

Kinship Carers: How they experience their role in the family

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Introduction

Having worked with kinship carers who cared for their grandchildren due to their child's drug or alcohol use, through my role as kinship care support and development coordinator at Adfam, I observed the need for further research into the kinship carer's experience of family. Kinship carers had strong feelings around their child who used drugs or alcohol, along with guilt about their own parenting of that child and uncertainty about their ability to parent their grandchildren. Many of the kinship carers had difficult relationships with their own parents which played into the decisions they made and the way they parented, which meant that certain patterns could play out over several generations. I wanted the opportunity to step back and look at the bigger picture rather than just dealing with issues which emerged in the present.

Purpose of Research

This research study explored the experience of kinship carers and how they viewed their role in the family. I was particularly interested in finding out about the emotional impact of retaining a relationship with their child who uses drugs or alcohol whilst also caring for the child(ren) of this same child. I also wanted to understand how kinship carers managed parenting their grandchildren if they felt that they had not been parented well themselves. In addition to this, I hoped to discover how Adfam could support them better or if there was anything they thought could improve their situation.

Methodology

In order to explore the relationships and roles in kinship families, I worked within the framework of family systems theory, using a phenomenological approach. I carried out five recorded semi-structured interviews with five individual kinship carers who cared for a grandchild/ grandchildren whose parent (the kinship carer's child) used drugs or alcohol. These kinship carers were all known to my agency, Adfam. Following collection of the data, the interviews were transcribed. Carrying out interpretative phenomenological analysis, I looked to better understand the kinship carers' lived experiences within relational and systemic contexts.

Key Findings

My research showed that kinship carers are struggling and there is a number of reasons for this:

- Kinship carers are part of a complex web of familial connections and becoming a kinship carer can disrupt those connections, leaving the kinship carers socially isolated.

- 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. 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. Kinship carers are asked to prioritise their grandchildren over their children, and this can sometimes be very difficult, or impossible. 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 and are deeply impacted by the effects of their parent's drug or alcohol use. 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.

My research also considered which support was most helpful for kinship carers:

- Kinship carers need ongoing support. The problems that are faced by the families of kinship carers are not going to be solved in the short term. Kinship carers need clear and accessible advice, financial support which lasts until the child they care for is eighteen and 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.
- Kinship carers need people who are willing to spend time with them, to really understand the problems and, vitally, to build trust. In an ideal world, they would have good therapy. But at the very least, they need people who will try to walk alongside them, listen to them and share some of the burdens.

Implication for Policy and Practice

These results demonstrate that kinship carers are in need of help and support but the support that is most useful to them is that which takes into consideration their family situation and experiences within the family. Professionals will work best with the family if they can gain an understanding of the family and extended family of the kinship carer, how well the family functions, and how it is impacted by stress. Understanding the early lives of kinship carers often leads to insights into their parenting.

Kinship carers need long-term therapeutic support to ensure that they are able to meet the needs of the children they care for. If therapy is not possible, 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 one kinship carer said, 'she's my daughter and I can't just forget about her'. When kinship carers are asked to choose between their grandchildren and their addicted child, 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. More support is also needed, both financial and therapeutic, for the children cared for by kinship carers.

There is a definite need for further research in this area as it is very under-researched.

Limitations

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, the sample size was 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. Nonetheless, I believe that the problems which were identified in this small study are very similar to issues being faced countrywide by kinship carers.

Conclusion

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. However, it should not be that Adfam is supporting these carers alone as there is such a high level of need: emotional, practical, financial and more. 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. One kinship carer 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.

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