a particularly difficult adolescence but appeared to be turning her life around and was coping well as a young single mother.

Whilst some of the young people had done remarkably well in education, despite very difficult early lives, for others the adversities they had experienced and the enduring emotional impact of those difficulties appeared to have been a significant barrier to their ability to engage with education. This was particularly striking for a number of young people who experienced major instability during their teenage years, for example moving into kinship care in adolescence and sometimes after a period in the care system, or those who had experienced the death of a parent (or other close relative) in their teens. One young man who struggled with his education and did not realise his academic potential explained:

School for me was traumatic . . . specially when you find out your stepdad died . . . I was in year 10 and I found out that. You don't know how to take it because you're so young. And when you get told that and you're in school it affects your mental health a lot . . . How did I find school work? I didn't do it. Because no-one took notice of me . . . they won't look at a kid who is violent.

Support provided by Children's Services

All the young people who were looked after by the local authority would have been entitled to leaving care support, to help with the transition to independent living, including support to explore further education, training or employment opportunities. One young man, for instance, was enrolled on a course aimed to help young people leaving care develop confidence and employment skills. Eight of the 15 (53%) young people looked after by the local authority said that the social work support they received had been helpful, even though not all thought that enough help had been provided. Worryingly, however, six of the 15 young people said that they had received no help at all – all but one of whom were currently NEET. Some young people in the study appeared therefore to have been let down by Children's Services not fulfilling their obligation to provide support and help at this crucial stage.

In the rest of this chapter we look at the support young people were offered to assist them with their education.

Educational support Support provided by the young people's carers

There was evidence that a substantial number of carers had actively supported, or had tried to support the young person's education. In fact, there was only young man who said that his carer had not encouraged him educationally. The support provided took a variety of forms. For some it was a matter of ensuring homework and/or revision got done, or actively helping with this. One grandmother took steps to ensure that she knew enough to be able to help her

granddaughter at home by volunteering at her primary school. Some arranged and paid for private tuition, while others advocated for support either directly within the school, by transfer to a different school or via referral to an external agency. In some instances, carers sought to tackle truancy, poor school attendance or bullying. Occasionally they described themselves as having to 'fight' – whether this was to get a diagnosis of the young person's difficulties, to act as their champion in meetings with the school or to get better or different educational support.

Support offered by schools

In just over half the sample (27, 51%) either the young person or their carer referred to support which had been available to them at school.

Mainstream school

Nine young people said they had received help in relation to their learning difficulties in mainstream school, either from a teaching assistant in lessons or by being taken out of class. One young person said he had been provided with a scribe to help him in exams, while another had been given extra time in exams. A further three young people said they had been given help in managing their behaviour in school. For one young man, the combined efforts of his carer and his school seemed to have had a positive effect on his school performance. He had moved to live with his aunt at the age of 13, having experienced emotional abuse from his mother and her partner throughout his childhood. He spoke about school being difficult when he lived at home:

I would play up in school and be naughty and try and forget what was going on . . . because, where I mucked up and all that, I was trying to

be someone in school, because I weren't getting the attention out of school from my parent. [So] I went slowly behind.

On moving into kinship care, the young man started attending school regularly, where he received additional support for his behavioural difficulties. His aunt commented on the positive relationship he developed with the learning support team and with some teachers. His attention and behaviour improved and he was able to focus better on his work.

Eight young people highlighted the support they had received from individual teachers, some of whom were reported to have shown genuine concern for the young person and become their confidante. One young man, for example, spoke very positively about his head teacher:

*I had a really good relationship with the head teacher. I went into his office and said, I can't f***ing do this no more. He said, 'Come with me' and he took me up to the counsellor. I was working [at the school], yeah, while I was doing sixth form . . . he [head teacher] employed me when my dad died too. I think just give me a bit of cash and look after me.*

A young woman who was aged 17 at interview, went to live with her kinship carer in her early teens, by which time she was already on her third secondary school. She said she used to be in trouble at school a lot, which she thought reflected her difficult home life. She became calmer and better behaved after moving in with her kinship carer. She also received support at her new school:

It took me a while to settle in but I had a really good relationship with my head of year. He was a father figure, so he always used to mentor me

in the right direction . . . He really wanted to see me do well, so he went above and beyond for me and I really appreciate that. I go and see him once in a while, say hello.

However, for others their experience of the support shown (or not shown) in school was less positive. Some young people reported that teachers had been oblivious to the implications of living apart from birth parents. A young woman said:

I don't know, just with the teachers and stuff (I would have liked some support). I just didn't really think they were quite understanding my situation. I was just like an ordinary child, but personally I didn't feel like I was just an ordinary child.

Another young woman had found it very helpful that her head of year had been aware of her family situation and caring responsibilities for her younger sisters. Teachers gave her time to make up work if on occasions she handed it in late. However, she believed schools should be more aware of the needs of kinship children. She found the lack of awareness and the need to keep secrets in secondary school difficult.

Eight young people said they had seen a school counsellor. There were mixed views on this. Some had found it helpful, such as the young woman who said she appreciated being able to 'pop in and talk' to the school counsellor and the young man who reported useful bereavement support. Others were less positive about their experience. One young person, for example, thought that he had not needed help, another complained that the counsellor had got involved in her business too much. One young woman had got on so well with her counsellor that

when he went off sick, she saw his absence as a rejection.

Specialist schooling and other off-site provision

A relatively high proportion of the young people (9, 17%) had received non-mainstream education, having attended a specialist school, other offsite provision, such as a pupil referral unit, or both. Interestingly, none of these young people were critical of this provision and some had enjoyed it and/or found it helpful. For example, Ava had missed a lot of school before she came to live with her grandmother in her early teens and by that point was refusing to attend. She was placed in offsite provision, where, according to her grandmother she did much better – 'She loved it there'. Ava confirmed it had been a positive experience for her:

There was 10 or 11 people there at a time, and they were all really lovely. They were all down to earth, they were all just a lot like me.

Professional support offered outside the education system

In addition to support offered within the education system, professional support provided from other sources, such as psychologists or counsellors not working directly within the school, had the potential to help the young people to achieve educationally, by assisting them to deal with difficulties in their lives, which were affecting their education. The provision of such support is discussed fully in Chapter 8.

Now that the educational progress and employment of the young people have been considered, the next chapter covers the young people's physical and mental health.

Summary

- Just over a third (18, 37%) of the young people achieved the national target of at least five grades A* to C at GCSE, including English and Maths. Their educational outcomes were considerably better than those of looked after children, although not as good as those of children in the general population, as might be expected given the adversities in their backgrounds.
- Continuity of care was linked to better educational outcomes at 16, especially for those young people who had lived with their kinship carer continuously since birth or shortly after where more than half (56%) achieved the national target.
- Forty-four percent of the young people who were older than 10 when they moved into kinship care did not achieve any pass at grade C or above, compared to 27% of those who were younger than 10 on entry into kinship care.
- Compared to those who achieved better examination results, the young people with poor educational outcomes, on their own report, were more likely to have had difficulties with learning, were more likely to have missed a lot of schooling and more likely to have been excluded from school.
- Teenage pregnancy or the death of a close relative (including mothers and/or fathers) during the young people's teenage years affected their ability to learn and achieve academically.
- More than half of all the young people admitted to truanting and 3 in 10 had been excluded at some point. A quarter said they had missed a lot of school. More than a third (38%) of the young people said they had been bullied at school, sometimes because they did not live with their parents.
- When reports from both the young people and the carers were combined, 60% of young people were thought to have had some kind of learning difficulty.
- Young people with learning difficulties were much less likely than others to have achieved the national target relating to GCSE passes. Nonetheless, most (88%) went on to further education. These young people often spoke of their carers' active involvement in supporting their education.
- All but six of the young people who had completed year 11 schooling went on to higher/further education or training. Those who went to colleges aimed to improve the results they had obtained at 16, were pursuing more advanced study or were on vocational courses.
- Thirteen of the 16 young people who had not achieved any GCSE passes at grade C or above went to college. This highlights the importance of second (and third) chances being available in further education for young people in kinship care, as they may have not been ready to succeed in education earlier because of their difficult life circumstances.

- Forty-four percent of the young people had gained at least A levels or equivalent, including four who had obtained a university degree (two of whom had gone on to pursue a post-graduate qualification). A further three were at university.
- Just over a quarter (28%) of the young people (six young women and nine young men) were not in education, employment or training (NEET). This is higher than the rate in the general population of 19 year olds (15%), but lower than for care leavers (41%).
- The NEET young people much more often had GHQ scores indicative of poor mental health. They had been slightly older at entry to kin care and were much more likely to have left kinship care under the age of 18. They were also more likely to have had troubled school careers. Four of the NEET young men had recently offended and four of the six young women became pregnant in their teens.
- Six of the 15 young people looked after by the local authority reported having received no help from the local authority – all but one of these six young people were currently NEET. Some young people seem therefore to have been let down by Children's Services not fulfilling its obligation to provide support at this crucial stage.
- Most kinship carers had actively supported the young people's education. For example, they helped ensure homework was completed, paid for private tuition, advocated for support within the school or from outside agencies and sought to tackle poor school attendance or bullying.
- Nine young people said they had received help for learning difficulties in mainstream school and three specifically mentioned having been helped to manage their behaviour in school.
- Eight young people highlighted the particularly valuable support they had been given from individual teachers, although for others the experience of the support shown (or not shown) by school staff was less positive. Some young people felt that teachers did not always have an understanding of the complexities associated with living apart from parents.
- As many as 9 (17%) young people were educated in an off-site facility – usually a specialist school or pupil referral unit. None were critical of this provision and some had actively enjoyed the experience.

8. Physical and mental health

In the next two chapters we consider the health and wellbeing of the young people who grew up in kinship care. As well as facing an increased risk of poor health outcomes, care leavers are more vulnerable to other difficulties, such as substance misuse and involvement with the criminal justice system (see for example, Dixon *et al.*, 2006; Stein, 2012). Given that the early life experiences of children who move into kinship are often similar to those who enter care (see chapter 3), we anticipated that as a group, the outcomes for the young people in our study might be similarly compromised.

In this chapter, we set out how the young people rated both their physical and mental health and compare these findings to what is known about the health of looked after children and children in the general population. In chapter nine we discuss other aspects of their lives relevant to their wellbeing such as smoking and their use of alcohol and drugs, offending, peer and romantic relationships and how those with children were coping with parenthood. Finally, we report on how the young people currently rated their life satisfaction at the time of the interviews.

Physical health

Children in care tend to have poorer physical health than their peers: as many as two thirds have at least one physical health complaint (Meltzer *et al.*, 2003; HM Government, 2013). In addition, compared to population norms, the long-term health outcomes of looked after children are less favourable (HM Government,

2013). However, as a group, the young people in our kinship sample did not report high levels of physical ill health. Almost nine out of 10 (46, 87%) of those we interviewed rated their health to be good, very good or excellent. The young people who said that their health was either fair or poor were, in most cases, referring to reduced fitness levels from lifestyle factors such as smoking or poor diet, rather than from enduring medical conditions or a tendency to be unwell frequently. Moreover, although several young people did report having a long-term health condition such as asthma, they often considered themselves to be in good health in spite of this, suggesting that they were managing these conditions well. The one young person who reported poor physical health, had recently sustained severe injuries in a road traffic accident. Table 8.1 sets out the physical health status of the young people.

Table 8.1: The young people's reports of their physical health (n=53)

Physical health status	n	%
Excellent	8	15
Very good	17	32
Good	21	40
Fair	6	11
Poor	1	2
Total	53	100

Psychological wellbeing

The association between early abuse, neglect and poor mental health in later life is well established (see for example, Gilbert *et al.*, 2009; Cicchetti, 2013; Ungar *et al.*, 2013). A growing body of evidence links the experience of early childhood trauma (especially chronic trauma arising from parental abuse) with the abnormal development of attachment relationships and with difficulties in regulating emotions and stress. This can lead to inefficient coping mechanisms and a predisposition to psychiatric disorders in both childhood and adult life (Schoore, 2002).

International research confirms the high rate of mental health problems and emotional and relationship difficulties faced by children in foster care and kinship care (Tarren-Sweeney, 2013). About half of looked after children have clinically significant mental health difficulties. A further quarter have mental health difficulties that border on clinical significance (Tarren-Sweeney, 2010). Similarly, in the UK, Meltzer and his colleagues (2003) found that among young people, aged 5–17 years, looked after by local authorities, 45% were assessed as having a mental disorder: 37% had clinically significant conduct disorders; 12% were assessed as having emotional disorders (anxiety and/or depression) and 7% were rated as hyperactive. Given their experiences of childhood abuse and neglect, we thought that, as a group, the young people in our study might carry an elevated risk of poor mental health and relationship difficulties.

We asked all but one young person the simple question: 'Are you prone to feeling anxious and/or depressed?' One young man, with a diagnosis of Asperger's and considered vulnerable, was not asked. More than two fifths of the 52 young people (n=23, 44%) confirmed a propensity to anxiety and/or depression. In comparison, 20%

of young people in the general population report symptoms of these conditions (ONS, 2014).

The General Health Questionnaire (GHQ)-12

Forty-five young people in our study also completed the General Health Questionnaire (GHQ) 12. Focussing on broad components of psychological wellbeing, this screening tool is designed to identify those in the general population at risk of developing a psychiatric disorder (Goldberg and Williams, 1988). It has been established as a reliable and well validated measure (Goldberg *et al.*, 1997). The GHQ-12 contains twelve items, measuring characteristics such as depression and self-confidence. Each item is rated by respondents on a four-point scale, indicating the extent to which symptoms of psychological distress are present. Using the standard binary scoring method (recommended by the authors of the measure), each item attracts either 0 or 1 point. The total score for an individual can range between 0-12. Whilst a lower score indicates better mental health, no formal threshold exists within the GHQ to identify a probable mental health disorder. The default threshold suggested by the authors of the measure for *psychiatric distress* is 2+. It is this threshold that we used in our study to distinguish those young people with optimal psychological well-being from those likely to be experiencing some level of mental health disturbance. We found that the proportion of young men and young women with GHQ scores indicative of mental health distress was similar (33% vs. 37.5%). The GHQ scores of the young people, at our selected threshold, are set out in the following table.

These findings suggest that a substantial minority of young people in the study who completed

Table 8.2: The GHQ scores of the young people in our study (n=45)*

GHQ Score	Males		Females		All	
	n	%	n	%	n	%
0-1 (indicative of good mental health)	14	67	15	62.5	29	64
2-12 (indicative of mental health distress)	7	33	9	37.5	16	36
Total	21	100	24	100	45	100

*Missing, n=8

the GHQ (n=16, 36%) had sub-optimal levels of mental health. Even so, it is possible that our calculation underestimates the true extent of such difficulties amongst young people in kinship care. Several young people approached for study inclusion declined to participate because of concerns about their poor mental health. In a couple of these cases, we interviewed their carers. One such carer described the difficulties her granddaughter faced:

She's been involved with youth mental health since she was 14. Panic attacks, anxiety, depression. Sometimes she can't cope with the college . . . she can't cope with the big building, the vast corridors which are claustrophobic and the vast amount of people . . . the fact that her mother has got mental health problems, her father has got mental health problems . . . it's all coming out in double whammy.

We also interviewed a carer whose niece had taken her own life as a teenager. The aunt described the many concerns she had harboured about her niece's wellbeing since primary school, including anxiety, depression, low self-esteem, anger, attachment difficulties, anti-social behaviour, running away, drug misuse and manipulation by others.

The GHQ scores of care leavers and of young people in the wider population

In their study of care leavers, Dixon and colleagues (2006) chose a high GHQ threshold (scores of 4+) to identify those with a probable mental health disorder. Knott (2013) used multiple cut off scores to grade the extent of mental health distress amongst young people in the general population. Those with GHQ scores of four or more were classed as having the most severe level of psychological disturbance. For comparison purposes, we calculated the number of young people in our study with a GHQ score of four or more. Ten of the 45 young people who completed the measure in our study (22%) met this threshold. This is slightly lower than the 25% of care leavers who, on leaving care, met the 4 plus threshold (Dixon *et al.*, 2006), but a little higher than the 18% amongst young people in the general population (Knott, 2013).

Characteristics of the young people with elevated GHQ scores

We examined the placement histories and characteristics of the 16 young people whose responses to the GHQ suggested that their mental health was compromised (those with

scores of two or more) and compared them with the circumstances of the 29 young people whose GHQ responses did not suggest a problem. The 16 young people in the first group were much more likely to have had a complex care history before moving into the kinship arrangement (63% vs. 38%) and less likely to have lived continuously with their carer (50% vs. 79%). However, they were only marginally more likely to have previously experienced local authority care (31% vs. 28%). Taken together, these findings suggest that the young people with compromised mental health had experienced greater instability in their lives before coming to live with their kinship carers. This chimes with the findings of the study of informal kinship care by Selwyn and colleagues (2013), which found that depression and anxiety in children and young people (aged between 8 and 18) were related to having lived in several different care arrangements before entering kinship care.

Overall, there was little difference between the two groups in terms of their age on entering the kinship arrangement (on average those with compromised mental health entered aged 6.8 years, with 38% being over 10). Those with optimal mental health were, on average, aged 6.7 years and 31% were over 10. This suggests that it may be the experience of previous instability, rather than the age of arriving at the kinship placement *per se*, that plays an important role in influencing psychological wellbeing in early adulthood. There was one notable difference however: 82% of those young people who had gone to live with their carers before they were a year old had optimal mental health, compared to 59% of the others. This might suggest that very early transition to a nurturing home acted as a protective factor.

Similarly, remaining in the kinship home until at least 18 may also be protective: 50% of those who left the kinship home under the age of 18 had compromised mental health, compared to 30% of those who remained until at least 18. Those with optimal mental health were also more likely to still be in the kinship home at interview (74% vs. 55%).

How the young people with elevated GHQ scores were coping

Our assessment of the data suggested that six of the 16 young people with GHQ scores indicative of mental health distress were functioning satisfactorily in at least some aspects of their lives. For example, they were holding down jobs, engaged in higher education, in established relationships, coping well with independent living, and on the face of it, developing into confident, mature adults. Nevertheless, an underlying low mood or sense of anxiety coursed through their lives, which for some, waxed and waned. A couple of young people spoke about the link they perceived between their emotional fragility and their early adverse life experiences.

One young woman, for example, moved in with her grandmother, aged nine, after her parents' drug use escalated. She experienced some difficulties in her teenage years, including low mood and anxiety. She also self-harmed. Despite these setbacks, as a young adult she had been doing well. She attained a university degree, and had been living independently for several years. She was currently training as a health care professional, but a recent work placement at a centre for supporting people exposed to domestic violence had unsettled her. At the point of being interviewed, this young woman described feeling troubled by painful memories

of her childhood, which were triggering severe panic attacks. She said:

I have been to the hospital with panic attacks twice [recently] . . . One time I lost my speech. I couldn't speak and another time one side of me was paralysed. I thought I'd had a stroke because it was that bad.

A young man, employed, living independently and in a stable relationship said:

There's quite a few times I've noticed that I've come home (from work) and I haven't been myself . . . Some days I'm really, really good and then some days I'm really down. Beth (partner) asked me what's up and I don't know what's the matter with me. I can't be bothered with anyone. I just want to be by myself.

The remaining 10 young people with GHQ scores suggestive of psychological distress were clearly struggling in multiple areas of their lives. They spoke about relationship difficulties (including those with parents, carers and peers), housing problems, educational struggles, challenges in securing and retaining employment and involvement in crime.

Four of these young people identified a deterioration in their mental health after the death of a parent. There was a sense of pessimism amongst the young people with elevated GHQ scores, some of whom were struggling with motivation. Two young people, when asked what they were currently doing with their lives, replied:

*Doing f***k all, literally not a thing, nothing to tell you.*

To be quite honest I'm wasting it. Not doing nowt, not doing nothing.

Connor, aged 20 at interview, went to live with his grandmother when he was 13, after having experienced years of neglect by his mentally ill mother and emotional abuse from his father. His grandmother had had a host of concerns both about his psychological wellbeing (depression, anxiety, low self-esteem) and his behaviour as a teenager (substance misuse, offending, and involvement with gangs). At interview, Connor said he was prone to anxiety and depression and spoke a lot about the difficulties with his low mood and stress. His fragile psychological state seemed at least in part due to dissatisfaction with his current situation (living in a hostel, a lack of friends and an unrewarding job). However, he also attributed his mental health difficulties to unresolved issues arising from his childhood experience of neglect, coupled with ongoing troubled relationships with his parents.

Theo, who was 19 at interview, had lived with his grandmother since he was 12. He had had a very disrupted childhood up to that point. His grandmother said she had had major concerns about his depression and low self-esteem and some concerns about his anxiety and behaviour, including anger management, violence and use of drugs. There had been some violent incidents and Theo once attempted suicide. At school he had struggled and was statemented for educational and behavioural difficulties. He was currently NEET. Theo alluded in the interview to experiencing emotional difficulties as a result of his personal circumstances in previous years, although he did not elaborate on what had happened.

The youngest person in the study, who was aged 16, was struggling to make sense of her life and circumstances. She said:

Sometimes I just hate my life and then I just don't want to be here no more. It might be hard for you to understand, but it's like some days I just feel like I want to go to sleep and I don't want to wake up.

Although most of the young people with sub-optimal GHQ scores also, when asked, did report feeling prone to anxiety and depression, there was some discrepancy. Nine young people who scored as having optimal mental health told us they were susceptible to anxiety and/or depression. Conversely, four young people who did not identify a propensity for anxiety and/or depression, nevertheless had GHQ scores suggesting mental health distress.

Comparison between mental health difficulties reported in the teenage years and GHQ scores in early adulthood

In chapter 4, we reported the concerns that carers in the matched sample had about the emotional and behavioural difficulties manifested by the young people as teenagers. Eleven of the 38 carers said they had harboured major concerns about anxiety and/or depression. However, on the evidence we have, these concerns were not a particularly good predictor of the young people's psychological health at the point of being interviewed. Just three of the 11 young people whose carers expressed major concerns about anxiety and/or depression had GHQ scores suggestive of psychological distress as young adults. Conversely, two of the nine young people, whose carers had had no such concerns when they were teenagers, had GHQ scores suggestive of psychological difficulties when we interviewed them.

Rowan, 19 at interview, had lived with his grandparents since he was a year old. According to his grandmother Rowan experienced some emotional difficulties when he was around 16, and she had major concerns about both his anxiety and depression. Rowan did not receive any professional support for this but felt he had never needed it. He said he had a close relationship with both his grandparents and felt able to talk to them about his worries and anxieties. As a young adult, his GHQ score did not suggest psychological difficulties.

Getting psychological help

Family support

As reported in chapter 4, almost three-quarters (73%) of the young people responding to the questions, said that as teenagers they had felt able to speak to the person they felt closest to about things that upset them or were important to them. In most cases this was their carer or their carer's partner; for a few it was another member of their extended family. Family members, particularly carers or their partners, therefore seem to have played an important role in helping the young people cope with the emotional challenges they encountered growing up. Indeed, several young people specifically referred to having had supportive, confiding relationships with other members of their extended family, or with close family friends. One young man for example, said he was very close to his aunt, a teacher, who had helped with school issues. Another had found it helpful to talk to his uncle, who was a drugs counsellor, about his problems with drugs. A young woman said of the support available to her:

I've been quite fortunate, we've got a close family friend who can provide counselling, so through different periods of my life I have been able to go to her and have counselling to deal with what has happened in my life . . . it's been really helpful. No waiting list.

We looked at whether the young people's ratings of their closeness to carers and their confiding experiences as teenagers differed between those whose GHQ scores, as young adults, suggested psychological distress and those whose scores did not. Whilst four out of the 16 young people (25%) with a high GHQ score reported that they had been very close to their carers as teenagers, the same was true for many more young people (55%) whose GHQ scores did not suggest a problem. The confiding experiences between the two groups also differed: nine of the 16 young people (62%) with GHQ scores suggestive of mental health difficulties said that they had been able to confide in the person they felt closest to as teenagers. However, among the young people whose GHQ score suggested no such problems, the proportion was considerably higher (83%).

In chapter three, we reported on the PBI, which was used to measure the quality of parenting provided by the kinship carers. Those young people whose GHQ scores were suggestive of sub optimal psychological wellbeing were much more likely than those with no such problem to have rated their carer's parenting style unfavourably (38% vs. 10%). Of course, we do not know whether poor parenting styles were, in part, responsible for the young peoples' sub-optimal mental health in early adulthood, or whether their sub optimal mental health, as teenagers, affected the way in which carers were

able to exercise care and protection (Quinton *et al.*, 1998). Nevertheless, these findings clearly indicate that young people looked after by family and friends, who do not receive optimal levels of care and control as teenagers, are a vulnerable group.

Professional support

In total, 36 of 51 young people (71%) said they had, at some point in their lives, been offered professional help to address concerns about their psychological health and/or development. Most young people rated the support they had received favourably, with 70% stating that the help had been useful. One young man seen by a professional, who he thought was a psychologist, said:

She did work, she used to talk to me and stuff like that but she knew how to talk to you if you know what I mean. She knew how to get you to open up.

About a third of the young people who had considered professional intervention to have been useful, nevertheless thought that the amount of help provided had not been sufficient. One young woman, for instance, who had dropped out of college as a result of anxiety and depression, said she had been given only two counselling sessions and had not felt able to return to college because of her frequent panic attacks.

Some of the young people who did not rate the support they received favourably, thought that professionals were not sensitive enough to their circumstances and did not have a proper understanding of the challenges they had faced as a young person living in kinship care. Two young people said of their attempts to seek help:

I went to the GP once, and they gave me [counselling]. I went to the counselling, and I sat there for an hour crying my eyes out, I told things I never, I'd even forgot about, and then got a letter the next week saying I don't think you need it. So I just gave up on it really. I was gutted, angry, upset.

I found them (CAMHS) horrific. They put me on depression tablets and then they didn't work. They were horrible. Then I didn't like the CAMHS worker I had. I once took an overdose and I was telling her it was like a cry for help and she was just like you haven't, you're just saying it for attention. They did not help me one bit.

Whilst most of the young people were generally positive about the professional support they had received, the same was not true for the carers, about half of whom did not think that the help provided for the young people had been useful. Carers complained that services were simply not available, not appropriately tailored to the young people's needs or were offered at a time when the young person was unable to engage. One carer said of her granddaughter's need for help:

The bad stuff that she saw when she was a young person living with her mother, awful stuff it sounds like. She doesn't want to talk about, but it's in her mind all the time she says, and it's always there. And so that's something she needs to have out with somebody . . . she needs that support, that psychiatric whatever it is. She needs all that and you just can't bloody well seem to get it. And so those anxieties and those worries and that inability to get to sleep at night . . . She's on a short fuse as well, irritable and so on.

Carers also expressed frustration at the lack of sustained support provided to the young

people. One carer, for example, said that his granddaughter had engaged with therapy, but had only been offered a few sessions at a time and it had only been available whilst she was enrolled at college. He said that they were currently struggling to access appropriate therapeutic support. Another carer was angry that her granddaughter had not received the help she needed with her social anxiety and school phobia. She believed that her granddaughter had lost out because she had not remained a looked after child:

Just not getting the help when she was younger that as I say, she would have got if she was in foster care . . . this would have all been sorted out for her. It just makes me angry that.

Non-engagement

The fact that support was available, however, did not necessarily mean that the young people were able to benefit from it. In 10 instances the carer, or the young person themselves, said that they had not been willing or able to engage with the help offered. One carer, for instance, said that she had tried to arrange help for her nephew from an educational psychologist and a counsellor, but that the young person had refused to engage. He in turn said he could not engage with authoritarian figures in offices wearing suits. During the interview, the young person several times emphasised the importance of informal support, such as a buddy system. He did not think that meeting people formally in an office setting was at all helpful.

Repeated support

Several young people who had been provided with a service which they had not found helpful were nevertheless willing to try again. One young man, for example, had been in therapy

several times since the age of 12, but he did not feel that the therapists fully understood what his experiences had been like for him:

I keep waiting for a therapist to ask me the right question, but I'm not sure what that question is.

Another young man had received counselling from two organisations between the ages of 14 to 16, but thought that professionals were not interested in him. He said that when he tried to speak about his problems they would change the topic. Nonetheless, he still wanted therapeutic support and was on the waiting list for further sessions. In another instance, one young woman told us that shortly after moving in with her grandmother (at the age of eight) she had had counselling and cognitive behavioural therapy at CAMHS. However, she had found the help 'condescending' and thought that staff did not listen to her nor have a real understanding of how she was feeling. When she was 17, however,

she re-engaged with the service, which this time she had found helpful:

It was when I got older and I started realising what had actually happened and how different that is. It was a bit like 'Whoa.'

Such accounts testify to the continuing challenge of providing psychological help and support to young people at a time that is right for them and in a way that encourages a desire to engage.

Issues relating to the support provided to the young people in their teenage years are covered in chapter 4 and educational support is discussed in chapter 7.

Now that the young people's physical and mental health have been discussed, we turn in the next chapter to consider a range of other issues relevant to their health and wellbeing.

Summary

- Most young people in the study (89%) reported good physical health – better than that reported for care leavers.
- More than two fifths of the young people (44%) said they felt prone to anxiety and/or depression. This is higher than the 20% of young people in the general population who report these conditions.
- More than a third (36%) of the young people who completed the General Health Questionnaire (GHQ 12) had sub-optimal levels of mental health (scores of 2+).
- Using the higher GHQ threshold (scores of 4+) for the purpose of comparison, 22% of the young people had a probable mental disorder – a figure that falls between the rates for care leavers (25%) and young people in the general population (18%).
- The 16 young people whose scores on the GHQ suggested mental health distress had experienced greater instability in their lives before coming to live with their kinship carers than those whose GHQ scores did not. Those who had moved into the kinship home as an infant much less often had GHQ scores suggestive of psychological distress.

than those who moved in at an older age (18% vs. 41%), suggesting that very early transition to the kinship home acts as a protective factor.

- Most young people with raised GHQ scores were struggling in many areas of their lives: they experienced relationship difficulties, housing problems, educational struggles, challenges in securing and retaining employment and involvement in crime.
- The concerns reported by carers about the young people as teenagers (see chapter 4) were not a good predictor of the young people's psychological health as young adults.
- The young people with elevated GHQ scores rated their carer's parenting style less favourably (as evidenced by PBI). It may be that poor parenting styles played a part in the young peoples' sub-optimal mental health, or that their poor mental health as teenagers affected the way in which carers were able to parent them.
- Only 4 of the 16 young people (25%) with a high GHQ score reported that they had been very close to their carers as teenagers. This was true for many more young people (55%) whose GHQ scores did not suggest a problem. Fewer too (62%) had been able to confide in the person they were closest to, than those with no such problems (89%).
- Nonetheless, for most of the young people in the sample, family members, particularly carers or their partners, seem to have played an important role in helping the young people cope with the emotional challenges they encountered growing up.
- Seventy-one percent of young people said they had, at some point in their lives, been offered professional help to address concerns about their psychological health and/or development. Most young people rated the support they had received favourably, with more than two thirds stating that the help had been useful.
- About a third of the young people who considered professional intervention to have been useful, nevertheless thought that the amount of help provided had not been sufficient.
- Some of those who did not rate the support they received favourably, thought that professionals were not sensitive enough to their circumstances and did not have a proper understanding of the challenges they had faced as a young person living in kinship care.
- Carers were less positive about the support provided to the young people. They complained that services were simply not available, not appropriately tailored to the young people's needs, or were offered at a time when the young person was unable to engage and make use of them.
- Nearly a fifth of all the young people (19%) had not been willing or able to engage with the help that was offered.
- It remains a continuing challenge to provide psychological help and support to young people at a time that is right for them, and in a way that encourages a desire to engage.

9. Other issues related to health and wellbeing

In this chapter we extend our consideration of the health and wellbeing of the young people by discussing other aspects of their lives, such as smoking, alcohol and drugs use, offending, peer and romantic relationships and how those with children were coping with parenthood. Finally, we report on how the young people currently rated their life satisfaction.

Smoking, drinking and illicit drug use

Cigarette smoking

Almost half (45%) of the young people in our study said they were cigarette smokers. This is much higher than in the general population, where a fifth (21%) of young people aged 18-24 said they smoked in 2015, dropping to 19% in 2016 (Office for National Statistics, 2016). Young men were more likely than young women to smoke heavily, with more than a quarter (27%) saying they smoked at least 10 cigarettes a day.

Table 9.1: The young people's self-reported cigarette smoking habits (n=53)

Frequency of smoking	n	%
Never	29	55
Occasionally (fewer than 1 cigarette a day)	2	4
1-9 cigarettes a day	12	22
10 or more cigarettes a day	10	19
Total	53	100

Drug and alcohol use

Given that the experience of abuse and neglect during childhood is a risk factor for substance misuse in later life (see for example, Gilbert *et al.*, 2009), we expected to see elevated levels of drug and alcohol misuse in the young people in our study.

However, judging by the young people's responses, the levels of drug use at the time of the interviews appeared similar to that of population norms – more than three quarters (77%) of those asked said they did not use illegal drugs. In the 2015/16 Crime Survey for England and Wales (Home Office, 2015), 72% of young adults aged 16 to 24 said they had not taken an illicit drug in the past year. Of the 12 young people in our study who did admit to illicit drug use, only four said they did this more than once a week. Just two young people said that they felt they needed to cut down.

Table 9.2: Young people's self-reported illicit drug use (n=52)*

Frequency of drug use	n	%
Never	40	77
Less than once a week	8	15
More than once a week	4	8
Total	52	100

*Missing, n=1

The young people were not specifically asked about drug or alcohol use during their teens but several mentioned that, as teenagers, they did go through a phase of drinking heavily and/or experimenting with drugs but had either subsequently grown out of this or at least cut down:

When I was about 18 that's when I started drinking a lot, it was the party age, I'd get two bottles of wine each night, and that's when I thought, 'Oh my God, I shouldn't be drinking this much'. But it was a stage, probably about six months, but it phased out.

It was last year of sixth form. I had a lot to drink . . . I'd done absinth, it's like 80% volume, it's like really strong stuff, I had quite a lot of that, like I was in a club in town I went to the bathroom. That's it. Next thing I know I'm in the back of a police van, don't know what I've done or anything. It turns out that I like smashed the bathroom up for no reason . . . and that's the point really that I thought, 'I need to really stop the drinking'. My nan started crying and I felt so bad, I decided I would never put myself in that kind of situation again, and I haven't since.

Occasionally teenage drug and/or alcohol use was identified by the young people as a way of providing temporary relief from their difficult life circumstances.

When I was much younger in my [early] teenage years we used to smoke cannabis a lot . . . I weren't old enough to drink, so that would be a way of after school being with people and forgetting things when you're out of your box, out of your brain . . . it makes you forget things sometimes. It makes you feel someone different.

In one family, the young person's continued use of cannabis in the home, directly contributed to the breakdown of the kinship placement. This young man was aged 14 at the time. His grandmother explained:

I phoned Social Services and I phoned the police, I said he had to go. What he done, he burned the carpet there and he could have burned everybody down . . . Oh he had to go, that was it. I said, 'I've told you Martin, I wouldn't have it (drug taking in the house) and that's what's going to happen. You knew the consequences.'

Just under a third (32%) of the carers reported concerns about the young people's drug use during their teenage years. This was of particular concern to older kinship carers, especially in families where there was a history of drugs misuse. Whilst cannabis was most often identified, some carers mentioned worries about the use of other drugs. One grandmother, for example, explained:

(He) went to watch a football match, fine, with . . . some of his friends, and one of them introduced him to a powder, which he took, sniffed or whatever, I don't know, and he came home and he was hallucinating and in quite a bad state, and then we found that he was smoking weed. See we really don't know much about drugs, so we're perhaps over the top about it all.

The proportion of young people who, at the time of the interviews, reported that they did not drink alcohol at all (11, 21%) was slightly lower than that of their peers, which was calculated at 27% in the Opinions and Lifestyle Survey of all adults aged 16 to 24 (Office for National Statistics, 2013). A couple of young people, who had witnessed

the devastating effects of drugs and/or alcohol on their parents, were adamant that they would never touch either:

I've got a thing about (substance misuse), yeah. Any kind of substance is bad for your body. I don't like it, I don't drink, I've never done any drugs.

It also seems that those who did drink alcohol were less likely than their peers to drink heavily or binge drink (11%, compared to 18% of their peers who said they had binged in the previous week (see table 9.3)). Nonetheless, seven young people felt they needed to cut down on their drinking.

Table 9.3: Young people's self-reported alcohol use (n=53)

Frequency of alcohol use	n	%
Never	11	21
Occasional	21	40
Moderate	15	28
Heavy (regular heavy drinking/ binge drinking)	6	11
Total	53	100

At the point of interview, 42 (79%) of the young people in the study said they either drank alcohol or used drugs. Twelve said they did both, while 30 said they only used alcohol. It is perhaps a reflection of the legitimacy of drinking in our culture that no-one said they only used drugs. Of those young people who used both drink and drugs: three used both occasionally; four said they drank moderately and used drugs occasionally; five either drank heavily and/or used drugs more than once a week.

The young people's reports of their drug use were not always consistent with carer reports. One young woman, for instance, admitted binge drinking but denied having used drugs. Her grandmother, however, reported repeated use of cannabis in the teenage years which had continued into adulthood. In four instances, the young person admitted to using drugs, but their carer seemed unaware of this. Differences in accounts between the young people and their carers were not so apparent in reported levels of alcohol consumption. In all the instances where the carer did not express concerns, the young people reported only occasional or moderate drinking. Similarly, where the young person admitted to heavy or binge drinking, all their carers interviewed in the matched sample expressed major concerns.

We did not ask the young people what illicit drugs they used. Where this was mentioned, it was typically cannabis, although several used other drugs. One young man, for example, began smoking cannabis at the age of 13. He later started using cocaine, which he said he continued to take. Other young people said of their drug use:

A bit of cocaine, a bit of ecstasy and that, a bit of mandy [powder ecstasy] and things.

You go out and then people are there taking coke, like you're having a good time so you just think 'Oh', and they offer you some. It's 'Why not? Only that'. I wouldn't ever I wouldn't ever take owt worse than that, like heroin.

Nine of the 12 young people who were using drugs were no longer living in the kinship household.

Heavy drinking and extensive drug misuse

Nine young people (17%) in the study reported heavy drinking and/or extensive drug use. Given the culture of binge drinking and experimental drug use amongst young people in general, it was not always easy to determine where drink and drugs use might represent a significant difficulty for that young person. A couple of young people who reported heavy substance use seemed to be doing well in other areas of their lives. One young man, for example, who was both working and enrolled in higher education admitted to drinking heavily when out with friends. He did not consider this a problem at all and said he did not aim to get drunk. Another young man was spending up to £80 a week on cannabis. His use of the drug as a teenager had not prevented him from obtaining good GCSE results. At the time of being interviewed, he was living independently, in a committed relationship and in full time employment with ambitious career aspirations. Nonetheless, it was of concern that he said of his cannabis habit:

I smoke before I go to work, when I come home for lunch and when I come home from work at night. Like a lack of weed makes me anxious, it's really horrible . . . If I somehow think I'm not going to be able to smoke weed, that makes me anxious.

However, most of the young people with heavy drug and/or alcohol use were struggling in other aspects of their lives – they had difficulties with relationships, mental health and/or employment. One young woman who said that she enjoyed drinking heavily on nights out with friends was not in education or employment. She stated

that a third of her income was spent on alcohol. She was also smoking cannabis daily, said she suffered from anxiety and depression and reported a strained relationship with her carer. She said of her alcohol consumption:

It's easily two bottles of wine and a bottle of cider before we go out and then drinks are around £1 to £2 and I spend about £40 every time.

Another young man said he smoked weed daily, but did not see his usage as problematic. The interviewer considered that he was stoned during the interview. He also said he was '*not really a drinker*' but reported having consumed a bottle of whisky the previous night. This young man was NEET and receiving DLA for his mental health, but was not sure why. He reported frequently feeling depressed.

In fact, four of the nine young people who admitted to extensive drinking and/or extensive drug use had GHQ scores suggestive of psychological distress. A few young people acknowledged a problem with substance misuse and identified a need to get help for this. One young woman for example, said she thought she was an alcoholic. She was trying to address the issue and had recently managed to cut down her excessive alcohol consumption from daily to twice weekly.

Offending

Over of third of the young people (36%, 19) admitted to having been the perpetrator of crime as a teenager or young adult, with young men in the study more likely than young women to have reported involvement in criminal activity. In fact, more than half of the 26 young men in

our study (57%, 15) said that they had committed an offence. The offences reported varied widely: shoplifting, criminal damage, being drunk and disorderly, stealing from cars, car theft, street robbery, burglary, violence and possession of, or selling, drugs. Several young people had criminal convictions and two young men had already served prison sentences.

Some of the offences seem to have been single incidents, such as the criminal damage caused by one young man whilst very drunk. Others were part of a pattern of behaviour, but one which the young person said they had since left behind. One young man for example, described a 'brief period' when he became involved with the 'wrong type of friends' and got caught acting as a lookout for a burglary. He received a reprimand from the court and a stiff talking to from his uncle. He believed that this had taught him a valuable lesson which had prevented him from getting mixed up with any further criminal activity. Another young man said that, as a teenager, he had committed a number of street robberies and now had three convictions. He had also been convicted for dealing heroin and for burglary. He was placed under the youth offending team and had not had any convictions for the past year:

It's like a phase and I were like, used to do robberies and that with my mates, like street, rob people and that on the street and burgle houses and all that. Think it were just a phase of being bad.

A few young people however, reported recent offending: five young men said they had been in trouble with the police in the 12 months

preceding the interview. One had been tried but found not guilty of assault. The other four had been convicted: two for drug-related offences, one for assault and one for car theft. One young man, for example, aged 20 when interviewed, was unemployed, living in a hostel and using both cannabis and alcohol heavily. He said that he was not able to control his anger and had been to prison twice for fighting. He was awaiting sentencing for possession of drugs with intention to supply. He admitted to involvement with gangs and said he had a lot of friends who were in prison.

All five young people who had recently been in trouble with the police were NEET, four had GHQ scores suggestive of psychological distress and, as previously highlighted, their criminal convictions and recent offending seemed to contribute to their difficulties in obtaining employment.

The extent of criminal activity amongst the young people, (particularly young men) in the study, is a worrying finding, especially given the serious nature of some of their offences. Although at interview, the young people who talked about their offending tended to describe it in terms of behaviour that they had since outgrown, our findings nevertheless indicate that, whilst growing up in kinship care, some young people had gone through very troubled times. However, whilst a small number of young men had recently offended, it must be emphasised that, although concerning, they only represented 9% of our sample. This is far lower than for care leavers, 36% of whom, in one national study, had committed an offence in the previous year (Dixon *et al.*, 2006).

Peer relationships

As might be expected for the age group, peer relationships were important to the young people, all but one of whom reported having friends, with 44 (85% of 52) saying they had at least one close friend. Young women were somewhat more likely to report having a close friend than young men (22 of 27, 89% compared to 20 of 25, 80%). Nine young people said that a friend was the person they felt closest to and eight that a friend was the person they would turn to if they were feeling upset. There were many examples in the study of friendships providing an important source of support for the young people:

She's lovely, and she's always ringing me up saying, 'Are you OK?' or 'How are you?' and if she knows something's wrong she'll ask. She's been one of those people that are not bitchy. She's just, like she's always honest with you.

[My friend Charlie] he's been with me through the whole journey. Everything got told to him, yeah, what had gone on.

A few young people mentioned having made friends with other young people who had also grown up in kinship care. They had found these friendships to be an important source of support which had helped them to make sense of their experiences. One young woman, who moved in with her grandmother at the age of 11, reported feeling emotionally isolated and detached during most of her teens. She did not experience her grandmother as emotionally supportive. Whilst she had close friends, she did not talk to anyone about her concerns until she was 18, when she met a girl of the same age who also had difficulties with her mother. They developed a close confiding relationship and making such

a friend had been transformative for the young person:

The way her mum is exactly the same as my mum acts, and she's the same I have. And we're really good friends now, because we feel like we don't have to voice it to each other, we just know.

As the result of this friendship the young woman reported having become much more open about what she had experienced in her life. The relationship with her grandmother had also improved.

Where data was available (35 cases), most of the carers in the matched sample (74%) concurred with the young person's reports of their friendships. However, nine did not; all but one of whom presented a more negative picture than the young person had done. Thus, there were five instances where the young person said they had a close friend, but the carer said there was no-one close and three where the young person said they had friends, but the carer said they did not.

Of course carers, like parents, are not necessarily aware of the extent or nature of young people's friendships, especially as they get older, and in four of the nine cases where there were discrepant reports, the young person was no longer living with the carer. However, the carers' accounts, added to those of the young people themselves, suggest that one in three of the young people (30%) may have had some difficulty forming or sustaining meaningful friendships, with 11 reported by themselves and/or their carer as not having a close friend and five not to have any friends at all. One young man said:

I don't really feel close to anyone. I know people that are there to vouch for me but I don't feel close to anyone.

A carer, concerned about her grandson's ability to retain friends said:

He's got friends in [the town he has moved to]. I don't know how long that will last because George has always had a personality that draws other people and he's always had friends, but then he wrecks it with those and moves on to other ones.

A couple of young people on the autistic spectrum were identified by carers as having significant difficulties with peer relationships, so much so in fact that one carer requested that her grandson not be asked about his (non-existent) friendship network. The other carer said of her granddaughter's struggles:

It's very hard for Cody to make friends, I don't think she knows the appropriate things to say.

The experience of being a young parent was also identified as a barrier to sustaining friendships. A young mother, who said she currently had no friends, observed:

I had friends, but since I've had the baby I drifted away from all . . . I haven't got no time for friends really anymore . . . only about Chelsea, my little Chelsea that's it really . . . cause once you have a baby, it takes everything . . . you've got so much responsibilities . . . you know what I mean?

As they matured, three young people, according to their carers, seemed to be on a positive trajectory in terms of friendships. Two young

women were described as having close friends as adults, but not as teenagers and one young man now had at least some friends, even though he still had no-one close. For several other young people, however, friendship difficulties seemed to have persisted, or even worsened, since their teenage years.

Generally, the young people did not speak in any detail about the nature of their friendship difficulties, nor what they thought had contributed to the problem. However, there were some young people in the study who recognised that they struggled to trust others.

Romantic relationships

Over half of all the young people (58%, 31) said that they had a partner at the point of interview. Not unexpectedly, given the ages of the young people, some of these relationships had developed quite recently, with 11 having started within the past year. Twenty (38%) young people were in a more established couple, seven of whom were living together. Young people in the more established relationships tended to be older. In each group, however, the age range was wide: 30% of those in an established relationship were under 20 years old, while 32% of those not in a relationship at all were 20 or more

Almost half of the young people in the more established relationships (9 of 20, 45%) said that their partner was the person they were now closest to, as did one young person whose relationship was more recent. One young man, for example, aged 20 at interview, had been in a relationship with his fiancée for four years. They were living together. He told us:

Emily's the closest person I'm with at the moment. I've told her a lot of stuff... I go and see her mum and dad, because her mum was in a very similar situation to what I was in.

A young woman, in a long-term relationship with her boyfriend, which had been maintained despite them studying at different universities, said:

I would say I'm closest to my boyfriend. We've been together since we were 16 – five, six years now. So we're still together and we met in school.

It was interesting that two of the young people who were living with a partner, and nine of those whose relationships had lasted for more than a year, did not say they were closest to their girl/boyfriend. Five said they were closest to their carer, others cited their carer's partner, a parent, another relative, or a friend.

Six of the 10 young people who said they were closest to their girl/boyfriend also said that s/he was the person they would turn to if they were upset. Two others named either their carer or their carer's partner, but worryingly, two said no-one, which might cast doubt on the capacity of their current relationship to meet their needs in the longer term.

Most of the young people who were living with their partner spoke of the relationship positively, as did their carers, with partners variously described as 'caring', 'supportive' and 'committed'. One partnership, however, seemed to be more problematic. While the young woman said the relationship was 'fine', the interviewer got the impression that she was downplaying the difficulties, while her grandmother described the relationship as 'volatile' – 'I mean, he's as nuts as she is, smashing the doors and things' and

suspected there was domestic violence. Indeed, a few other young women (and one young man) had been exposed to domestic violence in their romantic relationships.

The sustainability of several relationships where the couple were not living together also seemed to be doubtful. One young man, for instance, had been with his girlfriend for around two and a half years. Although he said the relationship was going well he also said that he would not have chosen to go out with her if he had met her more recently. His grandmother said that the relationship was 'up and down' and that she tries to comfort him when they have arguments. The young person did not have a strong relationship with his girlfriend's family and thought that they might not approve of their relationship. A young woman, who had had the same boyfriend for the past three years, described the relationship as 'on-and-off' and said they only saw each other now and again as they got on each other's nerves a lot and she did not really see his family.

A few carers expressed concern that either in their current relationship, or in a previous one, the young person had been overly dependent on their partner and/or had cut themselves off from friends in order to be with them. One aunt said of her niece's behaviour in a relationship that had since ended:

The only thing I'd say is that when she gets into a relationship with a boy she does seem to be all in... I'd for the last nine months or so been saying to her, 'Look Annie, do things with your other friends too.' She had been doing exactly what Liam wanted when Liam wanted, how Liam wanted... she can see it now, her friends have said it to her now, which unfortunately they didn't say at the time.

Most of the young people who were not partnered at the time they were interviewed had had girl/boyfriends in the past and there was no reason to think that, should they want, they would not again. Some however, seemed to have difficulty in forming, or maintaining, romantic relationships, whether this was due to lack of confidence, specific difficulties with social relationships such as autism, or a reluctance to get intimately involved. Karl, for example, said he had had a girlfriend once but preferred to be single; Oscar said he did not want a relationship 'I try to stay away from them'. Blake too spoke of his reluctance to have a girlfriend:

Girls, I didn't really want a relationship with them, but they were there to talk to. I didn't really want to get physically involved with any of them . . . if I did, I think I was worried at that point if I did get into a relationship, I don't know how they would take me because of how I am.

Blake's grandfather attributed his lack of a girlfriend to his difficulties with trust:

He might like to have (a girlfriend) but he's worried about the trust thing, will they let him down? Well that's what he said to me anyway.

Early parenthood

Nine of the young people in the study (17%) were parents (7 young women, 2 young men). All were under 20 when their first child was born; three were 16. The proportion of young mothers (7 of 27, 26%) is slightly higher than the rate of teenage parenthood for the care leaver population (22%) and much higher than the national average of around 8% for England and Wales (Centre for Social Justice, 2015). For most of these young people, becoming a parent was a challenging

but positive experience and they did appear to be coping:

In the first couple of months it was hard, different, just completely out of my comfort zone because I was quite a party girl before I had Ellie; I would enjoy going out. But it's calmed me down and I'm glad I had her; it's changed my life for the good.

Even those who were struggling recognised the rewards of parenthood. One young woman, who, as reported earlier, became socially isolated as the result of being a mother and whose score on the GHQ suggested psychological distress, nonetheless said:

I love being a mum, it's good . . . It keeps me going . . . keeps me alive . . . it keeps me busy and occupied.

A young man with an 11 month old son described his relationship with the baby's mother as 'complicated'. However, he saw his son most days and spoke very affectionately about him. He also talked about his determination to be a better parent than his own had been:

[There is] not a chance I'd give up on my kid like my parents give up on me. It's what drove me to want to be a better parent . . . now all I can do is step up and be a dad. It's not easy but it's not hard either, I enjoy it, definitely. Just to see his face and stuff and just to see him smile and he's progressing so much it's unreal, he walks and everything. He just melts my heart.

All six young parents (all young mothers) who were bringing up their child were living independently of their kinship carers, with, or without a live-in partner. Five had children under

the age of four. One of these young women, who had two children, had dropped out of college when she became pregnant with her first child but was now taking a college course on parenting. The others were all NEET (see chapter 7). The sixth young woman, whose son was older and at school, was in paid work. She talked about how she had always relied on her grandparents for both practical and financial help in her parenting role:

They have always been there, they have Reese quite often, they take him out, take him on holidays. He spends a lot of time with grandma and granddad now, they don't like being away from him.

In all the cases where the carers were also interviewed, they referred to supporting the young mothers practically, emotionally or financially, sometimes providing a lot of child care.

Two young people (one male, one female) said their child had been adopted. Both these young people had many serious difficulties in their lives and had lacked stability during their teenage years, including experiencing multiple placements in the care system. Although not asked, two other young women volunteered that they had had an abortion as teenagers.

Overall outcomes

The focus of this chapter and the previous two has been on outcomes for the young people across a number of areas of their lives. We have reported in detail on educational outcomes; physical and psychological health; smoking, drinking and the use of illicit drugs; offending; peer and romantic relationships and early parenthood. We also wanted, however, to get an idea of how well the young people were doing

overall. What proportion were doing well in all, or most, respects and conversely, what proportion were struggling?

In order to obtain this overall picture, we selected what we deemed to be our most objective outcome measures: educational achievement at 16; psychological well-being as measured by scores on the GHQ; whether they were in education, training or employment; the use of substances potentially injurious to health; offending; and, for the young women only, teenage parenthood. Each young person's outcome on these measures was then rated as either good, poor, or – where three options were available – intermediate. We explain below how these ratings were applied.

Educational achievement at 16. Young people who achieved the national target of five GCSEs at grade C or above, including English and Maths were rated as having a good educational outcome; those who did not get any passes at grade C as having a poor educational outcome, and those who obtained at least one pass at grade C but did not achieve the national target as being intermediate.

Psychological well-being. Those with scores of 0-1 on the GHQ were categorised as having a good outcome; those with scores of 2-3 as intermediate; and those with scores of 4+ as having a poor psychological outcome.

Offending behaviour. Young people who had committed a criminal offence in the 12 months prior to being interviewed were rating as having a poor outcome; those who had offended at some point but not in the past year as intermediate; and those who had never committed an offence as having a good outcome.

Use of substances potentially injurious to health. This measure combined our data on smoking, drinking and illicit drugs. Young people who reported heavy use of any of these substances (as explained earlier in this chapter) were deemed to have a poor outcome; those who reported moderate drinking or smoking and only occasional use of illegal drugs as being intermediate and those who were not taking illegal drugs and only occasional drinking or smoking, as having a good outcome.

NEET status and teenage parenthood. These were both binary measures. Not being in education, training or employment at the time they were interviewed was considered to be a poor outcome; as was teenage motherhood. We have included teenage parenthood as a poor outcome because of its association with social, economic and educational disadvantage and poorer health. Although we were aware of two young men who had become fathers while they were teenagers – since they were not specifically asked this question and may not even have known whether they had fathered a child or not – this measure was necessarily restricted to young women.

Having rated these individual outcomes for each young person, we allocated the young people to one of five groups. Nine young people were excluded because of missing data. Of the remaining 44, the overall outcome for 23 young people (52%) was considered to be entirely or mostly good. This means that they had, at most, no more than one poor outcome and the rest were mainly good. In contrast, only six young people (14%) had either an entirely or largely poor outcome (no more than one good outcome, most of the rest poor). The remaining 15 (34%) had mixed outcomes. Table 9.1 sets out

the overall outcomes of the young people, by category.

Table 9.4: Overall outcomes of the young people (n=44*)

Outcome Category	n	%
Entirely good	8	18
Mostly good	15	34
Mixed	15	34
Mostly poor	4	9
Entirely poor	2	5
Total	44	100

**missing n=9*

A number of factors seemed to be linked to these overall outcomes. Young women were more likely to have entirely or predominantly positive outcomes than young men (15 of 24, 63% vs 8 of 20, 40%). The 23 young people with these favourable outcomes tended to be younger on entry to the kinship arrangement – 5.7 years compared to 8.2 years for the other 21 young people – and more of them had lived with their kinship carer since they were babies (7, 30% vs 2, 9%). As one might expect, therefore, they were less likely to have had complex care histories (6, 26% vs 10, 48%); less likely to have been in local authority care prior to moving to their kinship carer (4, 17% vs 8, 38%) and more likely to have moved directly into the arrangement from their parent/s (17, 74% vs 7, 33%).

In terms of their experience while they were living in the kinship home, those with entirely or predominantly positive outcomes were more

likely to say they had been very close to their main carer in their teenage years (14, 61% vs 6, 29%) and, conversely, less likely to say they had not been close at all (2, 9% vs 4, 19%). More of them had also felt able to talk to the person they were closest to at that time (20, 87% vs 12, 57%). Their PBI scores also indicated that they were somewhat more likely to perceive that they had received a high level of care (19, 83% vs 15, 71%) and also a high level of protection (7, 30% vs 4, 19%). Finally, they were much less likely to have moved out of the kinship home before they were 18 (1, 4% vs 11, 52%).

Current life satisfaction: the young people's views

Towards the end of the interview we tried to get an overall impression of how satisfied the young people were with their current situation. Interviewers asked the young people to '*Imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you*'. They were then asked: *On which step of the ladder would you say you personally feel you stand at this time?*

As can be seen from table 9.5, none of the young people rated their current satisfaction as less than five. Indeed, nine were clearly very content with their life, placing themselves on either rung 9 or 10. Most often the young people placed themselves on rung 7. Sixteen young people, however, placed themselves only on rung five or six. These young people were more likely to be NEET, to have left the kinship home under the age of 18, to have less than optimal mental health (as measured by the GHQ) and say

Table 9.5: Life satisfaction at time of interview (n=53)

Life satisfaction rating	n	%
Five	8	15
Six	8	15
Seven	19	36
Eight	9	17
Nine	7	13
Ten	2	4
Total	53	100

that they were prone to anxiety and/or depression. They were also less likely to have achieved the national target of five GCSE's at level C or above at the age of 16.

In four of the nine instances where the young people were very positive about their situation at the point of interview (placing themselves on rungs 9 or 10 of the ladder), their ratings were also consistent with our other data – they were considered to have satisfactory mental health on the GHQ, they had done well educationally, all were in education or employment and none had left the kinship home prematurely. While we can only surmise why the other five were so positive, it was usually possible to see factors in their lives or personalities which could account for this. One young woman for instance, became a mother at 16, left the kinship home prematurely and subsequently experienced domestic violence from two partners. She said she was prone to depression and anxiety and was diagnosed with bi-polar disorder. At the point of interview, however, she appeared to be on a positive

trajectory. She had brought up her daughter as a single mother, had been in employment for three years, was in a new non-violent relationship and was receiving counselling.

Now that we have addressed the young people's outcomes on a number of dimensions as well as overall, in the next chapter, we consider the young people's experiences of moving out of kinship care.

Summary

- More (45%) of the young people were cigarette smokers than those aged 18-24 in the general population (21%). More young men than young women smoked heavily.
- Over three quarters of the young people (77%) said they did not use illegal drugs – similar to findings in general population studies.
- Four of the 12 young people who admitted to illicit drug use, said they did so more than once a week. Two young people said they needed to cut down on their drug use.
- Several young people spoke about a teenage phase of drinking heavily and/or experimenting with drugs. A third (32%) of the carers had worried about the young people's drug use as teenagers, especially so in families with a history of substance misuse.
- The proportion of young people who drank alcohol (79%) was slightly higher than that of their peers in general population studies (73%). However, those who did drink were less likely than their peers to drink heavily or binge drink. Seven young people said they needed to cut down on their drinking.
- In total, 9 young people (17%) reported heavy drinking and/or extensive drug use. Most of them also had difficulties with relationships, mental health and/or employment.
- Over a third of the young people (36%) had committed crimes as a teenager or young adult. Young men had offended more often (57% had done so).
- Five young men had been in trouble with the police in the previous 12 months and all were NEET. The proportion of young people who had committed a recent offence (9%) is lower than for care leavers (36% in one national study).
- All but one young person reported having friends, with most saying they had at least one close friend. For nine young people, a friend was the person they felt closest to and for eight, a friend was the person they would turn to if they were feeling upset. There were many examples of friendships providing an important source of support for the young people.

- Over half the young people (58%) had a partner at the point of being interviewed. Carers sometimes expressed concern that the young person was overly dependent on their partner, had cut themselves off from friends in order to be with them, or been exposed to domestic violence. A small group of young people appeared to have some difficulty in forming intimate relationships, whether due to difficulties with social skills or with trust.
- Nine of the young people (17%) were parents (7 young women, 2 young men). All were under 20 when their first child was born; three were only 16. The proportion of young mothers (26%) is slightly higher than the rate of teenage parenthood for the care leaver population (22%) and much higher than the national average of around 8%. Most were coping well with the responsibilities of parenthood and were being supported by their kinship carers, practically, emotionally and/or financially. Two young people (one man and one woman) had a child who was placed for adoption.
- Where data was available, just over half of the young people (52%) had overall outcomes that were entirely or mainly good. Six young people (14%) had either entirely or largely poor outcomes. The overall outcomes for the remaining 34% were mixed.
- Young women more often than young men, had entirely or predominantly positive outcomes (63% vs. 40%). Those with more favourable outcomes tended to be younger on entry to the kinship arrangement, without complex care histories. They were more likely to say they had been very close to their main carer in their teenage years and somewhat more likely to perceive that they had received a high level of care. They were much less likely to have moved out of the kinship home before they were 18.
- Young people rated their current life satisfaction by placing themselves on an imaginary ladder with 10 rungs, where rung 10 indicated the best possible life. No young person placed themselves lower than rung 5. The average rating was 7.1. Those on rungs 5 or 6 were more often NEET, had done less well educationally, had less than optimal mental health as measured by the GHQ and had more often left the kinship home before they were 18.

10. Moving out of the kinship home

Young people leaving state care can lack consistent support from their birth families (Wade, 2014). Many also lose contact with their previous carers in the first year after moving away (Wade, 2008). In recognition of this, in recent years, Government initiatives such as 'Staying Put', 'Keep on Caring' and 'Staying Close' have set out to improve the support provided to care leavers as they make the transition to adulthood and independence (HM Government 2013; HM Government, 2016; Department for Education, 2016). The government has also introduced a programme that enables young people to remain with their foster carers after the age of 18, to assist with a more gradual transition to adulthood (HM Government, 2013).³

Much less is known about the experiences and support needs of young people in kinship care, as they approach and enter adulthood. Do most remain living in the kinship home? At what age do they move out and why? Where do the young people go? How do they get on, and how involved do kinship carers remain in their lives as they approach independence? Drawing on our sample of kinship young people and their carers, this chapter explores these important questions.

Young people still living in the kinship home

The majority of young people (55%, 29) in our study were still living with their carer at the time of the interview. Ten were under the age of 18, six were aged 21 or over. Young people in the general population are living with parents longer than in previous generations. Recent figures show that 49% of 20 to 24 year olds still live in the family home (ONS, 2014b). In direct comparison, a third (33%, 7) of the twenty-one young people in our sample, aged between 20-24, were still living in the kinship home. Care leavers, in contrast, have often left their placements between the ages of 16 and 18 (HM Government, 2013).

Age of the young people on leaving kinship care

The 24 young people who had moved out of the kinship home had tended to do so at a fairly young age. Twelve (23% of the total sample) were under the age of 18 when they left. Table 10.1 sets out the young people's age on leaving the kinship family:

³ These initiatives were introduced towards the end of or after our data collection but would only have applied to young people in non-kin care.

Table 10.1: Age of the young people on leaving the kinship home (n=24)

Age on leaving the kinship home	n	%
14	1	4
15	2	8
16	4	17
17	5	21
18	5	21
19	2	8
20+	5	21
Total	24	100

Where young people moved to on leaving the kinship home

Those who had left the kinship home moved to a variety of new living arrangements. Most commonly this was into a rented house or flat, either alone or with a partner (g, 38%). Three young people (13%) moved back to their birth parents. Three had left for university, and although for the purpose of this report, were classified as having moved out, two of them did not consider themselves to have left the kinship home permanently. One young woman explained:

Not many people move out properly [when leaving for university]. They're back and forth, aren't they, for the first few years... I still spent a lot of time at home.

One young man became homeless when he moved out at the age of 17. He stayed with

friends before finding his own tenancy with the support of his grandparents. Table 10.2 shows where the young people moved to when they left the kinship family.

Table 10.2: Where young people moved to on leaving the kinship home (n=24)

Location	n	%
Own house or flat (alone)	6	25
Own house or flat (with partner)	3	13
Birth parent/s	3	13
University accommodation	3	13
Parents of partner	2	8
Hostel or B&B	2	8
Residential care	1	4
Other family member	1	4
Shared house with friends	1	4
Homeless	1	4
Mother and baby unit	1	4
Total	24	100

Reasons for moving out of the kinship home

We asked the young people about the circumstances surrounding their move out of the kinship home. For most (16, 67%) it had happened in the context of an amicable arrangement with their kinship carer. These young people spoke about their wish to live independently, sometimes prompted by their desire to live with a partner:

The reason I left, it was to be with (partner), so we could move in together. That was the reason ... I'd got a job. We'd been seeing each other once a week for the past four years.

Others, as has been noted, moved out to pursue higher education. Sometimes a change in circumstances spurred a move out of the kinship home, such as in the case of a young woman who moved into rented accommodation with her partner following the birth of their daughter:

It was always going to be my plan when I'd had Siobhan. There was no way enough room and I wanted to be independent.

However, for a third of the young people, (33%, 8) the move out of the kinship household had not been amicable. Notably, six of the eight moves which occurred in such circumstances, had involved young people who were under the age of 18 at the time. These eight young people had left the kinship home either because their carer had told them to do so or because they had become dissatisfied with living there. Only one of them (who was aged 14) then became 'looked after' by the local authority. Some young people recognised that their own rebellious, confrontational or anti-social behaviour had contributed to the conflict in the kinship home. One young woman, who moved out aged 15, explained:

I left because I wanted to rebel against everything. My partner was two years older than me, so he was about 17, and I wanted to rebel. I told my grandad 'This place is a shit hole' and I just wanted to leave.

A young man, who moved out at the age of 17, said:

It was after an argument about weed, [carer] just said, 'If you don't stop, I'll kick you out' and this was like the fourth time she had said it in a week, so it was like challenging me. So I said, 'All right, fine, I'll leave'.

Two carers from the matched sample told us that they had needed to get the young people to move out of the kinship home, due to their escalating violence. These carers described facing high levels of conflict and challenging behaviour for a long time, before reaching the end of their tether. This finding chimes with recent adoption research, which showed high levels of violence in cases where adoptions disrupted during the teenage years (Selwyn and Meakings, 2016). One carer described the conflict in the kinship home, before the young person moved into a hostel, aged 16:

She was absolutely destroying the house, she was a nightmare. She really was. She wanted to fight me all the time. She's like coming up to your face and one time I did hit her but then you think you shouldn't be put in this position. She just wanted a fight. She had a couple of other girls down there, she had them coming round smoking weed in the house.

Support provided by kinship carers as the young people moved out of the kinship home

Most young people said that they had felt supported by their carers during the transition from the kinship home to their new accommodation. Carers had provided emotional and financial support, although it was the

practical support that the young people spoke about most often:

[Carer was] helping me with washing and food shops. She'd help tidy – she'd come and watch the baby while I tidied up. Just everything really.

Yeah, she helped me move my stuff in, which was very nice, and then later . . . she was always there, she always said if I need anything I can ask . . . she'd like spend the day and she'd cook like twenty meals and pack them all up for me to take back and put in the freezer. So I could eat for like a month.

Perhaps unsurprisingly, those young people who reported little or no support from their carers as they moved out of the kinship home, tended to be those who had left under strained circumstances. Four young people said they stopped talking to their carers for a while after having moved out. The one young person who entered state care was also out of contact with his carer for several months.

Support from the extended family and Children's Services when young people moved out of the kinship home

Occasionally, young people said that they had been able to draw on support from their wider family as they moved out of the kinship home.

As we saw in chapter 7, eight of the 15 young people (53%) who had looked after status had found social work support helpful. However, some considered that they had not received adequate support from social workers during their transition to independence. One young man for example, spoke about his lack of preparation and the help and advice he had needed:

[My social worker] helped me move and that . . . I didn't know what I was moving into, but I knew I was going to a hostel. But I wish I knew the methods, the periods, and how long it would be . . . I'd have been more prepared for what I was moving into . . . how long you stay there, and rents are expensive if you try and work, that you have to sign on and all that if you're not working, so [that] your housing gets paid for, etcetera.

It was of concern that six of the 15 looked after young people had received no help at all, even though they were entitled to receive leaving care services to help with the transition to independent living. All but one of these six ended up NEET.

It is also important to note that whilst most of the 12 young people who moved out of the kinship home prematurely were not at the time a 'looked after' child, seven of them had been in local authority care for at least part of their childhood.

The young person's relationship with the carer at the time of the interview

Despite strained relationships between some kinship carers and the young people at the time they moved out of the kinship home, all but two young people reported a consistently close relationship with their carer by the time of the interview. Most relationships that had been difficult had improved considerably over time. Some young people described how their developing maturity had been an important factor in helping to forge a better relationship with their carer. Two young people said:

We are a lot closer, especially in the last two three four years, we've been really close. He supported me so much with moving, buying my

car and I'm in the process of setting up a beauty business, so he is supporting me, financially as well. He has always been there to talk to. I love him and my grandma so much.

I feel like I can talk to her about stuff, she'll give me better advice than most other people. I respect her . . . Like she's been really helpful, I moved into a flat a year ago, so there have been questions and things she's been helping with.

It was clear from the young people's accounts that most kinship carers were still actively involved in their lives. Many of the young people were in very regular contact with their carers, on whom they felt they could rely. Even when support was not necessarily needed, some carers tried to continue helping the young people as much as they could:

It's very strange because [grandparents] came up [here] a few weeks ago, and before I knew it my nan was ironing and doing washing for me, and I was like 'What are you doing, I'm a big boy now, I'm a man!'

One young person in our interview sample said that the relationship with his carer was variable. Some weeks he felt close to her, other weeks much less so. He said he enjoyed seeing her in short bursts. Another young person described the relationship with his kinship carer as distant and non-supportive. He had left the kinship home well before his 18th birthday, under strained circumstances. He was involved with gangs, criminal activity and was using drugs. This young man reported having had a close relationship with his carer as a child. The loss of this was something he regretted. At the time of the interview he appeared very vulnerable, was living in a hostel, not in education, employment

or training and was misusing substances. He said of the relationship with his grandmother:

I want [our relationship] to get better because I don't really see her that much. I want to see her more. Yeah, I wanna spend more time with my nan. She is getting older as well.

Young people who did not maintain contact with carers

All the young people interviewed were currently in contact with their kinship carers. However, it is likely that those young people who were estranged from their carers were underrepresented in the sample, due to the recruitment methods we used (mostly asking carers to contact the young people on our behalf). As an extra component to this study, we interviewed three carers who were not in contact with the young people they had brought up. According to these carers, violence perpetrated by the young person and a refusal to adhere to boundaries within the kinship home were amongst the circumstances that preceded the breakdown of the relationship.

Readiness to move out

Most of the young people who had moved out said they had felt ready to do so at the time. However, nearly two-fifths (39%) said that with hindsight, they realised that the move had been premature. For example, when asked whether she had been ready to move when she left the kinship home at the age of 15, one young woman said:

Definitely not. [I was] just being young and stupid. You think you know everything!

For a couple of young people, although their move out of the kinship home had occurred amicably with their carer, they had not necessarily wanted to move out, but understood that their carer was more than ready for them to leave. One young man recalled:

Yes, she did want me to go. When I said 'I'll go now', it was like 'Quick, pack your bags'. I've never seen anyone do it so quickly and 'Off you go'.

How the young people who had moved out were faring

We asked the young people to tell us about their lives since moving out of the kinship home. As well as wanting to know about their wellbeing and about the quality of their relationships with others, we asked what they were currently doing in terms of employment, education and/or training and how well they were faring with a range of living skills, such as cooking, personal hygiene and money management.

Employment, education and training

As many as two fifths of the young people who had moved out of the kinship home (41.5%, 10) were not in education, employment or training (NEET) at the time of the interview. Three of these young people were bringing up children full-time. These figures are comparable with the 41% of care leavers aged 19 who are NEET, (National Audit Office, 2015), but substantially higher than NEET young people, aged 19, in the general population, which has been calculated at 15% (National Audit Office, 2015). Table 10.3 shows these young people's work/training/education status at the time of the interview:

Table 10.3: What the young people who had moved out were doing at the time of interview (n=24)

Employment/Training/ Education status	n	%
Unemployed (NEET)	7	29
Paid work	5	21
Higher Education (University)	4	17
Caring for child (NEET)	3	12.5
Work training/apprenticeship	3	12.5
Further Education (sixth form/ college)	2	8
Total	24	100%

Education or educational aspirations

In terms of participation in education post 16, all but one young person in the whole sample had either attended full-time education post 16 (70%) or said that they intended to do so (26%). There was no difference between the proportion of young people who were still with carers and those who had moved out in terms of the likelihood of them either attending university or planning to attend, with around 40% in both groups saying either they had attended or planned to go. (This compares with national university participation rates of 47% for all young people in the population aged 17 to 30).

Money and coping skills

We asked the young people who had moved out of the kinship home how well they were coping with a range of living skills. This included

cooking, healthy eating, relationships, dealing with official people and money management. Most young people said they were coping well in these aspects of their lives. A minority, however said they were not. Some young people admitted to difficulties with healthy eating, cooking and sexual relationships, whilst others reported having difficulties with managing their money or in dealing with landlords and other officials.

Although half (52%) of the young people reported weekly incomes that were around the National Minimum Wage for 21-24 year olds or below (up to £200 a week), three quarters (75%) said they were coping financially. Several young people specifically mentioned how their kinship carer continued to help them out, by giving or loaning them money, buying clothes and household essentials and/or advocating on their behalf to access their financial benefits. Two young people said:

If I can't pay my bills, [kinship carer] lends me money. It's nice.

She . . . helped me get my [financial benefit] sorted out. She went on my behalf because she was like 'If you go on your own, you're not going to get your money', kind of thing.

Wellbeing

Research on young people leaving care suggests that the incidence of mental health difficulties increases in the first 12-15 months after moving out (Dixon *et al.*, 2006). We were not able to draw a comparison with the kinship sample as most of the young people in our study who had moved out, had done so several years previously.

However, we considered how the young people who had left the kinship home were currently faring. As a group, their wellbeing was of concern. As many as 70% reported feeling prone to anxiety and depression. Ten of the 21 (48%) young people who had left home and had completed the GHQ, had scores suggestive of psychological distress, including seven with very high GHQ scores (4+), indicative of a diagnosable mental health condition. A quarter (6, 25%) of the young people reported their physical health to be less than 'good'.

Whilst we did not ask the young people about their wellbeing around the time they moved out of the kinship household, several spoke about a change in their health and happiness since leaving the kinship home. This went both ways: some reported an improvement, others a deterioration. Young people described how the quality of their interpersonal relationships had a bearing on their overall feeling of wellbeing. One young man, for example, reported high stress and low confidence levels on leaving the kinship home. He said his confidence had improved enormously over time and now reported a close and supportive relationship with his kinship carers. When asked why he thought his confidence had grown, he said:

Happiness. Being where I am, being stable, being around good people. No lies, just surrounded by good things, good vibes, the people. I think the people you surround yourself with have an influence on your life.

In contrast, another young man reported a deterioration in his wellbeing since moving out of the kinship home. He reported feeling lonely, was currently living in a hostel and was not in education, employment or training: He said:

You go from sitting at home talking to people, to sitting in a room on your own for long hours in the day. So I now am a bit more quieter, I'm a bit more shy, and I'm a bit more anxious, I think I'm a bit more paranoid, but I don't have much belief in myself and that.

Involvement in crime

More than half of the young people who had left home (13, 54%) reported having been the perpetrator of a crime as a teenager or an adult. Four young people (17%) said that they had been in trouble with the police in the previous 12 months. One young person reported having been the victim of a serious sexual assault whilst living in a hostel.

Life course of the young people who had left home

Although the young people who had moved out of their kinship home tended to report that they were coping well with a range of independent living skills, they presented as a vulnerable group. As we can see, most had compromised mental and/or physical wellbeing, more than half had an offending history and two-fifths lacked opportunity, direction or focus in their lives in terms of education, training and/or employment. The group of young people who had moved out under the age of eighteen, were of particular concern. Just one of the 12 had positive (mainly good) overall outcomes (see chapter 9). In comparison, just over half of those young people who moved out over the

age of eighteen and nearly three quarters of those still living in the kinship home, had either mainly or entirely positive overall outcomes. Of the six young people in the sample, who had predominantly or entirely negative outcomes, four had left the kinship home under the age of eighteen.

The young people on more positive trajectories often had a range of supportive factors in their lives, including valued and close relationships with partners, family members and friends and the ability and/or commitment and opportunity to stretch themselves educationally or in employment. Even though for some of these young people, their move out of the kinship home had been challenging, the transition had been an important turning point, which had provided an opportunity to grow up and find direction in their lives.

For nearly all the young people who had left the kinship home, their carer remained actively involved in their lives. Many were providing ongoing support for the young people. However, it seems that this support in itself was not enough to help some of the young people overcome the disadvantage and difficulties they faced.

Now that the young people's experiences of moving out of the kinship home have been described, we turn to consider their reflections on the past, their hopes for the future and their advice to others in the same situation.

Summary

- Over half of the young people (55 %, 29) in the study were still living with their carer at the time of the interview whilst 24 (45%) had moved out.
- Those who had moved out of the kinship home, had often done so at a young age. Twelve (23% of the total sample) were under the age of 18 when they left.
- On leaving the kinship home, young people most often moved into a rented house or flat, either alone or with a partner. Three young people moved back to their birth parents and three had left for university. One young man was initially homeless before finding his own tenancy, with the support of his grandparents.
- The majority of young people who had moved out had felt ready to do so at the time, but nearly two fifths (39%) said that with hindsight, the move had been premature.
- Two thirds (67%, 16) had moved out for positive reasons: they wished to live independently, for example to live with a partner or to go to university. However, for a third of the young people, the move followed conflict with their carers.
- Of those who moved out of the kinship home under the age of 18, only one young person entered local authority care, even though 7 of the 12 had previously been a 'looked after' child.
- Most young people said they had felt supported by their carers during the transition from the kinship home to their new accommodation. Carers provided emotional, financial and practical support. However, those who moved out under conflictual circumstances less often reported good support: four young people stopped talking to their carers for a period following their move.
- A few young people had had support from their wider family when they moved out. For some, the support from Children's Services had been insufficient during their transition to independence.
- Most of the strained relationships with carers had subsequently improved. All but two young people described a close relationship with their carer at the time of the interview.
- Most said they were coping well with independent living skills. Those coping less well reported difficulties with healthy eating, cooking and sexual relationships, managing money and dealing with landlords and other officials.
- As a group, the young people who had left the kinship home gave cause for concern. Two fifths were not in education, employment or training (NEET) at the time of the interview. As many as 70% reported feeling prone to anxiety and depression. Nearly half (48%) who had completed

the GHQ had scores suggestive of psychological distress. A quarter of these young people reported their physical health to be less than 'good'.

- More than half of the young people who had left home (54%) reported having been the perpetrator of a crime as a teenager or an adult. Four of these young people said that they had been in trouble with the police in the previous 12 months.
- The group of young people who had left their kinship home under the age of 18 were of particular concern. Just 1 of these 12 young people had positive overall outcomes. In the whole sample 6 young people had either mainly or entirely negative overall outcomes – 4 of whom had moved out of home prematurely.
- The young people on more positive trajectories often had a range of supportive factors in their lives, including valued and close relationships with partners, family members and friends and the ability and/or commitment to stretch themselves educationally or in employment. Even though for some of these young people, their move out of the kinship home had been challenging, the transition had served as an important turning point, providing an opportunity to grow up and find direction in their lives.
- Even though kinship carers were providing ongoing support for many young people and remained actively involved in their lives, this support, in itself, was not enough to help some young people overcome the disadvantage and difficulties they faced.

11. Looking forward, looking back

This chapter pulls together the young people's wishes and hopes for the future and their reflections on the past, as well as the advice they would give to others in their situation. It also reports on the carers' views of the pros and cons of providing kinship care. In the final section of the chapter, we consider the young people's suggestions about the help that they would have liked to receive and the kinship carers' views about the adequacy of the support they received both for themselves and for the young people they were bringing up.

Young peoples' hopes and expectations for the future

The young people were asked how they saw their lives in five years time: what they hoped they would be doing and where they hoped they would be living.

Employment

As noted in chapter 7, at the point of interview most young people were in paid employment or were still studying. However, 15 were not in education, training or employment (NEET). All the young people who were not already working hoped that they would be doing so in five years time. Some, particularly those who were NEET, simply hoped to have a job of some kind, without specifying what this might be: *'I just want a job'*; *'Hopefully have a job, that's it'*; *'I need a job really, instead of being with the job centre'*.

Other young people who were non-specific about their future employment spoke of wanting to be in a job which was *'secure'*, *'stable'*, *'permanent'*, *'full-time'*, or one which would give them a reasonable and reliable income.

While some of those still at school or college were mainly focusing on progressing their education, the majority of young people who were not already working (25 of 42, 61%) had fairly firm ideas about the area of work they hoped to be in. These covered a wide spectrum: sport, fashion, graphic design, hairdressing, the retail or service sector, working with animals, nursing, social work, law and teaching. It was interesting that several young people wanted to go into the 'caring' professions. This young man, for example, was one of three hoping to go into social work:

I want to be a social worker. I want to change my negative into a positive and I want to help people who have been in the same position, and I want to go home every day knowing that you are trying to improve someone's life and wake up with the same mentality. Even if I weren't a social worker, even if it's someone working in the kids' hostel, but . . . I want to be there for kids who ain't got parents to be able to ring their social worker being me and saying, 'Can you do this? Here help.'

Those who were already working either wanted to have been promoted, to have moved to a better, more rewarding job, or simply to have one which was more stable than their current one.

Young people were also asked how likely they thought they were to realise their hopes. Of the 37 who answered this question about their career ambitions, the majority (31, 84%) were optimistic, with 26 saying this was quite likely, likely or very likely, although a few entered the caveat that it would depend on them making the effort. One young man, who was diagnosed with Asperger's Syndrome and ADHD at the age of 19, thought his plans were achievable provided he had support:

I know that as long as I've got my support network in place, I know for a fact that I can do it, because that's what happens with me. If I don't have the support in place I tend to deviate off course and then I like I do my own thing and because I do my own thing . . . then it snowballs out of control.

Four young people, however, were not hopeful that they would realise their hopes, two others were uncertain. One young woman, who has learning difficulties and autism, said:

I hope it comes alright for me but we'll just have to wait and see what it brings really . . . I hope I get what I thought in my mind.

Future living arrangements

At the time of the interviews, 24 young people (45%) had already moved out of the kinship home (see chapter 10). Of those who had not, they typically said they felt able to stay for as long as they wished. This is an important finding in terms of young people's feelings of security in kinship care. Nevertheless, almost all hoped to be living independently in five years time. There were a few exceptions: disability was seen as a barrier to

independence, as in the case of one young man with autism, who said he would remain living with his grandparents for the foreseeable future. A couple of teenagers too, did not anticipate moving away from their kinship home in the next five years. One young woman, hoping to pursue her education, said that her intention was to remain in the kinship home and that this would probably determine where she chose to study:

In five years time I still feel like I'll be in my nan's, yeah. I don't feel for uni, as though I could move away because, I don't know, I just feel like I was leaving my sisters behind, and my nan. Yeah, no, or leave my auntie or anyone. I don't want to leave anyone behind. I think I'd have to stay in Newtown and, yeah, I'd probably stay at home.

Three young people who hoped to be living independently in five years time were uncertain that they would be able to achieve this. For one 19 year old, the obstacle appeared to be the stipulation of the housing department that she should spend a trial period in specified accommodation before she could be offered housing:

I've been trying to move out since I was 18, and housing were having none of it. There's this place and it's horrible . . . because of the age I am, they said you will have to live in there for six months first, so we can see how you are and [I said] 'No, I'd rather be homeless . . . if that was an option where you're sleeping on the streets, or you're going there, I'd rather sleep in a doorway. People burgle all the time, it's just druggies and all horrible' . . . I wouldn't even put myself in that situation just to move out, I just wouldn't. I'd rather stay at home.

For the other two young people, however, their uncertainty stemmed from their sense of family responsibility. One young woman, aged 21 at interview, did not want to leave her grandparents to cope with the care of her three younger siblings, all of whom had serious behaviour problems. A young man felt unable to move out of the kinship home because he and his sister were carers for their disabled grandmother. The young man and his sister planned to buy a flat together, but only when their grandmother was either in residential care or had died.

Anticipated life satisfaction in five years time

In chapter 9, we reported the young people's responses to our ladder exercise, in which they were asked to place themselves on an imaginary ladder where the top step (numbered 10) represented the best possible life for them at that time and the bottom (zero) the worst. They were then asked on which step of the ladder they thought they would be standing in about five years time. All but four young people (who felt unable to predict where they would be in five years time) answered the second part of this question. The majority were optimistic, with 29 (60%) placing themselves on either step 9 or 10 and only five on steps five or six (table 11.1). The mean rating was 8.5. (In comparison, the ratings for life satisfaction at the time of interview for these 49 young people was 7.2).

As these figures suggest, the majority of young people (31 of 49, 63%) saw themselves being more satisfied with their lives in the future, often considerably more so. Of the 15 young people

who were NEET, nine thought they would be in a better position, with five of them placing themselves three or more steps higher, moving from 5 or 6 to 9 or 10.

Table 11.1: Young people's ratings in the ladder exercise (n=49)*

Rating	Current life satisfaction		Anticipated life satisfaction (5 years' time)	
	n	%	n	%
5.0	7	14	1	2
6.0	7	14	4	8
7.0	17	35	3	6
7.5	1	2	1	2
8.0	8	16	11	22
9.0	7	14	17	35
10.0	2	4	12	25
Total	49	100	49	100

*Missing n=4

Of the 14 young people who placed themselves in the same position, half had previously put themselves on levels 9 or 10 and five on level 7 or 8. However six young people saw the future more pessimistically. Two did not see themselves as moving from step 5 or 6, whilst four placed themselves one rung lower than before.

Young people's three wishes

Following on from the questions about young peoples' hopes for the future the interviewer asked: 'If I were able to grant you three wishes, what would they be?' A small number of young people found this difficult or impossible to answer. The responses of the remainder were very varied, as the quotations below illustrate. They encompassed wishes for themselves and for others, the material and the emotional, the mundane and the more fantastic:

House, car and a job. Can't get better than that.

To be rich, to be happy, to be immortal.

Good health, financially stable and no trouble in the world, so world peace.

One would be a time machine, two rich and the last probably to have three more wishes.

Everyone I care for to have good health, wealth and happiness.

Other wishes were more poignant and spoke to their experiences prior to and in kinship care:

Have a normal life, and to be like other teenagers.

To have a peaceful life. Just no drama. Everything runs smooth.

I'd like to be able to live normally, without my anxiety and stuff.

Probably a big loving family.

Wishes for more money and for material possessions were common. A number of young

people wished for educational and/or career success. Some wished for improved health and well-being. These wishes were often framed in fairly generalised terms, although a few young people were more specific. One young woman for example, who said 'every day is a challenge for me' wished she could get the help and support she needed so that she would have a 'better outlook on life and not get so down'. One young man's wish was:

To not have a remotely addictive personality. Just have the ability to smoke some weed without thinking about having it constantly . . . I get addicted to a lot of things, like for instance I started going to the gym a couple of years ago, I was there like two hours every night . . . Like if I like a game, I can play like eight hours in a night.

Most of the young people's wishes for themselves were future-orientated. However, a few did express a wish that certain things which had happened in the past could have been different. Three young people, who had all lost a parent, said they wished they could have them back. One young man wished that his grandfather was still alive and that he was still living with his little sister, who he 'loved to pieces', but who went into unrelated foster care after he went to live with his grandparents. Another, whose severely disabled mother was in residential care for almost all her childhood, and who died when she was 15, said:

If you're a genie I would have a day with mum, where we'd spend the morning in Brighton, just me and her, and I'll push her down there. Then the embankment and we'll go to Casey's Wine Bar. That's what I've always wanted to do and she died before I could try.

Wishes for others

Apart from any wishes they might have for themselves, several young people also expressed wishes for the well-being of others in their family. This was sometimes expressed in general terms. Young people who were more specific typically mentioned wishes for siblings or for carers (and sometimes both). For carers, the young people wished for good or better health, longevity and happiness. Sometimes, of course, these wishes were not entirely altruistic. One young man's wish, for instance, that his grandmother was more able, probably reflected not just his undoubted concern for her but also the fact that, he and his sister were her carers and their ability to move out of the kinship home was constrained by this. A young woman's wish that *'My nan and granddad have a limitless life'* partly reflected her fear that if they became unable to care for her young siblings, the responsibility would fall on her.

General wishes for siblings centred on the hope that they would have good and successful lives. More specifically, one young woman wished that her brothers would *'get the help and support that they need . . . from like the authorities and health'*. A second young woman hoped that her brother would *'sort himself out and have his own life'* and another wished:

That my sister grew up okay, that she didn't have any worries . . . that she doesn't have to deal with any of the stuff that I did.

Only one young person voiced any wishes in relation to a living parent.

I think for my mum to be her own person maybe . . . and to have her own life . . . because at the

minute she's quite socially reclusive. She's bored and she gets social anxiety, and you can't make someone go out and get friends. So, I would love for her to be able to go and do that for herself, and it will benefit everyone else.

Reflections: the young people's perspective

All but seven young people responded to the question *'If (carer) hadn't stepped in to bring you up, what do you think would have happened to you?'* Thirty-six responded in terms of where they might have been living. Only four thought – or hoped – that another family member would have taken them in and just two that they might have stayed with, or gone to, one of their parents. In contrast 30 young people thought they would probably, or definitely have gone into care or been adopted. Notably, none of them thought that this would have been a better option for them, with several saying that they did not think this would have been *'as nice'* or that they would not have liked it, been settled or happy.

I would be in a foster care home now with strangers. If I wasn't with gran and granddad . . . They could have said no. I've said that to gran one time, 'You could have said no to me when I was younger' and you could have said 'I can't cope, we wouldn't be able to have you, sorry'. Apparently, my dad had asked all around . . . and no one else would have me. So, if my gran and granddad didn't want me when I was younger I would be in a foster house with strangers by now. I probably wouldn't like where I lived . . . It's worked out for the best because I have a loving family that loves me and that would never let anything happen to me.

Five young people said that had they been in care they would have been separated from their siblings or contact with them would have been more difficult:

Me in care, me and my brothers would have been split up. They've pretty much saved the family.

I would definitely have ended up in care. I don't think I'd have a relationship with my sister, which scares me, scared me. And I think that would have had quite . . . quite a big effect on me emotionally actually.

Where the young people gave additional information, by far the most dominant theme was that they would have become a different person and done less well in their lives to date, with many saying that they would have turned out badly had they not gone into kinship care and had the help and guidance they received from their carers. Indeed nine young men, and one young woman, thought they would probably have been involved in offending or even have gone to prison. A couple thought they would have got heavily, or more heavily, into drugs and several that they would have done less well educationally. One young man neatly summed up these points:

Probably wouldn't have done very well in education because I wouldn't have had support from my mum because she's not educated at all. Could have failed all my GCSEs, wouldn't have had support and help with it, might have not been motivated if I got in with the wrong people. And I would have also have had no morals and respect, because they don't really have all that on my mum's side of the family. So I would have been brought up purely doing what I wanted to do . . . I could have been doing drugs

or crimes and all that sort of stuff. . . I wouldn't have had all the boundaries and all the things taught to me from an early age that would have kept good . . . I wouldn't have had that person to step in and say 'Look no' though, so I would have just gone along with it maybe. Depends how strong willed I would have been. Could have gone either way really, but nowhere near as positive.

A few young people explicitly expressed a sense of gratitude to their carers and this was implicit in the comments from many others, in this and the next section, about how differently they thought their lives would have turned out if they had not gone into kinship care.

Advice to other young people in kinship care

Young people were asked: 'If you were giving advice to someone else who was living with a relative or friend, what would it be?' A few just confined themselves to endorsing kinship care with comments such as 'it's nice'; 'it's good'; 'you'll be safe'; 'enjoy it'; 'have fun'. No-one said they would advise young people not to go into kinship care and only three entered caveats – 'make sure you're happy'; 'say if it isn't working out'; and 'it's good, if they're nice'. Interestingly, none of these three young people described difficult or unhappy experiences in kinship care.

Not unexpectedly, given that most of the young people had been in kinship arrangements which had broadly worked out for them, the suggestions were largely focused on advising their peers to accept, appreciate and make the most of the care they were being offered, alongside an acute understanding of how difficult that could be. For at least some young people this seemed to reflect an awareness,

looking back, that they themselves had not always acted in accordance with these precepts.

- **Accept your situation**

Don't feel sorry for yourself, don't get upset about things that have already happened and definitely cannot change.

Get on with it, probably just that, just get on with it.

- **Don't think of yourself as abnormal or deprived**

You don't need to have the standard family unit to be successful or to do what you want to do.

Just because you don't live with your mum doesn't mean you're any different to anyone else.

- **Appreciate how lucky you are living with your family rather than with strangers**

Be appreciative a lot of what you've got because it could have been worse, you could have been in this house with people that you didn't even know, and you could have been adopted or anything. So I think I think you've got to appreciate it for what you've already got . . . , you've just got to live with it, and then you've got to hope for the best and stuff when you're older.

Be grateful for what you get because you could be in a worse place. I've been in kids homes, respite places and all sorts and it's the worst thing that could ever, I wouldn't wish it on my worst enemy.

- **Be patient and positive, things may seem bad at first but it gets easier**

Be patient because it does, it is really weird, it is like, you get, sometimes you can get frustrated but it is good, yes it's nice. Sometimes you feel like it's not the right place but it is, it's nice.

I'd say it's okay. It depends how that person was feeling about it. If they were sad about it or upset or confused, I'd like to help them get through it, I suppose. It's not as bad as they think it is.

- **Recognise the carers have your interests at heart and are always there for you**

Look at the positives and whoever's taken you on are doing it for the right reason. They're not going to want to take you on to give you a more difficult life than you have.

There's always someone that thinks the sun shines out of your bum basically, there's always going to be someone there for you, even if you might not feel it.

- **Don't give your carers a hard time**

Don't be mad with them because of what your parents have done.

It's not easy for them as well as yourself. We were bad, really bad, but that's because we didn't know no better . . . The last thing you think about is they're doing it to help you . . . because you think everybody's picking on you. Now that I'm older I've regretted the things that I did when I were younger that made it harder for them.

- **Make an effort to form a relationship and don't escalate conflict**

To not push them away and just try and build a relationship up with them, because it'll benefit in the end.

Be patient and step back if you get frustrated. Try not to say stuff or do stuff in the moment. Walk out, slam the door but go for a walk, think, 'Oh, it's not that bad'.

- **Be open; don't bottle things up**

I know it's hard, but if you actually open up and tell the world – well, not the world, but tell the person, it will help a great deal more than just holding it in and saying right, I'm not going to tell anyone, I can cope, I can do this. Then that just gets tighter and tighter and then it's just harder to get anywhere with it because you've got yourself so clammed up and so independent that it's hard to tell it to anyone from that stage on.

- **Don't be in a rush to live independently; think it through**

I would look more at the bigger picture that's ahead in your later years than your teens, because if I knew all this would happen I probably wouldn't leave my auntie's. I would have thought about it more, and if I would have known the stress and that, I wouldn't have left. I'm alright now because I'm used to it, just getting comfy with it, but it's probably one of my biggest regrets.

Carer reflections

It was evident from our interviews that kinship care can be a very rewarding experience for carers.

I've enjoyed the time, I wouldn't take it back for a minute, I would take back what happened to her, but I just think it's been a blessing really, I wouldn't change it.

It has been a sweet journey with her and it's been lovely to have her.

They've been a gift to me to tell you the truth.

We've loved it.

At the same time, as many other studies have shown, it is also challenging, often stressful and almost invariably involves sacrifice and loss. Several carers explicitly highlighted this duality:

It's been a good experience, as much as it's been scary at times and stressful at times, it has been a good experience to go through.

I might have lost a lot but I've gained a lot as well I reckon.

It has been the most amazing thing I've done and the most difficult and traumatic.

The pluses

- **Knowing the children are safe and well looked after within their family, with siblings kept together**

Knowing the kids are alright, and they're well looked after, and they're where they should be, with their family, not with strangers.

The best thing is seeing them all together, happy. Just to see them being happy and having a nice life.

- **Seeing them develop and make progress**

Just watching them grow up and the way they're changing. We think back to how they were when we first got them. (Index child) would never speak, she used to stand there, we called it the frozen stare, and she used to stand there and just watch people and she'd never speak to anybody and she'd never play with anybody and never talk, and now . . . You can see the difference in all of them . . . they're doing really well at school . . . the teachers are saying since they came to live with us they're doing really well. They were all behind with school work and

they're catching up and just to see them being happy and having a nice life.

- **Pleasure in the young people themselves and the carer's relationship with them**

I've got a really great nephew that I've got a really good relationship with, that I get on really well, and we're really open.

I love him to pieces, he's a fabulous kid and I know he's growing to a lovely young man and I've got nowt but high hopes for him.

I just wouldn't want to be without him.

- **Carer's personal development and self-esteem**

Initially I found it very hard, very difficult, but I think it's been an eye opener for me. It's taught me a lot about myself . . . you reflect on how you were parented and stuff, and how you could be a better parent, and be more understanding, especially when people are going through difficulties and stuff, and just have a more open outlook about it.

Seeing her achieve stuff and knowing that we're responsible, and how to cope with all that we've been through.

- **Keeping young**

We've loved it. I think that's what's kept us going and kept us young.

Starting again with bringing up a family does keep you younger mentally and physically, so I think it's energising in that respect.

The minuses

- **Loss of freedom and impact on life plans**

I've not been able to do what I want to do. I started off when I was 18 training to be a nurse and I got pregnant. I had three girls, and I always said when they were older I was going to go back and then (young person) come along. I was going to go back and do the training but I didn't, so that stopped. One of my dreams but then. You can't go on like that can you? Wasn't her fault.

I've had no life, but that's all I wanted to do, to keep them all together as a family. They were babies more or less and they would have got adopted and that would have been it, and I didn't want that. I don't know what my life would have been like, but I just feel I've missed out on whatever might have been there for me.

I'm sick of being stuck in the house. I've already wasted most of my life, well my younger years, I can imagine now already I'm going to be 50 or something, never worked, never done nowt and never been given opportunity, stuck. But if it's best thing for these then so be it, somebody has got to take it, it's what happens isn't it?

- **The impact of having to give up paid work**

I used to have a massive wage. I had to give it all up to bring up five kids that weren't even mine. That's part of what got us in debt because we had bank loans and things that we thought we had covered. We were working full time and that so everything were alright, and then obviously when we took kids on we didn't have money coming in that we thought we had, like we were expecting, so we ended up in debt.

In the end I packed up my working, and I lost my pension, everything, the private pension that I had, it was a really good deal – that all went, couldn't keep it up.

I used to like working, I enjoyed working, because it was my way of putting that there, at home there, and being at work I had to separate the two because I had to concentrate. So it was like getting away from that for a bit and concentrating on doing your job and what have you.

- **Financial constraints**

We couldn't afford the holidays like we used to do before they came. I had the spare cash then, but with five kids . . . I used to go to cinema or out with friends and that stopped . . . I bought trainers just before Christmas – it is the first pair I've bought in years, the old ones were just sort of hanging.

It was getting a little bit bad just before I left work, but when I left work that's when it just went downhill. Obviously I couldn't pay my mortgage; you're just getting income support, you haven't got enough to pay your mortgage and do everything else. Eventually I lost my home.

- **Emotional strain**

It's made me very upset. A lot of upset and worry. There's been terrible pressure. People who care about us think that we should cut him off . . . we allow him to hurt us so much and abuse us, abuse our trust and all that stuff.

Emotionally it's been quite draining, not particularly because of the kids, but because of everything else associated with it, like managing contact and parents and stuff like that.

I think I got a bit depression because it was me on my own with all the kids, and I was trying to work, and just things get on top of you. You're looking after all the kids, going to work, seeing to all the kids, making sure they've got all they need, school uniforms and everyday life.

- **Coping with the teenage years**

In earlier years I got a lot of satisfaction. It was hard to find satisfaction in the teenage years.

It is the point that you can see them going astray and there is not a thing you can do about it, but to leave the door open.

Incidents are too numerous to mention that are traumatic, upsetting, dreadful. And painful. And they are the same in any parent book if you like in terms of incidents that happened to young people because of their reckless behaviour. There's all of those individual incidents, but actually it's almost the big things are easier to deal with than the daily awfulness that can come along with living with four teenagers.

- **Impact on wider family relationships**

It's alienating for family members because they feel he (young person) gets the attention.

They would feel that their children would be pushed out because (young person) was here 24/7 wasn't she, so my other grandchildren . . . My son's partner had a child but not by my son. She was a very jealous person and she said to my son one day 'I'm not going around to your mother's any more' because she thinks more of (young person). I treated them all the same, but that mother was very jealous.

- **Impact on social life and friendships**

I couldn't go anywhere. It's like your life stops, because you're bringing somebody else's kids up, you can't go out . . . You have to find babysitters and things like that, and people don't always want to look after kids. Or you're invited to weddings or owt. They won't go so you can't go.

Some friendships, yeah, it drifted away. Just disappeared. It was as if to say well, we haven't got any younger children, why should we have to change for you? Which is sad.

The most difficult thing would be the isolation from friends and family . . . it's very difficult when you're a grandparent (carer) because you don't fit in anywhere.

Supporting children and young people in kinship care: the young people's views

One of the final questions in the young people's interview was: 'Do you have any suggestions for how young people who have grown up in kinship care could be better supported?'

The overarching theme linking most of the responses was that young people wanted to be able to talk, to be heard and to be understood. Thus, some called for more awareness of their unique position, particularly in schools.

I think if (being in kinship care) was just more recognised by other people, like schools and things like that, like teachers and stuff . . . teachers definitely. Because I've not been through the care system and it just wasn't a big deal, I was just normal, I suppose. [Yet] it was quite different. So definitely that, if it's just more recognised by other people that it's just not the same. Yes, definitely that.

I feel as though schools should know there's kids in kinship [care], do you know what I mean? Like all schools should be spoke to so that they're aware of that. Because sometimes it can be difficult, you know, if there's like a Parents Evening or something like that, you're like 'Oh, this is my nan'.

Several thought young people needed the opportunity to meet with others in their position. This included young people who had had this chance, as well as those who had not.

I feel like there should be more groups like this over the country and stuff like that, so they feel supported.

Maybe be nice to meet other people, like have meet ups, because it would be nice to see other people my age, because I think when you do speak about it with someone who is going through the same thing as you are it's a bit uplifting.

It should be noted, however, that two young men said they personally would not have wanted this. One said:

I would have felt almost offended in a way because it's like you are in similar situations, so here you go- get along. Talk it out and you'll feel better in a bit'. I don't think that is the case. I don't think other people in a similar situation would help with anything.

This young man expressed his preference:

Level headed people who really care about you are helpful. I wouldn't really have wanted to know how other people deal with it. I'd prefer to talk to someone I trust about what I should be doing.

Similarly, one young woman strongly argued for the opportunity to talk to someone outside the family who was not a social worker.

I think having someone else as well, do you know like, other than like your family members and stuff to talk to, does help like . . . Not a social worker but you know like someone who can support you, I feel as though there should be someone like that.

Although she did not altogether rule out a helpline, she thought preferably this should be a local facility, that provided face to face and drop-in services.

I'd feel silly ringing someone up knowing that they were miles away from me. And it's just a quick phone call. I know after that phone call you'll feel better but I'm not into that, like I'd rather have like a proper conversation, or go out somewhere, or have a conversation where you can speak to them. I think there should be like little Grandparents Plus Centres all around the country or something . . . and then they have like their own little advice drop-in, do you know, like their own little service. I reckon it should be like that.

Others highlighted the need for services to be more informal and attuned to the needs of young people.

If [young people in kin care are] struggling in lessons, the school or college that they're in, I think they should set up some kind of thing where they can come . . . if they need it, it's there for them. They could go to this place and then that would help them with what they were having a hard time, misunderstanding things.

They [would] know it's there and they can come if they want to. It's not like basically throwing it at them like 'Here, look, we're here and we need you to come and tell us what's happening'. It's just like 'Look, there's this option if you want to and we're here if you ever want to pop in. We're available, we're open' – I think that would be really, really helpful.

Not going somewhere for a counsellor. Like counsellors coming to you, if you can do that. People that are willing to stop things just to listen to you, people that just listen to anything. It'd be confidential. Like my nanna's got someone. It's not a counsellor but it's like a support worker and she goes and has a coffee with her and stuff and my nanna tells her a lot of stuff, and I think that helps my nanna out a lot as well. Just people like that – more of them.

Perhaps surprisingly, few interviewees made any suggestions as to how Children's Services could better support young people in kinship care. The exceptions variously wanted greater continuity of social workers, better or more honest communication with young people or simply 'better' social workers.

I know it's never going to happen, and would be hard, but more organised social working. I must have had 10, maybe 15 social workers. I know they come and go, they get so stressed, but better social working I would say. And more I suppose . . . sometimes you don't know what's going to happen to protect you or to safeguard you. It's difficult really, because everyone is different, but I would say social workers need to be honest with the blueprint of how your life is going to fold out in the care system.

One young man thought that multi agency support needed to be better co-ordinated with the young person at the centre. More radically, one young woman argued that there was a need for a separate agency for kinship families.

I think maybe an independent organisation, apart from Social Services, that focuses purely on families that look after other people's kids would be super helpful. Because Social Services tend to overlook a lot of things, they have too much responsibility. An organisation based purely for friends and family – maybe there is and I don't know about it – but have them take over the cases and they just take on the responsibility, so financial, emotional advice, future plans, independent skills, stuff like that. Make it more focused.

Finally, two young people suggested better support for young people making the transition into adulthood: better preparation for moving out of kinship care and a fund to support young people through university or into independent living.

I think maybe there could be a fund for them going off to university and stuff. I know that my grandparents would love to be able to give me some money towards stuff up at university but they physically can't, and I think if there was a fund in place where they helped then it would take some strain off the grandparents, and possibly giving them the first step. So they have been brought up by their grandparents, but they haven't got the funds to kick them off into adulthood, if that makes sense.

Nobody prepares you to turn 18, not even school. It gives you no life skills whatsoever and show you how to pay bills, it doesn't show you

how to live life outside of it . . . There's just not that there. It'd be nice to have that bit of, well when you get to this age this is going to have that but it doesn't, it just hits you and that's when it makes you or breaks you. And that's how I felt it were with me. Either I let it break me or make me and it made me, and that were just being mature and letting my past be my past and not taking things for granted and stuff like that.

These suggestions echo the young people's reflections on their own unmet support needs, reported in previous chapters, where professional support was considered as either 'not enough', 'not sufficiently early', 'not helpful' or had not been offered at a time or in a way which had enabled them to engage.

Supporting children and young people in kinship care: carers' views

Unlike the young people, the carers we interviewed were not specifically asked how they thought young people in kinship care might be better supported. This section is therefore based on their responses to a set of questions about their reflections on their own experience. They were asked:

Looking back on the years of bringing up (the young person), do you think you got the help and support you needed? What helped you most? What didn't you get that might have made a difference?

While these questions were focused on the support they had received as carers, many of those responding also highlighted issues about support for the young people they had cared for.

For the most part their comments reiterated the points they had made earlier in the interview about perceived deficiencies in support, which have been reported in previous chapters. These could relate to the young person's educational or therapeutic needs, with the degree of inadequacy varying from the complete absence of support, to it not being offered early enough, perhaps as the result of delay in identifying the young person's difficulties, being insufficient, or not tailored to the young person's needs. The issues posed by frequent changes of social worker and social workers being under too much pressure to have the time to provide meaningful support came up again.

One important theme to emerge more explicitly in these final summative responses was the need for equality of treatment with young people in unrelated care. This was not simply about finance. Rather, carers emphasised the other benefits to the young people which would have been available had they been in local authority care:

I guess more financial support would have made a difference, if the local authority had made a care order. I think with that would have come not just the finance but also the support that (the young person) would have got leaving care and all that kind of thing. I feel quite resentful that he didn't if you like qualify for those things, just because of their twisting of the truth i.e. saying it was a private arrangement. I know he would have got a lot more support in all sorts of ways. He was offered support, particularly by the last social worker he had, who had a very good relationship with him, and was really wonderful, but she could only do what she could do within the constraints of her child in need order.

If they're classed as looked after children there's a lot of things the schools are entitled to, and help that you can access . . . things like going to college, bursaries you can access and stuff like that. But (this) authority have this thing of 'No they haven't been taken into care so they're not looked after children' . . . You don't get any of the support that they do with most people . . . and also if they're classed as looked after children they're on a register of looked after children and people are aware. It's very difficult in secondary school to make everybody aware, because there are so many different teachers and so many people involved with them that you can't go around and tell everybody. So I think maybe if there was some sort of acknowledgement, because at the end of the day in my opinion they're all looked after children. We're just saving the local authority the job, because that's exactly what they would be if we hadn't taken them.

Supporting the kinship carers: carers' views

Just over a quarter of the carers in the matched sample (9 of the 35 giving usable responses, 26%) said that they had received all the support they needed – and some of these added that they had not needed any. In contrast, over two-thirds (26) identified unmet needs. In this section we draw on the accounts from both these groups to identify the support carers received and valued and the support they would have liked.

Financial support

There should be some sort of financial help

Financial support would have made a world of difference

The financial package enabled me to cope without worry

Unquestionably, financial support was the dominant theme. A few carers were fortunate in that their own resources, carefully managed, were sufficient to cope with the additional costs. A small number had struggled in the early stages but, once an adequate allowance was sorted out with the local authority, then felt able to manage and were appreciative of the help they had received. For most, however, money had been a persistent problem. Several highlighted the discrepancy between their financial position and that of local authority foster carers and, in some instances, as noted in chapter 3, considered that the local authority had treated them unfairly in insisting the arrangement was a private one.

It's like they don't want to be involved and don't have to foot any of the bill. That's what it feels like. It feels like we've been hook line and sinker. Like I said, they had it all planned. Just go and fob them off and then we don't have to foot none of the bill. I can imagine if they were looked after it would cost them . . . I must have saved them over a million pounds already and yet I'm struggling to pay chuffing £30 a month council tax. It's stupid.

I had (the children) for quite a while, I had them quite a few years actually before they even decided to give me owt for them, and it wasn't much what they give us. You don't get a lot because you're family. If you are out of family we would pay you a top rate, but because you're the family you don't get as much money.

[What would have made a difference] would have been to be classed as a foster carer and to be given an allowance – not for me to to be scrimping and scraping every week for these kids. Once they were old enough I've gone back to work, I've been working for years once they were big enough, but it was hard.

Some carers also pointed out that the financial burden did not cease once the young people left school, even though the allowance they were receiving had. A grandmother who had cared for her three grandchildren said:

I think they were about five or six when I got (an allowance) for them, and it stopped at 16. But we still are paying for them although they're grown up now . . . It wasn't much to start with, and then when they were 16 it just stopped, but we're still carrying on buying and giving them. Toby is 22, he doesn't sign on, Lucy has got her own place but she still rings us for food and money. Connor, he's got his own place actually, and he's never there, he's always here. But they're all 'Have you got, have you got?', and we can't do it all because we're on a pension and that's all we get.

Emotional support

If you can talk to someone, unwind, get it out your system, things like that, that is very helpful.

Just people listening

It was really nice to be able to sound off to somebody, to say any concerns I had, to say what's happening.

Emotional support was the second most frequently mentioned form of support need. Indeed, one carer, who had received such support from her social worker, said she would have prioritised this over financial help, important as that was:

If I had to choose between the money or somebody in the know to help with the support I would have gone with the support I think. The money I perhaps could have worked an extra job, got it somehow, but I think the support particularly from my social worker, just to know that I was doing alright, and just somebody who could empathise and had seen it all before. I loved having my social worker, loved it. She was a treasure.

Those carers who had received emotional support referred to a range of sources. For some, as for the carer quoted above, it had been a social worker. Knowing that a social worker was 'just a phone call away', even if they never needed to make that call, was reassuring. One carer, who said she only had that support in the early stages, from a 'fantastic' assessing social worker, subsequently mainly relied on family and friends 'to keep me sane'. Several carers had found peer support groups to be a lifeline.

Until I went to the support group I didn't realise that there were other grandparents out there doing the same thing. So we could talk to each other . . . they were really really kind and very supportive. Going to meetings and listening to other people, because you think to yourself that you're the only one but you're not, there's thousands of people out there. And also from other people you can sometimes pick up ideas, tips, places where to go to for support.

It's very difficult when you're a grandparent (carer) because you don't fit in anywhere. But there were the grandparents group, and now they're more than just . . . they are friends, they're our friends. It's almost we have this honour of this special group.

It was interesting, however, that among those who, as far as we know, had not had access to a carer support group, only two suggested this could be valuable, one of whom said that she personally would not go:

I don't know if there's a granny's thing, where we could all just go and moan. (But) I'm not the type to wash my dirty linen in public, I don't like that . . . I went to a bereavement thing the other night and I don't know, I came out of there worse than what I went in . . . I didn't say anything, I didn't talk or anything, but I don't know, it's just me, it's just the way I've been brought up, old fashioned, I don't like to tell people my business.

Another carer appeared to have been offered such a group but was very dismissive:

All that they were offering were going to meetings and that, with other people that were in the same situation. Which were no good to me.

Information and advice about available services

A third theme was the need for information about what help was available, rather than carers having to ferret it out for themselves, or only find out much later that they could have had help, had they only known to ask.

There's a lot of grandparents still out there who don't know where the help and support is.

There were a lot of things that I didn't know like getting you a new bed or summat like that. What they could help you with and what they couldn't.

If I'd have had the knowledge and the knowhow and tried to seek advice, but I was just that desperate to keep . . . I just panicked and I wanted the kids to be safe, but I feel all the advice and information you needed should have been there for you,

Just tell me . . . tell me . . . what's available to me . . . don't have me looking for that and asking this.

Not having to fight to get help

Everything is a fight. We don't get anything easy, we have to battle everything.

While knowing what forms of help might be available is clearly vital, some carers said that trying to get such help – usually for the children rather than themselves – had been a battle. This could be about securing an allowance – perhaps by being recognised as foster carers – or, as reported in chapters 7 and 8, obtaining therapeutic or educational assistance.

I'm glad of what I did manage to get for the kids as far as getting CAMHS, getting (young person) statemented. (But) everything I got I've had to fight for . . . You're just banging your head off a brick wall with them, and you get to a point where you give up and you think to hell with it I'll just do what I can for the wee-uns, and that's all, especially with authority and all that, you can only fight them so far. They've got tunnel vision and they don't deviate from that, and then you get like I say the funding and everything thrown in your face. The funding isn't there, all you hear about is funding, funding all the time, so you just don't ask at the end of the day.

One carer only won his particular battle over funding after taking the local authority to court. Another, however, was very grateful for the stance her social workers had taken:

Sometimes we've had to make a bit of a fuss to get (support), but we've got it in the end. My social workers went beyond the call of duty, and they stood up for me both of them, one got into trouble actually for it, but because she felt it was right she stood up for me, and I thought that was really nice. They were doing what they felt was best for (the young person) as opposed to seeing it as a whole. What I think the crux was if they give this to me they will have to give it to everybody, and I thought they should, but that was the difficulty I think.

Help in managing and coping with the young person's behaviour

A handful of carers said they would have appreciated some help, in the form of advice, training, or counselling, in dealing with certain aspects of the young person's behaviour.

In retrospect, I wish that we had tackled the oppositional stuff, that he won too often. One day in the playground where you weren't allowed in this one section unless you were over four, and he was three, I was there with a friend, and he was wailing his head off . . . and in the end, I gave up . . . My friend said to me: 'You need to. You're going to have a terrible time later on if you don't get this'. And that comes back to me a lot. If we had tackled some of this earlier and had counselling help with that, because when I tried I would get so furious, and that was no good.

What I should have done was the (training) I did recently on foster caring, that would have been the most helpful thing . . . It teaches me about how to react, what children are feeling when they've been left from home and coming into another home. Maybe in the beginning when you handle certain behaviours, don't react so quickly or just take the time to think about the way you do things really.

[What would have made a difference would have been] training, I've got it on my head now, more training. Attachment, conscientious parenting. Those two are the keys for any grandparent bringing up a grandchild that's come through trauma.

A couple of other carers also said that, with hindsight, they wished they had responded to the young person's behaviour more appropriately, which perhaps indicates that some external input on this might have helped.

Well I wish I'd have been able to keep my temper a little bit more. I think I didn't do too badly at it but I regret every time I lost my temper with him. I think that was upsetting for him and I regret that.

(I'd have) been a bit calmer in situations, not so heated . . . I see it as a learning curve, but yeah, I think maybe he knew what buttons to push . . . maybe not have taken the bait . . . like when he was prompting an argument or something, or I could see an argument was brewing, not going with it, just taking a step back. I think I could have done that a bit more.

Two carers said that having an occasional break would have helped, with one saying that she would have prioritised this over financial support:

Mainly the respite. Because Chloe was such a difficult child, definitely respite. I would have coped with no money, but I needed time away.

Help with parental contact

In chapter 5 we reported that for many carers parental contact was an area of difficulty and concluded that carers needed better information and support to help them manage difficult relationships. Two carers also highlighted these problems at this point in the interview and the need for advice and support:

I wish I had been able to sort out contact properly, but I really don't know how I would have done it because nobody was interested . . . The only time I actually phoned [Children's Services] was about contact, and it was about the way mother was having contact, because it was supervised when Social Services left, and they just left it to me to decide, and the pattern of her contact. You were starting to think 'Am I doing the right thing by letting her come back after all this time?' And I phoned to try and get some advice, and all I got was 'Well you know it's up to you', and I was like 'Yeah well I haven't done this before, I just thought you might have some advice'. 'No, well it's up to you.'

This last year we've asked for help with contact with kids and their mum because the way they are. It's 'We don't need to be involved. It's nowt to do with us.'

Almost all of the young people in this study were now adults and many had gone to live with their kinship carers a considerable time ago. Hence it might be argued that the issues raised in this chapter about lack of support, both for children and young people in kinship care and their carers, are only of historical interest. Sadly, they resonate all too strongly with the findings of so many other UK studies, which, while highlighting the strengths of kinship care, have

concluded that there is a pressing need for a range of support services to be made available and readily accessible (see, for example, Pitcher, 2002; Broad and Skinner, 2005; Aldgate and McIntosh, 2006; Grandparents Plus and Adfam, 2006; Farmer and Moyers, 2008; Hunt *et al.*, 2008; Murphy-Jack and Smethers, 2009; Broad, 2010; Ashley *et al.*, 2011b; Wellard, 2011; Aziz *et al.*, 2012; Hunt and Waterhouse, 2012; Selwyn *et al.*, 2013; Wade *et al.*, 2014; Grandparents Plus, 2016).

In the next, concluding chapter, we draw together the findings of this study and look at how they compare with the existing knowledge base on kinship care.

Summary

- The majority of young people were optimistic about their future. They saw themselves being more satisfied with their lives in five years time than they were now. Most expected to realise their future hopes, in terms of employment and independent living. Importantly however, those, still living in the kinship home, typically believed that they would be able to stay there for as long as they needed. A small minority of young people, however, were less certain about what the future would hold for them.
- The young people's wishes were typically future-orientated. For themselves, they identified a wished for money and material possessions, success in their careers and education and good health and well-being. Several also expressed wishes for the well-being of others in their family, typically carers and siblings. Only one young person voiced any wishes in relation to a living parent. A few young people said they wished that past events could have been different – for example, that a parent had not died or that they had not been separated from a sibling.
- Typically, the young people said they thought they would have gone into local authority care or been adopted had they not entered kinship care. Strikingly, none of them thought that this would have been a better option, with some adding that they would have done less well or even turned out badly. Ten said they thought they would have become involved in crime.

- Young people's advice to other young people in kinship care largely concentrated on advising them to appreciate and make the most of the care they were being offered, while also acknowledging how difficult this could be and for some, an awareness that they had not always done so.
- Reflecting on their experience of kinship care, carers emphasised the rewards they derived. The pluses included knowing the children were safe and cared for in their own family, and siblings were kept together; seeing them progress; pleasure in the young people themselves and the relationship they enjoyed; keeping young; and the carers' personal development and self-esteem. At the same time there are also minuses: loss of freedom and disruption of life plans; loss of employment and financial constraints; emotional strain; coping with the teenage years; and the impact on wider family relationships, social life and friendships.
- According to the young people, children in kinship care could be better supported by being allowed to talk, be heard and be understood. Suggestions included more awareness of the unique position of those in kinship care, particularly by schools; the opportunity to meet with others in kinship care; for services to be more attuned to their needs; and better support for the transition into independent living.
- The few young people who mentioned Children's Services wanted greater continuity of social workers, better, more honest communication with young people, or sometimes simply better social workers. One young person wanted better coordinated multi-agency support and another a separate agency working exclusively with kinship families.
- The kinship carers wanted equality of treatment for the young people with those in local authority non-kinship care, not just financially, but including other benefits such as support for their education and in the transition to independence. Carers spoke of support being completely absent or insufficient, coming too late, or not tailored to the young person's needs. When the local authority was involved, concern was expressed about frequent changes of social worker.
- For themselves carers identified a range of supports they had either received and valued, or would have liked. Financial support was undoubtedly the key theme. Carers also identified emotional support; information and advice about available services; help in managing and coping with difficult behaviour; and help with parental contact. Some also commented that they wished they had not had to fight to get the help the young people needed.

12. Summary and conclusions

Introduction

Whilst there is a growing national and international literature on placements with family and friends (widely known as kinship care) (see for example, Cuddeback, 2004; Winokur *et al.*, 2009), there has been surprisingly little research on how children who grow up in kinship families get on as they reach late teenage and early adulthood. Yet knowledge in this area is essential to the development of policy and practice in relation to kinship care and permanence planning more generally. For example, we have not known whether young people who have been brought up by relatives or friends do better or worse than care leavers nor how they compare with young people in the general population. The objective of this research, funded by the Paul Hamlyn Foundation and conducted by Grandparents Plus, was to fill these gaps in our knowledge.

The study was undertaken to examine the experiences and outcomes of young adults (aged 16–26) who had lived, or continued to live, in kinship care. Where possible, comparisons were drawn between their progress and the progress of care leavers and that of the general population. Since there have been concerns about the young age at which care leavers move to independent living (see for example, Wade and Dixon, 2006; HM Government, 2016), we also wanted to consider how the transition

to independence was experienced by young people in kinship care, or indeed whether young people remained living with kinship carers in early adulthood. In addition, the study also set out to capture the views and experiences of kinship carers.

The sample was drawn mainly from young people known to local authority Children's Services or to Grandparents Plus, through their support network or the Relative Experience project. Thus, kin families not known to any statutory or voluntary agency are not represented. The characteristics of the sample are similar to that in many kinship care studies, in that it over-represents grandparent carers and under-represents sibling carers and young people from ethnic minorities. Since it was difficult to recruit young people who were not in touch with their carers, it is likely to be biased in favour of more successful kin care arrangements, which is similar to the bias in many leaving care studies.⁴ All the 53 young people who were interviewed were aged 16–26 and had lived in kinship care for at least two years.

This chapter draws together the main findings from the study. After the young people and their kinship carers have been described, the key characteristics of the arrangements will be considered, in terms of quality and continuity of

⁴ Participants in leaving care studies are often recruited through leaving care services or voluntary sector agencies and those with no service connection are likely to be under-represented.

relationships and of stability. How the teenage years worked out will be examined, after a consideration of the young people's experience of losing or maintaining contact with siblings and birth parents. This is followed by a consideration

of their transition to independence and an analysis of their outcomes at the time of the interviews. Finally, the adequacy of the support and services provided will be addressed.

THE MAIN FINDINGS

1 The young people and their kinship carers

More than two thirds of the carers were grandparents, one in five were aunts and uncles, whilst five of the children had been brought up by older siblings or friends. Four fifths of the children went to maternal relatives and a third (32%) of the kinship carers were caring alone. By the time the young people were teenagers, half were living with carers who were aged 60 or more.

Most of the young people were white British and about one in five had some kind of disability, which is comparable to rates of disability amongst looked after children. Their disabilities included autistic spectrum and attention deficit disorders, learning and physical disability. The majority of young people (88%) had lived with their carer under a formal legal arrangement. Only six were entirely informal. Typically, the most recent legal status was a private law order, mainly Residence Orders, with a small number of Special Guardianship Orders. However, more than a quarter remained in kinship foster care (meaning the children had looked after status), either until they reached 18 or until they left the kinship home and under the Children (Leaving Care) Act 2000 and its amendments they had

entitlement to continuing access to leaving care services until the age of 25.

The majority of young people had experienced similar major, and often multiple, adversities in their early lives to children in the care system, and would have been in care if their relative had not stepped in to bring them up. According to the carers, two thirds (66%) had experienced abuse and/or neglect when living with their birth parents and a similar proportion (68%) of the young people had moved into kinship care because their parents had been misusing drugs and/or alcohol. Other reasons for the move included domestic violence (37%), parental mental illness (26%) and the death of a parent (26%). Many of the young people talked about the serious difficulties they had faced whilst living with their parents – which included being abused, witnessing domestic violence, being abandoned and overtly rejected – and some had lived in neglectful and/or abusive situations for a considerable time before leaving their parents' homes (see also Davies and Ward, 2012; Selwyn *et al.*, 2013).

Over a third of the young people (36%) were under five when they entered the kinship arrangement, including almost a quarter who were under 12 months. In contrast, more than a

quarter (28%) had been aged 12 or more when they made the move.

Many young people (58%) moved directly from their parents to their kinship family. However, a substantial proportion (42%) had experienced more instability, having previously lived with these or other relatives, been in local authority care or moved between their parents and care. In a few cases the young people had moved back and forth between kinship carers and parents, sometimes experiencing a conflict of loyalties.

2 Stability, continuity and close relationships in kinship care

Moving in

A striking theme to emerge from the study was the continuity offered by kinship care as a result of the nurture and commitment provided by the kinship carers and the long-lasting support provided by them and the extended family. For example, apart from those who moved to live with their carers as babies, almost all the young people had had established relationships with the kinship carers who had often supported and protected them for a considerable time when they were still living with their parents and in two-thirds of cases had initiated the move. Most of the carers in the matched sample described their prior relationship with the child as very close and most of the young people (63%) said that they had wanted to go to live with the kinship carer. These factors are likely to have greatly reduced the disruption the children experienced when they moved into kinship care.

Another element of continuity was that over two-thirds of the young people (68%) went into kinship care with at least one sibling. Sometimes others joined them subsequently, for example

children who were born after the young person went into kinship care. Most of the young people who were in kinship care with sibling/s had close relationships with them. Often the relationship had been strengthened by having been through difficult times together and some said that they had felt supported by being able to talk to siblings about issues (such as their backgrounds and living with kin) which they did not share with friends. Some attributed much of their personal success and wellbeing to their relationship with a sibling. In addition, some young people who had previously cared for their siblings because of their parents' limitations, had the responsibility lifted from their shoulders once the sibling group went into kinship care, so that more usual sibling relationships could be established.

Relationships with carers and parenting in the teenage years

Another theme that ran through the study was the closeness of relationships between the young people and their carers. Even though the teenage years were sometimes difficult, most (84%) of the young people said that during that period their kinship carer (70%) or their carer's partner (14%) was the person (or one of the people) they were closest to and most of the rest named an older sibling, aunt or uncle who had shared the home. In addition, 73% of the young people said that, as teenagers, they felt able to confide in the person they were closest to about things that upset them. These positive findings compare favourably with what is known about young people's closeness to parents in the general population, where 67% of young women and half of young men aged 16-21 confide in their mothers about things that are important to them. Just over a quarter (26%) of the young people, however, had not had a confiding relationship with a close adult when they were

teenagers, with proportionately more young men than young women saying they had felt unable to talk about things that upset or worried them.

Results from the Parental Bonding Instrument (PBI) indicated that, from the young people's perspective, the majority had received good parenting in their teenage years. Three fifths (59%) had received 'optimal parenting' from their kinship carer (a high level of care and a low (appropriate) level of control). These young people often spoke warmly about the high level of attention and affection they had received. A further 19.5% had been shown 'affectionate constraint' (a high level of care combined with a high level of control), where in some cases the young people had viewed appropriate boundary setting as the imposition of strict controls, because of the laxness of boundaries when they lived with their parents. However, the reports of a minority (21.5%) of young people suggested that they had received sub-optimal care, as their scoring indicated 'affectionless control' (low level of care and high level of control) or 'neglectful parenting' (low levels of both care and control).

It was striking, however, that while most of the young people in the study thought that if their kinship carers had not offered them a home they would have gone into unrelated local authority care, none of them said that this would have been a better option, with some adding that they would have done less well or even turned out badly. Moreover, young people's advice to other young people in kinship care largely concentrated on advising them to appreciate and make the most of the care they were being offered (see also Selwyn *et al.*, 2013), while also acknowledging how difficult this could be since some were aware that they had not always done so.

These findings chime with those of the two (non-UK) studies of the views of young adults raised in kinship care. In both, the majority of those taking part were overwhelmingly positive about their experiences, likening the relationship to a parental one. In the American study (Dolbin-Macnab *et al.*, 2009) participants reported intense emotional bonds with their carers, describing how their relatives' instrumental and emotional support gave them a sense of stability, unconditional love and the reassurance that their carers were invested in their lives and committed to raising them. Most participants also said that while they recalled feeling respect and gratitude when they were younger, these feelings became stronger in adulthood, with some regretting they had not done more to express them at the time. In the Spanish study (Del Valle *et al.*, 2011), only 12% felt that better arrangements could have been made; 96% felt their carers had striven to help them; 81% said they felt protected; the same proportion felt that they had received a great deal of affection; and 75% felt supported by their carers.

Placement stability and staying on

On average, the young people had lived with their kinship carers for just over 11 years. Only a fifth (21%) had moved in less than five years previously. The kinship placements in the study had generally provided stability, with almost three quarters (72%) of the young people who were aged 18 or more having lived continuously in the kinship home until they reached independence. Such placement stability is in contrast to the experiences of many looked after children (see also Farmer and Moyers 2008; Hunt *et al.*, 2008). Indeed, over half of the young people (55%, 29) in the study were still living with their carer at the time of the interview and while most expected to move into independence in

due course, they typically felt confident that they could remain in the kinship home as long as they wished to. This is very different from the situation of many care leavers who, unless measures are put in place to allow them to stay longer in their placements, have often left their placements between the ages of 16 and 18.

Forty five per cent of the young people had moved out of the kinship home, half of them having done so under the age of 18. As we will see later, the situation of many of those who moved out early gave cause for concern.

Most kinship carers actively supported the young people into independence, helping them to find accommodation and ensuring that they were managing independence skills. They also continued to provide emotional and often financial support long after the young people had left.

Continuity provided by continuing relationships with the wider family

Another major area of continuity for the young people was provided by their relationships with the wider family. In their teenage years all but one of the young people had contact with members of their extended family apart from their immediate carers and their parents. Almost half of the young people had contact with both sides of their family, even though four in five were living with maternal relatives. Most of the contact with maternal relatives was frequent (87%), whilst this was true for less of the contact (40%) with paternal relatives.

Many young people spoke with warmth and appreciation about being part of a supportive extended family network. Indeed, when asked to whom they felt closest as teenagers whilst, as we have seen, most identified their carer (70%), or their carer's partner (14%), a small number said it had been another member of their extended family. This was sometimes because it was easier to connect with and confide in another relative, such as an aunt or uncle, because they were nearer in age and could act as a role model or because they could have a more informal relationship with them.

These relationships had been maintained over time, since when those who had left the kinship home are considered, nearly two thirds (64%) said that they had regular contact with other family members and only three had none at all. Overall, 69% of all the young people had regular contact at the time of the interview. Three quarters of the young people (77%) saw their contact with extended family members as positive, with only three saying it had been difficult.

These positive enduring family links are an important benefit of kinship care, helping to maintain young people's social connectedness and providing access to an additional source of support both during their childhoods and into adult life. Closeness to the extended family appeared likely to continue in their adult lives, in the way it does for most people in the population. In contrast, studies of young people in the care system indicate that around half do not receive strong family support after leaving

care. This finding underlines an important advantage of kinship care over other types of placements for young people unable to live with their parents.

3 Loss and conflict

Whilst kinship care provided stability, continuity and close relationships with kinship carers, the young people talked about two areas of their lives which caused them particular distress. One was in relation to siblings from whom they were separated and the second was the relationship with their parents.

Separation from siblings

Siblings emerged as very important to the young people in the study, whether they had lived together in kinship care (as described earlier) or, as was the case for three quarters of the young people, had experienced separation at some point.

Many young people wanted to care for and be close to their younger siblings and, when separated, they felt responsibility and continuing concern for them, for example when they were in care or adopted. Most had some contact with at least one of the siblings from whom they had been separated, especially when siblings were living with a parent or with another relative. However, contact occurred much less often where a sibling was in unrelated foster care and, very rarely, if a sibling had been adopted.

In all, about a fifth of the young people had siblings with whom they had lost contact, or had never met, and others felt very strongly that although they had been able to see their siblings occasionally, they had missed out on the close relationship they had wanted. The loss of

a sibling to closed adoption particularly caused distress. For one young person, the adoption of her younger sister, whom she had cared for when she was very young, had caused long lasting psychological difficulties.

In addition, several young people expressed concern about siblings who had stayed with parents when they went into kinship care and were upset by the separation. They also worried about siblings born to a parent after they had moved out. Feeling protective towards them and responsible for their welfare was heightened for those 'parental children' who had looked after siblings from a very early age due to their parents' difficulties. If a younger sibling who was with their parents was harmed or placed for adoption, they often felt they should have prevented it, and subsequently struggled with feelings of guilt. These strong feelings sometimes led to aggression and other difficulties in the kinship home or at school.

There were only a couple of instances where the young people talked about feeling jealous of siblings who had lived with them in the kinship home and in both cases this was after one or more siblings moved in a long time after their own arrival, thus changing the family dynamics. However, feelings of jealousy, resentment and rejection were much more in evidence for the 11 young people who reported that, while they were in kinship care, one or more of their siblings was living with their parents, even though they could not.

Not all the kinship carers had been aware of the strength of the young people's feelings about their siblings such as loss, guilt, self-blame or feeling rejected because a younger sibling had remained with their parents. This is an area where

kinship carers might benefit from more advice and information about the impact of separation from siblings and differential treatment and how to help young people deal with these difficult issues. Encouraging and assisting continued contact with siblings who live elsewhere is also very important.

Relationships with birth parents

The other area of particular difficulty was in the young people's relationships with birth parents. Many studies of kinship care show that contact with parents often presents major difficulties for carers and for children, much more so than is the case in non-kin foster care, partly because parents often live close by and are in most cases related to the carers (see for example, Farmer and Moyers, 2008; Kiraly and Humphreys, 2013; Roth *et al.*, 2011). This study was no different.

More than half of the carers (54%) of the young people in contact with their mothers in the teenage years had serious concerns about the harmful effects of such contact and more than half (56%) were concerned about contact with fathers.

When asked about contact during their teenage years (all but six mothers and 11 fathers were alive), less than a fifth of the young people (17%) said that the quality of contact with their mothers had been 'good', whilst two fifths (41%) said that contact had been mostly difficult. A few (11%) had been estranged, in some cases because the mother was in prison. It was not unusual for the young people to have had intermittent contact with mothers that had included lengthy episodes of not being in touch at all.

Experiences with fathers were even less satisfactory. Only 12% described their contact

positively, a third (34%) said that contact had been difficult and almost half (44%) had been estranged, with a considerable proportion of fathers having been absent from their children's lives from early on.

However, some parents had ended contact, as had a few of the kinship carers and sometimes the young people themselves when they wanted to 'cut their losses' after feeling let down by parents. As young adults a small number of the young people had managed to develop more positive relationships with a parent but others had decided to sever contact.

When contact had been persistently difficult parents had often been unreliable in keeping in touch, let young people down or the parents' lifestyles had exposed them to inappropriate or risky situations. For example, some young people reported contact with parents who plied them with alcohol or involved them inappropriately in their personal lives. It also involved situations where parents had continued to reject the young people, sometimes ignoring them when they passed on the street or where fathers had second families and did not make time for these earlier born children. Others described awkwardness or embarrassment in the company of a parent, which had made for strained contact. Several young people reported difficulties in their contact with a parent due to unresolved feelings of hurt and anger about what had happened in the past.

Most of the young people, who reported good quality contact as teenagers, had been in touch with their mother on a regular (sometimes daily) basis. The five young people who had enjoyed good quality contact with their fathers had felt a positive connection with them, albeit two of

the fathers had been in prison and two had lived abroad.

When young people described contact with parents as neither particularly good nor particularly poor (31.5% of contact with mothers and 10% with fathers), their parents had often had limited involvement in their daily lives and some of these young people did not feel a strong emotional connection to them. Often, though, contact experiences were variable, as parental behaviour could vary widely, especially for those with drugs and/or alcohol misuse difficulties.

The young people in the study who had experienced difficult contact with a mother had a greater tendency to have poor mental health as young adults (evidenced by the GHQ), than was the case for those who considered contact to have been at least 'okay' (47% vs. 37%). The trend however, was less marked with fathers (42% vs. 37%). This is in line with the findings of Selwyn and colleagues (2013) who found that young people (aged 8-18 years) in kinship care who experienced difficult contact with a parent, were more likely to have mental health concerns, than those whose contact with a parent was not considered difficult.

Interestingly, we also found that young people, who, as teenagers, had not had any contact with their mothers (because their mothers had died or they were estranged), rarely reported poor psychological wellbeing as young adults, (1 out of 8 young people, 12%), which was a much lower level than for those who had been in contact with their mothers (15 of 36 young people, 42%). Although the numbers in this study were too small to be able to ascertain the level

of significance of these findings, they appear to suggest that difficult contact with mothers can have a continuing impact on young people into adulthood. This is an area where more assistance and advice about contact and how to manage it should be offered to kinship carers.

Different issues arose for the young people in the study (20, 38%) who experienced the death of one or both parents. In many cases this was as a result of suicide or a drugs overdose. As well as dealing with their own loss (sometimes complicated by feelings of responsibility for their parent), the young people were usually living with carers who themselves were grieving. Some kinship families had been able to support one another through their loss, but in others young people struggled with unresolved anger towards their deceased parent, which had little outlet. There was little evidence that young people or kinship carers had received bereavement counselling.

These findings point to the need for better support for young people to help them overcome the lasting impact of difficult relationships with their parents (mothers in particular), and their experiences of loss, rejection and feelings of anger. Kinship carers themselves often need greater support in managing the relationship between young people and their parents, including helping young people to come to terms with parents' continuing failure to meet their needs. This is especially difficult for carers who provide support to the parents as well as their children (see also Selwyn *et al.*, 2013). Some kinship carers might benefit from a greater awareness of the lasting impact on children of difficult relationships with

parents and need access to advice, information and training to support them in responding to children's needs in this area.

4 The teenage years

Even though relationships with their kinship carers were generally positive, a substantial minority of young people who had moved into their kinship home under the age of 11 reported having had periods of feeling unhappy as a child, which they attributed to living apart from their parents. Some spoke about having felt let down or abandoned by their parents, or said they had felt responsible for the circumstances that had led to the kinship arrangement. As young children, the experience of living apart from mothers was keenly felt, particularly at school pick-up time, whereas there were less intense feelings about living apart from fathers. In contrast, some of the young people who had joined their kinship carers when very young did not miss a bond with parents that they had never had.

Studies of children and young people in kinship care show that compared to population norms, a higher than average proportion have emotional and behavioural difficulties or other special needs (Hunt and Waterhouse, 2012; Selwyn *et al.*, 2013) and, as we have seen, two thirds (66%) of the young people had experienced abuse or neglect whilst with their birth parents. It is not surprising then that in the teenage years many of the carers had had concerns about the young people's behaviour and emotional wellbeing. For example, over half told us that they had had concerns about the young people's low self-esteem (66%), anxiety (61%) and levels of anger and aggression (53%).

In addition, just under a third (32%) of the carers reported concerns about the young people's drug use as teenagers. This was of particular concern to older kinship carers, especially in families where there was a history of drugs misuse. Several young people talked about taking drugs and misusing alcohol as teenagers, sometimes seeing it as a stage they had gone through or as providing relief from difficulties in their lives. Just under a quarter (23%) said they were still using illegal drugs at the time of the interviews and one young person's persistent cannabis use had caused the placement to break down. It is also important to note that during the teenage years, just over half (53%) of the young people had truanted, 30% had been excluded at some point and a quarter had missed a lot of school.

More than a third (35%) of the carers also said that there had been either moderate levels of conflict with the young people as adolescents (22%), or major battles (13%). Major battles meant conflict that occurred regularly, involving shouting, running off and violence. A few young people had left the kinship family prematurely as a result. The young people themselves quite often described a period of increased conflict during adolescence, sometimes associating this with the onset of puberty or a desire to assert their independence. Quite often, the young people described having felt very angry as teenagers. Whilst some of this is likely to have been associated with the experience of adolescence, others described how their unhappiness and aggression had arisen from living in kinship care and feeling 'different' to their peers. (This was worsened for the third (38%) of young people who had been bullied at school, often because they did not live with their parents.

Some became reluctant to attend school and three had moved school to protect them). Sometimes feelings of anger or sadness had been linked to experiencing conflicts of loyalty with their parents or to boundary setting by the carers when, as previously noted, the carers had laid down rules about times for coming home and acceptable behaviour which the young people had not experienced in the parental home.

There was another way in which some young people felt different. As teenagers, a fifth had helped, or were still helping, their kinship carers to look after their younger siblings. Sometimes the kinship family needed so much help (because of the youth or disability of the carer and/or the number and difficulties of the children) that these young people were weighed down and at times overwhelmed by the responsibility and did not feel they had the opportunity to be like 'normal teenagers'. Nonetheless, several young people felt a strong sense of responsibility for younger siblings and said that if their carer was no longer able to look after their siblings, they would do so.

5 Staying put or moving out

As we saw earlier, over half of the young people (55%, 29) in the study were still living with their carer at the time of the interview and felt confident that they could remain in the kinship home as long as they wished to. This is very different from the situation of many care leavers who have often left their placements at a much younger age than their peers. It is clear then that kinship care often provides for extended transitions from home, *as is* the common experience of young people in the community (Stein, 2009; Wade, 2014), many of

whom now experience a particularly extended period of dependence on their parents because of labour market conditions, housing shortages and changes to the welfare system (Bynner *et al.*, 2002; Jones, 2002; Furlong *et al.*, 2003).

The young people in this study who had left the kinship home often moved into rented accommodation, either alone or with a partner. Others moved in with their partner's family, with another relative, to a hostel or shared house. One young person (aged 14) became 'looked after' by the local authority. Three young people (13%) moved back to their birth parents, and one became homeless before finding his own tenancy, with the support of his grandparents. Three others had left for university. Young people who had moved out generally reported that they were coping well with independent living, although some appeared to be putting on a positive front. Some young people admitted to difficulties with healthy eating, cooking and sexual relationships, whilst others reported having difficulties with managing their money, dealing with landlords and other officials.

Two thirds (67%) of the young people who had left the kinship home had done so for positive reasons because they wished to live independently, for example to live with a partner, to go to university or after having a child. Most also said that they had felt ready to do so at the time, although with hindsight more than a third (39%) now realised that the move had been premature.

However, for a third of the young people the move followed conflict with the carers (and 6 of these 8 young people had been under the age of 18 at the time). In these situations, young people had left the kinship home either because

their carer had told them to do so – often because of their challenging or violent behaviour – or because they had become dissatisfied with living there.

Their kinship carers had provided emotional, financial and practical support during the young people's transition to independence and afterwards. Most young people said they had felt supported by their carers during the transition from the kinship home to their new accommodation.

Indeed, most kinship carers were still actively involved in the young people's lives and many of the young people were in very regular contact with their carers, on whom they relied. In addition, a few young people had also had support from other relatives when they moved out. It was also striking that, even although five young people had become estranged from their carers for a time because of the strained circumstances of their move out of the kinship home, most relationships had subsequently improved, so that all but two young people had a consistent close relationship with their carer at the time of the interview. These findings are in contrast to the situation of care leavers who often lack support from their birth families and many lose contact with their previous carers (Dixon *et al.*, 2006; Marsh and Peel, 1999; Stein 2012).

How the young people who had moved out were faring

Just under half (45%, 24) of the young people had moved out by the time of the interviews. Half of them had been under 18 at the time (this was 23% of the whole sample) and, as we have seen, eight had moved out after conflict with their carers.

Some of those who had moved out were on positive trajectories. These young people often had close relationships with partners, family members and friends and were involved in further/higher education or were in employment. However, as a group, the young people who had left the kinship home gave cause for concern. As many as 70% reported feeling prone to anxiety and depression and a considerable proportion had compromised mental or physical wellbeing. More than half (54%) had offended and four (17%) said that they had been in trouble with the police in the previous 12 months. In addition, two fifths (42%) of the young people who had moved out were not in education, employment or training (NEET) at the time of the interview and three of them were bringing up children full-time. This finding appears to be broadly in line with research which shows that young people with more complex needs tend to be among those who move on early from foster care (Munro *et al.*, 2011 and 2012), meaning that 'those who are least able and prepared to leave care successfully tend to be the ones to do so first' (Wade 2014, p. 244).

Although their carers remained actively involved in their lives, often providing ongoing support for the young people, it seems that this support alone could not counteract the disadvantage and difficulties that this group of young people faced. It is therefore very important that when young people do leave kinship care at a young age, they are able to access support from advice, employment and counselling services to reduce the risk of them becoming NEET and, when needed, to support them in developing independent living skills.

6 Outcomes

A key objective of the research was to examine the outcomes in young adulthood of young people growing up in kinship care. This section starts by considering the young people's friendships and experiences of partnership. The young people's outcomes are then compared first with those of care leavers and second with those in the general population. Finally, the factors that appear to be related to their outcomes are explored.

In terms of peer relationships, one in three of the young people (30%) appeared to have had some difficulty forming or sustaining friendships. Young people on the autistic spectrum could have significant difficulties with peer relationships, while early parenthood could limit opportunities to sustain friends. A few of the young people had made friends with others from kinship care, which was an important source of support and had helped them to make sense of their experiences. Over half of the young people (58%) had a partner at the point when they were interviewed. A few carers expressed concern that the young person had been overly dependent on their partner and/or had cut themselves off from friends in order to be with them or been exposed to domestic violence. A few other young people talked about having some difficulty in forming relationships, whether due to difficulties with social relationships or with trust.

Their outcomes were generally better than for young people in non-kinship care

When considering the young people's outcomes in key areas, an important finding from the study is that, where comparative data are available, the outcomes for the young people were generally better than for young people in local authority

non-kinship care. This applied to physical health, educational achievement, whether they were NEET (in education, training or employment) and offending behaviour.

In terms of education, for example, 37% of the young people in this study achieved the national target of at least five grades A* to C at GCSE, including English and Maths, compared to only 12% of those in the care system. Sixteen per cent of those aged 18 and above had gone to university, compared to only 6% of care leavers.

These educational outcomes are especially good, since a high proportion of the young people (60%) appeared to have difficulties in learning. This is similar to the rate for looked after children (68%), but much higher than the 19% of pupils in England who have special educational needs (SEN). Their difficulties included emotional or behavioural difficulties, dyslexia, disorders on the autistic spectrum, learning disability, attention deficit disorder and foetal alcohol syndrome. Not surprisingly, young people with special educational needs were much less likely than others to have done well in their GCSEs. Nonetheless, most of them (88%) went on to further education and spoke very positively of their carers' active support with their education. Kinship care also seems to have nurtured educational aspirations (see also Selwyn *et al.*, 2013): 40% of those aged at least 18 had either been to university or said they intended to go.

At the point of interview 28% of the young people were NEET (not in education, training or employment) which is substantially less than the 41% reported for 19 year old care leavers. The proportion who had committed offences in the 12 months before the interview (9%) was also much lower than for care leavers (36% in Dixon *et al.*, 2006).

In contrast, there was little difference between the two groups in relation to psychological well-being. Scores on the General Health Questionnaire indicated that 22% of the young people in this study had a probable mental health disorder, compared to 25% of care leavers.⁵ The proportion of teenage mothers was also similar (26% compared to 22% of care leavers).

Overall outcomes

When we looked across a number of measures – educational achievement, psychological well-being, offending, teenage motherhood, NEET status and the use of substances potentially harmful to health – the *overall outcomes* for over half the young people (52%, 23 of 44) were predominantly positive. Indeed, eight of these young people had positive outcomes across all these measures. In comparison, only six young people had entirely or mostly negative outcomes. In between was a sizeable group (34%) whose outcomes were mixed. The small proportion of young people with entirely or mainly negative outcomes (14%) is in line with the results of a Spanish study of young adults brought up in kinship care (Del Valle *et al.*, 2011), in which 9% were categorised as 'marginal', although in that study the researchers rated a higher proportion (69%) of the young adults as 'socially integrated' in terms of education, work, health, income and independence. One of the factors which may help explain this difference is the high proportion of young people in the Spanish study (60%) who had lived with the same kinship carers since birth.

Their outcomes were worse than for young people in the general population

Although our findings suggest a largely positive picture, with the young people doing better than those in non-kinship care, they were not doing as well as their peers in the general population. A higher proportion (44% vs 20%) reported being prone to anxiety or depression and the proportion achieving the national target at GCSE was lower (37% vs 58%). They were also less likely to have gone to university (16% compared to a third); and more likely to be NEET (28% vs 15%). Rates of teenage motherhood were also substantially higher (26% compared to 8%).

These differences are not surprising, given the adversities and maltreatment the young people had experienced before they entered kinship care. However, they do suggest that greater consideration should be given to how young people in kinship care can be better supported to fulfil their potential. Particular attention needs to be given to young people who have poor outcomes in multiple areas of their lives: a third had not achieved any GCSE passes at level C or above, 36% had GHQ scores suggestive of psychological distress, 28% were NEET (not in education, training or employment), more than a third (36%) had been the perpetrator of crime, 17% reported heavy drinking or extensive use of illicit drugs and four young women had become mothers as teenagers, including one whose child was placed for adoption. When these factors were considered as a whole, the profiles of nearly half the young people in the study

⁵ It is possible that our sample under-estimates the rate of mental health problems among young people in kinship care since several did not participate in the study for this reason.

(48%) showed either mixed or poor outcomes. Clearly, these young people (and their carers) need more help.

Risk and protective factors

We looked closely at the profile of the young people to explore what factors were linked to outcomes in three key areas: psychological well-being, education and being NEET (not being in education, training and employment). We also examined whether there were any factors which distinguished young people whose overall outcomes were entirely or predominantly positive from those whose outcomes were less good (mixed or entirely/predominantly negative). We report the figures from this analysis but it should be borne in mind that the number of participants in the sample was small. These findings therefore need to be replicated in a larger study. Nonetheless, they accord well with the findings of other related studies in the field.

Psychological well-being

The 16 young people who had sub-optimal levels of mental health on the GHQ had experienced greater instability before coming to live with their kinship carers than had the remainder: they much more often had complex care histories prior to kinship care and had much less often lived continuously with their carer (see also Selwyn *et al.*, 2013). Fewer of them had been close to their carers as teenagers, more rated the carers' parenting unfavourably (on the PBI) and fewer had been able to confide in the person they felt closest to. Those with poorer mental health had also slightly more often experienced difficult contact with their mother as teenagers (47% vs. 37% of those who saw contact as 'Okay'). Mental health status was not related to age at entry to care, except for those who had

gone to live with their carers before they were a year old, whose mental health outcomes were considerably better.

Most of the young people with raised GHQ scores were struggling in many areas of their lives. Four had experienced a deterioration in their mental health following the death of a parent. Several were unhappy with their current living arrangements, especially those in hostel accommodation. Although six were managing to hold down jobs, engage in higher education and cope with independent living, low mood or anxiety were part of their lives.

Educational Progress

Just as we found in relation to mental health, those who had not experienced movement and instability before entering their kinship arrangement had better educational outcomes. Better educational outcomes at 16 were more likely when the young people had lived continuously with the same kinship carer and were still there at 16 (45% of these young people reached the national target, as compared with only 9% of who had moved between kin care and their parents/care or had left their kinship carers before the age of 16). Those who had lived with their kinship carers since birth had done the best educationally.

Younger age (under 10) at entry to kinship care (which is also likely to relate to less movement and more stability) also appeared to be linked to better exam results at 16 for some young people: more (44%) of those who were over 10 when they moved in did not achieve a GCSE pass at grade C or above as compared to those who were under 10 (27%) at that time. (In contrast, reaching the national target for GCSEs was attained at

comparable levels for older and younger kin care entrants). A third of the young people had changed schools when they joined the kin family and slightly fewer (30%) of them achieved the national GCSE target than those who had not (42%).

Young people with poorer educational outcomes (i.e. who had not achieved any GCSE passes at Grade C or above or any passes at all [n=16]) had more often had difficulties with learning, had missed much more school (47% vs. 19%) and had more often been excluded (50% vs. 27%). Teenage pregnancy or the death of a close relative had also negatively affected school progress for some.

NEET (Not in education, training or employment)

Poorer mental health, low educational attainment and leaving kin care under the age of 18 were strongly related to young people becoming NEET. These young people much more often had GHQ scores indicative of psychological difficulties (54% compared to 28%). They had been slightly older at entry to kin care (mean 8.3 years compared to 6.3) and had much more often left kinship care under the age of 18 (50% compared to 17%).

They were also more likely to have had troubled school careers. For example, they were more likely to have truanted, missed a lot of school and have been excluded from school, and less likely than others to have done well at GCSE. Four of the NEET young people had recently offended and four of the six young women became pregnant in their teens, three of whom were bringing up their babies.

Overall outcomes

When we considered the factors, which appear to be linked to the overall outcomes, a marked gender imbalance emerged. Whilst 63% of the young women had predominantly positive outcomes, the same was true for only 40% of the young men. Those young people who had left home under the age of 18 (12, 23% of the whole sample), as a group, had particularly poor overall outcomes. Just one of them had a predominantly good overall outcome, whilst all the others had mixed or poor outcomes. Four of the six young people in the entire sample, with mainly or entirely poor outcomes, had left their kinship home under the age of 18.

Our findings also showed that that young people with more favourable outcomes tended to be younger on entering the kinship arrangement. This links broadly to studies of children in care where younger age at entry to placement is related to better outcomes and fewer emotional and behavioural difficulties (see e.g. Biehal, 2010; Wade *et al.*, 2014). Of course, there is likely to be an interaction between age at entry to care, children's behaviour and the parenting they receive (see e.g. Quinton *et al.*, 1998). Our findings also revealed a tendency for those with more favourable overall outcomes to have had less complex care histories and to have felt closer to their kinship carers as teenagers. These findings are also in line with those of other studies of kinship care. For example, Selwyn and colleagues (2013), found that the children with the poorest outcomes had a history of previous moves and were insecurely attached to their kinship carer.

It can be seen that the factors which emerged as important to outcomes in this study suggest that experiences both prior to entering the kinship home and while in that home make an important contribution. The actions of local authority Children's Services before children enter kinship care are crucial if children are not to be exposed to risk for lengthy periods before they leave their parents and permanent placements need to be made for them without delay (Davies and Ward, 2012). It is clear that young people in kinship care benefit from the stability it provides, the kinship carers' commitment to them and the support and help they and other relatives continue to provide into adulthood. However, the findings also suggest that considerably more needs to be done to assist young people growing up in kinship care – and their carers – both when they are in their teenage years and during (and sometimes after) the transition to independence. This is particularly true for young people who are at the highest risk of poor outcomes. These issues are addressed in the next sections.

7 Support and services

As noted earlier, prior to moving into their kinship arrangement, the majority of young people in this study had experienced similar adversities to children in the care system. Their carers were also often taking on care at a point of crisis in the family and unlike traditional unrelated foster carers, would not have planned for, or been prepared, for this seismic shift in their lives and the multiple challenges and stressors they were likely to face (Farmer and Moyers, 2008; Hunt *et al.*, 2008; Aziz *et al.*, 2012; Hunt and Waterhouse, 2012; Selwyn *et al.*, 2013; Wade *et al.*, 2014). Hence both the young people and their carers were likely to need assistance, both in the early stages of the arrangement

and subsequently. The findings from this study indicate that while some young people and carers did feel supported, this was far from a universal experience.

The carers' support for the young people

In general, the primary source of support for children and young people is their family. In our study it was evident that for most young people their kinship carers had fulfilled this role. Thus, as noted earlier, most had experienced close and confiding relationships with their carer or their carer's partner in their teenage years. Similarly, a high proportion had experienced either 'optimal parenting' or 'affectionate constraint'. Many kinship carers had actively supported the young people's education (only one young man said they had not). They helped with and ensured homework was completed; paid for private tuition; advocated for support within the school or from an outside agency; or sought to tackle poor school attendance or bullying. Occasionally they described themselves as having to 'fight' for better educational support or to get a diagnosis of the young person's difficulties. Most of them stuck with the young people through the turbulent teenage years and continued to support them into independence.

In a minority of cases, however, the picture was less positive. A significant minority (30%) of the young people did not consider their carer to be one of the adults they were closest to as a teenager. Sometimes the young people had divided loyalties between their parent and the kinship carer making them more distant with the carers and in some of these cases the birth parent/s had actively undermined the relationship between the young person and the kinship carer.

Moreover, a fifth (21.5%) of the young people reported that they had received sub-optimal care. Analysis of this group revealed that these families had experienced particularly high levels of stress. Most of the carers were looking after multiple children, sometimes single-handedly. Several of the families had been living in overcrowded accommodation and in poverty and more than half of the carers had serious physical or mental health problems. Sometimes, as we have seen, the young people had needed to provide so much help in looking after their younger siblings (because of the age or disability of the carer and/or the number and difficulties of the children) that it had had an impact on them as teenagers.

Although numbers were too small to conduct meaningful statistical analyses, compared to those young people who were shown a high level of care, those who reported low levels were more likely to have been placed with their kinship carer at the behest of the local authority and were much less likely to have been placed as an infant

These findings suggest that in order for carers to parent young people well and support them, their own support needs have to be addressed (see later). As indicated earlier, they may also need assistance in helping the young people deal with issues such as parental contact, sibling separation, parental rejection or a parent's death, since there was evidence that some carers might not have been fully aware of the young people's feelings on these issues or that they themselves needed help in order to be in a position to assist the young people.

Professional support for the young people

In total, nearly three quarters (71%) of the young people said they had, at some point in their lives, been offered professional help to address concerns about their psychological health and/or development. Just over two thirds of the young people rated the support they had received favourably.

More than half (56%) said that, as teenagers, they had received support, usually from a counsellor, therapist or social worker. Even though some young people had valued the support offered, about a third thought that the amount of help provided had been insufficient or not timely enough. Some were simply not ready or willing to engage. More than two thirds (69%, 11 of 16) of the young people with high GHQ scores (indicating less than optimal mental health) had, at some point, been offered professional support. However, it is of concern that only three said that this had been useful.

Several young people had particularly valued the support shown to them by teachers who had gone out of their way to help them. However, in spite of these examples of excellent help from teachers, some young people had found that teachers were unaware of their support needs arising from their experience of not living with birth parents (see also Selwyn *et al.*, 2013).

The young people themselves were, in the main, positive about their experience of social work support, with nearly two thirds (62%) reporting that the intervention had helped them. Nonetheless, both the carers and young people talked about the difficulty of engaging when there were frequent changes of social worker.

Those young people who had received support from Children's Services as part of a leaving care package had had variable experiences. Some thought that the process of moving into independent living had not been properly explained, leading to uncertainty about what support would be provided and what the young person was expected to do without assistance. Others reported a more straightforward transition, with good support from the local authority and associated services. However, it is of concern that six of the 15 young people who were looked after by the local authority when they turned 18 said that they had not received any help at all and all but one of these six young people were currently NEET. This raises questions about how local authorities interpret their responsibilities to young people who are in kinship foster care, particularly during the transition to independence.

When asked about how young people in kinship care could be better supported, the young people made a range of specific suggestions: more awareness of their unique position; services attuned to their needs; the opportunity to meet with their peers; greater continuity of social workers who communicated honestly with young people and better support for the transition into independent living. The unifying theme, however, was their need to be able to talk, to be heard and to be understood.

According to the carers, about half of the young people had received psychological help. However, most of the carers did not think that the intervention had been helpful, either because the support provided was not appropriately tailored to the young people's needs or because the young people themselves had not engaged with it. Indeed, several carers

had felt very frustrated by the lack of therapeutic intervention available to support young people whose lives they saw as being blighted by their difficult early life experiences and some had tried time and again to get the assessment or support they saw the young people as needing.

An important theme to emerge from the carers' reflections about the support the young people in their care had received was the need for equality of treatment with young people in local authority non-kinship care, not just financially, but including other benefits such as support for their education and transition to independence.

The high rates of young people not engaging with CAMHS or other support at the time it was offered, or finding it unhelpful, indicate the importance of flexibility in terms of timing and choice of provider so that young people can access support at a time and in the form that is right for them, including in adulthood. The consequences of failure to provide support and treatment for this vulnerable group are likely to be poor psychological, social and economic outcomes for young people.

Support for carers

Children's Services were involved with most (84%) of the families at the time the move was made but in spite of this, as many as 60% of the carers said that they had not been very or at all well supported at the outset. As might be expected from other research (e.g. Hunt and Waterhouse, 2013), although a considerable proportion (two thirds) of the carers who were taking children who were looked after said that Children's Services had been helpful, when the children had never been looked after, few carers (21%) had found Children's Services helpful.

Those who had not found Children's Services helpful spoke of long delays before help was forthcoming, being pressured to take out a private law order and of placements made by social workers who later told them the placements were regarded as 'private' arrangements and so not eligible for support or sometimes finance (see also e.g. Farmer and Moyers, 2008; Hunt and Waterhouse, 2012; Selwyn *et al.*, 2013).

Ten carers mentioned that they had had help from professionals other than Children's Services at this time, such as GPs, Health Visitors and teachers, whilst 13 spoke of help from support groups and voluntary organisations (which would be expected given the way the sample was recruited). However, the help that was most widely used (22 of 38, 58%) was from other family members or friends. It is important to note that those who had access to such informal support were much more likely than others to feel that overall, they were very or quite well supported at the time of the move.

It was evident that kinship care can be a very rewarding experience for carers. The positives identified by carers included knowing the children were safe and cared for in their own family, and siblings were kept together; seeing them progress; pleasure in their young people themselves and the relationship they enjoyed; keeping young; and the carers' personal development and self-esteem. Such rewards may have helped carers balance the negative impacts they also mentioned: loss of freedom and disruption of life plans; loss of employment and financial constraints; emotional strain; coping with the teenage years; and the impact on wider family relationships, social life and friendships.

However, looking back over their whole experiences of being a kinship carer, only just over a quarter of the carers (26%) said that they had received all the support they needed. In contrast, over two-thirds (26) identified unmet needs. Carers identified a range of supports that they had either received and valued, or would have liked. While financial support was undoubtedly the most important, carers also identified emotional support; information and advice about available services; help in managing and coping with difficult behaviour and help with parental contact. Some also commented that they wished they had not had to fight to get the help the young people needed.

Conclusion

This study provides new knowledge about the progress of young people who grow up in kinship care in the UK. The findings show that where comparisons are available, their outcomes are considerably better than are achieved by young people in non-kin care but, as would be expected given the adversities in their backgrounds, are not as good as those for their peers in the general population.

Most young people rated their carers' parenting capacity favourably. Those still living in the kinship home were confident that they could stay with the kinship family for as long as they wanted, benefitting from the care and commitment of their carers, who supported them through their teenage years and into early adulthood. Those who had moved out were usually still supported by the kinship carers and often by the wider family too. Kinship care therefore provided major benefits when compared with unrelated foster care.

However, it is of concern that when we considered their overall presentation across a range of dimensions, nearly half of the young people in our study had either mixed or poor outcomes. That is to say that these young people had struggled, or continued to struggle, with multiple aspects of their lives, including educational attainment, psychological wellbeing, use of substances hazardous to health, offending behaviour and access to the labour market, leaving a worrying proportion not in education, training and/or employment (NEET).

Young men more often had less favourable overall outcomes than young women. As many as 60% of the young men did not have predominantly good overall outcomes and more than half (57%) had committed an offence. The experiences and outcomes of those who had left the kinship home under the age of 18 were a particular cause for concern. The young people doing least well had often had disrupted early lives and poor educational experiences. Some, as teenagers, had not had a close and confiding relationship with their kinship carers. There was also a slight link between poorer mental health and the experience of difficult contact with mothers in adolescence and, similarly, a

link between good mental health and having no contact with mothers as teenagers. This suggests that difficult contact with mothers can have a continuing impact on young people into adulthood.

Whilst many of these kinship arrangements were made some time ago and the use of Special Guardianship Orders and the support attached to them has increased, at the same time more recent changes in the welfare system have eroded the finances of many carers. The findings of the study point to an urgent need for increased, multi-agency support for some of the most vulnerable children and young people whilst they grow up in kinship care and in their transition to independence and beyond. It is clear too that some kinship carers need more help, particularly in gaining access to support services both for themselves and for the young people including getting assistance and advice about managing contact. This is particularly important for those who do not receive help from the extended family.

The recommendations that follow set out some of the ways in which better support for kinship families might be achieved.

Recommendations

The young people in the study said that they wanted:

- People to be more aware of their need for support, linked to their experience of not living with birth parents and the wide range of challenges they faced.
- Better support for the transition into independent living and services attuned to their needs.
- To be able to talk, to be heard and to be understood.

1. Kinship care should have the same status as other routes to permanence

Children and young people in kinship care experience very similar disadvantages to those who are looked after in the care system but they do not receive equivalent support. Whilst their outcomes are better than for other children in care, they are considerably worse than for young people in the general population. Without additional help, the life chances of some of these young people will remain compromised.

1. Permanent kinship care⁶ should have the same status as other permanence arrangements, where it is now recognised, for example, that adopted children are likely to continue to need support (including therapeutic help) as they grow up, as their needs change and especially in adolescence.
2. Irrespective of their legal status or the local authority's involvement in the original arrangement, children in kinship care should be entitled to request an assessment of their support needs from the local authority at any time. The local authority should then be **required to carry out a thorough assessment of their support needs and set out how these are to be met**, by whom, over what time period and the plan reviewed regularly.
3. Help for young people living in kinship care should include access to assistance in their transition to independence when it is needed, as is provided for all looked after children. This is particularly important for vulnerable 'early leavers' (see later).

⁶ Children being raised by family and friends carers for more than 28 days (where there is court, local authority or professional evidence that they cannot live with their parents).

2. There needs to be a greater awareness of the situation of young people in kinship care

Education, health, social care and family justice professionals need to be more aware of the needs and experiences of young people in kinship care. Young people's needs will only be better met if key professionals in a range of agencies, including in the voluntary sector, work together to provide an integrated response to the challenges they face.

1. Kinship care is the main route to permanence for children who cannot live with their parents. Policy developments on permanence should therefore always include kinship care as a key permanence option, since it provides high levels of stability and enduring support into young adulthood.
2. Ofsted should explicitly include family and friends care in their inspections and ensure that they inspect across the different legal dispositions.
3. Given the lack of basic data about children in kinship care and their progress, local authorities need to collect information about all the arrangements known to them (not just looked after children in kinship foster care but also those on Special Guardianship Orders and Child Arrangement Orders, including those who were not previously looked after)⁷ for publication by central government. It should then be made possible to link this to data collected by schools. This would help to inform the development of national and local policy and the planning of support services for children and young people in kinship care.
4. Local authorities in England should comply with statutory guidance on family and friends care (DfE, 2011), including having in place a local policy that reflects the needs of local children in kinship care and their families.
5. Basic and post-professional training for social workers, teachers, health care professionals, parent educators and those involved in the family justice system, should always include education about the situation and needs of kinship carers and the young people they bring up.

The recommendations which follow are not just for government and local authorities but for voluntary organisations and everyone who works with children and/or kinship carers.

3. Transitions into kinship care

Relatives and friends need access to free, independent legal advice and representation at the outset, in order to make informed decisions. They also need independent support as they become kinship carers, including information

about the kinds of challenges they may meet and the services available in the local authority, health, education and voluntary sector to help them. Such preparation is likely to help to forestall later problems.

⁷ See also recommendation in Wade *et al.* (2014) *Investigating Special Guardianship: experiences, challenges and outcomes*, London, Department for Education (p.73).

1. Local authorities should engage wider family members early where a child is at risk, to activate support for the parents and to avoid delay in identifying a potential kinship placement, if the child cannot remain at home. The study found that younger age at entry to kinship care (which usually also means less exposure to harm) was related to better outcomes in young adulthood. In contrast, a complex care history prior to joining the kinship family was related to poorer outcomes.
2. When kinship carers have not initiated the placement or do not already have an established relationship with a child, it is very important that the assessment process is rigorous in considering the ability of the family to meet the child's needs and also examines how much additional help might be required to make this possible. The study found a link between arrangements made at the request of the local authority and young people being less well parented.⁸
3. Assessments need to address a range of issues that are unique to kinship families, including allowing time for prospective kinship carers to consider and fully understand the children's support needs and what their own needs would be as a new family; the challenges of managing ongoing family relationships and contact with birth parents and the higher support needs of carers without strong support from their wider family.⁹ A realistic assessment of financial and other needs is required so that kinship carers are not pushed into poverty, so reducing their ability to provide optimal care for children.
4. Some (though not all) older young people enter kinship care with a range of difficulties. Plans for support should to be made from the outset and reflect this.
5. A support plan should be put in place for kinship carers, including independent, tailored support from voluntary organisations and peer support. Peer support from other kinship carers arranged by local authorities or voluntary agencies can provide important help at this early stage as well as later. Some voluntary agencies are providing this service (for example the Relative Experience programme) and local authorities in partnership with voluntary agencies should seek to address this need.
6. At the outset kinship carers and young people should be given information about how to access (and re-access) help from Children's Services whenever they may need to do so, without needing to go through the duty team or being made to feel as if they are failing. Newsletters, support groups and named members of staff in kinship or permanence teams would all make this easier.

8 Note that in their study on Special Guardianship, Wade *et al.* (2014) showed that there were more disruptions when the bond with the Special Guardian had not been strong when the SGO was made.

9 Some assessment resources are already available. These include Research in Practice (2015) *Practice Tool: Assessing and supporting family and friends care*, Totnes, RiP; FRG (2017), *Initial Family and Friends Care Assessment: A good practice guide*, London, FRG; Adams P. (2017) *Undertaking a Connected Person/Family and Friends Assessment*, London, CoramBAAF.

4. Parental contact and family relationships

The study shows the difficulties that contact with parents can present. The research findings suggest that contact (particularly difficult maternal contact) can be harmful for children and young people and can have a lasting impact during the teenage years and into young adulthood. Although, given the small numbers in the analyses, these findings need to be replicated in a larger study, they do accord with the findings of other studies.⁹

1. When kinship arrangements are first made, realistic contact plans, in the form of a court order or informal agreement, need to be negotiated. These should take account of changing relationships over time and ensure that the child and carer's voice about contact is heard.
2. From the outset kinship carers need access to training to help them in dealing with contact and responding to children's feelings about their parents. There is also a need for support for parents to adjust to, and accept their new situation.
3. Support for kinship carers in relation to contact should be equivalent to that available for looked after children.
4. Carers need to have someone they can consult when contact becomes difficult or harmful to children, such as a specialist kinship worker or access to independent support or peer-to-peer support.¹⁰ When relationships are difficult, mediation services could also be useful as could a telephone helpline operated by local authority kinship workers for a couple of hours a week.
5. Family justice professionals, social workers and other professionals need access to information about the impact of contact, as well as training to support them in making decisions about contact that will be in the child's best interests.

5. Contact with brothers and sisters

1. Contact with separated siblings should be considered from the outset, with an emphasis on providing the opportunity for children and young people to develop and maintain close emotional bonds.
2. Permanence teams should ensure that the contact arrangements set out between kinship children and their adopted/fostered siblings living elsewhere are prioritised.
3. Kinship carers may need advice on how to help young people talk about their feelings about siblings from whom they are separated, as well as assistance in helping to maintain meaningful contact.

⁹ See for example Moyers *et al.* (2006), Wade *et al.* (2014).

¹⁰ An example is the Grandparents Plus 'Someone Like Me' peer programme which enables experienced kinship carers to provide 1-1 telephone support to those who request it or are signposted to it by advice services.

6. Education

School

Only 37% of the young people in the study achieved the national target of five GCSE passes at Grade C and above, including English and Maths. As many as three fifths had some difficulties with learning, over half had truanted, almost a third had been excluded at some point, a quarter had missed a lot of school and over a third had been bullied. Some young people were greatly helped by relationships with individual teachers and counselling services in schools were also important

1. It is helpful that priority on school admissions, Pupil Premium Plus, the role of the virtual school head and help from a designated teacher to promote educational attainment have been extended from covering looked after children to include previously looked after children (who are subsequently on Special Guardianship Orders or Child Arrangement Orders). Eligibility for priority should now be widened to cover all young people in kinship care, since legal status is not related to need. This would help schools to reduce the current level of underachievement and disengagement of young people in kinship care, who may need targeted support for special needs and mentoring or counselling for those with emotional or behavioural difficulties.
2. Schools need to become more kinship care-aware. For example, policies on bullying need to ensure that all staff are aware that children and young people in kinship care may be targeted.
3. A practical briefing for kinship carers and young people on their entitlements to additional help at school would be useful.

Further and higher education

Some young people in kinship care were unable to make the most of school or succeed in exams because of the lasting impact of their previous (and sometimes current) experiences of difficulties within the birth family. Further Education provides an opportunity to retake exams or undertake vocational training.

1. It is vital that young people are assisted to take second or even third chances to access Further Education if they are to maximise their potential.
2. All young people in kinship care should be eligible for the 16-19 Bursary Fund for vulnerable students which is currently available for looked after children and care leavers.
3. Given that a fifth of all the young people in the study dropped out of Further Education, providers need to identify early on those with a need for additional support and link them to appropriate support services.
4. Looked after young people can receive assistance with funding to enable them to attend university. The situation is much less straightforward for kinship young people. More advice and help is needed to improve their situation, particularly since it is known that many kinship carers live in poverty (Nandy *et al.*, 2011, Wijedasa 2015).

7. Transitions out of kinship care and avoiding young people becoming unemployed or excluded from education or training (NEET)

The Children and Social Work Act 2017 has extended local authority support to care leavers up to the age of 25 and clarified expectations about the services to be provided.¹² This welcome focus on care leavers needs to be extended so that, irrespective of their legal status, the most vulnerable groups of young people in kinship care are identified and given support for the transition into independent living.

1. The young people who moved out of kinship care under the age of 18 (23%) ('early leavers') often had emotional and behavioural difficulties and were at high risk of having poor outcomes and of ending up not in education, training or employment (NEET). **Local authorities need to take steps to identify and help these early leavers.** They were not unknown: most had been looked after by the local authority at some point.
2. These young people and their carers should be entitled to request help, equivalent to that provided by Leaving Care teams, irrespective of their legal status. They are likely to require advice, employment and counselling services to reduce the risk of them becoming NEET and some need help to access supported accommodation.
3. Consideration should be given to extending the duty of Children's Services to provide assistance in the transition to independence to young people in kinship care who leave before the age of 18.
4. Young people's difficulties need to be identified as early as possible by schools to ensure that multi-agency services are provided to reduce the risk of later poor outcomes. The poor mental health, low educational attainment and poor school attendance of the 'early leavers' had generally been evident for a considerable time.
5. Children's Services need to review how they are interpreting their duty to provide assistance to looked after children in kinship care in their transition to independence. Two fifths of the young people in the study who were entitled to this help received none and most of these young people ended up NEET.
6. Young people who are NEET need access to a person, comparable to Personal Advisers for care leavers, who will provide targeted support to help them to overcome their difficulties and enable them to enter Further Education, training and employment. In some cases they are likely to require intensive support to prevent them becoming permanently detached from the labour market.
7. **The Department for Education or the ADCS should convene a working group to consider how the outcomes of the most vulnerable young people in kinship care can be improved.**

¹² Under the Act local authorities in England must publish information about services which the local authority offers for care leavers in including those relating to health and well-being; relationships; education and training; employment; accommodation and participation in society. Services include the provision of Personal Advisers, assessment of the needs of former relevant children and preparation of a Pathway Plan.

8. Supporting young people's emotional and psychological wellbeing

Intervening early with children and young people with mental health problems has been shown to reduce health costs and to realise larger savings, such as improved educational outcomes and reduced unemployment and crime (CAMHS 2008). The review of children and young people's mental health services (Care Quality Commission 2017) shows, however, that services are variable and many young people are unable to access timely and appropriate support.

1. CAMHS teams have to give looked after children priority. Kinship care should be included as part of this remit, as it is in some health authorities.
2. The high rates of young people not engaging with counselling or other support at the time it was offered, or not finding it helpful, shows the importance of flexibility in terms of timing, choice of provider and venue so that young people can access support at a time and in the form that is right for them, including in adulthood. In order to do so, young people (and their carers) need to have information about the whole range of counselling services on offer.
3. Young people would be likely to benefit from access to a range of support, including via social media and virtual peer support groups. Some would welcome the opportunity to meet other young people growing up in kinship care or to join a local support group. Such opportunities could be facilitated by schools, local authorities and voluntary organisations.
4. More than a third of the young people experienced the death of one or both parents either before they entered kinship care or as they grew up. This is an issue that has not received much attention but had a major detrimental impact on some young people. It is important that these young people and their carers are linked to bereavement services.
5. Some young people need Life Story Work to enable them to make better sense of their lives and move on from their past experiences.

9. Improving support for kinship carers

Having adequate finances to care for the young people is a major issue for kinship carers. All kinship carers need to have a financial allowance that is related to their financial circumstances and the needs of the children. This is not the case at present. Carers also need to be able to access support from Children's Services whenever they require it, which may be some years after the child joins their family. The importance of help with contact was covered earlier. Other needs are noted below.

- 1 Kinship carers need to be able to access help in managing difficult behaviour during the teenage years when there may be high levels of conflict, anger and aggression, substance misuse, truanting and offending. Training tailored to their needs, such as that offered to local authority foster carers may be appropriate; others might benefit from individual guidance from a professional; while sometimes more specialist input may be necessary.
- 2 Specialist courses on parenting kinship children have been developed and provided by voluntary organisations¹² and these should be extended more widely.
- 3 Voluntary organisations have a key part to play in providing emotional support to kinship carers through peer support groups, peer-to-peer support (for example by experienced kinship carers),¹³ helplines, and signposting carers to online forums. Funding needs to be available for peer support and information about these resources should be made widely available, for example in local authority welcome packs for new kinship carers.
- 4 Support and advice for kinship carers is important, so that they can help young people to cope better with the range of challenges they face. This may include dealing with parents' continuing failure to meet their needs; parental rejection; conflicts of loyalty; complex feelings associated with parental death and feelings of guilt, self-blame and loss of their siblings.

The full report and the Executive Summary are available online at www.grandparentsplus.org.uk.

12 Examples include the Raising Kinship Children programme developed by Grandparents Plus and PAC-UK

13 An example is the Grandparents Plus 'Someone Like Me' peer programme which enables experienced kinship carers to provide 1-1 telephone support

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