



An Evaluation of Raising Kinship Children: A Programme to Help Kinship Carers Understand and Manage Challenging Behaviours

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Impact and Evaluation team

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Delivery partners:

Grandparents Plus is a national charity which champions the role of grandparents and the wider family in children's lives. In particular they provide advice, information and peer support for grandparents and other family members who step in to care for children who cannot live with their birth parents or who have lost contact with their grandchildren.

PAC-UK is a national charity which aims to improve the lives of families and individuals affected by adoption and other forms of permanence by providing access to a range of individually tailored services and appropriate support depending on need. In addition they aim to increase the awareness and knowledge of professionals and the general public.

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The views expressed are the authors' alone, and do not necessarily reflect those of Grandparents Plus or PAC-UK.

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1 Executive summary

1.1 The programme, its rationale and aims

'Raising Kinship Children: a programme to help kinship carers understand and manage difficult behaviours' is a parenting programme, developed jointly between Grandparents Plus and PAC-UK. The new programme adapted PAC-UK's Enhancing Adoptive Parenting (EAP; Ruston and Upright, 2012), which is aimed at adoptive parents, to make it bespoke for kinship carers. It aimed to help grandparents and other family or friend carers manage the challenging behaviours of the kinship children they care for. Together Grandparents Plus and PAC-UK adapted EAP using feedback from kinship carers from the Grandparents Plus Support Network. The course was intended for kinship carers who were raising kinship children who demonstrated challenging behaviour and were aged between three and 12.

The programme was developed in response to the significant gap in the provision of parenting support for kinship carers. Grandparents Plus' 2013 *Forgotten children* report showed that 45 per cent of kinship children have previously suffered from parental abuse or neglect, and 44 per cent have witnessed parental drug or alcohol abuse (Gautier, Wellard and Cardy, 2013). Many of these kinship children (53 per cent) demonstrated emotional and behavioural difficulties when they first moved in with their carers, and a disproportionately large percentage (54 per cent) have a special need or disability. Despite these high needs, the Gautier et al, (2013) also showed that 44 per cent of kinship children have never received any help from Children's Services and only eight per cent of kinship carers have ever received any counselling or help with parenting.

1.2 The evaluation

The main aims of Coram's evaluation were to explore: the impact of the programme on kinship carers' parenting confidence, skills and well-being; whether the improvements in these areas would encourage change in their kinship children's behaviour; and what aspects of the programme were most effective. The evaluation used a mixed methods approach; collecting quantitative data using standardised and validated outcomes measures and qualitative data using semi-structured interviews with the kinship carers, the two facilitators and the project coordinator.

This report presents an evaluation of the effectiveness of a pilot programme delivered from October to December 2015. The programme was commissioned by the Tudor Trust and Esmeé Fairbairn and was delivered in the London Borough of Islington.

1.3 The participants

Thirteen kinship carers completed the course. One kinship carer opted not to take part in the evaluation and one only completed an interview before the course and not after. Of the twelve who were interviewed: 11 kinship carers were women and one was male; between them they cared for 14 kinship children and ten birth children who still live with them. Seven kinship carers cared for their niece(s) or nephew(s) and five cared for their grandchildren. The children's ages ranged from two years to 12 years old.

1.4 The professionals

The facilitators were provided by PAC-UK and were trained deliverers of the original EAP programme. The project coordinator was from Grandparents Plus, and a kinship carer herself. Sessions were delivered by one of the two trainers and supported by the coordinator.

1.5 Before the course

Before the programme kinship carers were experiencing a range of emotional and behavioural challenges with the kinship children that they cared for. The majority reported that the children were displaying extremely challenging behaviour and emotional difficulties which included controlling behaviour, clinginess, anger and aggression, a lack of boundaries, unresponsiveness to commands, anxiety and not acting in a way that is expected for their age. Kinship carers talked frequently about their own challenges which included experiencing stress, anxiety and feelings of powerlessness, and feeling alone and unsupported in their situation. Almost all kinship carers talked about the complexities and difficulties of managing contact with the birth parents.

1.6 After the course

All kinship carers benefitted from the course in some form: either by gaining new parenting skills, including a change in approach; increased confidence and/or wellbeing or a reduced feeling of isolation as a result of meeting others in the same situation.

The programme saw improvements in parenting skills and techniques for about half the kinship carers. When kinship carers saw small improvement often this was because their kinship children were demonstrating extremely challenging behaviour. About two-thirds reported that they had increased confidence in their parenting. The Parenting Sense of Competence Scale demonstrated small average increases in parenting satisfaction (from 38.6 to 41.2) and a minimal increase in average parenting efficacy (from 31.5 to 32.0).

One of the most evident outcomes from the course was a change in the kinship carers' understanding of their kinship children's experiences and emotional needs including the potential effect on behaviour and the psychological impact. Nearly all kinship carers reported that as a result of the course they had at least somewhat adapted their approach towards their kinship children to be more empathetic and this modified approach was often cited as being a result of learning the emotional needs behind the child's behaviour.

The course positively impacted the well-being of about half of the kinship carers. Many kinship carers reported reduced isolation and a sense of belonging due to meeting others in the same situation as them in the course. In contrast, two kinship carers saw deterioration in their well-being during or immediately after the programme; one due to external circumstances and one due to exploring emotions at the course which she had not discussed for some time. Findings from the Warwick Edinburgh Mental Well-being Scale showed a small increase in average score from before the course to after, from 49.4 to 53.7. This indicated a slight average increase in mental well-being after the programme.

Most often small improvements were observed in kinship children's behaviour after the course. However, kinship carers' accounts, and the results of the Strengths and Difficulties Questionnaire (SDQ), indicated that as a result of feeling better able to cope and/or being better able to respond with effective parenting strategies, these behaviours were having a less negative impact on family life.

1.7 The course

Generally kinship carers found the course a positive experience and were satisfied with the content covered. The feedback after each session reflected this; no kinship carers ever reported they were unsatisfied with a session when asked to rate it on a five point scale from 'very satisfied' to 'very unsatisfied'. In fact, the majority of participants who completed feedback forms reported that they were 'very satisfied' or 'satisfied' with all sessions apart

from session five ('Special play') where 50 per cent found the session 'OK'. Session eight, 'Ignoring difficult behaviour and why discipline may be difficult', proved to be the most satisfying for participants with 60 per cent reporting they were 'very satisfied' with the session. At interview, the highest number of kinship carers recalled session seven, 'Commands and boundaries', as one that they found the most useful.

The course structure created a supportive and nurturing environment in which kinship carers felt able to safely share their stories. This nurture was created by each delegate in the room, the facilitators and project coordinator. The kinship carers were overwhelmingly positive about the project coordinator's support to the group and appreciated the personal experiences she shared during sessions. She seemed to be fundamental in creating an inclusive and safe space for the kinship carers to learn.

1.8 Comparison to adopter groups

The facilitators found both similarities and differences in teaching the kinship carers compared to adopters. A difference observed was that the kinship carers presented a wider range of needs, both their own and children's, than adopters, which may be attributed to kinship carers having to begin care for the children suddenly, with little preparation, compounded with managing the emotional connection with birth parents. Consequently the facilitators found the course more intense to deliver than adopter courses. Similarly to adopter groups, the facilitators found it difficult to get kinship carers to make the connection between the child's past experiences and current behaviour. In terms of participants some noted a disparity between their needs and adopters' needs and stressed the additional challenge they faced in implementing new parenting strategies whilst managing regular contact arrangements with birth parents who could sometimes undermine these.

1.9 Recommendations for future courses

- **Smaller age range in the group:** it was apparent from some comments that those with older children found some of the techniques less useful and appropriate for their children.
- **A thorough screening process and stricter criteria to access the course:** a few kinship carers reported that their kinship children were not displaying very challenging behaviour prior to the course therefore the course had a smaller impact on their lives; a few also had older children which meant the course was not entirely appropriate for them.

- **Covering contact:** contact was only included as part of one session however it represents a significant challenge for kinship carers. Some participants wanted contact covered in more detail.
- **Ensuring a kinship carer lens:** future programmes and facilitators must ensure that the unique situation of kinship carers is understood and that the course is flexible to their needs including a full understanding of the challenges facing kinship carers in relation to contact with birth parents.
- **Include a co-trainer or project coordinator with experience in kinship carer:** their personal experience helped validate the course material and their professional role as a coordinator helped smooth the running of the course. If it is not financially viable to include then it is suggested that a kinship carer supporter could result in the same impact.
- **Session one: Managing behaviour:** a future course may wish to consider restructuring the sequence of sessions or taking more time to explore the issues that arise from this session as some found it challenging to begin with.
- **Following a similar structure:** The majority of the kinship carers were satisfied with the structure of the programme, including the length of the sessions and course.
- **Reduce the size of the group:** discussion took up a large part of the start of every session due to the large group. Furthermore, kinship carers can present a wider range of needs than adopters therefore the number of participants may need to be lower than a typical adopter group to account for this.
- **Consider including more content on empathetic parenting and permanency and constancy:** permanency and constancy are particularly useful topics to cover in relation to understanding lying and stealing behaviour from kinship children.

2 Introduction

2.1 Overview

'Raising Kinship Children' is a parenting course, developed jointly between Grandparents Plus and PAC-UK, that aimed to help grandparents and other family or friend carers manage the challenging behaviours of the kinship children they care for. This evaluation explores the pilot programme which was commissioned by the Tudor Trust and Esmée Fairbairn and was delivered in the London Borough of Islington. Coram was commissioned to evaluate the effectiveness of the programme by Grandparents Plus in September 2015.

2.2 Programme rationale and aims

The programme was developed in response to the significant gap in the provision of parenting support for kinship carers. The 2011 Census reported that at least one in 74 children in England grow up in the care of relatives. Grandparents Plus suggests this figure is rising. Like children who are adopted or fostered, these children often have very high needs.

Grandparents Plus' 2013 *Forgotten children* report explores the experiences of kinship carers who care for 420 kinship children (Gautier et al, 2013). It showed that 45 per cent of these children had previously suffered from parental abuse or neglect and 44 per cent had witnessed parental drug or alcohol abuse. Half of these children (53 per cent) demonstrated emotional and behavioural difficulties when they first moved in with their carers, and a disproportionately large percentage (54 per cent) have a special need or disability.

Although both adoptive parents and kinship carers often raise children with similarly high needs there are fundamental differences in their situations. Adoptive parents receive comprehensive pre-placement training and begin raising a child as part of a carefully planned process yet kinship carers rarely receive training and often take on the care of children suddenly with little or no preparation. Unlike most adoptive parents kinship carers are often managing face-to-face contact with the birth parents.

Despite this background of high needs for both kinship children and their carers, Gautier et al, (2013) found that 44 per cent of the children had never received any help from children's services and only eight per cent of kinship carers had received any counselling or help with parenting. Gautier et al, (2013) also highlighted the challenges kinship carers faced in

getting support, with one kinship carer telling them: *“I have to fight to get the help I need – there’s no help offered to carers who cope quietly.”*

Despite statutory requirements that support should meet the needs of children, research shows that those kinship children in informal arrangements, without a legal order in place, are unlikely to get any support and for those where legal arrangements are in place support is still very inconsistent (Hunt and Waterhouse, 2012).

2.3 The programme

An internal review by Grandparents Plus of parenting provision in the UK and a consultation process with kinship carers, both undertaken prior to the pilot, also revealed a lack of suitable parenting help for kinship carers. Despite a huge array of parenting provision in the UK only one course, KEEP¹, was designed partially for kinship carers however the main audience was foster carers and it did not have a strong emphasis on attachment.

As there were a number of well evidenced parenting programmes available, Grandparents Plus aimed to adapt an existing programme and tailor it for kinship carers. They sought a programme that was well evaluated, and placed a strong emphasis on both attachment theory and the importance of special play. They found that programmes aimed at adoptive parents were most aligned with kinship carer needs. Consulting with kinship carers, Grandparents Plus and PAC-UK collaborated to adapt Enhancing Adoptive Parenting (Rushton and Upright, 2012) to meet the needs of kinship carers. The key adaptations to EAP were: a larger educative element that compensated for the lack of pre-placement training, which increased the length of the sessions and the addition of the following components that explored:

- how to explain to a child why they are in kinship care
- understanding the effects of contact on children’s behaviour
- how to manage kinship carers’ own emotions.

2.4 The evaluation partner: role, aims and approach

Grandparents Plus commissioned Coram’s Impact and Evaluation team to evaluate the pilot programme. Ethical approval was granted for the evaluation from Coram’s Ethics Committee

¹ Keeping Foster and Kinship Carers Supported, www.keep.org.uk

and informed consent was sought from every kinship carer to take part in the evaluation. Coram's remit was to evaluate the impact of the programme in order to help identify replicable best practice. The evaluation had the following aims:

- to explore whether the programme delivered increased parental satisfaction, confidence and self-efficacy
- to explore the impact of the programme on parenting skills and strategies
- to explore the impact of the programme on kinship carers' well-being, including their understanding and management of their emotions
- to find out whether kinship carers felt their increased confidence and enhanced parenting skills would encourage change in their children's behaviour in the long term
- to explore the impact on kinship carers' understanding of their kinship children's behaviour
- to identify the needs and difficulties of the kinship children
- to explore what aspects of the programme were most effective and identify changes that could be made to the programme to improve outcomes.

3 Programme design and implementation

3.1 Overview

All 13 kinship carers completed the course. Of the 12 who were interviewed: 11 kinship carers were women and one was male; between them they cared for 14 kinship children and ten birth children who still live with them. The evaluation used a mixed methods approach; collecting quantitative data using standardised and validated outcomes measures and qualitative data using semi-structured interviews. The two PAC-UK facilitators and the Grandparents Plus project coordinator were also interviewed with the aim to explore the development of the programme and gain insight about the impact of the programme on the kinship carers.

3.2 Design and delivery

The Raising Kinship Children pilot programme consisted of ten weekly three hour sessions (see Appendix 1 for full course outline). The course explored kinship carer's own emotions and behaviour, the emotional needs and behaviour of kinship children and effective parenting techniques and approaches. The first session aimed to help kinship carers explore their own

emotions and behaviour, and the impact of this on their kinship children's behaviour. Sessions two and three focused on the role of attachment in kinship children's behaviour and understanding how children's experiences affect their behaviour. The middle sessions explored how to manage kinship children's behaviour by using positive attention, special play and praise. The latter sessions focused on how to deal effectively with challenging behaviour including setting boundaries, ignoring difficult behaviour, disciplining effectively and limit-setting. The final session in the programme covered problem-solving and endings.

The programme was delivered by two PAC-UK facilitators: one delivered sessions one to four and eight to ten, the other delivered sessions six and seven and session five was delivered jointly. Both professionals were experienced facilitators who had delivered many parent training programmes.

3.3 Kinship carers

Kinship carers were invited to the programme through membership of the Grandparents Plus Support Network or through the London Borough of Islington Council. A total of 14 kinship carers accepted places on the course however one kinship carer did not take up their place. The remaining 13 kinship carers all completed the course with a small number missing one or two sessions. Of the 12 kinship carers who completed demographic information the majority were women (11); nine were single carers and two were in relationships²; one kinship carer had a disability³; six of the kinship carers were white British, three identified as black or black British, one had mixed ethnicity and one identified as white other⁴. In total the 12 kinship carers cared for 14 kinship children and ten birth children. Seven kinship carers cared for their niece(s) or nephew(s) and five cared for their grandchildren. Children's ages ranged from two to 12 years old. Two children had been living with their carer less than a year, one for one to two years, four for three to four years and four for over four years. The longest time a child had been living with their carer was nine years and the shortest was nine months.

¹ One did not report their status

² Two did not report if they had a disability

³ One did not report their ethnicity

3.4 Outcomes assessment

Of the 13 kinship carers who took up their places on the programme only one opted not to take part in the evaluation; although one kinship carer only completed an interview before the course. The interviews conducted before the course took on average 30 minutes and those conducted after took 45 minutes. They followed a semi-structured format. At the end of each interview kinship carers were asked to complete quantitative questionnaires which included measures of:

- kinship carer well-being. The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) comprised of 14 positively worded items relating to different aspects of positive mental health and well-being (Tennent et al., 2008). Its items are scored on a five-point scale ranging from 'none of the time' (1) to 'all of the time' (5). Total scores categorise participants' mental well-being as 'very low', 'below average', 'average' or 'above average.'
- child behaviour. The Strengths and Difficulties Questionnaire (SDQ) is a well-used standardised measure of child behaviour (Goodman et al., 1999). Responses to 25 items are scored on a three-point scale which ranged from 'not true' (0) to 'certainly true' (2). Scores were combined to form aggregate ratings on five scales: 'emotional symptoms', 'conduct problems', 'hyperactivity', 'peer problems' and 'prosocial behaviour'. A combined rating of these first four scales provides an overarching measure of a child's 'total difficulties'. A further measure of 'impact' on school and home life is provided.
- parenting satisfaction and efficacy. The Parenting Sense of Competence Scale (PSOC) has 16 items measured on a six-point scale. It forms two subscales following Johnston and Mash's (1989) improvement on the original 17 item version. Parenting Satisfaction (nine items) is an affective dimension reflecting parental frustration, anxiety and motivation and Parenting Efficacy (seven items) an instrumental dimension reflecting perceived competence, problem-solving ability and capability in the parental role.

The two PAC-UK facilitators were also interviewed, together, and the Grandparents Plus project coordinator was interviewed separately. Interviews took place before and after the course. The aim of these interviews was to explore the development of the programme and gain insight about the impact of the programme on the kinship carers. These interviews also aimed to identify any obstacles in delivery and areas for improvement.

To provide additional information about the programme, general satisfaction information was collected from participants at the end of each of the ten sessions via feedback forms. Three sessions were observed by the evaluation team in order to understand context.

The bulk of the data in the evaluation report is based on the interviews with kinship carers and professionals. All quotes and themes in the report come from the interviews unless stated otherwise. The identity and information provided by kinship carers has been anonymised; including their names, the names of others and their genders.

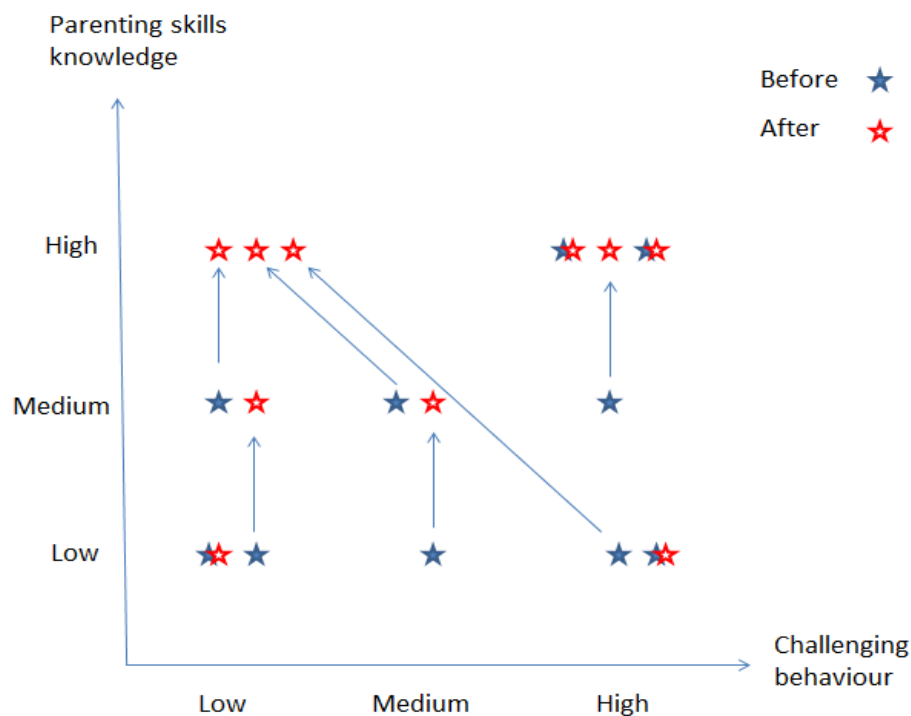
4 The impact of the Raising Kinship Children programme

4.1 Overview

Before the programme almost all kinship carers were experiencing a range of emotional and behavioural challenges with the kinship children that they cared for. Behaviour displayed included controlling behaviour, clinginess, anger and aggression, a lack of boundaries, unresponsiveness to commands, anxiety and not acting in a way that is expected for their age. Kinship carers talked frequently about their own challenges which included experiences of stress, anxiety, feelings of powerlessness and feeling alone and unsupported in their situation. Almost all kinship carers talked about complexities of managing contact with the birth parents.

Overall, all kinship carers benefitted from the course in some way; either improved parenting skills, including a change in approach, improved confidence and wellbeing or just a reduced feeling of isolation as a result of meeting others in the same situation. Parenting skills and techniques improved for about half the kinship carers. When kinship carers saw small or only little improvement often this was because their children were demonstrating extremely challenging behaviour. In order to get a sense of how the course impacted on each participant the evaluators categorised kinship carers by their parenting skills knowledge and the level of challenge they were experiencing from the kinship child into high, medium or low, based on findings from the baseline interviews. The evaluators carried out this exercise again, based on the interviews after the course, and mapped this on a graph (see Figure 1) to explore the trajectory of the kinship carers. Each kinship carer's journey is linked by an arrow unless there was no change in knowledge and level of challenge in which case the kinship carers' before and after star will be touching.

Figure 1: A summary of the changes in kinship carers' parenting skills and kinship children's challenging behaviour



It is positive to see from the graph that not one participant experienced a negative change in their parenting skills knowledge or level of challenge experienced. Particularly the latter is notable as implementing new techniques could lead to initial increased challenging behaviour or resistance from the child as a reaction to the kinship carer's change in approach. Interestingly the course did not impact on the two kinship carers who had a high knowledge level and were experiencing high challenge before the course. Two kinship carers with low knowledge (one with high challenge and one with low challenge) before the course also did not experience an increase in their parenting skills knowledge, however, there were three kinship carers with low knowledge of parenting skills who did see an increase, suggesting that low knowledge before the course did not affect learning. The biggest improvement was for a kinship carer who had high challenge and low knowledge before the course and moved to low challenge and high knowledge.

Referring to findings from the interviews, about two thirds of the kinship carers reported that they had increased confidence in their parenting after the course. For some kinship carers, who felt they already knew the techniques, the course provided reassurance that their approach was correct which reinforced their confidence in parenting.

The course positively impacted the well-being of about half of the kinship carers. Many kinship carers reported reduced isolation and a sense of belonging as a result of the course.

One of the most evident outcomes from the course was a change in kinship carers' understanding of their kinship children's experiences and the potential effect on behaviour and the psychological impact this can have. This understanding led to a change in approach from many of the kinship carers who described a calmer style of parenting after the course.

Most often small improvements were observed in kinship children's behaviour after the course. However kinship carers' accounts and the results of the SDQ indicated that as a result of feeling better able to cope and/or being better able to respond with effective parenting strategies, these behaviours are having less impact on family life.

4.2 Before the course

The kinship carers were experiencing a range of emotional and behavioural challenges with the kinship children that they cared for including controlling behaviour, clinginess, anger and aggression, a lack of boundaries, unresponsiveness to commands, anxiety and not acting in a way that it is expected for their age:

"She won't let me go out of the house... if I go out she thinks I won't come back... she won't sleep until I come back." Leah

Many of the kinship children were also experiencing difficulties at school, such as poor attendance and disruptive behaviour.

Despite these challenges many of the kinship carers acknowledged that they would not have wanted an alternative care option for their child/ren. In addition, a few of the kinship carers reported caring for their kinship child as a rewarding experience. Sharon felt a sense of "relief" when she gained care responsibility of her kinship child.

Kinship carers talked frequently about their own challenges which included experiencing stress, anxiety, feelings of powerlessness and feeling alone and unsupported in their situation. Many were looking forward to speaking to others with similar experiences. For a small number of kinship carers their wellbeing was not negatively influenced by the kinship child's behaviour.

A common theme for almost all kinship carers was the complexities of managing contact with the birth parents. The kinship carers found contact stressful, did not feel equipped with the right skills and confidence to facilitate contact, and the kinship child's behaviour often deteriorated following a contact session:

"In a nutshell, contact is tough and it is conflicting for [him] and [he] hears mixed messages when he sees his birth family about moving back with them one day."

Megan

For the most part kinship carers felt they had some parenting techniques they could use but often these techniques did not work, the range of strategies they used were limited and would only work for a short period of time or in certain circumstances. Furthermore, kinship carers recognised the challenge of implementing the techniques with kinship children in comparison to their own child(ren): *"I use the naughty step but it doesn't work; he laughs in your face"* (Jody). Therefore most kinship carers hoped to learn more practical techniques from the course.

For some kinship carers the experience of bringing up a kinship child was a very different one from bringing up birth children. This disparity led to caution about how they approached the kinship child and made them feel less confident in the parenting techniques they implemented. Some kinship carers felt that they should be more lenient with consequences to compensate for the difficulties the kinship child had faced in the past. Anne, for example, felt that she had to counteract her kinship child's traumatic past experience by giving him extra attention:

"I am so determined to make him feel wanted and loved... I am trying to make up for what happened..."

Jody also referred to feeling conflicted about whether to treat her kinship child in the same way as her birth children and this impacted on her parenting techniques:

"Am I meant to treat them the same? What is the right thing to do about this? ... It is a different type of love. You can't love in the same way as your children. I can't tell them off as much as my own kids."

In contrast a minority of kinship carers viewed their kinship child in the same way as their birth children and were determined to treat their kinship child in exactly the same way: “[He] is my son” Megan commented.

4.3 Changes in parenting techniques and skills

About half of the kinship carers saw improvements in their parenting skills and techniques after the course. Prior to the course the majority of kinship carers believed that they possessed adequate parenting techniques and skills but some felt their techniques were ineffective or becoming redundant with the age of their kinship child. At interview some kinship carers reflected on the techniques they had been using before the course and how they should in fact adapt them to be more effective with kinship children. For example, Anne considered her previous strategy of giving commands:

“I gave the life story of why I was telling, asking [the child] to do that. Always felt that I had to explain things to him and tread gently etc...”

After the course Anne felt equipped with the skills to:

“...give a, you know, simple command that’s quite reasonable and not expect an argument, and expect [the child] to do it without all the frills that go round it, that was a good thing [the facilitator]... we’re the adult, we don’t discuss, we tell the child ‘do this’ and they respond well, they need that security”.

This was the same for Sarah who refined her existing technique of praising and disciplining following the course:

“... I have a jar with marbles in and if they’re good they get marbles, it lasts for a month and then it gets lost ... if they’re particularly bad I take the marbles away, and what I learnt from the course is you shouldn’t take them away, don’t give any more.”

Over half of the kinship carers found that they had learned new skills from the course and were able to provide examples of how they had been practically implementing techniques:

“...it’s very good to learn different skills or tools... the ignoring one was really good or just simple instructions and not getting involved in the discussion of, or the why not

and all of this because normally I would get involved in the battle of trying to explain the reasons why.” Robin

A minority of kinship carers felt that they did not learn any new skills or techniques from the course and four kinship carers saw only small improvements. For some this may have been a result of the extremely challenging behaviour their kinship child. For example when asked if the course had an impact on their child, Sally, whose child was displaying particularly difficult behaviour such as violence, responded: *“Not really. I think that they recognised that my situation is quite unique”*. Conversely, for some kinship carers the limited impact may stem from relatively few challenging behaviours from their kinship child. Aisha said:

“My story is completely different I haven’t got no problem with [the kinship child]. He seems to be very happy. Didn’t have one week where I had to tell the group about a problem. I just listened to everyone else.”

As well as changes in practical techniques kinship carers’ style of approaching their kinship children improved. Nearly all kinship carers reported that as a result of the course they had at least somewhat adapted their approach towards their kinship children to be more empathetic. This more empathic approach was often cited as being a result of learning the emotional needs behind the child’s behaviour.

“It does make me think about how to deal with it. I wouldn’t have thought that way [before the course] ... I’m more understanding of it, so I can tackle it easier.” Leah

In addition, kinship carers frequently referenced how they had changed their tone of voice since the course. Before the course Sharon would *“go into [the kinship child’s] face and argue with them”* if they were *“back chatting”* but after the course she understood the importance of:

“Talking to her without raising voices, explaining Being calm even if she is angry and agitated... I will still talk calm and she’ll go ‘aren’t you angry?’ and inside I am angry but I am not showing it because if I show it I know it’s going to get worse...it does work” Sharon

Some kinship carers reflected on how they are more aware of how their own behaviour impacts on the kinship child and have adjusted how they respond to challenging behaviour:

“Probably because I am reacting differently, and the course has helped me understand how my reactions are going to affect it positively or negatively.” Sally

4.4 Changes in parenting confidence

Nearly all kinship carers felt confident in their own parenting skills prior to the course which usually derived from their experience of raising birth children or looking after friends' and family members' children. However, after the course about two thirds of the kinship carers reported that they experienced an increased confidence in their parenting:

“Apart from being less stressed, it's given me more confidence in approaches” Robin

A contributor to this confidence increase was the ability to be able to implement an approach or technique with conviction. Sophia and Bobbie spoke of how they are now able to set firmer boundaries for their kinship children:

“I'm more ready to put my stamp on things and not be bullied into saying things I don't really mean ... you know yourself, they ask you all the time, do this do that...I'm more confident in myself.” Sophia

“I am better at making and enforcing boundaries. Before I was incapable of saying no... I mean they had boundaries before but I can reinforce them now because there's more confidence...” Bobbie

For some kinship carers who felt they already knew the techniques the course provided reassurance and confidence that their approach was correct which reinforced their parenting confidence. When Sally was asked if she had learnt new techniques she responded *“not really”* but when asked about whether her parenting confidence had improved she said:

“It gave me permission to feel the way I was feeling. Which was so important. Because I thought, am I doing the right thing, am I doing the wrong thing.”

Megan commented:

“I've reinforced the [techniques] I was doing before... realised I was doing the right things and make sure I continue...because sometimes you're not sure 'am I doing the right thing?' ... because bringing up someone else's child is not easy.”

And this consequently had a positive impact on her confidence:

“It has made me more confident that what I am doing is the right thing for the child and I shouldn’t doubt my own abilities.”

The course also helped some kinship carers to respond more sensitively to the emotional needs underlying children’s behaviour:

“[the facilitator] said ‘speak to them in a different tone.’ For instance, she is ten but she can act like a five, six year old. So because she hasn’t had those stages in his life, I’ve got to ‘go with the flow’ with her. So it does work.” Sharon

The mixed impact on kinship carers’ confidence was reflected in the scores on the PSOC, which demonstrated small average increases in parenting satisfaction (from 38.6 to 41.2) and a minimal increase in average parenting efficacy (from 31.5 to 32.0).

4.5 Understanding children’s emotions and behaviour

The majority of kinship carers cared for kinship children with multiple emotional and behavioural difficulties. Most recognised that the child’s challenging behaviours were probably as a result of their previous experiences of trauma, abuse or neglect with their birth parents. However, only one or two kinship carers understood why this experience would affect the child’s behaviour and the psychological impact this can have before the course. At least three kinship carers had no sense of why their kinship children were displaying challenging behaviour. One of the most evident outcomes from the course was a change in this understanding. For many this started with a connection between children’s behaviour and their experiences:

“He would often put himself down and not want to complete things and I can understand why now because he has had such a tough beginning. He probably felt quite displaced. He still does tend to say ‘I’m not very good at that’ and put himself down a bit.” Anne

“It makes you understand why these things might happen. And sometimes I did think ‘what’s going on here!’... Going back to when [my niece] was little she did have a lack of cuddles and she doesn’t want that for the siblings. She’s trying to correct it for the

sibling. And for a ten year old that's a big ordeal to be thinking that way. And it's helped me recognise why she might be feeling that way." Leah

It also meant that kinship carers could also understand the impact of the child's initial experiences and enable them to accept the child's behaviour now. For example, the concept of regression was particularly meaningful to some participants:

"... it's alright to have regression and to treat [the child] at their emotional age, not at their physical age... that was the turning point for me." Charlie

After the course Bobbie was able:

"not to worry if [the kinship child] wants to sit in the corner and pretend he's a baby because it's what he needs to go through, but now I've let him do it."

The principles of attachment theory that were taught on the course also guided kinship carers' understanding. Sharon found that it helped her understand why her kinship child was "so clingy". For Sarah:

"I didn't realise that [the kinship child] did suffer a lot of attachment disorder because I'd always been in his life. But when I thought about it, he wasn't quite right; his birth dad was never in his life, his step dad disappeared, his mum wavers in and out... We talked a lot about that and it really helped me."

Making these connections meant the kinship carers were more accepting of the children's difficulties and less burdened by them:

"It helped me to understand why the behaviours were happening in the first place. Because if you know what was behind it it's easier to deal with and accept." Sally

Robin described her new insight into her child's behaviour as one of her "bing bing bing" moments which enabled her to move beyond judgement:

"Instead of giving myself a hard time, like you know, 'what is the matter with you?' Can't you just?'... it's worked for me to be less stressed. I just thought something was wrong with her and you're going to end up in prison and you know she's got this way about her. But actually it's normal for her experiences."

Increased understanding of their kinship children's behaviour enabled some kinship carers to adapt their approach to parenting them to meet the children's needs:

"Getting angry with him doesn't help him and makes him very insecure because he feels like he is being rejected in a way where he has been rejected before..." Megan

Understanding the impact of her child's past made a significant impact on Bobbie who then made a fundamental change to contact arrangements with the birth mother:

"The course made me reflect on how contact with the children's mum was harmful to the children. The course helped me decide to stop contact and made me feel that was the right decision for the kids. It was a very empowering decision for me."

4.6 Changes in child behaviour

Most often only small improvements were observed in kinship children's behaviour after the course. However, kinship carers' accounts, and the results of the SDQ, indicated that as a result of feeling better able to cope and/or being better able to respond with effective parenting strategies, these behaviours are having less impact on family life.

Two of the kinship carers did see large improvements in child behaviour. When child behaviour had improved there were frequent references to the situation feeling "calmer":

"[The kinship child] is not pushing boundaries so much. So understands the limits better and is a bit calmer about things generally" Sarah

Some participants found that, although there were only small changes in their kinship child's behaviour, there had been a reduced negative impact on their family life and challenging behaviour was more easily contained:

"But now the emotional stuff is still there but it would die down a lot quicker. You know we haven't got all night rages like I was having before.... You know when a child has a tantrum, you don't always want to feed into the tantrum, but now I've learnt actually, you know, you have to go back to the baby stages, do the holding and containing." Charlie

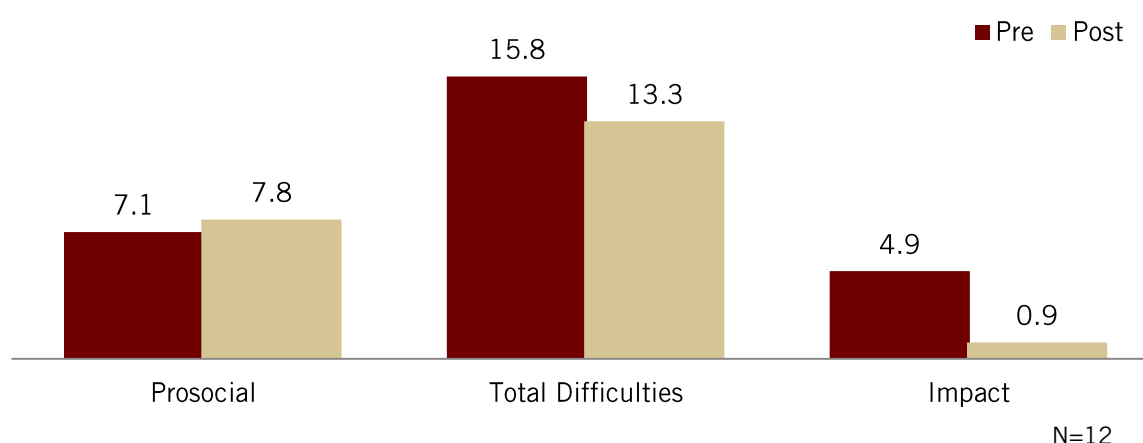
Anne also noticed that her kinship child's anger will still erupt in the same way but reduces quicker:

“He will storm off and slam the door ... and if he is upset he will go and lie on his bed but then he... seems to come out of it very quickly. He has always done the stomping off but seems to be coming out it more quickly.”

These accounts of overall small improvements in kinship children's behaviour and ability to regulate their emotions coupled with a reduced negative impact on home life were mirrored by the findings from the SDQ (Figure 2). There was a small average decrease in the 'total difficulties' score from before to after the course. This means that before the course children were demonstrating behaviour that included 'slightly raised' levels of 'emotional symptoms', 'conduct problems', 'hyperactivity' and 'peer problems'. However, after the course kinship children demonstrated a small improvement in these difficulties which decreased to 'close to average'.

An improvement in 'prosocial behaviour' was also seen after the course meaning that before the course children were demonstrating 'low' levels of the prosocial behaviours that include sharing and helping. However, after the course on average the level of this behaviour had improved and was considered only 'slightly lowered'.

Figure 2: Kinship children's emotional and behavioural difficulties before the programme compared to after the programme, as measured by the SDQ



The SDQ also explores the 'impact' of difficulties on family life. Before the course kinship carers had reported that on average their kinship children's behavioural difficulties had a

'very high' impact on their family life, however, after the course kinship carers reported a 'close to average' impact on their family life.

Therefore although only small improvements in kinship children's behaviour were seen after the course, kinship carers were better able to cope and/or better able to respond with effective parenting strategies, and these behaviours were having less impact on family life.

Some kinship carers did not see a change in their kinship child's behaviour after the course, however, as previously mentioned this was usually when there was particularly challenging behaviour or, in two cases, where there was little challenging behaviour before the course.

Robin and Leah had not seen a change in their children's behaviour yet, but both suggested it will help in the future as they are feeling "*less stressed*" (Robin) and:

"...more understanding of it, so I can tackle it easier... better equipped to deal with it.... So [the kinship child] will probably benefit in the long run." (Leah)

At least seven of the kinship carers talked about how the course will help them in the future as their kinship child gets older:

"Whatever changes we make now, even though small steps, will gradually affect his life one day. You can use techniques when he grows older but you have to tweak them when you need to." Megan

It is worth noting that there were other confounding variables that may have accounted for some of the behavioural changes seen in the kinship children such as other parenting classes, the child maturing and practical changes such as moving house:

"There has been a change in the last few months – I don't know if it is anything to do with me or with him growing up." Anne

4.7 Reduced isolation and a sense of belonging

The majority of the kinship carers found the group "*supportive and caring*" (Sally) and talked about "*a bond between us*" (Sophia). As many of the kinship carers were single, Robin highlighted how valuable the group was for her as a single carer to have "*someone on my*

side.” This was one of the most important aspects of the programme for many of the kinship carers:

“It’s just knowing that you’re not on your own...and in going to this group, yeah, you realise there is people in the same position.” Bobbie

Many of the kinship carers felt isolated by their circumstances; sometimes because of their battles to gain care of their kinship child (Sharon and Aisha) and often because of the uniqueness of their situation. It was comforting to them to know that others were *“in the same situation”* (Sophia) and that *“somebody else... understood [their] perspectives and [their] way of seeing the situation”* (Robin). Some had not met another kinship carer before; realising she was *“not alone”* was *“a big thing off her shoulder”* for Sharon. It also helped them reflect on their challenges in comparison to other kinship carers and made them feel more motivated to parent:

“It made me feel more determined to make this work. Because other people have got this much harder. Instead of being self-pitying sometimes... actually you make this choice because... wanting to affect a life in a positive way. And there is support out there. So just benefit from all the support going.” Robin

For others it helped them realise that their kinship child’s behaviour was not a personal attack on them and that it was typical behaviour of a child who has experienced trauma:

“Like when you are hearing it from other people it sort of does make sense, because you think: ‘are they only doing it to us?’...” Sharon

In addition the course also validated some kinship carers’ own feelings about the difficulties they faced:

“It was an acknowledgement of difficulties what we are taking on is so massive and at least this was a kind of acknowledgement. I felt quite cared for and supported somehow that is indefinable.” Anne

And for others who had not previously felt able to talk about the issues they faced, the course made them feel *“ok to tell other people”* (Sally) about their kinship child’s challenges.

Kinship carers, where the behaviour they managed was not as challenging or the kinship child had come into their care in a different way, sometimes contributed less to the sessions:

"I was more listening than talking ..." Sharon

"First sessions I didn't say very much... I felt vulnerable and didn't want my feelings minimised..." Anne

Anne did highlight that even though she felt slightly different from the group, she still felt part of the group: *"...although I didn't speak I was glad I wasn't excluded."*

4.8 Kinship carer well-being

The course positively impacted on the well-being of about half of the kinship carers. For many of these kinship carers this seemed to be the result of improvements in the themes discussed above. After the course Sarah understood the impact of her own health and well-being on her ability to parent:

"We talked about how important it is to pick up the phone and talk to someone if you're having a bad time and looking after your own health."

Before the course Robin *"was feeling quite desperate"*. Understanding the reasons for her kinship child's behaviour relieved some of the uncertainty and stress she was feeling and this has positively impacted on her well-being:

"It's helped me to be less stressed. It's helped me to be more accepting of the reality of what it is. I've tried to find different ways of... not punishing myself."

After the course Anne was more able to cope with multiple stressors in her life, including contact, personal circumstances and parenting a kinship child:

"I feel calmer and more able [I'm] able to separate different situations."

Some participants valued the permission the course gave them to take time for themselves:

"Yeah just not feeling guilty about me time. I used to feel guilty having a bath because [the kinship child] would be knocking on the door." Bobbie

For Sally it also relieved the pressure of parenting a challenging child and as result helped her parenting confidence:

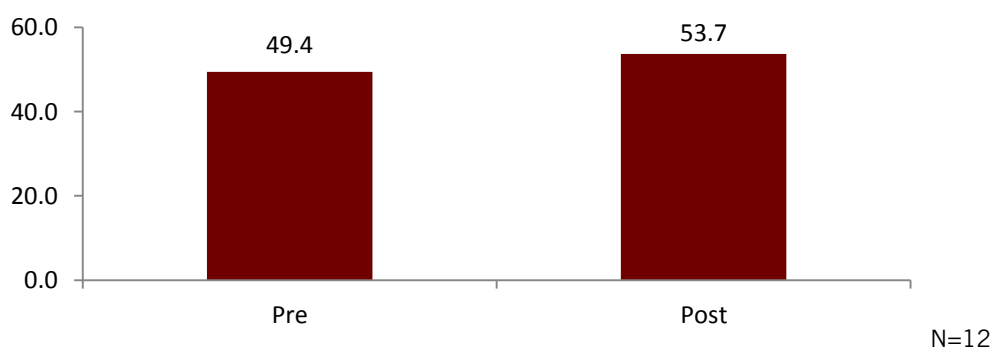
“I am so glad I did the course. It gave me a feeling of ‘I’m in control again’. And it was ok to feel the way I was feeling. That feeling defeated at times. Having permission to be human. Not the perfect parent.”

Of the remaining kinship carers, three found the course had not affected their well-being as they already had it *“pretty much covered”* (Charlie). Two others had seen deterioration in their well-being during or immediately after the programme. External circumstance, negotiating complex relationships with the birth mother, had caused Leah’s *“health and well-being”* to get worse after the course. Megan, however, found that her *“stress levels have risen”* during, and as a result of, being on the course:

“The more I learnt the more frustrated I have been getting since... I think that’s what triggered some of my frustrations that I had on the backburner for years, I forgot how frustrated I was and what happened then... from that point I felt very bitter.”

Findings from the WEMWBS mirrored this range of changes in well-being. It showed a small increase in average score from before the course to after, from 49.4 to 53.7 (Figure 3). This indicated a slight average increase in mental well-being after the programme. Scores ranged from a below average well-being score of 40 to above average wellbeing score of 64 before the programme; and from a below average well-being score of 47 to an above average well-being score of 65 after the programme. Prior to the intervention, only two parents had above average wellbeing scores (56 and 64); after the intervention, five parents reported above average well-being scores (range of scores fell between 54 and 65).

Figure 3: Kinship carers emotional well-being before the programme compared to after the programme, as measured by the WEBWBS



5 Programme content

5.1 Overview

This section explores the course content. The beginning sessions, one to three, were more theory based and explored kinship carers' own emotions and behaviour and understanding their child's behaviour. Sessions four to ten explored specific strategies such as ignoring unwanted behaviour and giving commands.

Generally kinship carers found the course a positive experience and were satisfied with the content covered. The feedback after each session reflected this, with no kinship carers ever saying they were unsatisfied with a session. In fact, the majority of participants who completed feedback forms reported that they were 'very satisfied' or 'satisfied' with sessions, apart from session five on special play where 50 per cent found it 'OK' however only five participants completed feedback forms for this session which may have skewed results. Session eight, 'Ignoring', proved to be the most satisfying for participants with 60 per cent reporting they were 'very satisfied' with the session and 40 per cent 'satisfied' (out of ten). In four out of the ten sessions kinship carers' satisfaction did not drop below 'satisfied'. Four of the participants felt that there was no session that was the least useful; and even when content was not relevant some suggested they still found the topic useful as a reminder. The facilitators perceived sessions four, five, six and seven as the most beneficial for the kinship carers.

5.2 The beginning sessions: learning about yourself, your children and the theory

The opening session, 'From the inside out', was added to the original EAP course in acknowledgement of the kinship carers' own emotions surrounding the experience of becoming kinship carers. The session allowed time for kinship carers to explore their feelings which often included anger, guilt and resentment. For some the session proved challenging and caused frustrations which was reflected in the kinship carer interviews and echoed by the facilitators. Just one participant noted the session as the most useful and one found it the least useful:

"It brought up horrible memories... My whole life had to do a whole 360 degree turnaround to get this child... I lost partners, I lost family who don't want to talk to me... I think this is where the frustration comes in..." Megan

“... all thrown into the situation very very quickly ... and probably never anticipated that what was going to happen and they were all having to deal with difficult feelings, all of us were.” Anne

No participants suggested that session one should be removed from the course, and in fact session feedback forms showed that all participants who completed a form (seven) were either ‘very satisfied’ or ‘satisfied’ with the session, but some made suggestions about how the material could be received more easily. Megan felt that it should not be included in the first session as it was a challenging start to the course. She also suggested that more closure around the issues brought up in the session should be facilitated such as signposting to other relevant support. Charlie felt that the title of session one, ‘managing your own behaviour’, was not appropriate and started the course in an unproductive way: *“Maybe it rubbed us up the wrong way to start! Like ‘what behaviour?!”*

For those who had prior knowledge about attachment there was also some frustration about session two, ‘Understanding children’s attachments’:

“Just remember feeling a bit frustrated after the sessions [one and two]. And for me it wasn’t that it wasn’t relevant, it wasn’t communicated well enough. And probably because I had already done a parenting course it was kind of a lot of repetition for me at that point... And what I wanted was the meat about the fact that this child wasn’t my birth child. That’s what I wanted to get to grips with. And that’s why I think I struggled in the beginning.” Charlie

However for those that did not have knowledge about attachment, session two was a useful introduction and for some a revelation in terms of understanding the causes of challenging behaviour. Four participants mentioned session two as one of the most valuable for them and over 80 per cent of participants (six) were either ‘very satisfied’ or ‘satisfied’ with the session:

“The most useful parts were at the beginning. When we were learning about attachment. And what causes... you know, things that I didn’t really think about, early trauma. That was the most helpful.” Leah

For some participants session three, ‘Exploring and understanding your child’s behaviour’, was a turning point in the course. Three participants found it one of the most useful, and 70

per cent were 'satisfied' or 'very satisfied' with the session, the rest rated their satisfaction as 'OK' (from ten who completed a feedback form). Kinship carers found it particularly insightful to understand why kinship children regress to a younger age and explore the longer term impact that attachment and trauma have on a child.

"[The facilitator] said speak to them [the child] in a different tone. For instance, he is ten but he can act like a five, six year old. So cos he hasn't had those stages in his life, I've got to 'go with the flow' with him. So it does work." Sharon

The project coordinator also noticed this change in understanding:

"People began to understand that it is normal for their children to regress and the idea that you can encourage it, and contain it." Project coordinator

Participants tended to group sessions three and four together when reflecting on the impact of the course, as a large part of session four covered discussing the homework from the previous week. Those who found the previous sessions useful also found these sessions useful and over 80 per cent of participants were 'very satisfied' or 'satisfied' with the session (from six feedback forms received):

"That is where it changed for me [session three and four]..... At that point I introduced a sticker reward. Which had a great effect." Charlie

Interestingly the participant who reported sessions one to three as least useful also found this session least useful.

Session three covered the 'thoughts, feelings and behaviour cycle' which some participants found conceptually challenging. One participant, Sally, particularly noted this difficulty and suggested its explanation could be improved.

5.3 The later sessions: strategies and techniques

The second half of the course taught a range of practical tools and approaches to tackle challenging behaviour. The midpoint session five, 'Special play', separated opinions with four finding it one of the most useful and three finding it ineffective. The facilitators also suggested that the participants found it difficult to grasp:

“... it was probably one of the strategies they struggled with, resisted to use, although I think they saw the benefit, by the end, of playing in a meaningful way...” Facilitator two

It seemed for some participants this was because the techniques were not appropriate for the age of their kinship child. Sharon described the technique as “*too babyish*” for her ten year old kinship child. However, when participants did find the session useful it had a significant impact, leaving them with practical tools they could implement, which resulted in a change in the child’s behaviour. Both Charlie and Anne commented on how allowing the child to lead play has resulted in an improvement in behaviour:

“And also when we got into the play... things at home just changed dramatically... probably what I didn’t do was sit down on her terms... Because of her age I just introduced board games to her... yeah things just really started to change, we started to have some really smooth weeks.” Charlie

“The play that’s good as well ... and the thing that struck me was ... umm ... do it when the child wants to do it not when you want to do it, let the child lead ... and stop asking questions ... cos that’s what I would always do with [the kinship child] ... and they love it if you just let them take the lead ...” Anne

Interestingly some participants, who considered session five less useful, later found the special play strategy more beneficial after considering and trialling the technique in the weeks after the session:

“Some of them [the strategies] at the time I didn’t agree with, then came home and reflected on things ... but then put them in practice, not the next day but over the next few days then realised: hold on, they work.” Bobbie

Similarly Robin was able to adapt special play so that it was age appropriate for her kinship child through introducing a child-led “*film night*”.

Some in the group felt they already knew the techniques covered in session six, ‘Verbal praise and rewards’, and were effectively implementing these. Aisha described it as “*the master key*” that she had known for a long time and Sharon commented that she was “*already doing this*” by showcasing her kinship child’s certificates from school. Robin however adapted how

she used verbal praise and rewards following the course so that she no longer followed praise with a negative:

“One of the things I brought back, she’s always saying I say ‘well done but...’ one of the things [the facilitator] said, I think, was to acknowledge that at a different time.”

Robin

This session used role play which received mixed feedback at interview. Those that found the role play useful then also tended to view the technique as useful. The feedback forms showed that 100 per cent of participants were either ‘very satisfied’ or ‘satisfied’ with this session (from seven feedback forms received).

Kinship carers found sessions seven, ‘Commands and boundaries’, and eight, ‘Ignoring’, easier to comprehend and very usable. The highest number of kinship carers referred to session seven as one that they found the most useful. Both sessions taught concrete techniques that could be easily implemented therefore meeting many of the kinship carers’ pre-course hopes to learn something practical:

“I have usually found it difficult to say no, so defining boundaries and managing behaviour was particularly useful.” Sophia

“I tend to reel off a lot of commands which is one thing I learnt on the course actually that it is best to give simple commands.” Anne

And as a result some saw improvements in behaviour: *“Ignoring, started to find there was less to ignore!”* Charlie

Session seven also explored the idea of ‘permanency and constancy,’ which was a later addition to the programme because the project coordinator and facilitators felt it would be helpful for the group:

“... I think because lying and stealing is a worry for almost all things they [the kinship carers] won’t understand lying and stealing unless they understand something about permanency and constancy.” Facilitator one

The facilitators also made a link for the kinship carers between children who have problems with understanding permanency and the acts of lying and stealing. This had a big impact for Robin as it helped her understand the behaviour of her kinship child:

“She does lie a lot... so can convince you.... there was a theory that just hit me between the eyes, actually this is normal for some traumatised children... they just believe it.”

The penultimate session, ‘Effective discipline’, which taught kinship carers to use consequences, created debate in the group about whether kinship carers should treat kinship children differently to their birth children and the impact this could have:

“There was an issue about how much you treat these kids as sort of damaged and how much you treat them as normal kids. That is something we need to think about... because the kids are very different... some of them viewed it as making excuses for them. And others were very aware that their kids need to be treated differently. So maybe there needs to be more acknowledgement that the kids are different.” Project coordinator

The final session, ‘Problem solving and endings’, was more challenging to create focus in the group as it was the last time the group would be together. As a result there was less content taught in the session but taking time to positively end was an important part of the course.

5.4 Improvement areas

Participants were generally happy with the topics covered in sessions and there was no common topic they reported that they felt was missed. Suggestions for additional topics to cover were:

- practical support, for example the financial support available (suggested by three participants). Although this cannot be covered in the course it would be helpful to have clear signposting at the end of the course to Grandparents Plus for the services that can support with this
- more on contact (suggested by three participants)
- connecting with schools
- special educational needs children

- sibling rivalry
- more time covering psychological theory e.g. attachment
- treating kinship children differently; how to balance making allowances for the kinship child according to their emotional needs with encouraging them to integrate with their peers.

If the course were to run again the facilitators and the project coordinator would want to include more content about empathetic parenting, introduced in 'The Contact Tree' exercise, and permanency and constancy in relation to understanding lying and stealing behaviour.

Contact with birth parents was touched upon in two of the sessions (as one session over ran). This was an area that three participants would have liked covered in more detail due to it being an emotionally sensitive issue, such as Leah:

"I think a lot more could have been done with feelings. Learning how to cope with them feelings of... obviously you are looking after a child who you love and the fact that a family member has just come in and messed it up, and trying to make head or tail of it."

From the facilitators' perspectives the exercise on contact, 'The Contact Tree', was one of the most effective activities of the course in terms of how the participants engaged: *"that was the turning point for me ... they found it very powerful"* (Facilitator one).

Some of the kinship carers suggested that sometimes the facilitators did not sufficiently acknowledge the difficulty of parenting when there is still contact with birth parents. This often disrupted the kinship carers' implementation of strategies they had learnt from the course. This challenge was echoed by the facilitator who discussed the difficulty of balancing the emotional experience of contact with applying new parenting techniques.

6 Structure and delivery

The course created a supportive and nurturing environment in which kinship carers could safely share their stories. Both facilitators recognised how cared for participants were. This nurture was created by each delegate in the room, the facilitators and project coordinator. Practical elements of the course such as the food provided, the name badges and session information packs also contributed to the creation of a nurtured environment:

"[The project coordinator] didn't leave you out. [She] make sure she had your badge and bring the sheet [the session papers] over and if you want to say something [the project coordinator] would make sure you were included. It made you feel welcome."

Aisha

"Like even for instance if I missed this week they would literally rephrase it and tell me what happened last week so I don't feel like kind of left out with what they were talking about, what they were doing." Sharon

6.1 The project coordinator

The project coordinator played a pivotal role in creating a nurtured atmosphere. The facilitators noted how the project coordinator acted as "a supporter" during and outside of the sessions and was able to helpfully contribute personal experiences which validated some of the techniques that were being taught:

"At times sharing some of [the project coordinator's] experiences as a special guardian and giving validation to what I [the facilitator] was saying but also in-between sessions [the project coordinator] was having touch base with the participants encouraging them to attend and sweeping up some of the angst they had". Facilitator two.

However there was a view that because the kinship carers looked to the project coordinator for validation on topics taught that this could sometimes undermine the facilitator's role as leader of the group. This may have also been due to a handful of the participants viewing the facilitator as lacking specific knowledge about the unique experience of kinship care:

"The [facilitator] was lovely, but it seemed like, [the facilitator] was programmed into the adoption route. And it is so different." Leah

"I would say something to [the facilitator] and [the facilitator] wouldn't really get what I was saying.... [the facilitator] would respond and I would think 'hmm you haven't really heard me have you.'... it's a question or experience. I think in time [the facilitator] would get there." Robin

The participants were overwhelmingly positive about the project coordinator's approach, organisation, support to the group and appreciated the personal experiences she shared

during sessions. The project coordinator seemed to be fundamental in creating an inclusive and safe space for the kinship carers to learn. One participant commented that the project coordinator was important:

“... because she was able to share some of [her] experiences. And [she has] come through it and come out the end. There is life after kinship care!” Sally

Sarah appreciated how the project coordinator brought some of her own personal experience to the course and also made sure participants were included:

“I liked the way she had experienced it first-hand... she was great...and if we came in late [the project coordinator] kept the paperwork for you made sure I didn't miss out on anything, and just the support.”

6.2 Style

For most participants the facilitators' delivery style also played a role in creating an inclusive environment that encouraged open discussion.

“[The facilitator] was very good, [they] listened to all our stories, there was nobody, nobody felt inadequate in any way shape or form... everybody could speak openly, that's what I liked about the programme.” Sophia

“If you needed advice they [the facilitators] would give it to you, they were just like friendly, supportive, like they gave as much information as possible, they were a good team you know ... If there was something we want to ask we'd ask and [the facilitator would explain]” Sharon

A few participants found the style of the facilitators delivery occasionally created a barrier to their learning and feeling understood and included:

“It's not giving people enough time to share. I think [the facilitator] tended to talk a lot and not listen to people's experiences. And of course [the facilitator has] got to get through the content. I understand that. But when people were talking [the facilitator] was rushing them through. And I don't know if it's also the number of people on the course.” Robin

However the majority of participants commented that the facilitators were knowledgeable, had extensive experience and understood the kinship carers. The participants also found it useful when the facilitators were able to share personal experiences with the group:

“The trainer was excellent. [The trainer] understood, was really helpful.” Sally

“[They] brought a bit of [themselves]. That was nice. Just little snippets” Charlie

“We felt wanted, we felt relaxed, we felt treated respectfully whatever. They were... helpful. [The facilitator] even told us about [their] past...” Sharon

The facilitators reflected on how they had adapted their delivery style to use more discussion and experiential learning techniques rather than using theory and concepts to cater for the group’s learning needs.

“I had to do a lot of demonstration, a lot of breaking down the child’s behaviour into step one, step two, step three...” Facilitator two

6.3 Sequence of sessions

Participants did not have many comments about the sequence of sessions, apart from one participant who felt that session one should be later on. The facilitators reiterated how the sequence of sessions, going from exploring kinship carer emotions to learning practical techniques, was essential:

“... one can’t get to that [understanding where child’s behaviour comes from] unless one allows time in the earlier session to talk about their journey... you couldn’t do this course without sessions one and two. You would never get anywhere.” Facilitator one.

The sequence of sessions worked for some who had a turning point in the course, such as Charlie:

“Yeah it did take a while. I think the third or fourth week in. I was struggling at first and I did wonder whether I was wasting my time. But then something just clicked. It was something that was said during the session. [The facilitator] said something that just made things make sense.”

6.4 Length of course and sessions

The majority of participants found the length of the course just right. Two participants found it too long and two too short:

".... because I've got leave at a certain time to go all the way to [kinship child's school] so for me [the timing] was perfect. [The sessions] went quick, it went quick."

Sharon

Thoughts about the length of the sessions were more mixed with a few participants feeling that the length of the sessions did not allow enough time for discussion:

"I think we could have had longer because it was quite a big group so sometimes people didn't get to say what they needed to say. They start talking and you're talking for ten to 15 minutes and its taking up everyone else's time. You don't want to stop somebody." Bobbie

However the facilitator commented that shorter sessions could have been useful to create more focus:

".... if anything the sessions were too long. With the one and half hour sessions I usually deliver to adopters ... both parties know that you have to be extremely focused whereas with three hours there would be a break and lunch ... they can stay and chat ... and it begs a question as to if the sessions were shorter then everyone would have to be more disciplined?". Facilitator two

Participants, the facilitators and project coordinator had suggestions for practical improvements to the programme. These were:

- **the amount of written homework should reduce:** participants often said they had not done their homework when in fact they had practiced techniques they had learnt in the previous session but hadn't filled in their homework sheets (project coordinator)
- **a clearer homework agreement:** participants not completing homework meant that longer was needed at the beginning of each session for individual feedback (facilitators)

- **the facilitators viewed the sessions as too long however some participants felt they were not long enough:** there was a challenge in balancing keeping on track vs allowing enough time for discussion
- **there should be a smaller group:** with a maximum of ten delegates
- **there should be a tighter age range:** for kinship children so participants get the full benefit
- **the course was not accessible for those that worked full-time:** one participant had to take annual leave to attend the course.

6.5 Similarities and differences to adopter groups

The facilitators found similarities and differences with kinship carers compared to adopters. A difference observed was that the kinship carers presented a wider range of needs, both their own and children's, which may be attributed to kinship carers having to look after their children suddenly with little preparation and in addition managing the emotional connection with the birth parent:

“[the special guardians] were in it raw and were parenting from anywhere they could dig anything from I think it is kin care so it is blood, and also because all of those families and their children are experiencing contact with their sons/daughters/brothers/sisters and that was getting in the way”. Facilitator two

Consequently the facilitators found the experience slightly more intense compared to training adopter groups. The facilitators greatly appreciated the challenges that the kinship carers faced in terms of difficulties with contact with the birth parents and how this was a challenge that adopters did not face:

“Interestingly with adopters, even though the birth parents are there, they are not there in that strong dynamic, physical way and I think that probably gets in the way”. Facilitator two.

The facilitators found it difficult to get kinship carers to make the connection between the child's past experiences and current behaviour. One facilitator suggested this was often also the case for adopters in similar courses, but kinship carers differed to adopters in their experience and how they explored this material:

“... really have to work hard to help them see that the behaviour is a result of the trauma because most [adoptive] parents hear that in training and then don't make the connection. So special guardians just come at you in a different way (Facilitator one)

Some participants noted differences and stressed at interview the disparity they perceived between being an adoptive parent and a kinship carer:

“I'm not saying there is no emotion with adoption and that but they don't have like constant reminders of mum. They don't have mum stepping in and mixing things up a bit. And it is a constant battle. And you have got the fact that you are related to that person. And uum for me, my [sibling], and it's quite hard because you don't... umm... you're hurt by what your [sibling's] done, but at the same time [they're] still your [sibling], you still feel loyalties to [them] and I just found that because [the content of the course] didn't relate to the fact that you have got emotions and feeling towards them, and that person can step in and turn everything upside down with a contact meeting and that's it.” Leah

Robin noted how she felt that an adopter would be treated differently in terms of practically being able to access the course:

“Disparity [between] adoption and SGO... if someone [an adopter] wanted to do something like this to enable them to parent better I'm sure there would be some sort of leave, but my work wasn't going to allow that.” Robin

7 Conclusion and recommendations

Overall kinship carers benefitted from the course in some way; either by improved parenting skills, including a change in approach, or improved confidence and/or well-being or just a reduced feeling of isolation as a result of meeting others in the same situation. The course provided half kinship carers with new skills and techniques and it importantly gave them permission to approach their kinship children in a more assertive way. About two thirds of the kinship carers reported that they had increased confidence in their parenting after the course. For some kinship carers, who felt they already knew the techniques, the course provided reassurance that their approach was correct which reinforced their confidence in parenting. The course positively impacted the well-being of about half of the kinship carers.

One of the most evident outcomes from the course was a change in kinship carers' understanding of their kinship children's experiences and their potential effect on behaviour and the psychological impact this can have. This understanding led to a change in approach from many of the kinship carers who described a calmer style of parenting after the course.

Most often small improvements were observed in kinship children's behaviour after the course. However, kinship carers' accounts, and the results of the SDQ, indicated that as a result of feeling better able to cope and/or being better able to respond with effective parenting strategies, these behaviours are having less negative impact on family life.

All kinship carers completed the course from beginning to end which indicated the perceived value of the course and the commitment from the participants. Overall the participants were satisfied with the course and felt it was well organised and that the facilitators had good skills and knowledge. All participants were extremely positive about the role of the project coordinator who played a pivotal role in validating techniques taught by contributing her own personal experience as a kinship carer and creating a nurturing environment.

Despite the wide range of needs and challenges in the group, the course created a sense of belonging and kinship carers were able to build a rapport through a common group. The support of the group was the biggest positive impact on the kinship carers and resulted in them feeling less isolated, alone and more heard. There were similarities between the course and structured kinship carer support groups. It was important to make the distinction during the course to ensure that participants gained learning as well as feeling nurtured. Certainly the facilitator noted the difficulty in being able to make the course feel different to a support group:

“the challenge was to make this training course of ten weeks into a parenting teaching programme as opposed to a therapeutic encounter group because many of the participants were used to attending a support group”. Facilitator two.

In fact, the supportive atmosphere of the group helped carers share their experiences of parenting kinship children which in turn helped them to improve their parenting. Therefore it is vital that the course is carefully balanced between teaching techniques and creating a safe and supportive environment to openly share experiences in order to support learning.

The suggested recommendations for future courses are:

- **Smaller age range in the group:** to reduce the range of needs the group presents (the EAP programme is designed for adoptive parents with children aged three to eight years old however the Raising Kinship Children course included kinship carers with children aged up to 12 years old). It was apparent from some comments that those with older children found some of the techniques less useful and appropriate for their children. One participant with a ten year old recommended that there should be a course for eight to 12 year olds.
- **A thorough screening process and stricter criteria to access the course:** a few kinship carers reported that their kinship children were not displaying very challenging behaviour prior to the course therefore the course had a smaller impact on their lives; a few also had older children which meant the course was not entirely appropriate for them.
- **Covering contact:** contact was only covered as part of one session however it represents a significant challenge for kinship carers. Some wanted contact covered in more detail and some felt that the difficulties of contact were minimised or not acknowledged enough.
- **Ensuring a kinship carer lens:** naturally the EAP programme is adopter focused and future programmes and facilitators must ensure that the unique situation of kinship carers is understood and that the course is flexible to their needs. It is essential that the facilitator has a full understanding of the challenges facing kinship carers especially in relation to contact with birth parents.
- **Include a co-trainer or project coordinator with experience in kinship carer:** the project coordinator's personal experience as a kinship carer helped validate the course material and their professional role as an organiser helped smooth the running of the course. If it is not financially viable to include then it is suggested then a kinship carer co-trainer/supporter could result in the same impact.
- **Following a similar structure:** The majority of the kinship carers were satisfied with the structure of the programme, including the length of the sessions and course.
- **Session one: Managing behaviour:** some fed back that this was difficult to open with. A future course may wish to consider restructuring the sequence of sessions or taking more time to explore the issues that arise from this session.
- **Reduce the size of the group:** the group consisted of 13 participants which meant discussion took up a large part of the start of every session. Furthermore, kinship carers can present a wider range of needs than adopters, including managing contact, therefore the number of participants may need to be lower than a typical adopter group to account for this.

- **Consider including more content on empathetic parenting and permanency and constancy:** this was suggested by the facilitators and project coordinator. Permanency and constancy are particularly useful topics to cover in relation to understanding lying and stealing behaviour from kinship children.

8 References

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9 Appendices

9.1 Appendix 1

A ten session programme called 'Raising Kinship Children: a programme to help kinship carers understand and manage difficult behaviours' was developed:

- Session 1: From the inside out: managing your own emotions and an introduction to the kinship care programme.
- Session 2: Understanding children's attachments and its effect on their behaviour.
- Session 3: Exploring and understanding your child's behaviour: explaining what has happened and making connections between the story and the behaviour.
- Session 4: Using positive attention to change behaviour and understanding how children are affected by relationships (from the past and current, including contact with birth parents) and how these influence their behaviour
- Session 5: Special play and emotional regulation
- Session 6: Verbal praise and rewards
- Session 7: Clear commands and boundaries
- Session 8: Ignoring difficult behaviour and why disciplining may be difficult for kinship carers
- Session 9: Effective discipline, limit-setting and logical consequences
- Session 10: Problem-solving and endings