

# Greenwich Kinship Care Team

## An evaluation of the team's work

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## **Evaluation of a Kinship Care Team - Executive summary**

During 2006 the Hadley Centre for Adoption and Foster Care Studies evaluated the work of the kinship care team (KCT) in Greenwich. The KCT consists of two social workers and a support worker and has been in operation since June 2004. Their work focuses on children in need and by providing early intervention in the form of support for kinship carers and children, they aim to reduce crises, improve stability for children and enable children to remain within their own family network. The project was set up with the intention of supporting each family for a maximum of one year.

The evaluation involved extracting data from all the team's case files (n=58) and interviewing a sample of twelve families (25 individuals) currently receiving services. The combination of quantitative and qualitative research was intended to provide a retrospective view of the work undertaken by the KCT in the last two years, while also looking at the experiences and views of current service users.

### ***Overall findings***

The evaluation found that the KCT is a good model for early intervention, which has helped to reduce the risk of children needing to be accommodated by the local authority. It fits well with the Every Child Matters framework for service provision (DfES 2004), and also reflects the emphasis in the Children Act 2004 and the Adoption and Children Act 2004 on children being brought up within their own families whenever possible. The scheme provides good value for money, particularly when compared with the costs of providing an in-house foster placement. It deserves continuing funding and could be usefully replicated by other local authorities. However, the acute and complex needs experienced by many of the children, young people and carers means that in many cases continuing support will be needed, and the aim of providing a time-limited service will often be unrealistic.

### ***Findings from the case file study:***

Two-thirds of the children were not known to any SSD before the first referral. Most were teenagers and were living with kin at the time of the referral. Just under a third were minority ethnic children. More than a third of birth parents had misused drugs or alcohol, and a third had experienced mental health problems. A quarter of children

had previously had multiple moves and carers, 40% had suffered a significant loss or bereavement, and 48% had experienced some rejection by their birth mother. Many children had mental health problems and educational difficulties.

Grandmothers were caring for almost half of the children, aunts and older siblings cared for about a third, and friends of the family cared for a fifth.<sup>1</sup> Many carers and children were living in overcrowded accommodation. Few carers were employed, 40% were in debt and many were living in poverty. Several were also disabled or in poor health. The quality of care provided by the carers was considered very good or good in 78% of cases. In five cases relationships were very problematic.

The KCT provided support to these families through giving welfare rights advice, emotional support and counselling, help them to access other services and providing some financial support. Just over a quarter of cases were closed within 16 weeks. Most current kinship arrangements were expected to be long-term.

### *Findings from the interviews*

Twelve carers, 4 birth parents and 8 children and young people were interviewed, and 1 teenager completed a questionnaire based on the interview schedule.

Family members had set up most of the kinship care arrangements. Most carers willingly agreed to care for the child, because they already had a close relationship with the child. Most carers showed a remarkable level of commitment to the child and some were also very sensitive to the needs of birth parents. Most carers said that, if they had not provided care, the child would have been accommodated by the local authority or they could not imagine what would have happened.

All of the carers believed that the children had benefited from living with them and, with one exception, so did the children and young people. Most of the children and young people were found to be healthy and safe, and carers reported that (despite previously having a poor school record) most were now attending regularly with improving results. Most of the children and young people said that they could talk to

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<sup>1</sup> Since the introduction of the Children (Private Arrangements for Fostering) Regulations 2005, the KCT no longer works with children who are cared for by friends of the family.

their social worker, but two said they could not share their worries with anyone because they did not want to upset their carer.

The birth parents appreciated being able to keep the child within the family and maintaining relationships through frequent contact. However, some birth parents felt excluded from the work of the KCT and were uncertain about the process for reclaiming their children.

Three-quarters of the carers were “very satisfied” or “satisfied” with the service provided by the KCT. Some appreciated the family-centred approach and compared this favourably with previous experiences of social services. Those who hoped that the KCT would help them to obtain a specific service such as re-housing or transport were the least satisfied. Several children and young people also praised the KCT.

### ***Ways in which the service could be improved:***

#### ***Multi-agency working:***

Many families assisted by the KCT have acute needs that can only be met by working in partnership with other departments and agencies. Specific recommendations included meeting with key service providers to discuss how procedures can be improved to meet the needs of children in kinship care in the following ways:

- Fast-tracking the provision of school places for children in kinship care and ensuring that coursework is transferred promptly to the new school.
- Improving access to CAMHS and counselling for children in kinship care and ensuring that support services are provided for birth parents with acute health needs (a source of deep concern to some of the children and their carers).
- Giving more priority to the re-housing of kinship carers in acute housing need.
- Improving liaison with the police regarding emergency kinship arrangements.
- Identifying children who have had early instability in their lives, multiple carers and difficult or challenging behaviour, and ensuring that intensive multi-agency support is provided for these children and their carers.
- Ensuring that transport can be provided for children with special needs living in kinship care.

### ***Providing emotional support for children and young people:***

None of the children and young people had been given a phone number to contact their kinship care social worker. This was problematic, because they were generally aware of what was going on, wanted to protect their birth parents and their carers, and some said they had no-one to share their worries with. We recommend that every child and young person is given a card with the contact details for their social worker.

### ***Working with birth parents:***

We appreciate that as a small team the KCT has to decide where to concentrate their resources, and there may also be serious child protection concerns. We would suggest that the team reviews how they work with birth parents by, for example, introducing themselves, explaining their involvement and ensuring they are clear on plans.

### ***Some reflections on the benefits of kinship care***

The evaluation provided numerous examples of the ways in which kinship care was beneficial to the children and young people:

- In most cases children were loved, protected and cared for;
- Living with kin carers meant that most of the children and young people had continuity with regard to their school, their friendships and their surroundings;
- Most had the security and stability of living with carers, who belonged to their family network, knew them well and were committed to caring for them;
- Contact with birth parents could be more flexible and frequent than for most looked after children;

As research shows that looked after children who are rejected by their parents tend to have very poor outcomes (*Quinton et al, 1998*)<sup>2</sup>, a similar finding might have been expected here, given the high levels of parental rejection experienced by the children. However, there was some evidence that living in kinship care enabled children and young people to overcome adversity to an extent that would not be expected amongst looked after children with similar experiences. This would be an interesting area for further research.

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<sup>2</sup> Quinton, D, Rushton, A., Dance, C. & Mayes, D. (1998) *Joining New Families*, Wiley & Sons, p57.