

Kinship Carers: How they experience their role in the family

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Chapter One: Introduction

1.1 Context of Research

I am a Kinship Care support and development coordinator with Adfam, which is the leading families and addiction charity in England and exists for all those who are affected by someone else's drinking, drug use or gambling. Adfam's vision is that family members affected by drinking, drug use or gambling are heard, valued and have access to support¹.

My job role involves supporting kinship carers in a particular region of the UK who are usually grandparents caring for grandchildren due to their children's drinking or drug use. I provide remote support, mostly by phone, building up a relationship with them week by week and providing emotional support as well as practical support when I can. Having worked in this job for more than five years, I have a good relationship with the kinship carers and getting to know them better has enabled me to observe the need for further research in certain areas.

Workshops for kinship carers sometimes explore how to manage stress and the practicalities of contact, but there are often family cycles at play and strong emotions lying just beneath the surface which are rarely fully explored or appreciated. Kinship carers experience a plethora of feelings around their child who uses drugs or alcohol, along with guilt about their own parenting of that child and uncertainty about their ability to parent their grandchildren. They may recognise traits of their children in their grandchildren and have fears that their grandchildren may follow a similar path in life. In addition to this, many of the kinship carers have had difficult relationships with their own parents which play into the decisions they make and the way they parent, which means that certain patterns can play out over several generations.

This shaped the decision that I would carry out some research with the kinship carers that explored their experience of their role in the family, in particular the emotional impact of

¹ (Adfam, 2025)

retaining a relationship with their child who uses drugs or alcohol whilst also caring for the child(ren) of this same child. I wanted to understand their mixed emotions, their concerns over their grandchildren's vulnerabilities and how they manage parenting grandchildren if they feel that they have not been parented well themselves. I also wanted to know if there was a way that Adfam could support them better or if there was anything they thought would ameliorate the situation.

1.2 Kinship Care: Law and Legislation

If the local authority has reason to believe that a child is suffering, or likely to suffer, significant harm, the Children Act 1989 rules that they must carry out a section 47 enquiry. This may involve the child being removed from their parents' care and their status becoming that of a looked after child.

When a child is removed from their parents and it is determined that they are unable to return, the local authority then has to identify where they will live. There are various options open to them including kinship care, foster care and adoption. Shuttleworth explains:

Kinship care is when children are placed in the full-time care of family members when they cannot remain with their birth parents. In the UK, according to the 1989 Children Act, kinship carers can be related to the child biologically, by legal family ties or by a significant prior relationship.²

He goes on to point out that as a permanence option, kinship care can save money for local authorities (LAs) and that globally kinship care is the fastest growing permanence option for children unable to live with their birth parents.³

² (Shuttleworth, 2023)

³ (Shuttleworth, 2023)

Statutory guidance on kinship care states that the Children Act 1989 'reflects the principle that all children, including looked after children, should be cared for within their family network wherever possible.'⁴ However, it also acknowledges that:

'supervising social workers and other decision makers may find themselves faced with difficult choices... many children benefit by being placed with relatives or friends or others connected to them, near their own homes, continuing to attend the same school, living with their siblings and in accommodation that suits any special needs. However, not all these factors are always beneficial for all children... In weighing up the different options a number of issues need to be considered, the most important of which is how far a placement will meet the assessed needs of a particular child given their previous history and their current circumstances.'⁵

There is an acknowledgement here that placing a looked after child is complex; it may be good for the child to be placed with a kinship carer which means they stay connected to their birth family, but how able is the kinship carer to meet their many and varied needs, and who will support the kinship carer?

Regarding the support that kinship carers can receive from LAs, in the research briefing 'Kinship carers in England', Foster and Mackley explain:

There are several different types of kinship care arrangement and the type of arrangement can affect what support is available and who has parental responsibility for the child.⁶

Many kinship arrangements are informal and have no involvement from children's services. Providing the kinship carer is a close relative of the child or has parental responsibility, there is no legal requirement to notify the local authority.⁷ The local authority is not required to assess the arrangement or to provide financial support to the kinship carers. However, if a child is assessed as being in need, help can be provided under section 17 of the Children act. Similarly, such help can be provided under private foster care arrangements.

⁴ (Department of Education, 2024)

⁵ (Department of Education, 2024)

⁶ (Foster & Mackley, 2025)

⁷ (Department of Education, 2024)

However, once local authorities have removed the children due to section 47 of the Children Act, there is an urgent need to decide on a placement for them as they become looked after, and are entitled to provision of accommodation under section 20. If it has been determined that it is not safe for the child to remain at home, one option for the children is to live with kinship carers, who are often their grandparents (59.2%)⁸. Some kinship carers begin as local authority kinship foster parents:

Section 22C of the 1989 Act also makes it clear that if a looked after child is placed with a family member, friend or any other person who is connected with the child, then the carer must be approved as a local authority kinship foster parent... In the case of a child who is provided with accommodation under section 20, the child's looked after status will end when the local authority considers that the child no longer requires accommodation under section 20 of the 1989 Act. In the case of a child subject to a care order, the child will continue to be looked after until the order is discharged or the foster carer is granted an order which gives them parental responsibility for the child.⁹

Kinship carers may apply to court to obtain legal recognition of their caring arrangement. Kinship carers can obtain child arrangement orders or special guardianship orders. Child arrangement orders mean that while they are responsible for making day-to-day decisions about the child's care, they share parental responsibility with the child's parent. There is no entitlement to support from the local authority. The local authority may make contributions towards the cost of accommodation and maintenance of the child, and this is more likely if the child was previously looked after.

Special Guardianship Orders mean that the kinship carers can exercise parental responsibility to the exclusion of anyone else with parental responsibility.¹⁰ If a child was looked after immediately before the special guardianship order was made, the child, special guardian or parent has the right to receive an assessment of their support needs, which may include financial support. Local authorities may also carry out an assessment of support

⁸ (Foster & Mackley, 2025)

⁹ (Department of Education, 2024)

¹⁰ (Department of Education, 2024)

needs where the child wasn't previously looked after, but there is not a duty to do so.¹¹ Any financial arrangements tend to be means-tested and local authorities are supposed to take into account the amount of fostering allowance which would have been paid if the child had been fostered.¹²

1.3 Kinship Care: Challenges for Carers

There is a substantial burden on kinship carers which comes to them after they decide to become kinship carers. Prior to this point there has been the stress and concern about their child using drugs or alcohol, alongside concerns about how well their grandchildren are being cared for. However, once they have taken on the care of their grandchildren, they are placed under significant stress which is not fully understood by those who are not kinship carers.

When the kinship carer first takes on the care of their grandchild, in many cases this means that there has been involvement with social services. This is often experienced as being very stressful. Beckett argues convincingly that 'for most families intervention by child protection agencies is a considerable source of stress in its own right.'¹³ A Family Rights group declare:

Child protection is the area where family participation leads to most anxiety and where the term partnership is most stretched. When an agency takes a decision to intervene through court proceedings, partnership may seem like a meaningless concept. Power is very much concentrated on one side.¹⁴

The intervention of social services is clearly very stressful for the parents of the children, but no less so for the children and for the grandparents who then have to decide whether they can take on the role of caring for the children. This transition point in the lives of families is

¹¹ (Foster & Mackley, 2025)

¹² (Foster & Mackley, 2025)

¹³ (Beckett, 2003, p. 143)

¹⁴ (Bell, 2002)

significant and can often inform their views of social workers and professionals in years to come. In the report 'Forgotten Families, the point is made that:

Relationships within the family, especially between grandparents and the birth parents, may be exacerbated when legal proceedings are involved. For many grandparents a formal relationship with the child is the only way to get a financial allowance which enables them to look after the child.¹⁵

This brings us on to a significant issue for kinship carers: that of finances. Elaine Farmer¹⁶ explains that the child protection system currently in use in the UK is a direct product of inquiries into child deaths during the last two decades 'and the attempt to meet public expectations that no child known to the protective agencies will die'. She goes on to elucidate, saying, 'The system that has developed is fairly effective at keeping children safe in the short term, but it has clear limitations in relation to providing for the wider welfare needs of children.' While the system may be able to identify issues for children which necessitate removal from their birth parents, it then struggles to provide financially for them if they are placed in kinship care.

Taking on the care of their grandchildren puts a heavy financial burden on kinship carers. The kinship carers are often already on low incomes; many are retired. In the region where I work, kinship carers with an SGO are entitled to an allowance for two years, after which they are expected to have found a way to care for the child. The allowance can continue under exceptional circumstances but it is stringently means-tested. There is a push for a non means-tested allowance, equal to the fostering allowance, countrywide, for the children of kinship carers until the children reach the age of 18 but this is currently in very early stages¹⁷.

The stress of trying to provide financially for the children can lead to bad feeling with the local authority, as kinship carers 'resent the reluctance of local authorities to offer financial

¹⁵ (Grandparents Plus and Adfam, 2006)

¹⁶ (Farmer, 2000, p. 161)

¹⁷ (Kinship, 2026)

support when the alternative of non-relative foster care is so costly.’¹⁸ Kinship carers are often pushed into poverty, their housing may be inadequate and the financial pressure adds significant worries to the kinship carers. As Beckett points out ‘poverty is a major stress factor’¹⁹.

Another significant issue for kinship carers is that of contact. They are often left to manage the contact between their grandchildren and their child. Whilst they are advised that their first responsibility is the safety of their grandchildren, as a parent it is often very difficult to observe their children upset if they are unable to see their own children (for example, if their children have been drinking or using drugs, the grandparents are expected to not allow contact). Beckett points out:

Even parents who have abused or mistreated their child have a relationship with them which is deeper and longer-lasting than the relationship between the social worker and the child...The child protection social worker is intruding, perhaps necessarily, but still intruding, into the intimate relationships of others.²⁰

The kinship carers are placed in a very difficult position of managing the needs of their grandchildren as well as their own needs, but also cannot forget the needs of their children using drugs and alcohol.

There is also the risk of violence towards the kinship carers from their children.

Shuttleworth notes ‘fraught family relationships between carers and the birth family were higher in kinship care, raising the risk of abuse towards carers.’²¹ In the report, ‘Forgotten Families’, it notes that:

When grandparents take over the care of a child, this affects the whole extended family. Grandparents caring for grandchildren following a family crisis may find that their relationship with their own son or daughter gets worse.²²

When the kinship carers take over care of the children, this can have a ripple effect through the family:

¹⁸ (Grandparents Plus and Adfam, 2006)

¹⁹ (Beckett, 2003, p. 188)

²⁰ (Beckett, 2003, pp. 54-55)

²¹ (Shuttleworth, 2023)

²² (Grandparents Plus and Adfam, 2006)

To do this, grandparents have to put the needs of the child before that of their own son or daughter; they may even have to exclude their adult drug using children from their households. The child will often have a conflict of loyalties. Other members of the family may resent the child's parents and make it difficult for them to visit. They may be angry that their sibling will not take responsibility and grandparents may even lose contact with their other adult children and their children.²³

These ripples within the family along with the multigenerational patterns that come to light are something I hope to explore further in my research. Wilson et al write that 'Children come to the attention of social workers because of deprived, disadvantaged, dysfunctional or abusive family circumstances and often their parents have grown up in similar situations.'²⁴ Whilst this is not always the case, there may have been some dysfunction in the family in which the children's birth parents grew up so the social worker has to make a careful assessment of what is in the child's best interests regarding where they live.

Shuttleworth points out that for kinship children:

The children are not merely removed from one family to another separate family. Instead, there is an attempt to secure permanence within the current, fluctuating and potentially risky family affiliations.²⁵

For the kinship carers, a sense of shame may exist for them. In the report 'Forgotten Families', the point is made that:

Taking on this role as a result of substance misuse by their children will add to the stresses of stigma, shame and guilt grandparents feel about what has happened and whether they could have prevented it. Grandparents who are stressed are more likely to become depressed and this may lead to inconsistent parenting, which has itself been linked to adolescent substance use.²⁶

There are complex issues within families that have not been fully examined thus far.

Shuttleworth points out that 'overall kinship care literature tends only to make general

²³ (Grandparents Plus and Adfam, 2006)

²⁴ (Wilson, Ruch, Lymbery, & Cooper, 2008, p. 467)

²⁵ (Shuttleworth, 2023)

²⁶ (Grandparents Plus and Adfam, 2006)

comments that kinship care placements are often viewed as a good or a better option for children who can no longer remain with their birth parents.²⁷ It does not look carefully at the nuances and the shifts within a family that occur when a grandparent becomes a kinship carer.

There are multiple other issues which I do not have time to examine at length but these include issues of age-related health problems for the kinship carer. The report 'Forgotten Families' states:

Many find it difficult to adapt to the physical demands of young children and may feel too old to be doing things young children want to do. Their energy levels are lower and the likelihood of physical illness greater.²⁸

Age-related matters can also make things like technology difficult, along with discipline.

It is also worth noting that the child they are caring for has been through significant trauma due both to the issues which saw them removed from the family home but also due to the separation from their parents. The 'Forgotten Families' report describes how:

Children who are separated from their parents due to substance misuse often face psychological, emotional and sometimes physical problems. Parents who misuse drugs or alcohol may find it harder to sustain family routines or provide consistent parenting and this may inhibit the formation of stable relationships and bonding between parent and child.²⁹

The child may also have neurodevelopmental issues:

'Children may have neurological damage due to their mother's substance use, such as foetal alcohol syndrome, foetal and neonatal toxicity. Children may suffer from slow development, hyperactivity, behavioural problems and poor school attendance.³⁰

In addition to this, there is the concern that:

²⁷ (Shuttleworth, 2023)

²⁸ (Grandparents Plus and Adfam, 2006)

²⁹ (Grandparents Plus and Adfam, 2006)

³⁰ (Grandparents Plus and Adfam, 2006)

Children of problem drug users are more likely to misuse drugs themselves... By late childhood these children are likely to have seen their parents using drugs at home.... So children who end up living with their grandparents as a result of substance misuse by their parents are likely to have substantial health and psychological problems.³¹

All of these issues are likely to have an effect on kinship families and kinship carers. To examine this effect, I intend to talk to kinship carers and find out about their view of their role within the family and how they experience it.

³¹ (Grandparents Plus and Adfam, 2006)

Chapter Two: Methodology

2.1 Epistemology

Firstly, I wish to briefly outline the epistemology that underpins my research methodology. The framework which I am chiefly working in to explore the relationships in kinship families is family systems theory, which views the family as an interconnected emotional system and ‘explores relationships between family members, familial multigenerational behavioral patterns, and how families work together’³². It focuses on patterns, roles, boundaries, communication and interdependence, looking at how individuals function because of their relational context. Paul McCarthy writes:

‘Family systems theory suggests that individuals cannot be fully understood without considering their family unit... emotional systems interact, leading to unique relational patterns. By exploring these dynamics, we can uncover intergenerational patterns that shape behaviours, beliefs, and emotional responses.’³³

If each family member is a product of an interconnected emotional system, it means that an individual can frame their experiences in a broader context, as part of a complicated web of relationships.

Family systems theory first developed from several influences in the 1950s, with American Psychiatrist Murray Bowen one of the foundational theorists³⁴. It uses a number of concepts including multigenerational patterns, for example if a grandfather, father and son were all alcoholics³⁵. Another concept is that of the differentiation of self, which considers ‘how individuals can remain a member of a family system and still be a separate individual, emotionally and psychologically.’³⁶ McKnight describes how ‘Children in a family emerge into adulthood with varying levels of differentiation or emotional maturity based on their position in the family, the families’ overall level of differentiation, and the challenges the

³² (EBSCO Information Services Inc., 2025)

³³ (McCarthy, 2025)

³⁴ (EBSCO Information Services Inc., 2025)

³⁵ (EBSCO Information Services Inc., 2025)

³⁶ (EBSCO Information Services Inc., 2025)

family faces'³⁷. I believe that both these concepts could prove to be important when exploring some of the challenges that kinship carers face within their family context.

Another important concept in family systems theory is that of boundaries, looking at the healthy limits that families can place on their interpersonal relationships. Families who maintain 'few boundaries may be considered enmeshed or so deeply involved with one another that individual family members have difficulty establishing individual identities separate from their families.'³⁸ There is also the concept of triangulation:

When there is tension and stress in the relationship between... two people, a third person or thing is brought in to relieve this tension... For example... [a] couple introduces their children into their marital conflicts so that the couple does not have to face their problems with one another³⁹.

Boundaries and triangulation could also be useful ways to look at family relationships within kinship care families.

In addition to this, within family systems theory there is also the concept of roles within the family. McCarthy writes: 'Family members frequently adopt specific roles, such as caretaker, rebel, or peacekeeper. While these roles can foster a sense of identity, they can also impose expectations that limit personal growth.'⁴⁰ Kinship carers adopt the role of literal caretaker to the kinship child, but this is often not how they had hoped to spend their later years. Their interpretation of their role and the meaning they assign to it could be very illuminating.

Finally, emotional cut-off is an interesting concept in family systems theory, when a family member chooses to reduce or cut off emotional ties with their family. This is seen as a way to manage unresolved emotional matters, and superficially relationships seem better when there is less contact. However, the problems still exist beneath the surface.⁴¹ When a child is using alcohol or substances, the way that both they and their parents deal with the situation

³⁷ (McKnight, 2024)

³⁸ (EBSCO Information Services Inc., 2025)

³⁹ (EBSCO Information Services Inc., 2025)

⁴⁰ (McCarthy, 2025; Anne, 2026; Anne, 2026)

⁴¹ (Drew, 2025)

is interesting to observe. The kinship carer looking after their addicted child's children often brings them back into closer relationship with their child who uses drugs or alcohol but this can bring issues to the surface which might otherwise not be considered.

Family systems theory will enable me to interpret the meaning that the kinship carers give to their experiences within their families as I want to understand the kinship carers' lived experience within their relational and systemic contexts. However, as with any theory, despite many strengths there are also some weaknesses for family systems theory which are worth noting. Critics have argued that issues of gender inequality are not fully articulated or addressed in this theory, as equality of influence in a family should not be assumed. Similarly, there is a risk that in a context of family violence, family systems theory focuses on the family dynamics that contribute to the violence resulting in less accountability on the part of the perpetrator for their actions. These weaknesses mean that I must keep the issue of power dynamics in mind, whether relating to gender or violence, and this must also shape my interpretations of what the kinship carers say.

2.2 Research Methodology

I decided to adopt a qualitative approach to address my research questions in detail. A phenomenological viewpoint was selected as it is concerned 'first and foremost with human experience'⁴². It prioritises participants' subjective meaning-making and seeks to understand how people experience phenomena and not just what occurred.

I selected Interpretative Phenomenological Analysis (IPA) as it can be used when the research centres on understanding personal lived experiences in depth, exploring complex and emotionally charged experiences, and when the research aims to give voice to a marginalised or under-represented group⁴³. Denscombe also points out that phenomenology is related to a social constructivist viewpoint, whereby people construct

⁴² (Denscombe, 2010, p. 94)

⁴³ (McLeod, 2024)

their own interpretation of events based on their experiences, and also a humanist viewpoint, that is 'keen to accord normal people and their own everyday reasoning higher status in research' ⁴⁴.

When using IPA, Denscombe explains that, for the phenomenologist, 'The task is to present the experiences in a way that is faithful to the original'⁴⁵. This means using the participants' own words as much as possible. IPA also tries to understand an individual's perception of an event, although it does acknowledge it is never completely possible for a researcher to understand someone else's perceptions, because these perceptions are filtered through the researcher's own perceptions⁴⁶.

Smith and Osborn⁴⁷ consider semi- structured interviews the best way of carrying out IPA as this form 'allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participants' responses and the investigator is able to probe interesting and important areas which arise.' I had a list of questions⁴⁸ which I roughly followed, although Smith and Osborn⁴⁹ explain: 'the interview will be guided by the schedule rather than be dictated by it'.

I am hoping that IPA will allow me to explore how individuals experience the family system, including how family roles are perceived and how emotional processes are felt and interpreted. While family systems theory provides the theoretical lens, IPA will provide the methodological approach; so while IPA explores the experience, family systems theory explains the context and patterning. Even though family systems theory will be guiding my interpretation, I plan that my findings should centre still on the participants' lived experiences. This is because I want to understand lived experience within relational and systemic contexts.

⁴⁴ (Denscombe, 2010, p. 96)

⁴⁵ (Denscombe, 2010, p. 95)

⁴⁶ (Birkbeck University of London, 2025)

⁴⁷ (Smith & Osborn, 2007, p. 57)

⁴⁸ Appendix C

⁴⁹ (Smith & Osborn, 2007, p. 58)

The strengths of IPA can be clearly seen in this situation. However, there are some attendant weaknesses. It can be hard to identify what a sound analysis using IPA looks like, and there is a need for self-awareness, so the researcher's preconceptions are taken into account⁵⁰. Sometimes IPA analyses are also criticised for being too descriptive, so I will need to make clear the difference between the data and my interpretation using family systems theory.

2.3 Study Design

In order to address my questions in detail, I chose to adopt a qualitative approach to my research. I decided I was more concerned with the kinship carers' unique experiences than gathering quantitative data. I intended to carry out a study of four to six kinship carers known to my agency, Adfam. My sampling frame was purposive as I wanted to talk to kinship carers known to Adfam who care for a grandchild or grandchildren whose parent (the kinship carer's child) uses drugs or alcohol (for ease, sometimes referred to in this study as 'the addicted child'). I was looking at a sample size of approximately four to six kinship carers, given the time constraints under which I was working.

Data would be gathered through semi-structured interviews recorded with the interviewees' permission. I planned to ask them about their experience of their role in their families and how they thought they could better be supported. I hoped that through the interviews the kinship carers would be able to explore their experiences and feel validated as I listened to them. I also hoped there would be a degree of co-creation in this study as I intended to ask the kinship carers for their input on questions. Following collection of the data, the interviews would be transcribed. Carrying out interpretative phenomenological analysis, I intended to better understand their lived experiences within relational and systemic contexts.

⁵⁰ (Brocki & Wearden, 2006, pp. 87-108)

2.4 Sampling

I intended to interview four to six kinship carers who were known to my agency who cared for a grandchild or grandchildren whose parent (the kinship carer's child) used drugs or alcohol. The kinship carer needed to be willing to speak to me about these difficult topics. This was in order to obtain a purposive sample. I felt that a sample size of four to six was reasonable, given the time constraints under which I was operating.

I worked with all these kinship carers, which meant they would have had some support where other kinship carers may not have been supported at all, but on the other hand, kinship carers working with Adfam are often referred due to their need for extra support given the complex issues that they face. Ultimately, I found five kinship carers who were willing to participate in the research.

The kinship carers all came from a similar geographical area and were either caring for children of primary age or secondary age. All the kinship carers were grandparents of the children they cared for and they all held Special Guardianship Orders. They all had children who used drugs or alcohol and the carers were caring for either one or two of their grandchildren. The carers varied in age from late forties to mid-sixties.

A wide variety of issues were represented by the families, either by the grandparents, parents or grandchildren: substance misuse, additional needs, neurodiversity, mental health difficulties, physical disability, custody battles, marital unfaithfulness, abuse, neglect and probably many more issues about which I remained unaware. All the carers were white, and while I did not ask about their sexuality, from their comments it was clear that they regarded themselves as heterosexual. As far as I was aware, they were all from households with low income.

2.5 Data Collection

After identifying six kinship carers who indicated, on preliminary inquiries, that they would be happy to be interviewed, I sent the carers two documents by email with information about the research project: a letter of invitation and an informed consent form. I also included a summary about the research in the main body of the email as I knew that a lot of the kinship carers had difficulties with reading and processing information and using technology.

If the kinship carers indicated that they were still happy to go ahead with the interview, we organised a time for the interview to take place. One kinship carer agreed to be interviewed but then postponed twice and told me that she thought it would bring up too many difficult memories. I assured her that was fine. This meant I was left with five interviews which was an acceptable number.

The interviews took place over the phone as I work remotely. I recorded these interviews with the kinship carers' permission. Ultimately I undertook five semi structured interviews with five individual kinship carers. I asked them questions about their childhood, about bringing up their child who now uses drugs or alcohol, about when their grandchildren came to live with them, their relationship with their child who uses drugs or alcohol now that the kinship carers are caring for that child's children and about their experiences with contact, about bringing up their grandchildren and about support which would have been useful in the past or would be helpful in the future. I asked them about the support they received from Adfam. I also asked them if there was anything they wanted to add or if there was anything else they thought I should have asked them about. I would have liked to carry out a piloting interview beforehand but decided against it, given the time constraints.

I had a list of questions which I roughly followed, and I offered to give a copy of this list to the kinship carers at the beginning of the interview, but none of them felt that it was necessary. I also took them through an informed consent form at the beginning, to show that we had talked about the interview and the kinship carers fully understood what was going to happen.

2.6 Data Analysis

I recorded the five semi-structured interviews using Otter; the kinship carers were aware that the interview would be recorded. I then transcribed the interviews with as much accuracy as possible, given that what the kinship carers said and how they said it was fundamental to my research. Smith and Osborn write: 'it is not possible to do the form of interviewing required for IPA without tape recording. If one attempts to write down everything... one will only capture the gist, missing important nuances' ⁵¹. I was hoping that Otter AI would help with my transcribing but I didn't find it as useful as I hoped. I catalogued and indexed my results and then analysed them, coding and highlighting key themes.

Following this, I wrote up my findings. I wanted to provide as much access as possible to the participants' words, because phenomenology is about 'the ability to see things through the eyes of others, to understand things and to provide a description of matters that adequately portrays how the group in question experiences the situation'⁵². This meant that I tried to provide full phrases from the participants' interviews, rather than single words reproduced without context. I often found myself including longer extracts in order to give a sense of the person talking.

Miller and Glassner write that 'we can describe, truthfully, delimited segments of real-live persons' lives. Indeed, in so delimiting, we may get closer to people's lived experience'⁵³. Smith and Osborn explain that 'meaning is central', and understanding those meanings 'involves the investigator engaging in an interpretative relationship with the transcript'⁵⁴. Although my research was chiefly qualitative, Madill, Jordan and Shirley⁵⁵ claim that IPA findings can be viewed as reliable, as different researchers produce very similar results when subjectively analysing the same data.

⁵¹ (Smith & Osborn, 2007, p. 64)

⁵² (Denscombe, 2010, p. 95)

⁵³ (Miller & Glassner, 2011, p. 136)

⁵⁴ (Smith & Osborn, 2007, p. 66)

⁵⁵ (Madill, Jordan, & Shirley, 2000, p. 17)

For each kinship carer I assigned a different name to ensure that they would not be identified, and I also changed the names of anyone else they referred to during the interview, apart from myself. Potentially identifying details have been removed or generalised. To reduce the risk of deductive identification, some gendered references have been made gender neutral; these changes do not affect the substance or meaning of the data. During a phone call, I would often make noises of agreement, such as ‘Mmhmm’ which I have cut out of the kinship carers extracts so as not to interrupt the flow of their speech. Anything which I said is in italics.

During the course of the interviews, some of the kinship carers told me some very personal things which I have decided against referring to directly, describing them rather as ‘traumatic experiences’. Whilst I was aware the kinship carers were anonymised and they had known that they were being recorded for research, these things felt intensely personal and so I was uncomfortable including them, cognizant of the power differential.

2.7 Ethical Considerations

Ethical approval for my research project was reviewed by Adfam after I used the Ethics Self-Assessment Tool⁵⁶ from the UK Statistics Authority⁵⁷. The self-assessment indicated minimal risk, so I then sought internal approval from senior management and received it. I received it due to the fact that the research is non-clinical, participants are not exposed to significant risk, the charity has appropriate policies for consent, safeguarding, privacy and data protection and I would maintain GDPR compliance. Furthermore, the project looked to generate insights relevant to Adfam’s own service provision, and while the findings may be shared externally in summary form, they were not intended to produce clinical or biomedical generalisable knowledge.

⁵⁶ See Excel attachment

⁵⁷ (UK Statistics Authority, 2026)

The methods involved voluntary participation in interviews or discussions and while participants would be service users, the topics were judged minimal risk with appropriate safeguards. I made sure that during the research study there was informed consent⁵⁸, with the participants receiving clear information about what to expect⁵⁹, both verbal and written, and they would provide consent for the interviews. They would also be provided with a spoken debriefing if they wished. I made it clear that the kinship carers could decline or withdraw at any time without consequences, and they had the option of not answering certain questions if they don't wish to.

I ensured confidentiality and anonymity by anonymising the data in reporting, with no identifying information being published. Data would be stored securely and handled in compliance with UK GDPR and the charity's data policies. Procedures for responding to distress or disclosure would follow the charity's safeguarding policy. Participants would continue to be supported following the research, so that in the event of participation triggering difficult thoughts and emotions, the participants would be supported.

The topics covered in the interview did not pose foreseeable psychological, legal, or social risk beyond everyday interactions as I already spoke to the kinship carers about these topics. However, due to the fact that safeguarding and kinship caring are emotive topics, I made sure that there was appropriate support available afterwards for those kinship carers who took part in my study. I confirmed that the kinship carers were fully briefed and knew what to expect in the interviews, and I also verified that they were aware that participation was voluntary.

I also needed to ensure that the kinship carers were aware that participating in my study would not affect the support that they received through Adfam. I was concerned that the kinship carers might agree to the interviews out of a sense of indebtedness, but my manager advised that even if this was the case, it should be empowering for them to participate in research detailing their experiences.

⁵⁸ Appendix B

⁵⁹ Appendix A

The kinship carers I interviewed were also clients who I supported, and as such I was aware that there were potential conflicts. There could have been information that the kinship carers had chosen not to disclose to me previously, which I would be asking them directly about in the interview. I did not feel that these concerns were sufficient for me to avoid interviewing these kinship carers, but I kept those concerns in mind, emphasising to them that they did not have to answer questions if they did not want to.

I was also aware that safeguarding disclosures could occur. I made it clear to the kinship carers beforehand that should this occur, I would need to inform my manager. I tried to conduct my research bearing in mind the following principles, taken from Denscombe⁶⁰. I tried to make sure that participants' interests were protected, respecting participants' privacy and avoiding undue intrusion, and I also guaranteed the anonymity of individuals and organisations.

2.8 Reflexivity

I chose to use qualitative research methodology and this means that it will unavoidably be shaped by my own understanding and interpretation of the data. I need to consider how my own assumptions and values impact on the outcome of the research. Giampetro Gobo⁶¹ defines reflexivity as:

The self-aware analysis of the dynamics between researcher and participants, the critical capacity to make explicit the position assumed by the observer in the field, and the way in which the researcher's positioning impacts on the research process.

As a white heterosexual disabled female in her early forties, from a middle-class background, and with a Christian faith, I am aware that my views will impact on my research and I will reflect on the effects of this in my conclusion.

⁶⁰ (Denscombe, 2010)

⁶¹ (Gobo, 2011, p. 22)

Chapter Three: Findings and Discussion

3.1 Multigenerational Trauma: A case study

As will swiftly become clear, the interviews produced a huge amount of data and a great deal more than I expected. There is so much in the data that I would like to explore further, so constraining myself has been difficult. Nonetheless, I thought it was worth beginning my findings with a short case study of multigenerational trauma.

When interviewing the kinship carers, I was struck immediately by how much trauma each of their family units had undergone, in addition to the trauma of having an addicted child and then needing to look after the children of the addicted child. Unprocessed trauma could cause ripples down the generations and having had very little or no therapy, the kinship carers were left to carry it, often alone. One of the refrains I have heard repeatedly when working with the kinship carers, when talking with them about how best to care for the children in their care, was being asking in return ‘But who will look after me?’ Having not received nurturing parenting themselves, and then sometimes perceiving their parenting of their addicted child as inadequate, this made parenting their grandchildren much harder.

With every carer I spoke to, there were repeated traumatic events, often one leading to another, with little awareness of how or why this was happening. Denise’s story was the clearest illustration of this, helped by the fact that she had thought through these things herself so had more clarity than some of the other kinship carers. I want to explore it here in full as it is such a good illustration of multigenerational trauma, and it introduces a number of other themes which I would like to explore more fully.

When originally asked, Denise said she had a close relationship with her mother, father and six siblings. However, it then transpired that her oldest sister had gone to live with her grandmother because of a ‘nervous breakdown’⁶² which suggested some difficulties within the family. Following this she told me:

⁶² D:104

It's strange, because when I first met Eddie [her husband] I felt he was the first person outside of my, outside of our family unit, that actually showed, that actually gave me any sign of affection... And I guess, because he did, or I wasn't used to that, and I didn't, I didn't, um, know what that was, and I, I liked that. I liked the fact that he showed me affection.⁶³

Denise connected this lack of affection with her mother's approach to parenting. She explained:

When I spoke about it with my mum, she explained to me, and I, and I understand now, I didn't at the time, but she... explained to me: when she was thirteen, fourteen, she lost her dad and she lost her dad through TB. So, in them days, it was called the kissing disease, so she said from that moment onwards, anything, any hugs, kisses, whatever, stopped so she was, she grew up actually not having any affection and I think she passed that on into her family, not meaning to. But I think that's what happened.⁶⁴

It was a very thoughtful reflection on how her mother's upbringing affected her mother's parenting, and also demonstrated what Harrison posited, namely the fact that:

People are more likely to be willing to interact with family when they have learned more facts about history. When they come to understand the circumstances of adversity that the family faced and how that shaped, to some extent, their reactivity to each other, sometimes people can become less cut off... family research is an avenue for people to become more objective, less afraid of their family, and more willing to engage.⁶⁵

Reflecting on her upbringing, Denise said, 'I always vowed to myself that if I had children, that they would grow up and they would know, they would feel the love'⁶⁶. However, her mother's parenting continued to impact on her. After Denise met Eddie when she was fourteen years old, her mum put pressure on Denise to make a decision which ultimately

⁶³ D:265-273

⁶⁴ D:275-316

⁶⁵ (McKnight, 2024, p. 159)

⁶⁶ D:326-327

caused severe physical and emotional suffering for her. Denise remained in a relationship with Eddie and five years later, when Denise gave birth to her son (she had given birth to her daughter two years prior) she had a very traumatic birth which led to a number of health complications.

Following this experience, Denise struggled, both physically and emotionally. She felt that she neglected her daughter, explaining:

For the first year of Frank's [their son] life, Eddie... Eddie really did everything and looked after Gabrielle [their daughter] as well and that really, you know, I mean, I was, I suffered bad with nerves and things like that.⁶⁷

Her poor mental health was not surprising, given her experiences, but she blamed herself nonetheless. She reflected:

I think because I was poorly and because, you know, we're looking after Frank, we left Gabrielle to her own devices, and it wasn't the right thing to do, but at the time, that's what we did. Um, and I guess that's why I've always made excuses for her.⁶⁸

Denise felt that her inability to give Gabrielle the loving upbringing that she desired for her led to behaviour that she saw as attention seeking. Gabrielle went on holiday with her best friend as a young teenager, and had a traumatic experience. Denise believed that this was the point at which Gabrielle began using drugs, to manage the trauma of what had happened to her.

Denise blamed herself for her inaction after she found out what had happened to Gabrielle:

When I think back to then, I think, What on earth was I doing? Why the hell didn't I do something about it? And I should have done and I think that, that was the, that is, (sighs)... that is the problem. ... And I tried, we've tr-, we've tried to talk to her. We tried to get her to see people. We took her to see people but she just wouldn't, she wouldn't talk.⁶⁹

She continued:

⁶⁷ D:407-411

⁶⁸ D:493-499

⁶⁹ D:558-568

Eddie blamed himself, I blame myself and then as time went on, I blame myself more because I didn't do something, I didn't, you know... And I know that's why I've made allowances for her, I know that. You know, rightly or wrongly, I've... you know, we know the issues. We know the problems, nobody else does.⁷⁰

The depth of Denise's guilt was profound. When it then came to taking care of her two grandsons, both with additional needs, she told me 'I just got on with it... I don't think I've really thought about things too much. I've just dealt with what's in front of me.'⁷¹ This may have been the only way she could manage the task, particularly as she had been widowed by that time⁷². Looking after Gabrielle's two sons was only the latest part of her caretaking role which had followed her through her life.

Until I carried out the interview, I had heard some parts of Denise's story but had never had the opportunity to put them all together before. I was struck not only by how many traumatic events had occurred within the family but how often one traumatic event led to another. McKnight describes how Family Systems Theory suggests:

A family with an average level of differentiation can navigate the environment well in calmer times. Influenced by events such as death, immigration, environmental catastrophes, or unemployment, the level of emotionality and reactivity rises.... when the emotional side of the brain is triggered, individuals have less capacity to problem solve or to regulate themselves in relationships. Symptoms occur and the family appears helpless and chaotic. These trigger events create acute anxiety in a family.⁷³

Denise had a number of trigger events in her family which may have influenced the course of her life. From her mother's father's death and the way that was dealt with, to the lack of affection from her mother, to her physical health issues and resulting guilt about her daughter, and further guilt about her sense of powerlessness in the face of her daughter's trauma; they all played into the circumstances in which she now finds herself.

⁷⁰ D:578-586

⁷¹ D:611-613

⁷² D:622

⁷³ (McKnight, 2024, p. 23)

It is very unlikely that Denise would have felt able to discuss any of these events with the social workers who came out to assess her as a kinship carer, and this is one of the difficulties for social workers. Grandparents who are being assessed for becoming kinship carers do not want to say anything which would put this potential role in jeopardy. This calls for discerning and patient social workers who are willing and able to take the time to explore the complexities of a challenging family.

Sadly, Denise told me 'I don't like social workers... I don't trust them'⁷⁴ and it was clear they were unable to build a good working relationship with her. She felt very alone in her caring responsibilities saying 'they've left everything down to me and that's a big responsibility'⁷⁵. She went on:

The one that we had when we were going to court... she never even met the boys and I just feel, how can they discuss what's good for these boys when they don't even know them? It... was a circus. It really was. It really was a circus. And I just felt it was all about ticking boxes. You know, we're talking about real people's lives here, children's lives.⁷⁶

Nonetheless, Denise advocated for her daughter seeing the boys regularly, writing a letter to the judge, who commended her. She told me 'He actually commended me, Lindsay. He said I was a very intellectual lady'⁷⁷. She added chuckling that she hadn't known what he meant and had to look it up later⁷⁸.

Despite all her difficulties in life, Denise has kept going, although she has no end in sight to her caring responsibilities. In some senses, she looks to break some of the cycles in her family. She told me about how she talks to her grandson, Hudson:

Sometimes when he reacts like he does, um, you know, I sit and talk to him, and I'll hug him...sometimes he'll say, well, Mummy does that and I'll say, yes, but Hudson's not going to do it, you know, um, let's try a different way⁷⁹

⁷⁴ D:630-632

⁷⁵ D:650-652

⁷⁶ D:666-676

⁷⁷ D:717-719

⁷⁸ D:693-700

⁷⁹ D:1030-1036

Denise is particularly helped by her thoughtfulness and curious mind, as she seeks to understand what she has been through. Nonetheless, I am sure that good therapy would help her considerably and she is unable to access it long-term on the NHS. She will sometimes be referred for six sessions at a time, but the complexity of the underlying problems means that more is needed.

3.2 Generational Patterns: Education

Something I was particularly interested in exploring in the research was seeing if there were any generational patterns which played out through families. One pattern which I discovered was in the area of education. Several kinship carers mentioned how difficult they had found school, and then spoke about how hard their child found school, and then their grandchild also struggled with school.

One kinship carer, Anne, told me 'I hated school'⁸⁰. She related a story of how, when she moved to secondary school, she did not attend school for the first six weeks, unbeknownst to anyone. She put on her school uniform and went to the park instead. She told me, 'Nothing happened, I just... sat in the park... (chuckles) I don't know, I don't know if I.. I can't say if I was bored, I don't know... apparently it was better than being in school. I don't really remember much of it. All I know is that I have six weeks off'⁸¹.

In turn, Anne had had terrible trouble getting her child Alex, who was diagnosed with ADHD, into school:

'Then from nine years old... the school was saying if [Alex] hasn't had... Ritalin, [Alex] can't come to school and... it was just a battle all the time... one time, I got so fed up, right? That I literally, I literally straddled over [Alex] so that [they] would take this tiny little tablet, just so that the school would take [Alex] in so that they would keep [them] in school all day so I would get a break'⁸²

⁸⁰ A:66

⁸¹ A:140-144

⁸² A:296-309

At around the age of 12, Anne reported how Alex would go 'AWOL'⁸³ and ultimately ended up in a detention centre for young offenders.

Anne is now looking after Alex's daughter Chloe and has gone through a long period of school refusal with her. Recently, Chloe realised that the social worker was considering whether living with Anne was the best option for Chloe due to her school refusal and when Chloe understood this, she returned to school. Anne said:

She sat in school in the meeting yesterday, crying her eyes out, saying "I don't want to be removed from my nan." It really upset her. But I said to her, "You gotta come to school then." Because... you know, sometimes you got to be cruel to be kind with kids⁸⁴

This doesn't mean that it's easy, as Anne related:

Yesterday morning, she got out of bed. I had all the tears, honestly, heart wrenching tears, right? Yeah. She turned around and she went, "Well... I suppose, well, can't we do home-schooling because I can't cope with going to school. It's making me really depressed." And I went, "Look, right? I'll have a word with the school. Go to school today, right? And I will talk to the school." So there's me all morning thinking, oh my god, she wants home-schooling... How am I going to cope?... Anyway, she went to the meeting at what, half past one and obviously they'd been talking to her and er, they'd turned the tables around. And she said, "No, I don't want home-schooling. I'm happy in school. I've got my friends," like this...What a relief. What a relief.⁸⁵

There is a generational pattern here of first Anne, then Alex and finally Chloe finding school difficult and attempting to avoid it.

Another kinship carer, Sam, reported finding school very difficult when they were growing up:

I did struggle a bit at school, kind of couple of special needs myself, um, I was overweight as a child, so I...used to get a bit of bullying about that at school... Went from a tiny Primary School to a massive secondary school, um.... carried on,

⁸³ A:313

⁸⁴ A:868-875

⁸⁵ A:884-902

struggled a bit to be honest, but used to attend every day and eventually done GCSEs and, er, left with a few GCSEs at the end of it.⁸⁶

Sam was clearly proud of what they had achieved and therefore found it very difficult when their daughter Faye left school without any qualifications:

When she got into secondary school, she sort of like kicked off, roused a bit. Then at school, say, she got excluded from school. Um, which is a shame, because up until... I think it's year eight, year nine in school - she's a pretty clever girl, to be fair. She could have gone far - um, but she just weren't listening to boundaries. Um, and yeah, she eventually, so she got excluded from school. She left school with no qualifications unfortunately.⁸⁷

There was clearly a lot of regret for Sam around wasted possibilities in Faye's life.

Now Sam was concerned about their grandsons who Sam and Sam's partner Charlie were bringing up together. One of them was refusing to attend school:

We're very concerned about Grayson at the moment, because of his non-attendance at school and struggling with attending school. Very concerned about him as to whether he... will even leave school with any qualifications, because of his, his total lack of wanting to engage with learning. Obviously, to get in, get qualifications, you need to engage with learning. So, yeah, really concerned about him. And... we are concerned like, if you don't get qualifications, and what if you don't get a job and so on⁸⁸

Sam has their own history and their daughter's history which inform their concern; Sam stayed in school and now has a job whereas Sam's daughter left school without any qualifications and has addiction issues. I was interested to note that even with Sam's other grandson, Harrison, who is attending school, Sam felt that he could be working harder:

He don't always try as hard as what he can do at school, his school says, and I've noticed that at home as well, with his homework... So he lets himself down a little bit there.⁸⁹

⁸⁶ E:30-39

⁸⁷ E:170-179

⁸⁸ E:707-717

⁸⁹ E:724-731

Sam went on to tell me that the reason why they wanted Harrison to try as hard as he could was because Sam wished they could have tried harder whilst at school:

I tried to explain to him where, when I was at school, say, I didn't try as hard as I could have done...I'd usually try my hardest not to do it so really, um, it weren't until I got to year ten, eleven, I thought, god, I need to change my way, since I'm not going to become what I want to become. Um, and in some ways, some of it is too late by that time. And I often think to myself, no, if I'd have tried my hardest from when I started year seven, say, where could I be now? Probably be, like, a better job position, say, um, whereas my job's okay now, but, I, I don't know, could have been a doctor or something like that.⁹⁰

Sam feels that education is a pathway to a better life and is anxious that their grandsons make the most of their opportunities. However, Sam's grandsons may experience this anxiety as pressure and feel that it is hard to live up to Sam's expectations for them.

I was particularly interested in this issue of education through the generations because Broderick writes, looking at Urie Bronfenbrenner's work, in 'Understanding Family Process':

Students' performance at the school is partly a function of their parents' relationship to the school. Parents who are members of low-status minorities have little influence on school policies or practices; as a result, there is a poor fit between these and their perceptions of their children's needs...The research shows that these parents do urge their children to attend regularly, mind their teachers, and try to do well, but they unwittingly also communicate to them that the schools are a foreign institution in which they are fortunate even to hold their own, let alone excel. The children meet the expectations of their parents (and their teachers).⁹¹

Through the kinship carers' own experiences at school, as well as their experiences with their children, it is possible that there is some unintentional communication to their grandchildren that school is difficult and unpleasant but something that needs to be endured nonetheless.

⁹⁰ E:731-743

⁹¹ (Broderick, 1993, pp. 158-159)

3.3 Generational Patterns: Family relationships

Further generational patterns that I saw playing out in families was in the area of familial relationships. When talking to Bea about her relationship with her parents, she told me:

It was a good relationship. Um, I didn't really have much of a relationship with my mum, um... because what happened? Because I was premature, er, and my dad always wanted a girl? Well, this was the story. So, er, when I was born, um, basically, my mom left me in hospital for four weeks because she had to come home and look after the other two boys. Um, and, er... she was, she was always... but that spoilt me a little bit, because he always wanted a girl. So... he sort of spoiled me, but it's like I said, well, that wasn't my fault. I was a child. Um, so me and mum, uh, used to bicker quite a bit.⁹²

Bea described not having much of a relationship with her mum when younger although she did add that after her father died, their relationship grew stronger⁹³.

When it came to describing her daughter Claire, Bea told me that she was 'strong minded, strong willed and wanted to do her own thing, and would just do her own thing'⁹⁴. This was something almost all the kinship carers mentioned when talking about their child with addiction struggles, when the children were young. Bea later said that she'd had worries about her from when she was quite small:

I always had worries about her, always, from when she was little... It was because she was, she was so defiant... and then because of the battles I used to have with her dad... she used to.. see a lot of it, or hear it, or y'know, and as she got older, she knew a lot of it and then when she was a teenager, she started going off the road, really.⁹⁵

Bea was divorced from Claire's father and now feels that the strained relationship between Bea and Claire's father affected Claire, along with the fact that Bea was trying to manage Claire's behaviour on her own. She told me:

⁹² B:134-149

⁹³ B:149-150

⁹⁴ B:349-350

⁹⁵ B: 404-416

I done a parental course... because I rang the social services, because I was like, I'm at my wit's end...and I, I done one of their parental courses, um, to be a better parent but I don't know how you can – do you know what I mean? (Sighs)... I wanted help, because I wanted to be able to bring my children up properly, and,... y'know, I, I, I thought I was doing something wrong. I did think I was doing something wrong... there was a few tips that I found from there, you know, but, um... bringing up them single handedly is quite hard, and when you're working full time as well and then you're having to battle with the child as well, it's, y'know, and you just end up not, not losing your temper, but getting angry and shouting...So, it's very hard when you're on your own.⁹⁶

Bea thought that she was doing something wrong as a parent because of her battles with Claire, but her relationship with Claire may have been reflecting her relationship with her own mother. Additionally there was the clear strain of feeling so alone when it came to bringing up her children.

When Bea was being assessed to care for Claire's daughter Darcy, she ran into problems with the social worker because of Bea's difficult relationship with Claire:

Social services didn't want Darcy to come and live with me. When my daughter was pregnant, they obviously told her they were gonna remove the baby as soon as it was born so I, I put myself up to take her and, um, they didn't want me to....their basic excuse was because of the strained relationship I had with her as a child and, um, the fact that I worked full time, that was their reason. So I turned around and said, "Well, that's strange, isn't it? Because I bought up a daughter, and a son, I said, and I, and I didn't have no problems with bringing up my son or anything like that."⁹⁷

Bea was able to advocate for herself in a way that not all the kinship carers I work with are able to do. She pointed to her son as a demonstration that her parenting skills were acceptable. Ultimately, she was able to demonstrate that she would be able to care for Darcy, but not until Darcy was ten months old, and Bea found the whole experience very difficult. She told me:

⁹⁶ B: 430-450

⁹⁷ B:544-560

I jumped through every single one of their hoops and then, um but I gotta, it was quite funny, Lindsay, I have to tell you this story because, you know, I'm quite open minded and um, speak my mind and what have you. Well, when the psychotherapist, psychologist was around my house, my son was skiving college, he thought I was at work, and, um, he came home from college skiving, and I went, "What the fu- I went what the eff you see kay you doing there? But you're supposed to be in college. Get your ass back to college now." And I thought, Oh, no. D'y'know what I mean, with this, er bloke there and he was saying, "No, I want you to be totally naturally... and to be honest," he said, "I would have the same attitude if my son was skiving."... And then when, when he said that... then I felt supported but not until then. Up to then, it was a real battle.⁹⁸

In this case it seems that the social worker was asking the right questions, and looking at family patterns, but it felt quite adversarial to Bea, who was ultimately able to demonstrate that she was able to look after Darcy.

Looking after Darcy now, Bea feels that she relates to her differently and parents her differently to the way that she parented Claire, describing herself as being 'more flexible'⁹⁹. She told me how she has been managing some of Darcy's current difficulties:

I think, touch wood, things are getting better... y'know, the self harming and everything like that. She's not even considering. I've sat and had a lengthy chat with her and said, explained how worried I am and I feel like I'm not bringing her up safely and everything like that so she needs to do that. So I said to her, "If ever you feel like that, come and talk to me first. Come in. I don't care what time of day or night it is or anything like that. Come and talk to me and we'll sit and talk it through."¹⁰⁰

Bea says that she still provides boundaries for Darcy but she is able to be more relational in her approach. I asked if she thought that Darcy and Claire were similar and she told me:

Um, character wise, she's very similar. But... she's not, um, she listens more because I tell her the impact. So, um, character-wise, her and her - they're very, very similar, but I tell her the impact, and she sees the impact of what that Claire's lifestyle can be

⁹⁸ B:629-648

⁹⁹ B:883

¹⁰⁰ B:947-956

like. So I think it's a bit of an eye-opener for her. She's a very, very bright child, y'know.¹⁰¹

Bea speaks clearly of the way she is able to talk to Darcy - 'I tell her the impact' - and the effect that this has for Darcy - 'she listens more'. Bea understands that her way of parenting has changed over the years.

Bea points to the fact that having better support from her peers enables her to parent differently, alongside the fact that times change. When I asked her more about what changed things for her, she said:

I suppose I put it down to age and experience and having more people around me helping and you know, er, because when I was bringing up my own, my own children, I found it quite difficult to open up to my family about my personal worries and everything in my head whereas, um, with Darcy, I have both my sisters supporting me. If you know, if I have a bad day or whatever, [they'll] come over and we'll sit and chat, and I'm more open about it.¹⁰²

I asked Bea how she felt about being a kinship carer and she told me:

Old (laughs). Um, sometimes I think, oh god, I should, you know, because... obviously, at fifty-eight years old, I should be able to just get up one morning, and say I'm going away for two weeks, or something like that, so there are restrictions and everything like that. But again, because I've got such a good support network, I still managed on my holiday away with my friends and stuff like that. Um, but I qui- I enjoy it, I do, and I enjoy seeing her develop. Yeah, and it's nice. And I think, I know it sounds silly, but I often look at her and think, ah, you're growing into a wonderful young lady and that's my doing... so I'm proud.¹⁰³

Bea takes pride in the fact that Darcy is growing and moving forward even though she acknowledges the restrictions on her own life. Bea has changed her way of relating to Darcy after her experiences with Claire, but not all kinship carers are able to do this.

¹⁰¹ B:985-993

¹⁰² B:917-927

¹⁰³ B:970-981

3.4 Generational Patterns: Boundaries

Kinship carers have a unique experience of parenting; they have received parenting from their own parents, they have brought up their own children and now they are bringing up their grandchildren. I wanted to understand how they perceived their experiences and whether certain patterns played out in their parenting.

Christine said that her parents were very strict, particularly her dad:

He didn't like us going out... He didn't like us wearing makeup, short, short, you know, like any short clothes or anything like that... we didn't get no freedom.¹⁰⁴

This then impacted on the way that she parented her children:

If my kids wanted to go somewhere, I'd let them go... But sometimes, you think... when you look back now, giving them too much freedom probably wasn't a good thing.¹⁰⁵

Christine gave the impression that she felt that she'd over-corrected, swinging too far the other way in terms of giving her children too much freedom so I was interested to hear how she felt she was parenting her grandchildren. She told me:

I'm not free and easy with them... going anywhere, you, you know, where before I'd say to my kids, yeah, okay, then, even though I checked on them, but with Ethan and Freya, I'm always, I don't know how to put it really... I like to know where they are, what they're doing... a little bit more stricter with them I'd say

A little bit more cautious, maybe

Yeah, that's the word, cautious, Lindsay, yeah... I don't stop them from going anywhere... If they say, "Oh, nan, could I, can we go here?" Like, I'll say, "Gary'll take them," "Gary'll pick them up"... I want them to experience a bit more. Do you know what I mean? To have them boundaries and be a bit strict and not over strict, because I think as they get older, like, how we did, we all rebelled... You know, we all went... mental... once we got our freedom¹⁰⁶

¹⁰⁴ C:53-64

¹⁰⁵ C:69-76

¹⁰⁶ C:571-603

Here, Christine is reflecting that she feels she is more cautious with her grandchildren; she wants them to experience some freedom but she also wants to give them boundaries. Her own experiences impact on the way she parents. Gary is a friend of Christine's who has a car and helps her to look after the children.

Anne also felt that her parents were quite strict. When thinking about her experiences skipping school, she told me, 'I never skipped it ever again after that. Not with my mum. My mum was quite strict.'¹⁰⁷ However, she added that her friends had parents who were even stricter:

I see my friends, right? Them, their parents used to run down the street with a bloody slipper in their hand if they didn't go to school. Like... my mum's not that strict, you know? (Chuckles)¹⁰⁸

When we moved on to talking about her experience bringing up her child Alex, the parent of her granddaughter Chloe, who she now looks after, she said:

I didn't go out and be naughty like [Alex] did, mainly because I was too fucking scared to, but nah, no, I didn't.

So did you find that, like, the discipline your parents used with you didn't work with [Alex]? Was this one of the issues?

Well, there was only me, wasn't there? There wasn't, there wasn't another parent, was there? There was only me bringing [Alex] up. I think if [Alex] would have had the two parents, it would have been different. I don't know. I really don't know... but what I do know is, right, that [Alex] never listened anyway.¹⁰⁹

Anne reflects that she was too scared to be naughty when she was at home, but she didn't think this was the case with Alex. She put this down to the fact that Alex was raised in a single parent household, but she also believed that Alex didn't listen to anyone anyway. She continued:

Massive difference. I was brought up by two parents. My mum was very strict... I tried to be strict but it didn't work. I tried to put my foot down with [Alex] but it didn't work.

¹⁰⁷ A:107-110

¹⁰⁸ A:116-120

¹⁰⁹ A:491-503

What would happen if you tried to put your foot down with [Alex]?

[Alex]'d ignore me, carry on doing what [they were] doing. Totally, totally blank me.

There was one, there was one time when [Alex] set [their] bedroom on fire, and I had to call the fire brigade.¹¹⁰

Anne felt that 'being strict' with Alex didn't work as Alex would just ignore her. Anne is now bringing up Chloe and I asked about her experience of bringing Chloe up compared with her experience of bringing Alex up. She said:

I find it a lot easier... because [Alex] were really difficult, really hard work but Chloe's a lot, a lot easier in the sense where she doesn't go gallivanting around the street, she doesn't hang out with her friends, she doesn't go around stealing and... she's not always in the police station, like [Alex] used to be. So in a sense, right, it's a lot easier bringing Chloe up, than it was bringing, I wouldn't say all three of my children, but, but I would say one of, one of my children, because the other two weren't, weren't as bad as [Alex].¹¹¹

Anne said that she found parenting Chloe easier than she found parenting Alex because Chloe was not getting in trouble with the law like Alex was at Chloe's age. I was interested to hear her say that as she had often told me in the past that she found parenting Chloe very difficult but clearly compared to parenting Alex, she found Chloe much easier.

Anne found it hard to reflect on whether she was parenting Chloe any differently than Alex although with both of them she sometimes gave the impression of feeling powerless. With Alex, she spoke about the pressure she felt when trying to manage Alex's behaviour:

Around, parents nearby would come knocking on my door... you know, "Sort your [child] out" ...I'm like, "You, you, you ain't got a clue" ... I think [Alex] was fifteen, because [Alex] was, er, racing cars around, around, around the estate, around where we used to live, pinching people's cars, and racing, racing them around the street. [Alex] got arrested several times, and [Alex] got, um... put in er, X for three months.

What's X?

Um, like a detention centre for young offenders, yeah?

That must have been very worrying and stressful.

¹¹⁰ A:513-525

¹¹¹ A:1030-1043

Well, at first... but then I was getting a break then, you see, coz I had no, I had nobody to help me with [Alex] and I wasn't, wasn't getting a break. And every penny that I did get for [Alex], I spent it on [Alex]... because [Alex] wanted all the designer trainers, the tracksuits, you know, to keep up with, to keep up to the street cred, do you know what I mean?...the items weren't cheap, were they? I had a lot of stress, a lot of stress... I had to keep my job, keep my eye on [Alex], keep, keep the rent paid, stop them evicting me. So, yeah, it was really hard, very hard. Keep my car on the road. I was really surprised [Alex] didn't pinch my car.¹¹²

From a young age, Anne found Alex's behaviour difficult but by fifteen she was finding it impossible to hold any boundaries. She felt pressure to provide items for Alex which would provide 'street cred'. It was also clear that she felt very alone and having a break from Alex was a relief. This sense of powerlessness came through when she was talking about Chloe at one point as well:

You know, this morning she went, "Nan", before she got out the car and see her friends. She went "Nan, you didn't have to mention, right, that I don't do my homework, you know? They didn't have a clue, you know?" And I'm like, Oh, my god, I'm in... trouble again now (chuckles)¹¹³

Anne was reflecting on this light-heartedly but it is true that she doesn't like to upset Chloe and for this reason, she finds it hard to put boundaries in place. If Anne felt powerless during her childhood, she may have carried this through into her parenting, feeling powerless to enforce boundaries as she expects to get into trouble and wanting to please those people around her.

3.5 An addicted child: Relating to them as a kinship carer

As part of this research, I particularly wanted to consider the emotional impact for the kinship carer of retaining a relationship with their child who uses drugs or alcohol whilst also caring for the child(ren) of this same child. There was a variety of reactions to this question.

¹¹² A:315-359

¹¹³ A:967-972

For Anne, there was no possibility of a relationship with Alex, and in terms of Family Systems Theory, it was a clear demonstration of emotional cut-off:

Ever since [Alex] hit the hard drugs, there's no relationship. I can't, I can't. [Alex]'s not... allowed to see Chloe...And all [Alex] ever does is ring me for money. That's all [Alex] ever does... to be honest with you, that's all, that's all any of my kids ever do.¹¹⁴

I asked if it made any difference that Anne was looking after Chloe, to Alex, Chloe's parent, and she answered:

[Alex] doesn't care, as long as I'm.. as long as [Alex]'s getting money to feed [their] habit, [Alex] doesn't care about [their] daughter...Doesn't care about any of [their] kids 'cause [Alex]'s got eight altogether, but [Alex] doesn't care.¹¹⁵

Relationally, Anne and Alex are now as far apart as they can be although it is clear that this is painful to Anne. Holt notes:

An important message derived from the observation that families operate as a unit is that the individual is influenced by the emotional forces of the system whether he or she chooses to have contact or not.¹¹⁶

Anne and Alex still have a relationship and one which is distressing for Anne, and potentially for Alex as well, despite the fact that their contact is minimal.

Anne and Chloe's relationship with Alex also shows signs of triangulation as Alex attempts to use Chloe to reach Anne. Anne, in her turn, has to advise Chloe to cut off from Alex:

I had to explain to Chloe.. "I'm really sorry, but [your parent]'s not, you're not allowed to see [your parent] because [your parent]'s back on the drugs." I told her the truth, not going to hide it from her... She wasn't very happy, and yet [her parent], right, tr- still tries to contact her.. and I says to her "You've got to cut [them] off. Chloe I'm sorry but you have to cut [them] off, as hard as it is you've got to cut [them] off" ... [Alex] did ask her for money, to ask me for money so [Alex] went through [their] daughter to ask me and I said, "Put the phone down... and cut [them]

¹¹⁴ A:698-709

¹¹⁵ A:716-720

¹¹⁶ (McKnight, 2024, p. 140)

off." I said, "Don't have, don't have [them] as a.. don't have [them] on co - on your phone anymore" because [Alex] was, [they] would just keep begging.¹¹⁷

Anne is actually quite scared of Alex and what could happen:

I can't help thinking that [Alex] might... turn up all the time... it's in my head all the time... I don't want [Alex] here because of the drugs... they'll just try and rob me of all my money. No... not happening. I'll just keep calling the police.¹¹⁸

Anne relies on other agencies, such as the police, to protect her from her child. She also mentioned how she would like to get 'a restraining order on [Alex] to stop [them] from coming to my house until she's eighteen. That would help a lot.'¹¹⁹ It is clear that, understandably, there is a lot of fear on Anne's side.

Nonetheless, on the other end of the spectrum, Christine spoke about her daughter who used drugs and alcohol often ringing to talk to Christine or to her daughter's children. She saw her daughter as vulnerable and in need of support. She was frustrated by the social workers' inability to help her daughter, Dawn:

They didn't really support Dawn at all

Do you feel that if they'd supported her better, then she might have been able to keep looking after Ethan and Freya?

Yeah, I think, yeah. I think they would have done... You know, even when she did ask for help and everything, you know, because they knew how she was struggling.¹²⁰

Christine's view of events is shaped by her love for her daughter as there were clearly some significant concerns before the children were removed:

She wouldn't hurt, Dawn would never hurt a hair on their head... She's more like a friend... But obviously, because she was taking the drugs and her and they [the social workers] were, like, arguing and things like that, yeah. Because I had to go to the town and get the kids because they were out shoplifting with them, d'y'know what I mean? But what they said about her was not true.¹²¹

¹¹⁷ A:793-811

¹¹⁸ A:811-819

¹¹⁹ A:828-830

¹²⁰ C:224-230

¹²¹ C:442-452

Christine sees Dawn as vulnerable and childlike, but for this reason she may discount some of Dawn's behaviour which would have been detrimental to her children. Due to the fact that Dawn no longer lives in the same city and has been in prison, Dawn does not see the children very often, but one of the issues for social workers is determining whether kinship carers are able to perceive potentially harmful behaviour from their child who uses drugs or alcohol during contact and it is clear that Christine views Dawn in a very positive light.

Christine felt that her relationship with Dawn remained good:

She was grateful because she didn't want them going in, you know, to be, well, into the care system or be adopted...because we didn't take the right away from Dawn...You know, where we could have said but, but we didn't, because obviously, Ethan, like, adored his mum. Freya didn't really know no different but um... I wouldn't have disregarded her to not see him at all.¹²²

Christine feels that Dawn is grateful because the children were not adopted and she was still able to see them and saw the relationship as broadly positive, although she perceived her role as helping to care for Dawn.

The other carers fell somewhere between these two poles. Bea was able to explain her position clearly:

Sometimes it's strained because I don't tolerate any drugs or alcohol or anything like that. So sometimes it can be very strained because Claire doesn't understand... but then she does understand when she's clear headed (chuckles) so, but she's never, ever, you know... I've never had no problems with that respect. Sometimes it's just strained, because I won't have her around Darcy in that, in that, you know, when she's like that. So... and, and obviously I don't let Darcy go to her premises, because there's a lot of.. drug dealers and stuff like that. So obviously I don't want Darcy involved there. So that becomes strained when, you know, Darcy wants to go and see her mum at her flat or whatever. Well, I won't have it because of the environment that's around there. And I said, "No, she's not, you're not allowed around there. It's too dangerous." So, y'know, that becomes strained then.¹²³

¹²² C:362-379

¹²³ B:758-777

Bea has very clear boundaries about what she will and won't tolerate, even if it brings her into conflict with her child and grandchild. However, she doesn't find it easy as she explains:

Sometimes, like, she does... oh, y'know, do my head in (chuckles) because I feel like, I just feel like I've got another child, d'y'know what I mean?

Yes...Um, did, did the relationship become harder when you started looking after Darcy or.. was it, did it stay about the same as it always had been?

Er, no, I don't think it became harder. I think it's harder now, because fourteen years later, she's still the same... so there's more of a strain on our relationship now, because I'm ju-, I just can't do any more, Lindsay, you know, I can't. Er, er, you know, as much as I love my daughter and I do love her, I can't support her the way that I've been able to support her, because it's ju-, just too much. Darcy's getting older. She needs more.. attention from me... and, um, Darcy's my first priority, end of. Claire understands that, but then in another way, she doesn't understand it...So, um, that becomes quite strained then, and I do get frustrated with her and with me not being very well, um, it just makes everything, every, every little thing is a big thing.¹²⁴

Bea states the issue very clearly; how she has to prioritise Darcy, her granddaughter and how hard she finds it that Claire hasn't changed. Claire, her daughter, understands that Bea needs to prioritise Darcy on one level, but on another level finds it very difficult, perhaps particularly if she feels that Darcy is getting nurturing that she didn't receive. Bea was not the only kinship carer to view their addicted child as an additional child, alongside the grandchild(ren) they were caring for.

Denise also felt there was a strain in the relationship when it came to looking after her grandchildren whilst also being concerned about her daughter:

I think I've had to distance myself... because I do worry about her.

I remember, I feel like there was one time you spoke about, like this was quite early on, and it was just really hard for Gabrielle to see you caring for them instead of her
Yeah, I think she was angry. I do think she was angry. She couldn't see that what I was doing was to help her... I think she felt that if I hadn't have done it, they would have stayed with her, but they wouldn't have done.¹²⁵

¹²⁴ B:778-803

¹²⁵ D:771-793

Unlike Anne's daughter, Denise's daughter Gabrielle was angry with her mother as she felt that if Denise had not looked after her children, they would have remained in her care. I asked Denise if, when speaking to professional agencies, she felt free to talk about her relationship with Gabrielle and if she was helping her out in any way and she said:

No, I don't feel I would be able to talk freely... Um, I would be worried that they'd say that I'm not... um, putting one hundred percent into the boys. You know, she's my daughter, and I can't...I can't just forget about her and I can't... you know, I do, I do separate the two, I'm well aware of that

But you're, you're still her mother

Yeah¹²⁶

In many ways this - 'she's my daughter and I can't just forget about her' – is the heart of the whole issue. When becoming a kinship carer, social workers are asking kinship carers to prioritise their grandchildren over their children which is extremely difficult when the parent-child bond is one of the closest that exists.

Finally, Sam said, when talking about their relationship with their daughter, Faye:

It's not like it used to be. Still talk to her, still text each other. Um, and we still love her the same... I worry about her to a certain extent, but I can only worry about... her so much because now I've got her boys, I need, I've got to bring them up now. Worrying, I worry about them and I have to worry about them more for my daughter... because my daughter's an adult. I've tried really hard in the past with her... sometimes... an adult is not willing to take another adult's advice. You have to, sort of like (sighs) not worry about them as much. Um, but in saying that, I, I don't want anything bad to happen to her... so I wouldn't, wouldn't want her to do anything silly, nothing like that.¹²⁷

Sam is making the point that Faye is an adult and has made certain choices. Sam still cares about her but, like Denise, Sam feels the need for a little distance from Faye. Now that Sam has Faye's children to bring up, Sam has a responsibility to them.

¹²⁶ D:802-813

¹²⁷ E:517-532

3.6 An addicted child: Contact

Contact can be a difficult issue for kinship carers because they are often left managing it without much guidance. Some feel broadly positive about it, like Bea who explained:

She [Claire] had to have supervised contact. She was allowed to come over, for, say, the odd night and stuff like that, as long as I was there...I insisted on that anyway, because I am a big family person anyway and we've all had addictions and troubles and everything like that. She's still her mother and, um, there was no, never anything that she was going to be danger to Darcy... to be honest with you, Claire, Claire was really, really good in that respect, if she's having a bad day, or, you know, when she was younger if she was having a bad day, she would ring up and say, um, "I'm not feeling very well today. Can we leave today?" and we'd do it like that. But she's always been quite good and refrained from.. doing her things when she had contact with Darcy... she knows the rules of my home, and then, she's always kept to it, always kept to it.¹²⁸

Bea provided clear boundaries for Claire and they had even developed a code for when Claire wasn't able to attend. This was helped by the fact that contact had been discussed clearly beforehand when Bea was obtaining the SGO:

That was all discussed as well. Because, um... I mean, to be fair, there, she could have had Darcy, it was, it was her partner who she was with at the time, that was objecting. They were objecting that a-, um, because of his criminal history... she'd never, ever had any safeguarding issues against her with Darcy or anything like that. And she was, you know, the only thing is she, she wasn't allowed to come and live with us.¹²⁹

I was surprised that Bea felt that there weren't any safeguarding concerns with Claire given her drug use but it sounded like the discussion beforehand had enabled the contact to run smoothly. It also required Bea and Claire to co-operate and it sounded like this had worked.

For Denise, discussing contact with the social workers beforehand enabled her to advocate for her daughter. She told me:

¹²⁸ B:697-632

¹²⁹ B:677-686

Gabrielle and [her partner] have been seeing the boys every week, every day. Well, they've been seeing them regular. Um, and the social worker wanted... an order where they would only see them once a month and I was just furious about it... because I thought, how can you do that when these boys have been seeing their mum and dad sort of every other day?... So I sat down the day before the final court day. I sat down the night before, and I emailed, I wrote this letter to the judge, and I said in this email that I understood that, um, this is what they have, um, suggested, um, but my suggestion is that we leave things as they are, because I felt that it would be detrimental on the boys to stop them from seeing their mum and dad. They had been seeing them regularly, and the effect that this would have on them would be catastrophic, you know and luckily, the judge agreed with me.¹³⁰

Denise was very proactive in reaching out to the judge and it resulted in contact being left to her discretion¹³¹. I asked her if she found managing contact difficult and she said 'I did, I think, in the beginning but now as they're getting older, no. You know, because they choose, you know, they say to me, "Can we see mummy?" or, um... and sometimes they don't even ask.'¹³² She tries to be guided by her grandsons. I knew that in the past there had been times when Denise found contact difficult so I asked her about it but she didn't expand:

I think you said in the past that there have been times when you haven't felt that it's appropriate for her to see them, like

Yeah

When she's clearly under the influence

Yeah

and you've had to manage all that as well

Yeah

Um, do you think there's anything that could have helped you with managing contact? Or was it the best that it could be given the circumstances?

No, I think it was the best it could be given the circumstances¹³³

¹³⁰ D:653-686

¹³¹ D:712

¹³² D:716-721

¹³³ D:727-737

Denise's reticence on this may have been out of loyalty to her daughter or it may have been that there have been some times when she has allowed her daughter to see the boys against her better judgement. Nonetheless, it was what she felt would be best for the boys and her daughter and it was clear that she felt that getting her voice heard by the judge was a positive thing for her. However, it is noteworthy that the social worker thought that contact should be reduced, presumably as she didn't feel it was in the best interests of the boys that it should occur so regularly.

There had also been discussion about contact before Sam and Sam's partner Charlie received the SGO:

She [the social worker] recommended that the boys should see Faye once every two months, and also the father, if he wished. Um, and the idea that two months at a time was basically because the effect it had on the boys at the time when, when they did see her, because it's, especially for one of them, it used to really, really unsettle him and he used to go back to... his personality and everything used to go back to when it was when they first came to live with us.¹³⁴

The social worker took into consideration the fact that contact with their mum led to regression for the boys. I asked Sam about how they found it carrying out the contact. Sam told me:

He [Grayson] used to, used to have a problem de- detaching from her. There's a couple of times when we left, parted company, say, with my daughter, um, my partner had to hold him in back of car, because he was just screaming, kicking, shouting he wanted to get out the car and go back to mummy and, um, but luckily, now they do, he does seem to be able to part from us, um okay-ish so

Um, so have you, you found it okay managing contact, or have you run into any difficulties ever?

Um, so managing it is sort of like, I mean sometimes it's not every two months. It can be longer. Um, that's mostly down to just losing contact with her, I suppose, really, um, with the father, he's a bit of a, dy'know what I mean, he's hard work anyway, and he's one of these, he's, he, he, he, he works along the lines of "Well I want to

¹³⁴ E:479-487

see them then, I'm the father and that's it, I want to see them then", um but it don't work like that. There has to be, there has to be an agreement with me and Charlie as well, when and, when and where. So um, yeah, it can be a bit of a...painful experience, say. Probably that's the best way to put, to say it (chuckles)¹³⁵

Sam describes very difficult situations: a grandson who is screaming and shouting, their grandsons' father with whom they have little relationship but who demands to see his children and a daughter who drops in and out of contact with them. So calling it a painful experience is probably very accurate. I asked if there was anything that Sam thought could make it easier. Sam told me:

I don't really know, really, because I mean that time when the SGO was sort of like, before it gone through, social workers... did try hard in sort of like setting up, sort of like an arranged meeting, say, with mum to come and see them at a set location. And a couple of them didn't happen because she, she didn't turn up. And then... well what did happen then? Grayson had a, a job separating from her, and it really upset Grayson on that day. So (sighs) yeah, it's a bit of a...it's awkward...thinking of the social workers, I suppose... I suppose they have to rely on someone so like they, sort of like, got to protect the children, say, and know they're safe. Have they got time to arrange the contact? Um, probably not, but it's awkward.¹³⁶

Sam accepts the realities of the situation; that it isn't realistic for the social workers to arrange every contact, but finds the situation difficult nevertheless. Sam is, at least, in the position whereby Sam and Charlie, as partners, can support each other; kinship carers on their own can find contact harder, particularly when it comes to enforcing boundaries.

3.7 An addicted child: Relating to them growing up

Something surprising that came out of my research was the fact that many of the kinship carers described their child who would later use drugs or alcohol in the same way. Bea was

¹³⁵ E:564-586

¹³⁶ E:591-603

comparing her daughter, Claire, with her son, Ewan, who was seven years younger than Claire:

Claire is strong minded, strong willed and wanted to do her own thing, and would just do her own thing whereas Ewan was a little bit more... um, laid back... one was outgoing, one was quiet. So they were total polar opposites in that respect... They were brought up the same way, but they were just polar opposites in their, in their personalities...and they still are now. I mean, even though Ewan's come out of his shell a hell of a lot in the army and doing well, he's still quite reserved, and he's quite, um, he's very strong minded and strong willed. But, um... he keeps a lot inside? He doesn't, he, like, he doesn't show his emotions. Claire shows all her emotions. She, she, she's a very loving child, and she shows you that she loves you, and.. tells you that she loves you and everything like that. Ewan's the opposite (laughs) kind of opposite...and it's weird because they were brought up no different. In fact, I was, I was, I would probably say I was stricter with Ewan than I was with Claire, because... he only had my influence and my family's influence. However, Claire had her parental side's influence as well. So...I would say I was stricter with Ewan.¹³⁷

Bea describes Claire as strong minded, strong willed and wanting to do her own thing, as well as being someone who 'shows all her emotions'. She reflects on her feeling that she brought Ewan up more strictly than Claire.

Bea elsewhere in the interview describes Claire as 'defiant'¹³⁸ and 'she was just a rebellious child, she was just rebellious'¹³⁹. Bea felt that a lot of this came about because of the relationship that both she and Claire had with Claire's father Fraser, who she described as 'very unpredictable'¹⁴⁰. She took him to court to ensure that he turned up for his contacts with Claire¹⁴¹ but said that he 'was always like, um, defensive. So, if I said something, he'd do the opposite.' She told a story about how, when Claire was three, Fraser demanded that Claire should be dressed up for going out with him:

¹³⁷ B:349-380

¹³⁸ B:407

¹³⁹ A:470

¹⁴⁰ B:478

¹⁴¹ B:478-480

Claire was, she loved wearing tracksuits, tracksuits or shorts and T-shirts. She didn't really like dresses. And he, he said to me one day, I'll never forget it, he said, um.. make sure that she's dressed up and dressed ready for me when I pick her up on Saturday. I said "Fraser you try getting a dress on her." I said, "I can't." And then we were arguing and what have you. And then, anyway I was that annoyed with him that when he turned up and she was there, in her best knickers and, and, her trainers (chuckles). Then he said "She's not ready." I said, "She is." But I said, "You try getting a dress on her." I said, "And for love or money, I'm not going to argue with a three year old anymore." I said "Y'know, but, er," I said "if you want her in a dress, then you go and change her."¹⁴²

The upshot of the story was that Fraser backed down, saying "I see what you mean"¹⁴³. This illustrated Claire's strong will but also the tension between Bea and Fraser which Claire probably picked up on. This is an illustration of triangulation. McKnight writes:

The child focus serves to manage the tension between the parents who agree that the problem exists in the child, rather than on developing their ability to realistically address the child's needs and behaviour.¹⁴⁴

Bea explained that later Fraser re-married and his wife didn't like Claire being with her own two children. Bea ended by saying 'he wasn't strong enough to stand up to his wife or anything like that so, she was sort of being rejected on that side. So she obviously felt it.'¹⁴⁵ Bea has mentioned Claire's strong will which it was clear that she found difficult at times, but also described the triangulation that was happening for Claire, between Bea and Fraser.

Bea saw Claire's struggles that ultimately led to her use of drugs and alcohol as 'it was from about thirteen. She started staying out at night, and she got in with the wrong crowd and everything like that.'¹⁴⁶ She stopped going to school¹⁴⁷ and Bea said:

I wanted more help with her from the social services. Um, at the time, er, she was hanging around, when she was fifteen, and she was hanging round with a twenty-

¹⁴² B:497-511

¹⁴³ B:511-512

¹⁴⁴ (McKnight, 2024, p. 221)

¹⁴⁵ B:520-522

¹⁴⁶ B:420-421

¹⁴⁷ B:425

nine year old man and stuff like that, and I'm ringing up, and.. I was getting no support from the.. um, services available... So... um, and then she was stealing and.. not coming home and then they put her in foster care for one night.¹⁴⁸

Bea believed that she was using drugs and alcohol from the age of sixteen or seventeen which demonstrates the need of prevention and early detection when it comes to problematic alcohol and substance use. McKnight observes:

A characteristic of intense fusion between a child and a parent is a rebellion around the age of puberty. In a misguided effort to be independent in the intense parental bond, the child rebels, which paradoxically undermines her capacity to become autonomous.¹⁴⁹

A child rebelling can be because of intense fusion between the child and parent; if Bea and Claire were pulled into tension from an early age, Claire may have felt that rebelling enabled her to be independent but ironically this backfires and she has ultimately become more dependent on Bea again, who is looking after her child for her.

Anne too felt that her child was hard to manage and called Alex 'my nightmare'¹⁵⁰. She believed this was because of Alex's ADHD:

The reason I've got [Alex's] diagnosis is because [Alex] was always very hyper and off, and off the wall, really, really like, never, never listening to me whatever I said and, er, I need, I thought oh, I need, I need to get [Alex], um, diagnosed. So I did. Anyway, turns out [Alex] got ADHD, and then... that was nine years old when [Alex] got diagnosed and I, I think [Alex] was five when I asked for [them] to be diagnosed?¹⁵¹

The delay in diagnosis between Anne's request for an assessment and her child Alex's diagnosis was unlikely to help the situation. She also felt Alex's use of drugs and alcohol started young:

[Alex] was in with the street cred and all that... smoking the, er.. weed, marijuana, resin, or whatever you like to call it. I don't know. It was, er, (sighs) resin, yeah? So

¹⁴⁸ B:456-468

¹⁴⁹ (McKnight, 2024, p. 95)

¹⁵⁰ A:269

¹⁵¹ A:285-293

[Alex] used to smoke that. Not in right in front of my face, though, but it seemed to calm [them] down, because [Alex]... was absolutely AWOL. [Alex] wouldn't take the Ritalin. I just didn't know what to do. So... that started... quite young.

Do you think [Alex] was sort of self medicating with the drugs in some way, since [Alex] wasn't taking the Ritalin?

Probably, I don't know. Probably...But anyway, so [they] would have been about... thirteen, fourteen, fifteen, maybe when [they] started taking them?¹⁵²

Both Alex and Claire began using drugs or alcohol in their teenage years which meant that it was probably a deeply entrenched issue by the time they had their own children.

Like Bea, Christine also highlighted two facets of her daughter Dawn's personality: that she was a very feeling child and that she was strong-willed:

There was no... there was a high or a low, there was no middle with her...I mean, she's got a good nature, you know, good hearted and all things like that. But she could be a challenge (chuckles). Trust me, I'd say, say she had a will of her own.¹⁵³

Dawn began drinking in her teens and Christine thought that she then started using drugs in her twenties. Christine said to me:

I'll be asked why they say, like, they went off the rails, didn't they? Because she met somebody a bit older than herself and then that's when things went, because she was quite good, you know, doing things. She was very creative and then everything just went, really, when they went on the drugs, to be fair

Um, and what age was that at?

....Er, oh, she was young, about.... er.... I'd say about seventeen? No, seventeen she was drinking. I can't remember what.. the drugs was, er... it's been a good while. I expect probably in her twenties, Linds.¹⁵⁴

What Dawn said here highlighted the fear of a number of kinship carers, that they might be to blame for their children's struggles. She thought that I or others would want to know why her daughter 'went off the rails' – and she wasn't wrong that I was trying to understand the situation, although I hope she knew there was no judgement attached. This exchange once

¹⁵² A:378-393

¹⁵³ C:120-129

¹⁵⁴ C:140-152

again highlights her daughter's youth but also how it seems that her vulnerability was exploited by someone older than herself which was something that Bea mentioned in relation to her daughter Claire as well. In her twenties, Dawn was also diagnosed as having bipolar disorder, so, like Alex, she had an additional diagnosis which would have had an impact on her.

Sam talked about Faye as 'not following instructions or keeping boundaries and pretty much wanting to do her own thing. She thought she had strict, rubbish parents'¹⁵⁵. Her struggles began as a teenager and she was excluded at the end of year ten and sent to 'a school for children who had been excluded', leaving with no qualifications.¹⁵⁶ Sam thought Faye had begun smoking cannabis in her early twenties 'I could smell cannabis on her a couple of times'¹⁵⁷. Sam then felt that it escalated when Faye's sons were born:

She'd got a house, which is what she got when she, er, first, after she had the boys... I went around and she didn't let me in the front door, but she opened the front door and the house stunk of cannabis. I went over and spoke to her partner, but... her partner said to me, "No, don't be silly. Course she's not." Um, I was sorta like, I knew it was, um, but I just left it. And there's a couple of times I was going to say to my daughter, about it like, but I didn't.¹⁵⁸

As Sam's concerns were mounting, Sam found it hard to know how to talk to Faye about it. However, things got worse from there:

She started on the crack cocaine basically... I'd notice she was borrowing a lot of money off me and it's always for things, like, "Oh, it's for electric, I need to pay my rent", or something like that even though she got help with her rent. Um, "The boys need this for school. The boys need that." Um, I used to give her it because I thought I was doing the right thing, because she needed it for, um, shopping, that was another thing. "I need, um, to borrow money for shopping. It's borrowing." I never got it back. One month, I sorta like, calculated it, and it's sorta like pretty much costing mortgages, like five hundred quid one month.¹⁵⁹

¹⁵⁵ E:191-195

¹⁵⁶ E:305-310

¹⁵⁷ E:202-205

¹⁵⁸ E:209-219

¹⁵⁹ E:224-238

Eventually on Christmas Eve, their daughter admitted her addiction to them:

And, um, it's couple of days before Christmas, and, er, she text me, and she said, Oh, before Christmas, I wanna have a word with you and [Charlie] ... it ended up being Christmas, Christmas Eve. So, I sorta like knew in my head, I thought she's gonna be telling us that she's got a cannabis addiction? ... anyway, she come round, and it's Christmas Eve, and she sort of like sat around. She didn't say anything, but then she started, er, crying a bit, and she said I haven't got the boys nothing for Christmas. And then, she said, I've started doing, well she referred to it as shit. And I said, What, you mean cannabis? And she said, no, worse from that. And then she said what she was doing, the crack cocaine. And... it's (sighs)... that's, that's, that's, s'pose that's bit when things sudden, oh, the world just changed, really, because I weren't expecting that, and my partner definitely wasn't.¹⁶⁰

When Sam was relating this, I realised how painful and traumatic this had been for the family. I also noted that, as with some of the other children with addiction struggles, there was a partner in the mix. Later Sam said 'she was... heavily controlled, I suppose, at the time, by her boyfriend, who was also a drug addict'¹⁶¹.

Like other parents in this research study, Sam took on a lot of blame. When I asked about anything at the time that might have made a difference, Sam said:

I never really remember talking to her about, along the lines of, "Keep away from drugs, so on, don't do this and don't do that." I don't remember doing that, um, and I don't know if it would have made a difference... if I had or we had... I suppose as well, 'cause... 'cause it never, luckily it never happened to me before (chuckles ruefully) um, and I suppose... because when I was at school, or even more so, I think more so now, they used to talk about it then in school. So, you know, dangers of these, don't do that and whatever... um, I suppose I thought it'd never happen to us.¹⁶²

Sam's concern was that they'd failed in their duty as a parent by not talking to their daughter about the danger of drugs, expecting that the school would do it. Sam gave the

¹⁶⁰ E:243-261

¹⁶¹ E:372-373

¹⁶² E:279-293

impression of being completely blindsided by what happened, never expecting that their family would be affected in this way.

3.8 Kinship Care: Parenting grandchildren

I spoke to the kinship carers about parenting their grandchildren and was struck by the amount of trauma the children had been through before arriving in their grandparents' care and by the concern the grandparents felt about their ability to care well for them. Sam talked about how inadequate they felt when their grandsons arrived:

It's life changing. Um, it's sorta like... me and my partner, sorta like, um, dunno how I'll be at bringing up children, say. I definitely weren't ready for it. I felt like I weren't cut out for it anymore. It's like, stressful.¹⁶³

When Sam says that they felt like they weren't cut out for bringing up children anymore, they had perhaps lost confidence in their parenting ability, or just felt that as they were older, it would be harder. Alongside their feelings of inadequacy, Sam's grandsons were struggling following a difficult start to life:

Before they come to live with us, sorta like, everyone had real bad concerns about the boys. So sort of like, along the lines of neglect. They weren't being sent to school, the school, the pri-, the infant school, at times was having to go around the house, pick 'em up. Um, this, at this stage, we knew about the drugs and everything.¹⁶⁴

There was a difficult time of transition when the boys came to live with them:

When they first came to live with us, they sort of like... out of control's the wrong word, but they'd had no routine. Their, their sleeping routine... was going to bed at two in the morning. That was their routine, to the fact that the, the Christmas what I was speaking about earlier, where we found out she was an addict, that Christmas Day, the day after Christmas Eve, the boys stayed with us that night? Well, and my daughter did as well. Um, but you know, normally kids that, children that age, yeah, expect to be woken up by, like, half six, seven in the morning, wanting to go

¹⁶³ E:335-344

¹⁶⁴ E:352-358

downstairs for presents and stuff but they're still asleep at like eleven or twelve in the morning... and that was because they weren't going bed till two in the morning and that was their routine, which was really hard getting them out of it. I mean, we never totally got them out of that, we, we only ever got it down to... I think the earliest we got it down to is nine o'clock at night, which was still very late for children.¹⁶⁵

Unlike foster carers or adopters, kinship carers rarely receive any training before the children come and live with them. They do not go into it with a sense of vocation but rather their care comes out of crisis, and the fear that their grandchildren may be removed to a place where contact with them is no longer possible. As such, their need for support is very great.

Anne spoke about how, before Chloe was removed, she obviously didn't want to stay where she was living:

I used to visit the house where Chloe was living with her parents... I used to visit quite a lot. And, er, Chloe would always have her bags packed because she wanted to come with me. And then her brother would cotton on to this, and he'd pack his bags as well. So I'd say "Sorry, but I can't handle two. I can handle one, but not two." It's not I didn't want to take him. I did. Yeah, anyway, so, but every time, I'd go around, she'd be like, "Nanny, nanny, nanny" like this all the time, and then.. I never noticed anything in the house, to be honest with you. Maybe I was.. had my blinkers on, or I was totally oblivious, I don't know.¹⁶⁶

Chloe came to live with Anne when she was seven. Anne had been looking after her during the school holidays, not knowing that Chloe's mum had left the four youngest children at home alone who were subsequently removed from her care. Chloe was split up from her siblings that summer as Anne was only able to look after her¹⁶⁷ and the following Christmas, Anne's husband passed away, witnessed by Anne and Chloe¹⁶⁸. It is unnecessary to point out that the amount of trauma in Chloe's short life means that it is unsurprising that she has

¹⁶⁵ E:487-509

¹⁶⁶ A:547-557

¹⁶⁷ A:557-576

¹⁶⁸ A:590-595

struggled since then¹⁶⁹. Given how hard Anne found it to bring up Alex, I asked her if she saw anything of Alex in Chloe. She replied:

Nothing like her [parent]. There's no... similarities, there isn't any, I mean she, she looks more like her [other parent]. She's got the feistiness, which is her [other parent], or, as she calls it, 'sassy'... Er, got the strong side off of me, be strong willed because I've had to do things by myself.... She's quite strong and she's tiny but mighty.¹⁷⁰

Given the difficulties that Anne had with Alex and her feelings towards Alex now, it may be that in order to keep caring for Chloe, she chooses not to see any similarities between Chloe and Alex. I thought that it was positive that Anne saw both herself and Chloe as 'strong' and similar in some areas which would help to build the bond between them.

Bea talks about the difficult start which her granddaughter Darcy had:

She was in hospital for seven weeks? Seven and a half weeks? She, she was born addicted to, um, methadone and heroin, and so they had to wean her off that, and then they had to wean her off morphine.¹⁷¹

Darcy went into foster care from the hospital¹⁷² while Bea was still going through the assessment process to look after her, and came to live with Bea when she was ten months old.¹⁷³ Bea remembers the time between finding out about Claire's pregnancy and Darcy coming to live with her as very difficult as she felt that social services were asking a lot from her and she had many other things on her mind as well:

So from five months.. right up until she was 10 months old, it was a real battle. When she was five months pregnant, and it caused a lot of strain, because if you remember, I still had my son to bring up, he was a teenager. Um, I, I lived out of [the city], I had a, a fully committed job that I was, the career that I was doing. Y'know, so it was very, very, very hard, and then, of course, my dad dying as well so everything, yeah, everything was being thrown at me at the same time.¹⁷⁴

¹⁶⁹ A:1051

¹⁷⁰ A:10066-1086

¹⁷¹ B:583-588

¹⁷² B:590-591

¹⁷³ B:610

¹⁷⁴ B:650-662

Kinship carers may have many other difficulties in their life and family relationships that can be shaken by grandchildren being brought into the home. Bea still had her son at home and was dealing with bereavement.

Bea told me that the financial impact of paying for childcare was very difficult when Darcy first came to live with her:

The childcare aspect was horrendous because, because I had a good job, even though.. I had a company car, I still had to pay full, full time childcare. And, and that was such a strain on me because I was just paying out childcare, and then my rent and everything like that, and then I had 80 quid to live on for a month, and I'd start again, d'y'know what I mean. So that was, that was really, really hard but I was one of the lucky ones, because I have a good support network for my family. You know, if I was low on food or anything like that, my family would come around.¹⁷⁵

Becoming a kinship carer can put a considerable strain on finances. Bea mentions being 'low on food' and relying on her support network, but some kinship carers are not 'one of the lucky ones', as Bea described herself, and struggle significantly due to a lack of finances.

Bea mentioned, like Sam, the lack of confidence she felt when Darcy first came to live with her, and given the hard time she'd had with the social workers, she was very concerned that she might get in trouble:

At first I was really frightened, d'y'know what I mean, oh my god. It was terr- , that's right, at first I was living on, like, eggshells because I thought, Oh, my god, what if I give her the wrong bread or something? D'y'know what I mean? (Laughs) What if she hasn't had enough sleep, or she's had too much sleep? Y'know, it was terrible at first but obviously, after 14 years, it gets easier.¹⁷⁶

Bea was concerned about having any problems in case the social workers found out and wanted to move Darcy. Her relationship with social workers improved over the years but it was a difficult start.

Denise talked about the difficulty of seeing her daughter in her grandson:

¹⁷⁵ B:1026-1041

¹⁷⁶ B:865-873

I see a lot of things in Hudson that is his mum... his anger...oh god, lots of things he does, lots of things he does. And I think, oh, my god, that's his mum¹⁷⁷

I asked her if it worried her and she said it didn't because 'I'm doing my best to steer him away from that'¹⁷⁸. She went on to say 'I'm forever looking at different ways of, of dealing with things with Hudson'¹⁷⁹. Denise's experiences with Hudson's mum have made her cautious but also highlighted to her that perhaps she should try a different way of parenting Hudson. Nonetheless, she feels the responsibility of trying to 'steer him' along a different path.

Christine talked about similar concerns regarding Freya, her granddaughter:

Freya, well.. I just got to figure her out. Y'know, because I don't want her going down the wrong path, sort of thing. She's very strong, yeah, very strong minded. You know, she always wants to be out. She don't like being in. She likes being out, doing things and things like that. I just don't want her getting in with the wrong people... Because even though she comes across as, Oh, I'm fine, but she's not. You know, I know Freya will follow and that's exactly how her mum did.¹⁸⁰

Kinship carers have to manage their concerns around their grandchildren who may share similar vulnerabilities to their parents. Christine is aware of Freya's vulnerabilities but is not sure how to mitigate them, which is sure to raise her anxiety levels. She has similar concerns over her grandson Ethan:

Where the will, the strong will, comes in, and things like that, to be fair, even Ethan's the same... he'll get a bit, like, in your face. "I'm not doing this", and he doesn't do it either. You know? ... He'll say... "Why are you always shouting?" I say "I'm not shout-I'm trying to tell you but you're not listening to me", you know? And that's the only way I can do it for them to actually do something... it's, it's a catch twenty-two to be honest, Lindsay, trying to work them out.¹⁸¹

Christine struggles to maintain boundaries with Ethan and Freya. She told me she was worried about what they would think of her:

¹⁷⁷ D:1019-1024

¹⁷⁸ D:1028

¹⁷⁹ D:1038

¹⁸⁰ C:672-686

¹⁸¹ C:716-739

I do try but it's like you say, I don't want to keep having goes at them because that's all they're going to think of me, of Oh, Nan's always moaning or, you know, things like that but it's not, it's trying to give them them boundaries. You know, but they don't look at it like that.¹⁸²

One difficulty for the grandparent of taking on the parental role is the fact that they need to maintain boundaries because they are parenting the child. As a grandparent, they would probably see their grandchildren less frequently but would also be able to spoil them more, if they wanted. In a parenting role, they are unable to do that.

Sam similarly mourned the loss of being a grandparent:

I mean, at the end of the day we're not their parents, we're their grandparents and, but you have to, sort of like, you, you have to be their grandparents to them, but at the same time, you have to be... gui- guiding them in the right direction in life and like, so, Harrison, now he's a teen, ... it's like, if Harrison does certain at school and get a bad report back on one day, you have to, I have to say to him, "Alright, y'know, you need to change that. You can't be doing that." Um, whereas if I were just a grandparent, I wouldn't be saying that, because it wouldn't be, I'd, I'd try to be firm if I found out about it but grandparents don't normally find out about things, if a child's misbehaving at school, things like that, do they?... a social worker once explained it to us when we was going through the SGO, said you had to sort of, like, take that grandparent's hat off and you have to become the parent, but... it's sorta like easier said than done, because you know we're not the parents.¹⁸³

Becoming the disciplinarian particularly in the teenage years is harder for the grandparents and the kinship carers don't relish the prospect. Sam also spoke about how much they worried about their grandsons:

When our children's growing up, we always wanted to know where they were going, and whatever. Um, but with grandchildren, it's like when, if they go out, it's like, it, it, I dunno, I'm more concerned about them and it's more things like, "Don't go to this place, don't go there. Um, don't do this, don't do that" (chuckles), um... and yeah, I don't know, it seems like, yeah, I, when, if, if they go out, I worry about 'em until

¹⁸² C:773-782

¹⁸³ E:618-631

they come, until they come home, really, um, does just feel like there's an extra responsibility. You need to make sure these kids are fine.¹⁸⁴

Sam describes very well the sense of extra responsibility, knowing of the boys' mum's vulnerability and their own difficult start in life. He also said that because Sam and Charlie were not the boys' parents, Sam feels a responsibility to Faye as well when it comes to bringing up her sons¹⁸⁵.

3.9 Kinship Care: Impact on relationships

The cost of taking on a kinship care role in the family is often high, in terms of the loss of relationships. Kinship carers are part of a family network which is shaken when they take on their kinship care role. Kinship carers may have been involved with caring for elderly parents, or they may have other grandchildren who they will now spend less time with. If kinship carers had already had a caretaking role in their family, they may have hoped that it would lessen as they get older, but kinship care brings new caretaking responsibilities with it.

Christine was involved with caring for her mum who was in very poor health and I asked her if being a kinship carer made it harder. She said:

It does and it doesn't because obviously, like, I've got the children, and then with mum... my other sister helps me. She works. She's got her grandchildren, so we have to try and split it and work out the days. So, you know... but no, I try, we try and work around it... we're trying to work around things.¹⁸⁶

The need to work around things is often the case for kinship carers. I asked Denise if being a kinship carer affected her relationship with her family. She told me:

I don't feel that I'm part of the family like I was. Um, you know, my time is taken up with the boys. I can't remember the last time I saw my son. I speak to him, but I don't remember the last time I visited him. I feel I'm missing out on the other

¹⁸⁴ E:653-664

¹⁸⁵ E:682-693

¹⁸⁶ C:845-867

grandchildren. If [Denise's granddaughter] didn't come here with her children, I don't think I would see them. You know, I can't go out with, with my brothers and, or, with my sisters.¹⁸⁷

There is a danger of social isolation for kinship carers because of the time that is given to caring for their grandchildren.

Sam spoke eloquently about how, as partners, Sam and Charlie's relationship was affected when they both became kinship carers:

Say, like when the boys came with us, life turned upside down, but you sort of like... your relationship with your partner becomes, sort of like, you're still there for each other... but you seem like you're... (sighs) I'm trying to think the right words... You're not totally there for each other, because you're both putting your, your (sighs) consideration and everything for, say, for children in your care, and you sort of like... yeah, you're not there for each other as much. But you're, you're there for each other if you're wanting to be, say, y'know, if, if I, I need to talk soon about to Charlie about certain, [Charlie]'s there for me, but that's a little bit like when, when I go home, you know, it used to be, we used to be able to talk, but there's always something going on. So you sometimes feel like you'd never talk to each other, only unless you have to. Um, I don't know if that makes sense?¹⁸⁸

It was clear that Sam found it harder to connect with their partner. Their home was busier and they both had a lot more concerns weighing them down. There was grief in their words, over the lack of connection and the way their relationship had changed. I asked if Sam thought there were any other relationships that were affected as a result of becoming a kinship carer. Sam told me:

Friends as well I suppose really, um, it's like (sighs) the, the last time me and Charlie ever went out together, say, for a meal or anything, was before the boys came to live with us, and there's just not been the opportunity since then to go out together, even. Um, then, like, occasionally, say, Charlie, would go out with [their] friends, and I'd occasionally go out with my friends, say, at the night time. Not that often, but that sort of like stopped, because we both, after, if I went outside, I feel guilty,

¹⁸⁷ D:974-983

¹⁸⁸ E:811-823

because I should be at home supporting Charlie with the boys. So, um, like, I'd imagine [Charlie] thought the same thing. So you sort of like, don't lose your friends in that way, as it sounds, but you somewhat lose contact with them, say.¹⁸⁹

The isolation that Sam and Charlie have experienced is very clear. Their experiences have also diverged from their friends' experiences and because of the high needs of the boys, they feel that they should be there for each other. There is an increased risk of burnout which comes with isolation, and some of the kinship carers feel this more acutely than others, particularly those with less robust support networks.

3.10 Support: What could have helped in the past

I asked the kinship carers about support that they felt might have helped them in the past with their child who now struggles with addiction. Bea spoke about wanting more help with her child when she was a teenager:

It's very hard when you're on your own. Even though I had the support of my family... I wanted more help with her from the social services... I'm ringing up, and.. I was getting no support from the.. um, services available.¹⁹⁰

Anne also spoke about wanting more help for her child, but her solution was clear; she thought her child should have been removed from the family and placed in a school. I was interested by this as I wondered if her experience of family was such that her assumption was that it would be better for a child to be outside the family environment, or whether it was informed by how difficult her relationship had been with Alex. When I asked her what might have made a difference to her and Alex, she said:

So, if there was a lot more help when I asked for it, like, er... um, like, take [Alex] off the streets, put [them] somewhere safe. Bring [them] up, give [them] a good education, it's what [Alex] needed... so that [Alex]'s got no escape or anything, bit like a, a bit like a detention centre, but not, not in similar ways, like, more like Borstal, or something like that... and I would have said, from the age of about nine...

¹⁸⁹ E:836-849

¹⁹⁰ B:450-463

because [Alex] was really bad behaved, very badly behaved. [Alex] was so badly behaved. Honestly [Alex] was, very bad. So from a really young age, really, I would say, take them, take them and put them in these places and give them a good education and whatnot.¹⁹¹

She went on to explain that another of her children was diagnosed with ADHD and autism and ended up in a residential school during the week:

So [this child]’d get picked up on the Sun- Sunday night... and he goes to school, and then he come home Friday night... which was far much better, far much better. But then, but then, [this child] wasn't as bad as [Alex]... I think there should be more schools like that, really and I don’t agree that.. children who.. suffer the, this ADHD and all these, er, neurological problems should be going to mainstream school anyway, I don't agree with that. I think there should be more schools for, for children that have got neuro, neuro, neurospicy, as I call it. There should be more schools for them, there should be, definitely... because going to mainstream, you're putting them in an environment, right, where nobody's going to understand what the, what the problem is. All the students just go “Look at ‘weird’”. That's not nice! They should get, they should get the care they need and the care that they deserve, because they didn't ask to be born that way.¹⁹²

This was particularly interesting as Anne considers herself to be neurodivergent and said that the psychologist who assessed Alex told Anne that she also had ADHD. She wants children to ‘get the care they need and the care that they deserve, because they didn’t ask to be born that way’. I got the impression that she was talking about herself as well as her children.

Bea felt that social services could have been more supportive when they were assessing her for Darcy to come and live with her:

I didn't feel supported.. at all because they was like, they were... throwing all these things at me, erm, challenges at me, and like they, they, they, um, “Only come and see Darcy at the day centre this afternoon at two o'clock”, or “Can you come in for a

¹⁹¹ A:416-434

¹⁹² A:437-471

meeting er... one o'clock tomorrow", or whatever? But there was always short notice, and I didn't feel supported.¹⁹³

Bea felt that there wasn't much understanding around the fact that she worked and couldn't attend meetings at short notice.

Bea also talked about a lack of support for her daughter Claire when Darcy was removed from her care:

I think if... the social services, worked more with Claire. Yeah, I think that would have helped her, but they didn't. They just literally washed their hands of her, d'y'know what I mean, they didn't a- want to help her. So, but, um, obviously she has her issues, why she's like she is, and I think if there was more involvement with them helping her, then probably Darcy would be living with her by now.¹⁹⁴

Clearly it is a challenge to work with a parent who is using drugs or alcohol, and social services have to balance their engagement with the parent against the risk of harm to the child, but Bea felt very strongly that with more support, Claire would have managed better.

This was echoed by Christine who said:

'they didn't really support Dawn at all... You know, even when she did ask for help... and everything, you know, because they knew how she was struggling... getting the kids in a, you know, you know, like a nursery. They wouldn't do that. But soon as I took them... we got them in a nursery, you know, to give her that bit of a break, yeah, and things like that. So they still let Dawn run with the kids the way she was.'¹⁹⁵

Christine also felt that if Dawn had been given more help she might have been better able to care for the children¹⁹⁶.

Christine was very upset with the social workers who had worked with Dawn. She felt that they had treated her badly:

¹⁹³ B:618-625

¹⁹⁴ B:737-746

¹⁹⁵ C:224-238

¹⁹⁶ C:227

It was just a load of lies and things like that, you know. And they chopped and changed her social workers so many times, she didn't really get to.. have one that would stick, you know, stick with her... And they didn't form a relationship with them.¹⁹⁷

The high turnover of social workers which Dawn experienced would not have helped the situation. Christine also found the high turnover of social workers difficult:

I'd never trust them. I wouldn't trust them. D'y'know what I mean? Because of what they did before and it weren't just like one or any of them. It was like all, y'know, it was just too invasive, but they did it like, even though I've gone over and over the same thing when a new social worker come in, I had to keep explaining the same thing, even though all the paperwork was there.¹⁹⁸

Having to repeatedly go over the same traumatic information was difficult for Christine. It was also very difficult for her to work in partnership with the social workers when she didn't trust them.

Denise too said that she didn't trust the social workers. She didn't feel that her daughter was supported by them and she didn't feel that they supported her either. When I asked her whether she felt supported she said:

(Sighs) No, definitely not, definitely not. I feel, and even to this day, I feel like they brought those two boys to me. They left those two boys with me. And as far as they were concerned, that was it. But in one respect, I'm glad they did, because I don't like social workers... I don't trust them. You know, through the experience of going through it all, they told, they, they told so many lies. And you don't do that, you know, you don't say you're going to do something and then not do it. Um, no, I don't, I don't trust them. I don't.¹⁹⁹

Both Christine and Denise referred to the 'lies' that the social workers told. It is impossible to know exactly what happened but it is possible that the kinship carers were unwilling to believe what the social workers said about their child and the harm that was happening to their grandchildren, or that the social workers did not communicate clearly about what they

¹⁹⁷ C:330-335

¹⁹⁸ C:407-417

¹⁹⁹ D:626-639

were going to do. Nonetheless, this does speak to a need for clear and compassionate communication with kinship carers who are being faced with a lot of information during a traumatic and life-changing situation. On the other hand, Sam, when asked if they felt supported through the SGO process, pointed out the pressures that social workers are under:

Obviously, social workers are really overstretched, unfortunately, which is sad and a shame... I guess with social services, if they need to, they can make things move fast, and really fast if they need to... but we found... yeah, they, they were supportive.²⁰⁰

Sam, unlike some of the other kinship carers felt that the social workers were supportive but the feeling of them being 'overstretched' impacted on the support Sam felt they were able to provide.

3.11 Support: What could help now?

I also asked the kinship carers what support they thought would be most helpful to them now. Anne said 'I get all the support from the kinship carers...I go to, I go to groups nearly every Wednesday.'²⁰¹ She mentioned that the volunteer who ran the kinship carer group was very helpful. However, she then added:

They should put more support in place for people who look after children, like, like I do... Just, it's not enough, I mean, yeah, we go to the group once a week. We, I speak to you on a Tuesday. There's the odd coffee morning here and there but apart from that, there's nothing. Really, you've been, you've been left to your own devices.²⁰²

I often got a sense from the kinship carers of how alone they felt when trying to deal with some of the complex issues that their grandchildren presented. Sam too, said they wished that they could have had more support, after receiving the SGO:

We did find afterwards, after the SGO went through, sort of like, you, they, the social workers kept in touch with you, say. But then, then eventually that support went and it's, you f- felt like, I'd say a couple of times felt like we was on our own, because

²⁰⁰ E:433-446

²⁰¹ A:1144-1146

²⁰² A:1163-1175

there's just no one to, we wouldn't know who to call or anything then. Um, I did say to a social worker about it once, and I suppose she explained it pretty well. She sorta like said "Well when they go into SGO, um, we like to just let you get on with it as sort of like a family sort of thing so we don't interfere." Which I suppose, I knew what she was saying, but at the same time, I felt, after we got the SGO, it would have been a good idea, not just for us, but I guess for everyone. But you should have had social worker support for one or two years later, I'd say, personally but, as I say, unfortunately, they are overworked and they have a lot of cases and nasty cases unfortunately to deal with.²⁰³

Sam shows a lot of empathy for social workers but points out that particularly in the first few years after receiving an SGO, the kinship carers could do with some more support from the local authority:

It would be nice if there was, say, say, there was something, still a connection with social services, say, in a way, where if you wanted to phone them and speak to them about something, whether it's confidential or, or advice on something what's happening, um, would be nice... so I understand why social services, say, sorta like, get you on to the SGO, they've, they're there for a bit for you, but then they sort of 'over to you' type thing, um... but at the same time, there should still be... someone you should be able to contact just for advice and something.²⁰⁴

Sam did not feel that support or advice from the local authority was easily accessible. Sam, along with other kinship carers, felt that they had been handed the children and left to get on with things as best they could.

Denise also said 'I feel like they brought those two boys to me. They left those two boys with me. And as far as they were concerned, that was it.'²⁰⁵ She also said 'they've left everything down to me and that's a big responsibility'²⁰⁶.

²⁰³ E:452-468

²⁰⁴ E:783-801

²⁰⁵ D:627-628

²⁰⁶ D:650-652

Bea reflected:

There's not a lot of support for kinship carers... you have to do it all yourself, d'y'know what I mean? And there's a lot of people that are not in that situation like me, where I will... go out and find it and learn who I've got to contact and stuff like that, or can't do that... So I think in respect of that, there's not a lot of support for kinship carers.²⁰⁷

Bea is pointing out that she has needed to be proactive in terms of seeking support but other kinship carers may find this harder. She is aware that not everybody knows where to turn:

There's no... you know, from social services or anybody like that, where you could, you have to find it all out yourself. I mean, I come across so many kinship carers even, you know, as the years go on, it's getting more and more common that children are going into kinship care and stuff like that, and they, they just haven't got a clue. They haven't got a clue where they can go for financial support, for mental health support, or anything like that. So I do.. y'know, help them and say, "Well, get in contact with this person." ... so I'm quite proactive, and do that for people now.²⁰⁸

Bea demonstrates how peer support can be effective among kinship carers, although it does require at least one kinship carer first knowing where to find support. Bea feels that she has been able to find effective support as a result of pursuing it and knowing who to speak to:

The school are really supportive, and social services have really been supportive. Yeah, yeah, I can't knock them. I've had more, er, I think, I suppose, having fourteen years of them in our life has made me grow more confident in their... in the way that they work.²⁰⁹

For Bea, gaining knowledge and understanding around how social services work has helped her to find useful support.

Both Christine and Denise, whose grandchildren have additional needs, were looking for help in a specific area. For Christine, her grandchildren were struggling with school and she felt that more support from the school would be helpful. She was also worried that they

²⁰⁷ B:1056-1063

²⁰⁸ B:1080-1097

²⁰⁹ B:856-860

were getting bored at home and her health prevented her from doing more activities with them. When asked about what support would be most helpful, she replied:

Really, only for the children really. Just for them. You know, try and do things with them, you know, and... get them out of the rut, if you know what I mean, er, to give them things to do... trying to keep them occupied and busy. But, um... yeah, it's the school. My main thing really is the school. To try and work out a strategy.²¹⁰

Denise pointed to financial support as she felt that would be most helpful for her, particularly given the additional needs which both her grandsons have:

Hudson is eleven years old, but his learning is at the age of a five or six year old... I guess I worry about Hudson. I just wish sometimes that these people, y'know, especially where this allowance is concerned, y'know, I, I, if they was to just come here and speak to me and talk to me and find out what I actually spend their money on. You know, we don't live extravagantly. His food, his and [his brother's] food alone can cost me two hundred pounds a week. That's without, that's without mine... and, and the price, I mean, gas and electric, Lindsay, I'm spending forty pound a week each. That's eighty pound a week... And you just have to fight for every bit of penny, you know, it's, it's just so wrong. It's so wrong. You know, it's, it's clothes and shoes and, you know, bed, I mean, they need, both need, need new beds, you know, their, with wetting the bed, and... the beds are ruined, you know, and I'm, and I'm forever buying them new quilts. Um, you know, it's not just... (sighs) it's unbelievable. It really is... I feel like, just because I get my pension and I get my disability, they think that, you know, I'm all right. I mean everything, everything goes on them boys and most of the time, I, I shop in second-hand shops... Um, I can't remember the last time I bought myself anything.²¹¹

Denise feels that she has to fight for money for the boys, receiving an allowance that is means-tested every year. If she knew that she had a regular allowance until her grandsons were eighteen this would take away a lot of the worry she has around her finances.

²¹⁰ C:881-920

²¹¹ D:897-956

Denise also felt that emotional support was very important:

Emotional support would be great. It really would, just, just to have someone that I could... like you, without you, Lindsay, I don't know what I would do. I really don't, so please don't disappear... You know, you're the only one that rings me and I can talk to and I can talk freely with, and, and it does scare me. It does scare me, because I think if I hadn't got you, well, I'd have nobody.²¹²

Denise does not live close enough to attend the kinship carers' group so she is particularly isolated and I am aware how difficult life is for her. The fact that the only person she can talk freely with is me is far from ideal and getting more emotional support for kinship carers, as well as practical support, is imperative, particularly given everything they have been through in their lives. If Adfam were not there, Denise feels that she would have nobody who she could talk freely with.

3. 12 Adfam: How can we help?

So what difference can Adfam make, specifically, for the kinship carers? I wanted to know if there was anything we could be doing better or differently. It was clear that the kinship carers found the support from Adfam very helpful, which was encouraging. Anne talked about 'Phone calls from you, which helps a lot... You have helped and so Adfam have helped'²¹³. However, she felt that the support should be better advertised as it was so helpful:

And she [Anne's sister] said "Give these a ring, and they'll help you. They'll guide you through it." So that's where I went, through my sister, my sister, I went to Adfam. Else I wouldn't have known about it otherwise, 'cause it's like, no, not enough advertising about it. Not, still not many people know about it.²¹⁴

While Adfam is limited by its funding and resources, it was positive that Anne thought there wasn't enough advertising because she believed that more kinship carers should know about it.

²¹² D:959-969

²¹³ A:1155-1157

²¹⁴ A:672-678

Christine was particularly helped by some of the practical support I was able to provide through my Adfam work:

You've always been a big help to me. You know, because of the way I misunderstand things, listening, reading, you know and that's why I said to Bea, you're a big help to me.²¹⁵

Christine struggles with reading and processing information along with the use of technology and as a result, having a professional who can help her to send emails and liaise with other agencies, is very useful. Christine needs people to support her who don't just send emails to her assuming that she has then received the information, but who make sure that she understands what is happening.

Bea was very positive about Adfam, which surprised me, as we don't speak regularly as I do with some other kinship carers. However, I got the impression it was that sense of having somewhere to turn and knowing that someone was there who could help, which was particularly useful for her. She explained:

I've learned a lot more through people like you. You've helped me find out what I can do, this A, B or C, and go to X, Y and Z, um, through people like yourself. And that grows my confidence and be able to, to speak and to come out forward.²¹⁶

She went on to say:

I've always said this to Christine, you're a wonder, because I feel confident that if I have an issue, I can just contact you and you will help me or steer me in the right direction. You get me all the information I need myself. Oh, no, you're an angel, absolutely... You're like one of my rocks (laughs)... because I do ring up, you know, if I have a problem or a thing, I ring up and ask you. And you always, always, always, deliver, always. And it's brilliant. It's, it's nice having that support... Without people like Adfam and yourself, I would have been stu-, I would have been stuck, d'y'know what I mean?²¹⁷

²¹⁵ C:970-975

²¹⁶ B:861-865

²¹⁷ B:1132-1146

It seems that part of Adfam's support is providing reassurance that there is someone there if they need someone. Kinship carers will go through peaks and troughs when sometimes they are able to manage well and at other times it is much harder. Being able to support long-term is important so that Adfam can be there when needed.

It was difficult to find out if the kinship carers wanted Adfam to do anything differently, as they were very positive about what we were already doing. Anne told me:

There isn't anything that I don't, that I don't currently receive. Er, I receive everything...They cover everything. They cover everything anyway. You can't add anything to it, if that's what you mean. I don't, don't feel I should add anything to it, because Adfam do, do a lot anyway.²¹⁸

This was encouraging as Adfam had been forced to reduce some elements of provision for the kinship carers. Sam summed it up saying:

I think you're doing as much as you can. You give me opportunity to speak to you every week, and I feel that if I wanted to talk to you about something, I could, and I think you, you'd probably be able to guide me to the right place. And if you didn't know, I think you'd be able to find out where I should be going with it. Um, so yeah, don't think yourselves could be doing much more.²¹⁹

However, Denise did mention something important which would help her: 'I mean, again, it comes down to money, doesn't it? I think it would be nice to have a physical body once a month, or, you know, just drop in.'²²⁰ I understand this as Denise is very isolated and often feels very alone. I speak to the kinship carers on the phone and provide the emotional and practical support that I can, but sometimes a kinship carer needs someone to be with them in person.

²¹⁸ A:1184-1192

²¹⁹ E:790-796

²²⁰ D:1006-1008

Chapter Four: Conclusions

4.1 Main Findings

I wanted to explore kinship carers' experience of their role in the family as a kinship carer and how they could be better supported. My research shows that kinship carers are struggling and there are a number of reasons for this.

Kinship carers and their relationship with the grandchild(ren) they care for cannot be considered in isolation. Kinship carers are part of a complex web of familial connections and becoming a kinship carer can disrupt those connections, whether it is a relationship with a partner, other children (siblings of the addicted child), other grandchildren or caring responsibilities for their elderly parents – these family units are being disturbed and as a result the kinship carers themselves can end up socially isolated as these integral relationships are disrupted.

Furthermore, kinship carers often come from complicated families with significant trauma. Their parenting of their children has been informed by their own parenting, and both these experiences will impact on their parenting of their grandchildren. Sometimes this is positive, as kinship carers reflect on what has gone wrong in the past, and try different ways of parenting, but sometimes the same family patterns play out again with a new generation. Without therapy or someone with whom they can reflect on these patterns, some kinship carers are at risk of repeating the past because of an inability to conceive another way of doing things.

Kinship carers and their relationship with their addicted child is particularly painful and complex. The relationship becomes complex quite early on; if the children are seen as 'difficult', it has an impact on the parent-child relationship. Kinship carers and their addicted children are tied together by their investment in the child(ren) the kinship carers are caring for, but this does not mean that they are always able to work together for the sake of the child. Kinship carers are asked to prioritise their grandchildren over their children, and this

can sometimes be very difficult, or impossible. Kinship carers can often experience guilt and other complicated emotions around their addicted child; emotions that they are not always able to express or process. Addiction has a huge impact on families and kinship carers carry a heavy burden particularly in relation to contact between their addicted child and their grandchild(ren) which they are often left to manage alone.

Kinship carers are also dealing with children who have had their worlds turned upside down. Their grandchildren have complicated emotions around their parents, and often arrive at the kinship carer's house deeply impacted by the effects of their parent's drug or alcohol use. The grandchildren may experience triangulation, where they feel caught between their parent and grandparent. More support is needed for these children affected by trauma, as it is needed for their kinship carers who have to provide for them emotionally, practically and financially.

The support which kinship carers find most helpful is support that is ongoing. The problems that are faced by the families of kinship carers are not going to be solved in the short term. They do not need more signposting; they are confused by all the different professionals as it is. Kinship carers need clear and accessible advice; one phone number to call, for example. They need professionals who recognise the kinship carers' limitations when it comes to literacy, processing information or using technology. They need financial support which lasts until the child they care for is eighteen. They need access to their peers so that they can share information with each other and gain support from others who understand what they are going through.

Most importantly, kinship carers need people who are willing to spend time with them, really understand the problems and, vitally, build trust. Kinship carers have often been bruised by their experiences with the local authority and as a result are likely to mistrust professionals. They may not be easy to work with. But they need support nonetheless. They need people who are able to model care and nurturing which they may not have received themselves as children. If they have not receive care and nurture, it is very difficult for them to pass it on to the children they care for. They need people who will listen. In an ideal world, they would have good therapy. But at the very least, they need people who will try to

walk alongside them and share some of the burdens. This is something that I try to do through my work with Adfam.

4.2 Limitations of the Study

There are obvious limitations to the study. While I was able to obtain in-depth data from the selected kinship carers, gathering information directly from those who are best placed to talk about their situation, I am aware that the sample size is relatively small, chosen purposively, and taken from only one area in the country. Furthermore, all the kinship carers were white British, presumed to be heterosexual from their reference to present or past relationships, and selected from only one agency; Adfam.

Another limitation is the fact that I had a prior relationship with the kinship carers. This means I cannot rule out bias within this research. On the one hand, I feel that this meant the kinship carers were able to open up to me as they knew and trusted me. However, Graue and Walsh also point out that 'tape recorders affect what is being said and how it is being said'²²¹. I know that at least one kinship carer was concerned about talking to me, knowing that what she said was recorded, although her concerns were mostly focused around whether she would understand the questions I asked.

I was also limited by the amount of time I had in which to carry out the research. There was so much that I found in the data sets that I didn't have the time to explore and I hope in the future that I will be able to carry out further research into this area as there is so much to discover and understand.

As I reflect on my own part in the research, I am aware that, having worked with the kinship carers for five years now, I am very sympathetic to the struggles they face. On the other hand, I find it difficult when I am aware that children are being harmed by the actions of their kinship carer, even if the kinship carer does not intend any harm. Still, I feel that using

²²¹ (Graue & Walsh, 1998, p. 117)

Interpretative Phenomenological Analysis allowed for this, as IPA tries to understand individual experiences, while acknowledging the inherent subjectivity of the researcher.

My research was also complicated by the fact that I often knew more about the kinship carer's story than they mentioned in the interview. Once or twice I have tried to provide context if the kinship carer alluded to something in an interview which I already knew, but it was sometimes hard to use only what had been spoken about in the interview.

I have also only attempted to research the kinship carers' point of view, which was appropriate for my research but means that I was not able to gain a more balanced picture of the situation by interviewing other members of the family, or professionals who worked with them. I was aware at times that some of the kinship carers only wanted to focus on more positive elements of their story without exploring the pain. This is completely understandable, but it could be frustrating at times. Hall and Slembrouck²²² point out the dangers of the times when 'there is no questioning of the integrity or consistency of the client's version of the events'. When looking at the parents of children in care, they write:

It is easily assumed that the same parents do *not* monitor what they say when they talk to researchers, and that they would provide straightforward, transparent versions of their points of view. Could it be that talk to researchers is equally occasioned, strategic and therefore in complex ways concerned with providing accountable formulations?

While the article is talking about the parents of children in care, I think the point still stands. As a researcher and professional I was seen to be in a position of power myself and so I cannot assume that the kinship carers I interviewed did not monitor what they said to me.

4.3 Implication for Policy and Practice

Despite the fact that I do not wish to generalise this research, I feel there are identifiable uses for it, particularly when considering the questions it raises around policy and practice

²²² (Hall & Slembrouck, 2011)

for Adfam, and for any agency looking to support kinship carers. The problems which were identified in this small group are very similar to issues being faced countrywide by kinship carers.

I would suggest that for someone who is looking to support a kinship carer, it is worthwhile to try and gain an understanding of the family and extended family of the kinship carer and what support from the family they give and receive. Kinship carers are part of a family network which is affected by their choices just as they are affected by the choices of members of their families. It is also worthwhile trying to understand how well the family functions, and how it is impacted by stress. It has only been as I have asked more questions around the kinship carers' upbringings, siblings and early life that I have been able to understand where they are coming from and the struggles they face.

It would also be beneficial to consider talking to kinship carers about their early lives, once sufficient trust has been built up. Kinship carers often take on responsibility for children without attention paid to their early lives, which is dangerous. If kinship carers can't draw on nurturing parenting that they received, this affects their confidence in their parenting. The kinship carer, no matter what age they actually are, may still be operating in some senses as a child, rather than an adult. They may fear that their grandchild doesn't like them and this makes it harder to provide secure boundaries. They may recognise what they themselves missed out on and want to give the child they are caring for whatever that was, without limitations, which is also problematic. Of course, these issues are not only found among kinship carers, as everyone is affected by the parenting that they received, but the issues are often particularly complex when it comes to kinship carers.

Parenting courses may not be the answer as what is needed is something deeper. Often kinship carers need care and nurture modelled by someone who they can trust. Kinship carers need this long-term support to ensure that they are able to meet the needs of the children they care for. Sometimes this may be best provided in person, with the other person helping to provide regulation for the kinship carer. Essentially this is therapeutic work, which would ideally be happening in long-term therapy. However, not only is cost a huge factor as this would be unlikely to be provided on the NHS, but the kinship carers may

well find it hard to engage. As such, it is the support workers who will be taking on this task and who need to be prepared for the magnitude of this demanding but very rewarding work.

Agencies who work with kinship carers also need to be aware of the complexity of the relationship between the parent and the addicted child. As Denise said, “she’s my daughter and I can’t just forget about her”²²³. When kinship carers are asked to choose between their grandchildren and their addicted child, about whom they have so many complicated feelings, it may feel almost impossible. Social workers need to have an awareness of what they are asking and be willing to work with kinship carers to help them manage difficult areas such as contact.

One small additional point for Adfam: In their work with family members of people who use drugs and alcohol, Adfam needs to be aware that, certainly in the experience of the kinship carers, the pattern is set quite early for their children who struggle with addiction; most of them referred to their child as being in their teenage years when they first started using drugs or alcohol. In the kinship carers’ experiences, the drug or alcohol use is deeply entrenched by the time they have a child. There was also the ‘older man’ who appeared in the stories of the vulnerable young women and who introduced them to, or encouraged them in, their drug or alcohol use.

4.4 Recommendations

My recommendation for Adfam is to continue to support kinship carers as there is so much need and so little support for them, bearing in mind that this work is long-term. Anyone who works with kinship carers need to know that this is not an area where there is any kind of ‘quick fix’. The complex and entrenched issues need time, patience and a support that is not quickly withdrawn if the kinship carer appears to be ‘coping’.

²²³ D:780

If there were no limit on what Adfam could provide, I would recommend a hybrid model, with both in-person and telephone support. I would also want to consider activities for the children being cared for by the kinship carers as this would enable the kinship carers to come together. Encouraging the kinship carers to meet and see each other is very important so I would recommend continuing to work with the local kinship carers' group.

There is a definite need for further research in this area as it is very under-researched. I have not come across any research that explores what other family members, such as the siblings of the addicted child of the kinship carer feel about their addicted sibling and how this affects their relationship with the kinship carer in question.

Societally, there is an increasing reliance on kinship care, but kinship carers are currently stretched to the limit. There may come a time when a tipping point is reached and there is insufficient support provided to enable the kinship carers to keep caring for the children they have taken on and local authorities need to be aware of that. At the very least, kinship carers need a fair allowance to help them care for the children who often have very significant needs until the children are eighteen. Ideally they need people who are prepared to work with them therapeutically, helping them to understand their families and experiences.

The support that Adfam provides is vital and the kinship carers clearly appreciate it very deeply. However, it should not be that Adfam alone is supporting these carers as there is such a high level of need: emotional, practical, financial and more. Adfam does not want the kinship carers to feel that if Adfam were not there, they would not have anyone. Kinship carers need to feel that they are not alone; that there are people who are on their side. They need to feel that the government is looking to help them, not hinder them. Perhaps Bea put it best when she said:

There's a lot of people out there, who are kinship carers, and just don't know which way to turn... financially, emotionally, anything like that... And that's sad. That's

really sad. You know, because these children, you know, they're just children, and they have the right to stay with their families.²²⁴

If we want to ensure the best outcomes for these children, we need to care for the kinship carers.

²²⁴ B:1109-1116

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Appendices

Appendix A: Letter of Invitation

Dear Kinship Carer,

I am writing to invite you to participate in my research study entitled 'Kinship Carers: How they experience their role in the family'.

I am interested in finding out how kinship carers experience their role in the family and how Adfam or other agencies might be able to support you better in the future.

The aim of this research is to ensure that kinship carers and kinship children are supported properly, as the situation for kinship families is often difficult and complicated and it's very important that you receive the support that you need.

This research will involve asking you questions about your experiences bringing up your child who uses drink or drugs, and what support might have been helpful then, as well as your experience bringing up your grandchild(ren) now. I will ask about how you were supported when your grandchild(ren) came into your care and how looking after your grandchild(ren) has affected your relationship with your child who is their parent. I will also ask about your own experience of being brought up. You don't have to answer every question as I appreciate these things can be difficult to talk about, and I can tell you all the questions I plan to ask beforehand if you would like that.

I am planning to find out your views through an interview of up to an hour, which will be recorded so that I can analyse the findings later. At the end of the research study, all recordings will be destroyed. Your contribution will be completely anonymised so that you would not be able to be identified. Taking part is entirely voluntary and if at any point during the interview you do not want to continue, the interview will end straightaway.

Due to the fact that you have been working with Adfam and have had these experiences I would be very interested in finding out your views and this is why I am inviting you to participate.

If you would like to participate, please let me know by text, phone or email. We can then arrange a time for a phone call, or a zoom call if you would prefer that. My number is 07753 218472 and my email address is l.reid@adfam.org.uk.

Yours Sincerely,
Lindsay Reid

Appendix B: Informed Consent Form

Title of Project: 'Kinship Carers: How they experience their role in the family'

Researcher: Lindsay Reid

Participant's Name: _____

Adfam invites you to take part in a research study ('Kinship Carers: How they experience their role in the family') researched by Lindsay Reid (Adfam Kinship Care and Support Coordinator), which seeks to explore how kinship carers experience their role in the family and how Adfam or other agencies might be able to support you better in the future. Taking part in this research study is entirely voluntary. If you decide to participate, please sign this form to show that you want to take part.

Section 1. Purpose of the Research

You are being offered the opportunity to take part in this research study because you have been working with Adfam and have had experience of being a kinship carer. The purpose of this research is to explore how kinship carers experience their role in the family and how Adfam or other agencies might be able to support you better in the future.

Section 2. Procedure

Your views will be gathered through an interview of up to an hour, which will be recorded so that the researcher can analyse the findings later. The interview will focus on your experience of being part of your family as a kinship carer and your experiences with your parents, children and grandchildren.

Taking part is entirely voluntary and you have the option of not answering any questions you don't wish to answer. If at any point you do not want to continue, the interview will end straightaway. There will be no penalty for this and you will not be questioned about why you don't wish to continue. Choosing to take part in this interview or not will not affect your support from Adfam.

If you wish, you can see or hear the questions beforehand so that you know what to expect, and decide if you want to suggest any other questions. You can also talk to the researcher afterwards about the experience if you think that would be helpful and you will continue to be supported after the interview is over.

Section 3. Statement of Confidentiality

At the end of the research study, all recordings will be destroyed. Data will be stored securely and handled in compliance with UK GDPR and Adfam's data policies. Your contribution will be completely anonymised so that you will not be able to be identified. Confidentiality will be maintained at all times in accordance with Adfam's policies and procedures. In the event of any publication or presentation resulting from the research, no

personally identifiable information will be shared. We will keep your participation in this research study confidential to the extent permitted by law (that means that the researcher may have to share the information if they think that somebody is in danger of harm).

Section 4. Other Matters

You have the right to have your questions answered. If you have questions, complaints or concerns, please contact Lindsay Reid on 07753 218472. If you have questions regarding your rights as a research participant or you have concerns or general questions about the research, Kersti Dolphin (Lindsay Reid's manager) can be contacted on 07762 126395. You may also call this number if you cannot reach Lindsay Reid or wish to talk to someone else. You will not receive any compensation for being included in this research study.

Signature and Consent/Permission to be in the Research

Before making the decision to be involved in this research you should have:

- Discussed this study with Lindsay Reid,
- Reviewed the information in this form, and
- Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked any questions you currently have about the research and those questions have been answered. You will receive a copy of the signed and dated form to keep for future reference.

Participant: By signing this consent form, you indicate that you are voluntarily choosing to take part in this research.

_____	_____	_____	_____
Signature of Participant	Date	Time	Printed Name

Person Explaining the Research: Your signature below means that you have explained the research to the participant/participant representative and have answered any questions he/she has about the research.

_____	_____	_____	_____
Signature of Researcher	Date	Time	Printed Name

Contact Details:

Lindsay Reid

Adfam, 27 Swinton Street, London, WC1X 9NW

Tel: 07753 218472

Email: l.reid@adfam.org.uk

Appendix C: Interview Schedule

1. Your childhood: Let's start with finding out a little bit about you as a child – can you tell me a little bit about your childhood? Where did you live? Did you have any siblings? What was your relationship like with them? How about your relationship with your parents? What was it like being brought up by them? How do you get on with your parents now, if they are still alive? If they're no longer alive, what was your relationship like before they passed away?
2. Bringing up your child: Your son/ daughter is the parent of the child(ren) you're looking after and the children are with you because of your son/daughter's use of drugs/alcohol – what was it like bringing up your son/daughter? Was your experience with them any different to your experience with their siblings? Have you always had worries about him/her? When did drugs or alcohol begin to be a problem with him/ her? What do you think might have made a difference to you or to them when you were bringing your child up?
3. When your grandchild(ren) came to live with you: For kinship carers, the circumstances of your kinship children coming to live with you are always very difficult. What was this like for you at the time? Do you feel that you were supported through it? What type of arrangement was suggested for you (eg SGO/CAO) and what arrangement did you end up getting? During the assessment, when you were saying you were happy to have the care of the children, was there any discussion about how the children's parent would fit into this arrangement?
4. Your relationship with your child now: I'm interested in hearing about your continuing relationship with your child whilst looking after his/her children. What is it like for you now in terms of your relationship with your child? Have things changed between you now you're looking after his/her children? If you're talking to professional agencies (like the local authority) do you feel free to talk about that relationship with your child and what you still do for that child?
5. Managing contact: How hard have you found it to manage contact between your child and your grandchildren? Why do you think that is? If there have been difficulties, what do you think might have helped you?
6. Bringing up your grandchildren: Do you feel you parent/ bring up your grandchildren in a different way to the way you did your children? If so, what differences are there? Why do you think you choose to parent them/ bring them up in this way? How do you think things are developing for your grandchild(ren) and what their future looks like? Do you see similarities or differences between your child and your grandchildren?
7. Support that makes a difference: Is there support that you think would have made and would continue to make that a difference in the things that you have to handle in your family and in your role as a kinship carer?
8. Anything else: Is there anything that I haven't asked about that you think I should have done? Is there anything that you'd like to add to anything that you have said?