

Relative Experience North East Pilot Final Evaluation report

2014

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We are grateful to all the kinship carers, volunteers and staff members involved with Relative Experience who helped with the evaluation and participated in interviews, focus groups and data collection.

Coram: Evaluation Partner

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Executive summary

This final report represents findings of an independent evaluation of the Relative Experience North East pilot kinship carer support programme, delivered by Grandparents Plus, Family Lives and the Family and Childcare Trust and funded by the Silver Dreams Fund administered by the Big Lottery Fund. Relative Experience was designed to trial a peer-led model of delivering support for kinship carers and to raise public and practitioner awareness of the needs of older people who are kinship carers.

The three delivery partners received £196,500 to fund the project from September 2012 to February 2014. Coram was commissioned in October 2012 as the evaluation partner.

This report examines the pilot's performance over the 18 months of the project, considering development of the peer support model, implementation and delivery. The report also considers evidence regarding outcomes and impact produced.

Key Findings

Relative Experience was successful in establishing a peer-led model of support for kinship carers. Reports from beneficiaries and volunteers suggested that the programme was able to draw on capacity from within the community to deliver valuable support to kinship carers. Despite the vulnerabilities and difficulties faced by kinship carers the programme was able to recruit and develop competent volunteers who delivered high quality support to kinship carers in need. The peer-led model and the use of informal befriending was an effective approach to work with kinship carers, a group that are often isolated and distrustful of conventional social services. Evidence suggested that kinship carers responded well to the support offered, valuing the emotional support and the opportunity to take time away from their responsibilities to talk about concerns. Kinship carers were receptive to the empathy and support offered by the 'friendship' element of the relationship as well as appreciating the more challenging element presented by the support provided. The unique character of befriending support encouraged kinship carers to think creatively about their situation and identify solutions within a supportive and non-threatening environment. Relative Experience befriending had particular efficacy in building kinship carer's self-confidence and reducing levels of anxiety.

The project achieved the following key outcomes:

- The project had a positive effect on kinship carers' mental well-being and self-confidence about their ability to cope.
- Volunteers found the experience challenging but highly rewarding, gaining personal satisfaction from helping kinship carers.

Detailed Findings

Kinship carers

- The transfer of children from birth parents to kinship carers beneficiaries had occurred usually because disruption in the home caused by drug and alcohol addiction (55%), risk of abuse or violence (18%) or neglect (18%).
- Kinship carers typically experienced heightened social isolation when taking on caring responsibilities, with some having to give up work and many losing friendship networks.
- Kinship carer beneficiaries exhibited high levels of dissatisfaction about their personal situation when registering for befriending:
 - Very low levels of satisfaction regarding their life situation.
 - Low well-being with particular vulnerability to stress, low ability to cope and pessimism about their situation.

Outcomes

- Data from kinship carer beneficiaries suggested improvement in emotional stability and ability to cope :
 - Nine out of 10 kinship carers achieved improvement on their identified personal or family concern.
 - Kinship carers achieved an average 23% improvement on a 10 point scale regarding their identified personal or family concern.
 - Three quarters of kinship carers recorded an improvement in overall life satisfaction.
 - Kinship carers experienced a 12% average increase on the WEMWBS 10 point scale in life satisfaction.
 - Two thirds of kinship carers recorded an improvement in 'thinking clearly'.
 - Kinship carers experienced 10% average increase in ability to 'think clearly' on the WEMWBS 10 point scale.
 - Improved sense of ability to cope with parenting challenges.
 - Reduction in anxiety and stress levels.

Implementation

- Referral relationships were successfully developed with Children's Centres, schools, and crisis support services as well as grandparent support networks.

- Intensive training and on-going support was needed to develop kinship carers as befriending volunteers.
- Required checks on volunteers took a considerable amount of time and contributed to unanticipated delays in starting befriending.

Conclusions

- Relative Experience trained 17 volunteers, 11 of which started befriending and delivered a total of 141 befriending sessions to 19 kinship carers.
- Evidence suggests the model showed particular effectiveness in outcomes related to the emotional well-being and social isolation of kinship carers.
- Kinship carers and other older people with experience of caring proved capable of providing high quality support to peers with tailored support.

1 Introduction

1.1 Overview

This final report presents the findings of an independent evaluation of the Relative Experience North East pilot kinship carer support programme, delivered by Grandparents Plus, Family Lives and the Family and Childcare Trust and funded by the Silver Dreams programme administered by the Big Lottery Fund.

Relative Experience was designed to trial a peer-led model of delivering support for kinship carers and to raise public and practitioner awareness of the needs of older people in this group. The three delivery partners received £196,500 from the Silver Dream programme to fund the project from September 2012 to February 2014.

Coram was commissioned in October 2012 as evaluation partner for the programme, focusing particularly on assessing the emerging model of peer-led support. The framework for evaluation covered process and outcome evaluation approaches to help understand both implementation and impact.

This report examines the performance of the pilot, focusing on the development of the delivery model and an assessment of outcomes and impact for beneficiaries and volunteers involved in the programme.

1.2 Pilot rationale

The project's focus on supporting grandparent and family carers responded to recent evidence that suggested the failure of social services to provide adequate support to older family members who unexpectedly take on responsibility for their son or daughter's children¹. When a child is at risk, staying with their birth family in kinship care is an attractive alternative to putting a child into care, in terms of cost and outcomes for the child. Evidence suggests that children in kinship care fare significantly better than those looked after in foster care in terms of educational outcomes and emotional well-being (Selwyn et al., 2013). Yet evidence suggests that social workers considering permanency do not always consider properly the option of keeping a child within their family network.

Despite this background the numbers of children in kinship care are significant: up to 300,000 children are being cared for by 200,000 grandparents and family members in the UK². Children in these circumstances have had very similar backgrounds to children in care with high incidence of parental alcohol or drug misuse, domestic

¹ The term kinship carer refers to any relative who takes on caring responsibility for a child family member. A grandparent taking on responsibility for a grandchild is the most common example but other scenarios, for example, an aunt or uncle looking after a niece or nephew also occur.

² Estimate from the Family Rights Group cited in Saunders and Selwyn (2008) pp. 31-42

violence, abuse or neglect, bereavement, parent imprisonment, disability, mental ill health and usually a combination of these. Selwyn et al. (2013) found that 88% of children living informally with kinship carers had previously been maltreated and two thirds had experienced parental alcohol or drugs misuse. A 2011 Grandparents Plus survey (Gautier, Wellard and Cardy, 2013) found that 45% of children living in kinship care had experienced abuse or neglect and over half had a disability or special needs. Yet only 5% of children living with relatives had 'looked after' status (Nandy et al., 2011) which means that the vast majority have no entitlement to receive help and rely on discretionary support. There is strong evidence to suggest that kinship carers and the children that they care for are not getting the help and support that they need from children's services. Recent research has confirmed that, contrary to what is stipulated in the Statutory Guidance on Family and Friends Care, support is determined by the legal status of the child's living arrangement rather than their needs (Hunt & Waterhouse, 2013).

Compounding these difficulties is the difficulty kinship carers face in navigating the legal landscape related to their parenting role. Local authorities adopt very different approaches to dealing with members of kin who take on a parental role for children. Local authorities can refrain from granting a formal status altogether, grant foster carer status to the kinship carer or establish a Residence Order or Special Guardianship Order which give either shared or exclusive parent responsibility. In each case the eligibility for financial support and parenting-related benefits (child benefit and tax credits) differs and can sometimes be discretionary. Kinship carers are often unaware of their legal rights and find it difficult to challenge decisions regarding legal status when they are made.

The fact that kinship care situations usually avoid a child becoming designated as 'looked after' means that kinship carers are not eligible for the support provided by local authorities to foster carers or adopter parents. Yet because kinship carers are often taking on children who have experienced neglect, the children in their care face many of the same complex needs. Like children taken into care, these children have often experienced abuse, neglect, bereavement or parental substance abuse. Recent research showed that almost half of carers received no practical help from their local authority and 95% identified at least one form of support they had needed but had not received (Hunt & Waterhouse, 2013).

Consequently, kinship carers are often ill-equipped to meet the complex needs of the children and, as a result, find themselves under considerable strain. Selwyn et al.'s (2013) study found that two thirds of kinship carers demonstrated symptoms that could be diagnosed as clinically depressed. Furthermore, the 2011 Grandparents Plus survey found that 7 out of 10 kinship carers were experiencing emotional difficulties (over stressed, depressed or isolated).

Recognising the gap in service provision and the unique circumstances of kinship carers, Grandparents Plus consulted with stakeholders to investigate the potential for offering support. In June 2011 a kinship carers day was held in Newcastle for members of the Grandparents Raising Grandchildren Network and other kinship carers and professionals working with kinship carers. Kinship carers attending raised strong concerns around the lack of support they received on parenting issues.

In December 2011 Grandparents Plus surveyed 250 members of the Grandparents Raising Grandchildren Network to investigate receptiveness to a peer-led support service. Members were overwhelming positive about the concept with over 90% saying they would consider using such a service and 83% saying they would be interested in helping develop the work. One respondent commented, “I would definitely be interested in helping to run a new parenting service. Being involved in the service would give me back some of the confidence I lost when I had to give up my career plans.”

Grandparent stakeholder organisations were also receptive to the idea. For example, the Grandparents’ Association responded to consultation by suggesting that a 1-1 format would be most useful to support older kinship carers with parenting issues.

After consulting with partners Family Lives, FCT and Grandparents Plus it was decided that peer support would be the most appropriate model of support for the proposed programme. Using peers to ‘befriend’ kinship carers, they agreed, was likely to be an effective way of engaging with this group as well as help build a community network of kinship carers. It was also thought, following the example of other peer-based parent support programmes, that older people who had experience of parenting or kinship caring themselves would be well equipped to offer support to this unique group.

These early discussions led to agreement on a befriending model in which volunteers would meet with kinship carers and provide listening support as well as signposting to relevant services.

Key features of the emerging Relative Experience model were the following:

- Peer-led support would build support networks between formerly isolated kinship carers.
- The empowering experience of befriending would encourage beneficiaries to themselves provide befriending to other kinship carers creating a virtuous cycle of developing peer capacity.
- Befriending support would help kinship carers to build parenting skills, resolve problems and develop personal resilience.
- Signposting provided to kinship carers would lead to increased awareness and use of available services.

- Partnership working with key children's and family services would improve awareness among practitioners of the needs of kinship carers and encourage improvement in practice.

Discussion unfolded to determine the format in which the project could attempt to achieve these ends. A key issue that needed agreement was whether non-kinship carers should be allowed to take on the befriending role. Opinions were divided on this issue. Some felt that the unique challenges of kinship caring meant that only those with experience would be equipped to provide support. Others felt that beneficiaries could benefit from older people with a range of backgrounds, e.g. adopters or foster carers, and therefore the project should be open to volunteers with backgrounds other than kinship carers.

Another issue considered at length was the care given to developing and supporting kinship carer volunteers. While using kinship carers as volunteers was seen as an asset it was also understood as bringing with it a degree of risk. Kinship carers were a potentially vulnerable group who had recently taken on responsibility for a grandchild (or niece or nephew) and were dealing with the challenges of parenting a child or children with complex needs. Vulnerable to the strain presented by their situation, kinship carers would clearly require more support than that usually provided to volunteers in parent befriending programmes. The programme partners agreed that kinship carer volunteers would need intensive training to develop the skills and knowledge needed to perform the role. It was also clear that volunteers would require ongoing training and support to help them as they worked in the role. The vulnerability of kinship carers, it was understood, also meant it was likely that some applicants who embarked on training might not prove suitable or would drop out before starting befriending. Ensuring that enough volunteers would be able to meet the target to deliver befriending was therefore an additional concern.

1.3 Evaluation partner role and aims

To develop replicable best practice, Relative Experience was proposed as an evaluated pilot. Coram was commissioned as the evaluation partner for the pilot in November 2012. Although the pilot was committed to raising the awareness of the needs of kinship carers among practitioners in addition to improving outcomes for kinship carers, the key focus of the evaluation was on the latter strand. Coram's role was therefore principally focused on examining the befriending model for delivering kinship carer support.

Involvement at an early stage, and the experimental nature of the pilot, led to a formative evaluation role for Coram in the first year of the project. Coram aimed to encourage a learning cycle to refine the programme, by acting as a critical friend

during the start-up phase, providing on-going strategic and operational advice where possible for key project staff and the advisory group.

This final report provides a summative evaluation reflecting on the overall performance of the pilot.

The areas of focus in the final report are as follows:

- Examining the design of Relative Experience model and how it evolved over duration of project.
- Assessing the process of implementing the model, considering barriers and facilitators to implementation and effective processes.
- Referral pathways and realities of accessing Relative Experience, reflecting on the implications for the service model.
- Experience of volunteers delivering befriending, reflecting on implications for service model and benefits for volunteers.
- Assessment of outcomes and impact on the kinship carers receiving befriending.

1.4 Evaluation approach

Defining the evaluation framework was an iterative process, responding to the evolving programme structure. Parenting and family support interventions present a number of challenges to robust evaluation; Flint (2010) summarised these as:

- Attributing causality: it is difficult to quantify the direct causal impact of parenting and family support services – there are many factors that influence a family's outcomes, sustaining linear progress with vulnerable families is difficult, and measurable outcomes may only manifest in the longer term;
- Capturing qualitative soft outcomes: the multiple processes involved in delivering a parenting and family support service and complexity of problems facing vulnerable families makes the evaluation of outcomes less clear-cut, and reliant on subjective perceptions rather than directly related to inputs; and
- Resources: limited funds for projects, and therefore evaluation, places constraints on capturing data and engaging with the necessary stakeholders.

The evaluation framework developed focused on achievable data collection within the available resources, and meaningful evaluation indicators in light of programme objectives. Underpinning methodological principles produced the following approach:

- Mixed-methods, including both quantitative and qualitative data;
- Whole-programme, including inputs, processes, delivery, and outcomes; and

- '360-degree', including evaluation from a range of perspectives – kinship carers, volunteers, staff, practitioners, and commissioners.³

In line with this approach, the data collection methods were:

- Quantitative output data;
- Validated WEMWBS well-being tool monitoring pre and post intervention well-being of kinship carers and volunteers.
- Outcome tools using kinship carers' identification of problems and assessment of the burden of that problem pre and post intervention;
- Regular update discussions with programme staff members;
- In-depth interviews and focus groups – kinship carer interviews, volunteer interviews, volunteer focus group, and staff interviews.
- Kinship carer case study.

1.5 Structure of the report

As this report represents the summative evaluation of the pilot it examines the performance of the programme over the course of the pilot. Analysis focuses on process issues including the development of the model, implementation as well as examining outcomes and impact of the programme. An outline of the remaining report is provided below.

- Chapter 2: The design of the Relative Experience model and how it has evolved over the start-up phase and implementation of the project.
- Chapter 3: The performance of the model in practice, assessing recruitment of kinship carer beneficiaries and volunteers, the process of assessment and matching, and the needs of kinship carers.
- Chapter 4: Analysis of key outputs of the project.
- Chapter 5: Analysis of the dynamics of the befriending relationship and how it contributed to outcomes and impact for kinship carers.
- Chapter 6: A review of the learning from the pilot.

³ Staff refers to paid staff from the programme, as opposed to volunteers.

2 Theory and implementation

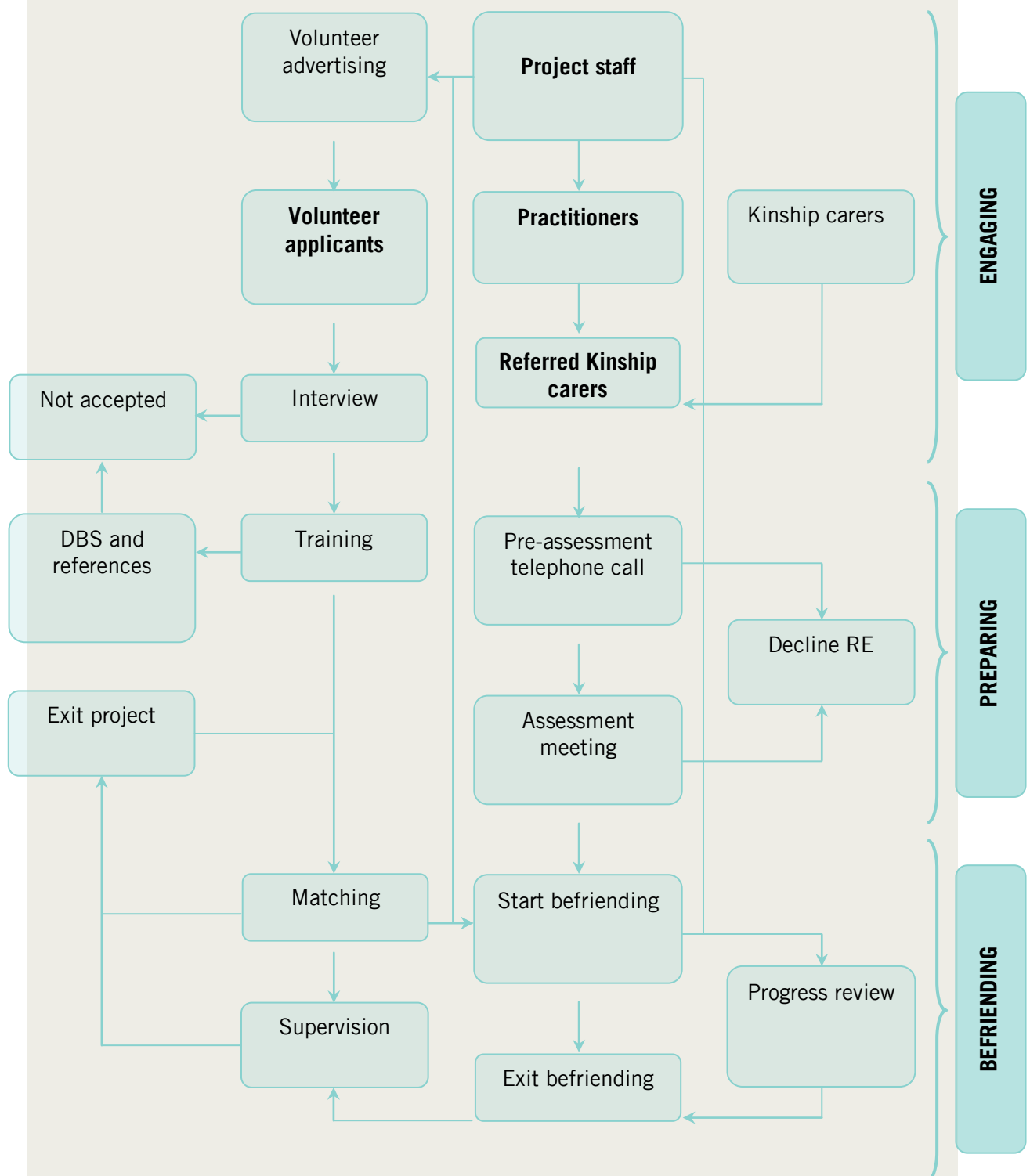
Chapter 2: Summary

- Grandparents Plus' extensive research and consultation was valuable in identifying the need for support and the appropriateness of a peer-led model for kinship carers.
- Outreach efforts to advertise the service were successful in reaching target audiences and demand for the support from kinship carers was high.
- Preparing volunteer kinship carers to befriend required intensive training and support.
- Planning and resources did not fully anticipate difficulties encountered in completing required checks for volunteers and matching kinship carers with volunteers.

2.1 The operational model and theory of change

Table 1 illustrates the final operational model for kinship carer support reached by September 2012. The chart illustrates the processes agreed, through which the key stakeholder groups – kinship carers, volunteers, practitioners, and project staff – progressed in order to deliver the befriending service. The model demonstrates the sequence of steps taken for volunteers and kinship carer beneficiaries prior to the commencement of befriending. Both volunteers and kinship carers would go through assessment processes to ensure that candidates were suitable for befriending and safeguarding standards were met. Only at this point, and after training for the volunteers, was the matching process undertaken. Once befriending meetings between kinship carer and volunteer had commenced, periodic supervision meetings between a staff member and the volunteer were held to monitor the relationship. Also, progress reviews were periodically undertaken at befriending sessions to monitor changes in previously identified concerns and, where relevant, identify new concerns.

Table 1 - Relative Experience befriending processes

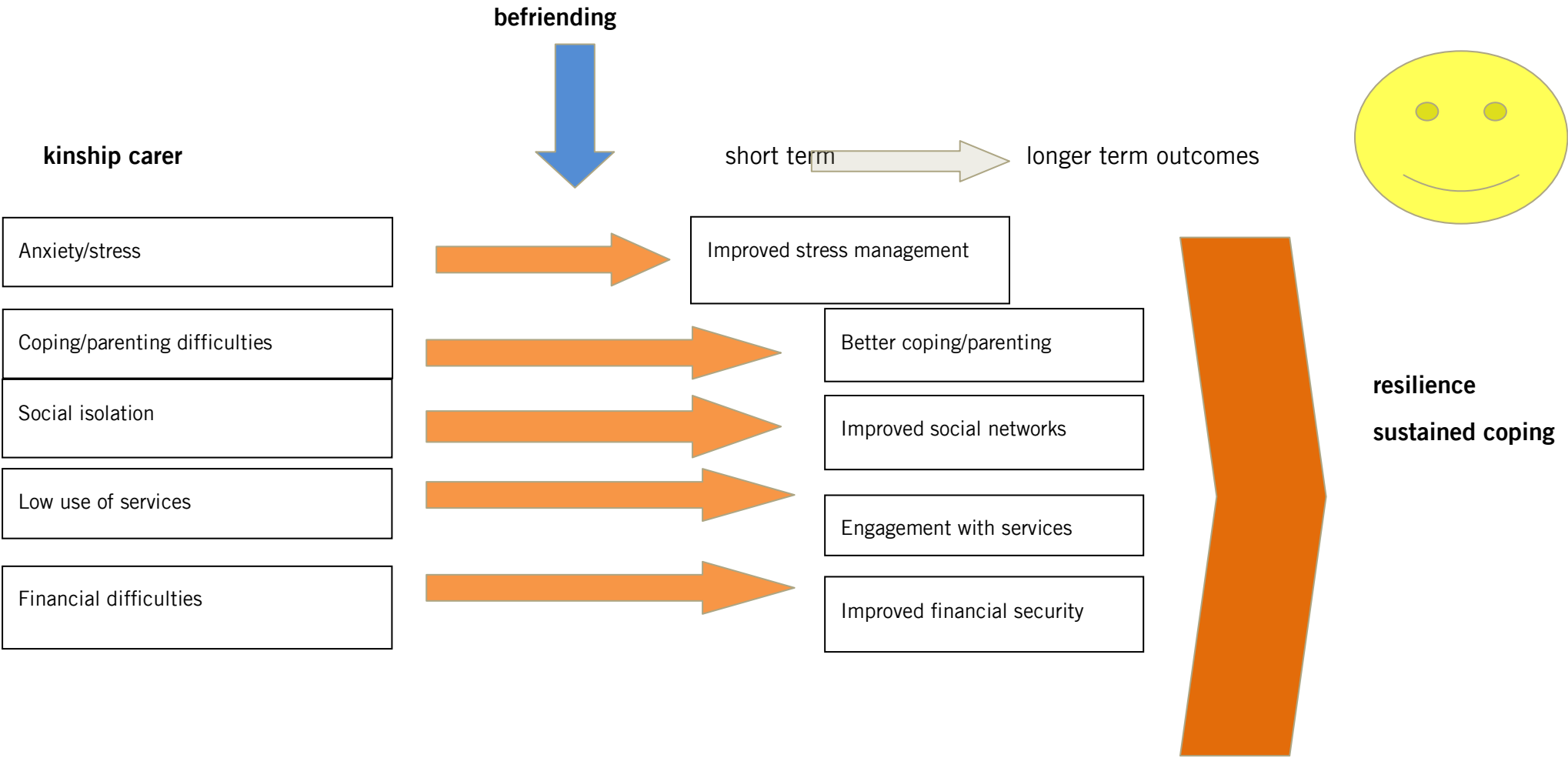


The befriending model suggested a theory of change underpinning the programme. Drawing on the experience of a parent befriending project one of the partner organisations had previously delivered (Family Lives' 'Instructions Not Included') along with research knowledge regarding the situation of kinship carers, a theory of change could be outlined that explained possible causal relationships between inputs (befriending) and desired outcomes (Table 2).

The theory of change outlined suggested that kinship carers were likely to enter into the programme in a vulnerable situation. Kinship carers requesting support were likely to be experiencing difficulties dealing with their situation. These difficulties would often include feeling overwhelmed dealing with parenting responsibilities and managing difficult relations with the parents of the children (usually their own children) in their care. The challenges of coping would also be often accompanied with social isolation that had arisen as a result of their new situation.

It was hoped that befriending would help to stabilise the situation felt by kinship carers. The 'talking' support offered by volunteers would allow kinship carers to reflect on their situation. This emotional support would help kinship carers overcome immediate feelings of crisis and begin to think more clearly about their situation and how to deal with pressures and responsibilities. Reduced stress and anxiety, in turn, would lead to better coping strategies and the use of more effective parenting approaches. Signposting to support groups and services along with improved confidence would lead to improved social networks and engagement with services. Advice on benefit entitlements would lead to claims and hence improved financial security. The overall model suggested that benefits would unfold progressively leading to improved resilience and sustained better parenting in the long term.

Table 2 – Relative Experience theory of change



2.2 Fine-tuning the model

Given the innovative nature of the service the programme partners deliberately created a flexible delivery plan that would allow the programme to be responsive to emerging practice. There were a number of uncertainties inherent in relying on kinship carers to deliver befriending to peers and the programme team was sensitive to the need to make revisions as and when needed.

Seeking to make the programme as responsive as possible to the needs of kinship carers the delivery plan included a number of mechanisms to gather insight from this group. In the set-up phase the programme team organised a number of forums designed to gain input from kinship carers on how best the project could engage with them as beneficiaries and volunteers. A launch event held in Newcastle in February 2013 and a focus group held at the event were tailored to allow kinship carers to air their views on the design of the project. Feedback from kinship carers suggested that emotional and parenting support should be a key aspect of support offered. When asked what help and support kinship carers most needed, one responded “emotional support to help them look after themselves. Training to assist with dealing with children’s emotions.” Another kinship carer commented that it would be useful to have “someone to talk to when we have low times”.

The project team were also keen to have on-going input from kinship carers (and those with experience of kinship care) established as a formal mechanism. To this end the programme recruited five kinship carers to become members of the Project Advisory Group (two of which were working as volunteers) and one person who had been raised in kinship care. The idea was that these members would add their unique perspective to discussions and contribute to revisions of the design of the project on a rolling basis.

A significant change implemented in the early stages to start-up was the reduction of the geographical area covered by the programme. The original plan was that Relative Experience would cover the whole of the North East region. With the limited staff allocation for the project, and the challenge of recruiting volunteers that could cover such a large area, it became apparent that it was sensible to work in a more limited area. As a result the project team decided to operate the project only in the north of the region covering Newcastle, Sunderland, North Tyneside and South Tyneside. The project office was located in North Shields.

2.3 Implementation

The project got underway in September 2012 and underwent a set-up phase involving recruitment of staff, agreeing procedures and developing links with organisations working within the kinship carer networks.

Recruitment of volunteers and kinship carers to receive support got underway in January 2013 with volunteer training courses taking place in March and May.

Recruitment of kinship carers progressed well with around 30 signed up for support by May. However, a number of factors contributed to a delay in initiating befriending relationships. First, there were delays in completing the necessary checks for volunteers (DBS, references and photo identification). Second, the summer holiday made it difficult to arrange meetings with kinship carers to discuss matching. Third, limited staff availability slowed the matching process which required discussion between all three members of staff.

In addition to these factors, in the set-up phase of the project staff had become acutely aware of the sensitivity of matching kinship carers with volunteers. Meetings with kinship carers where their situation had been discussed had often triggered strong emotional feelings. Taking this into account, project staff took care to make suitable matches between volunteer and kinship carer considering personality and temperament as well as practical issues such as locality and availability. Staff reported that this attention to detail was time consuming and led to delays in starting befriending in some cases.

Volunteers started befriending in June and the number of befriending relationships started steadily increased through the rest of the year and into 2014. By the end of the programme a total of 19 kinship carers had received one or more befriending sessions.

Data collection

Coram worked with the project to facilitate an outcomes-focused data collection framework and best practice in volunteering data systems.

Three key outcome measurement tools were agreed. First, an 'intended outcomes' measure designed by Coram where the kinship carer would identify a problem they wanted to address in befriending and estimate its burden on a 0-10 scale. The kinship carer would give scores before the intervention, at an interim review stage and at the conclusion of befriending to allow monitoring of progress. This measure intentionally allowed kinship carers to define the 'problem' to encourage them to take ownership of the relationship and the progress that ensued. Making the measure open-ended also ensured that outcomes would be captured that prescriptive tools may have overlooked.

In addition the project opted to use the WEMWBS tool to measure well-being (Tennant et al., 2007). This tool consisted of a general life satisfaction question on a 10 point scale and then seven further scaled questions assessing aspects of well-being, e.g. optimism about the future, feelings of efficacy, stress, dealing with problems, thinking clearly, feeling close to other people and being able to make up own mind.

3 The model in practice: processes and procedures

Chapter 3: Summary

- 71 kinship carers expressed interest in receiving support from the programme; of these 54 were offered support with 32 accepting the offer.
- 20 applicants started training to become volunteers; 17 completed the training, 11 of which delivered befriending.
- Outreach to children's services and agencies involved in substance misuse and mental health were particularly effective in generating kinship carer interest in receiving support or volunteering.
- Sensitivity to the vulnerable status of kinship carers had to be taken into account in the training and supervision for volunteers.

3.1 Recruitment

The project team made extensive efforts during the start up period to build awareness of the programme among kinship carers and older people with parenting experience in the target area. Each of the three staff members came into the project with experience in different social service sectors and different locations within the area. One staff member had experience working in North Tyneside, another in Sunderland and a third in Tyne & Wear. Similarly in terms of sector experience, one staff member had good relations with schools and children's centres, another with voluntary sector organisations supporting families and a third with grandparent support networks. Drawing on a range of networks and geographical knowledge, staff made a coordinated effort to raise awareness of the forthcoming programme among practitioners and also generate interest among kinship carers and older people with parenting experience.

Staff reported in interviews that social services and voluntary services were generally receptive towards the programme. A number of channels, however, were particularly enthusiastic and proved effective in reaching kinship carers.

First, in the statutory sector, staff encouraged practitioners working with children and families to identify kinship carers and pass on information about the project. Schools, children's centres, social workers and mental health workers were particularly valuable in reaching kinship carers.

Second, staff targeted voluntary organisations that supported individuals and families at risk of substance misuse, domestic violence, imprisonment and bereavement. With the help of practitioner knowledge of families who had experienced disruption in these various ways and which had led to kinship care of children, these organisations had been able to promote the project to kinship carers they were in contact with.

Finally, the project team worked in collaboration with Grandparent networks in the area including Grandparents Plus, 'More Than' Grandparent's Support Group and Newcastle PROPS Grandparent's Support Group. Communicating with these networks was particularly useful in generating interest among kinship carers to become volunteers on the programme.

Early promotion of the programme encouraged kinship carers, grandparents and practitioners in the field to attend a launch event held in Newcastle in February 2013. The event was attended by 88 people, 43 of which were kinship carers or grandparents. Among the 45 professionals who attended, 15 were from local councils, seven from VCS and four from children's or family centres. The event was successful in generating interest among the kinship carers attending. One kinship care attending the launch event commented, "After feeling invisible for years, recognition of kinship caring is a very promising prospect". A significant proportion of those kinship carers expressed interest in either receiving befriending or volunteering as a befriender for the programme.

3.2 Volunteer characteristics

The programme recruited volunteers from across the region (Figure 1) with strong representation outside of the metropolitan area. Urban areas Newcastle and Sunderland were particularly well represented.

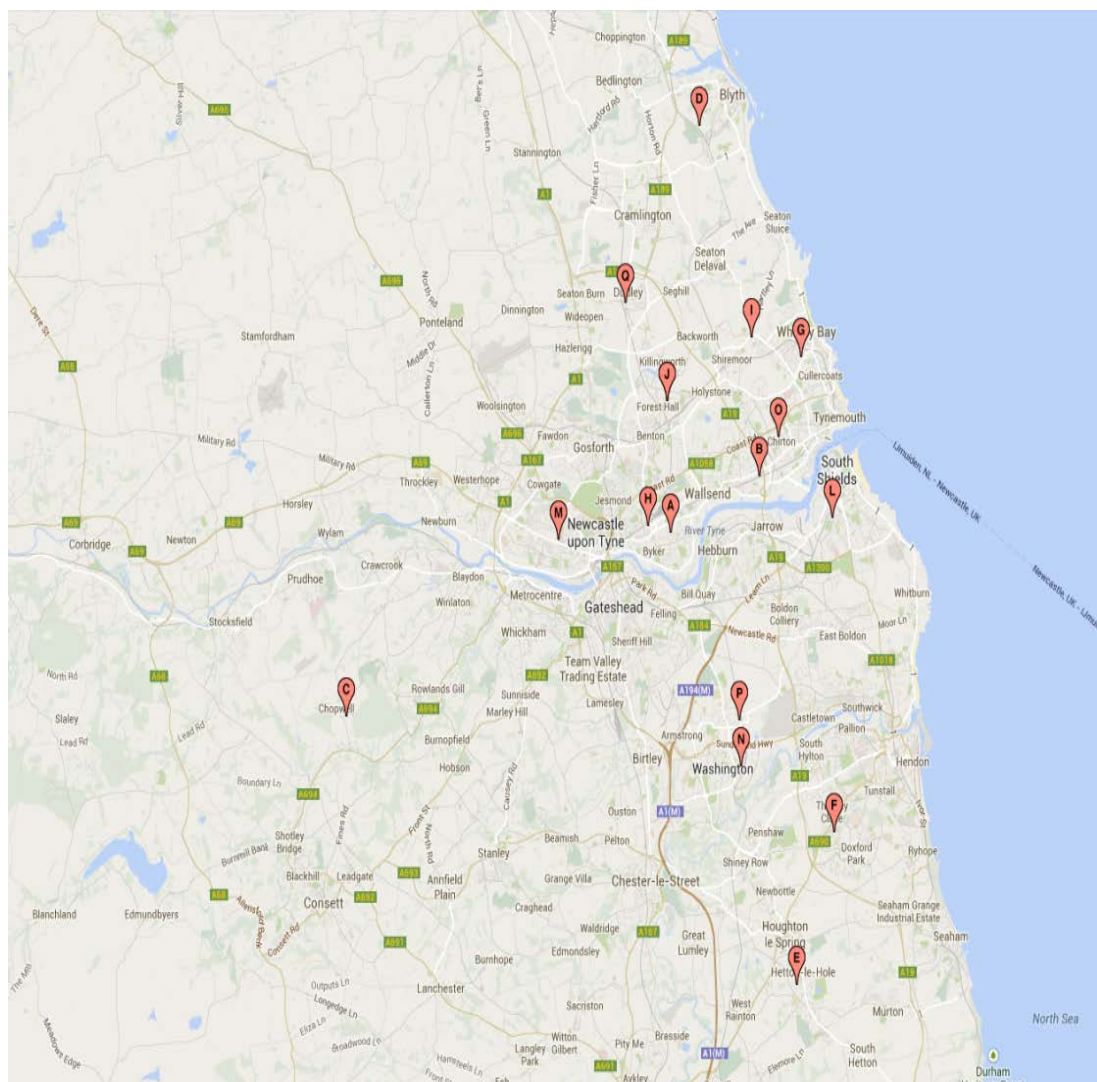
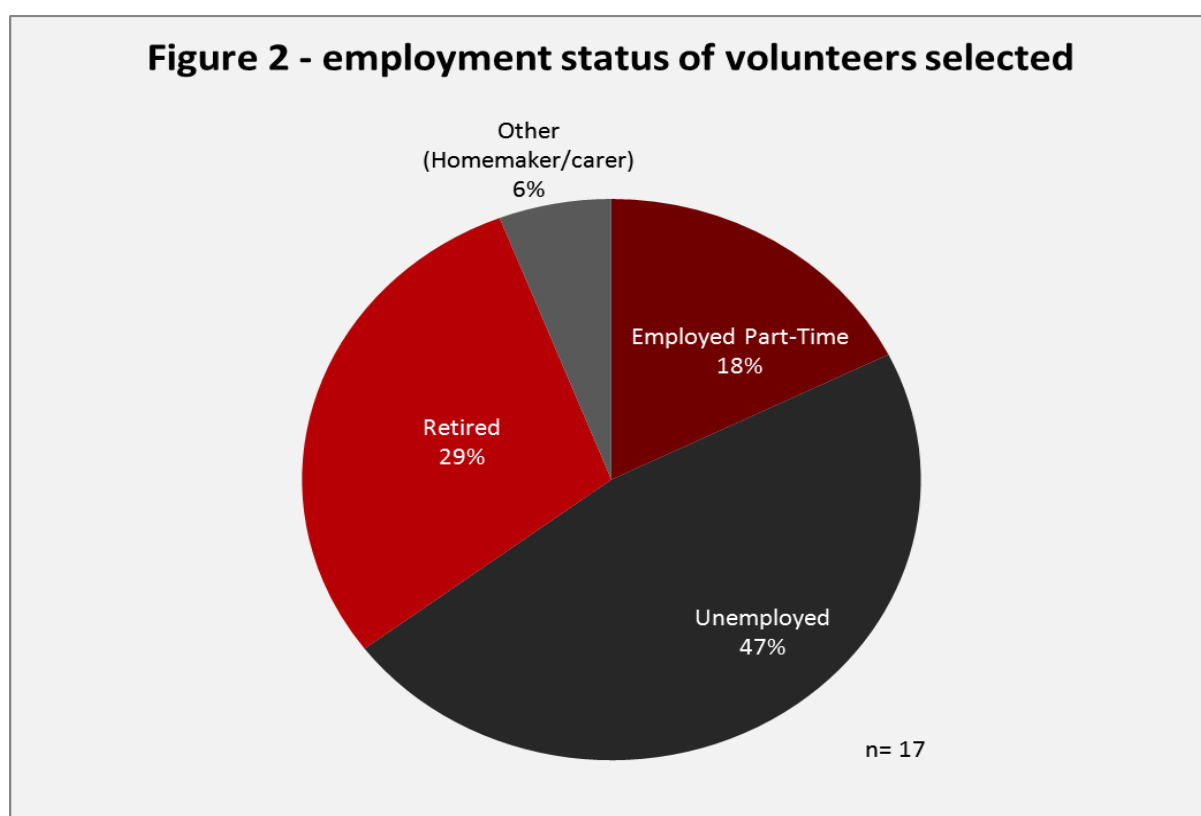


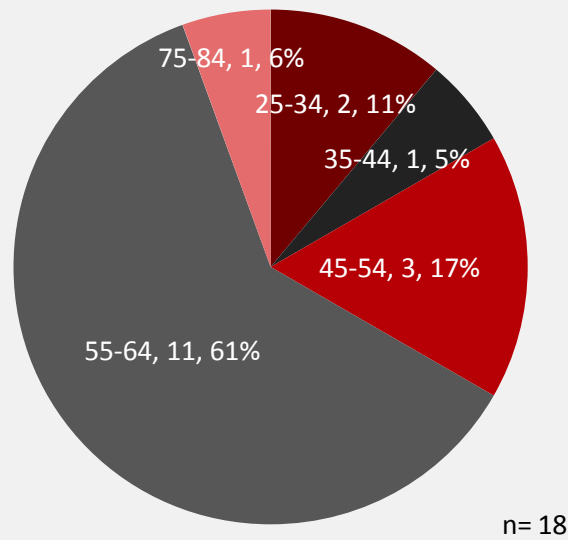
Figure 2 - Geographical distribution of volunteer registrations

Consistent with national patterns of volunteering on family support projects, volunteers were predominantly female (15 female, 2 male). All volunteers were White British in ethnic background with the exception of one of Pakistani background. Details on the employment status of volunteers indicated low levels of income (Figure 2). Almost half (47%) of volunteers were unemployed and a further 18% were employed part-time. About a third (29%) of volunteers were retired.



The age of the volunteers selected predominantly fitted the older person target for the programme (Figure 3). Over half of volunteers (67%) were over 54 years old and the largest single age band was 55-64 at 61%. A significant minority (3 of the 18 respondents) were under 35 years of age reflecting the fact that kinship caring is not exclusively taken on either by older people or by grandparents.

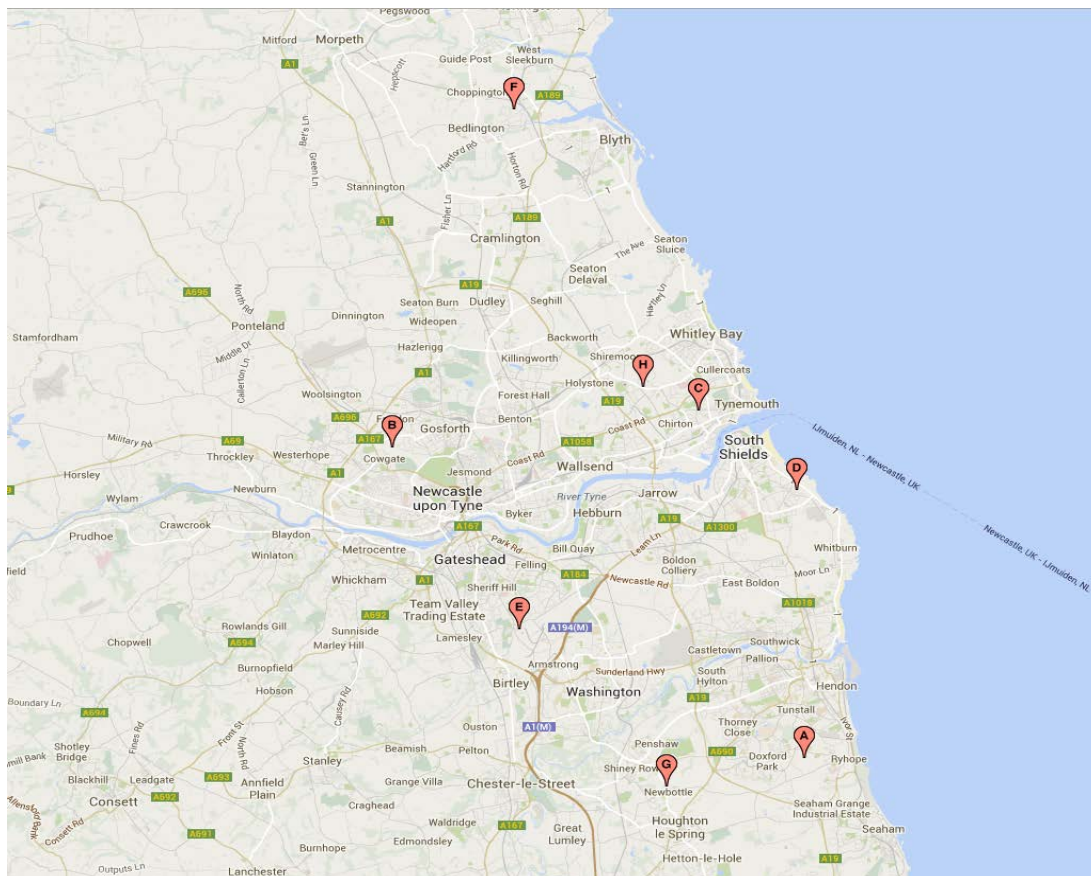
Figure 3 - Age of volunteers selected



3.1 Kinship carer beneficiary characteristics

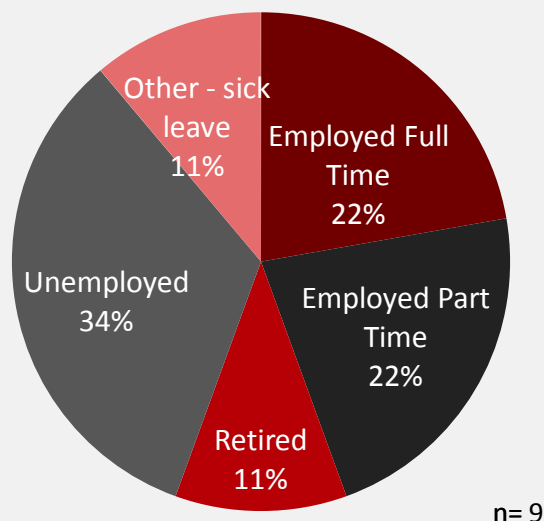
The programme recruited kinship carer beneficiaries from across the region (Figure 4) with strong representation in urban areas particularly Sunderland and Newcastle. A third of beneficiaries came from areas outside the metropolitan North East in Tyne and Wear and Northumberland.

Figure 4 - Geographical distribution of kinship carers



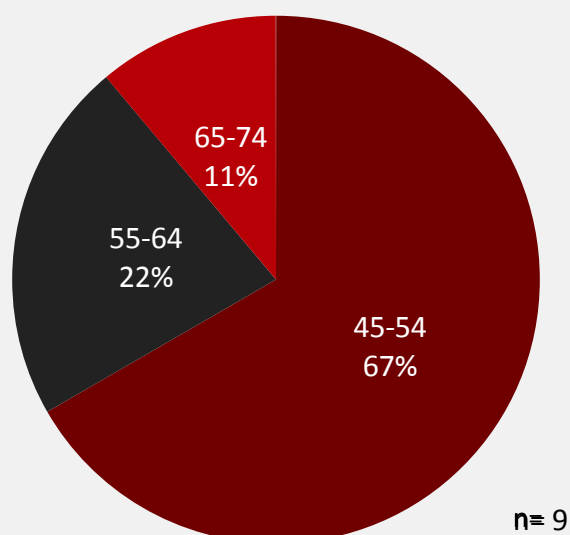
All kinship carer beneficiaries were female and White British in ethnic background. Details on the employment status of beneficiaries indicated low levels of income (Figure 5). A third (34%) of beneficiaries were unemployed and a further 22% were employed part-time. Relatively few beneficiaries (11%) were retired.

Figure 5 - Employment status of kinship carer beneficiaries



The age of kinship carer beneficiaries was typically younger than volunteers (Figure 6) but all were 45 years or older. Two thirds of beneficiaries (67%) were in the 45-54 age band and nearly 90% were between 45 and 64 years of age. Only a minority of beneficiaries (11%) were 65 or older.

Figure 6 - Age of kinship carer beneficiaries



3.2 Developing befrienders

The recruitment and training of volunteers was critical to ensuring the peer-led model could deliver a quality befriending service. The programme was relying on the willingness of kinship carers and older people to take on the demanding role and the ability of these volunteers to develop the skills and confidence to provide quality support. Stakeholder consultation with kinship carers during the start-up phase had identified an enthusiasm to become involved, but it was acknowledged that volunteer applicants would require intensive training and support to fulfil the role.

The training course was designed by Family Lives who had experience of developing training courses for volunteers to deliver individual support to parents. Family Lives drew on their 'listening' model of befriending support developed over twenty years of delivering Parentline and, more recently, the face to face parent support project, 'Instructions Not Included'.

The training was designed to develop general befriending skills as well as help participants learn how to provide support relevant to kinship carers. The training including a focus on the following key issues:

- How to employ a listening approach in providing support.
- Exploring the value of being able to express feelings and needs.
- How to engage with kinship carers and help them to see how they might use services or information.
- Understanding mental health and using strategies for supporting someone with mental distress.
- Becoming knowledgeable about local options for signposting and skilled in process of providing this information.
- Identifying risk of harm situations and knowing how to respond to them.

The design of the course was carefully tailored to the programme and demonstrated appropriate attention to the unique circumstances of the Relative Experience befriending relationship; the challenges faced by kinship carers supporting fellow kinship carers, building the confidence and skills of kinship carers to deliver quality befriending and the particular challenges of working with beneficiaries experiencing emotional distress.

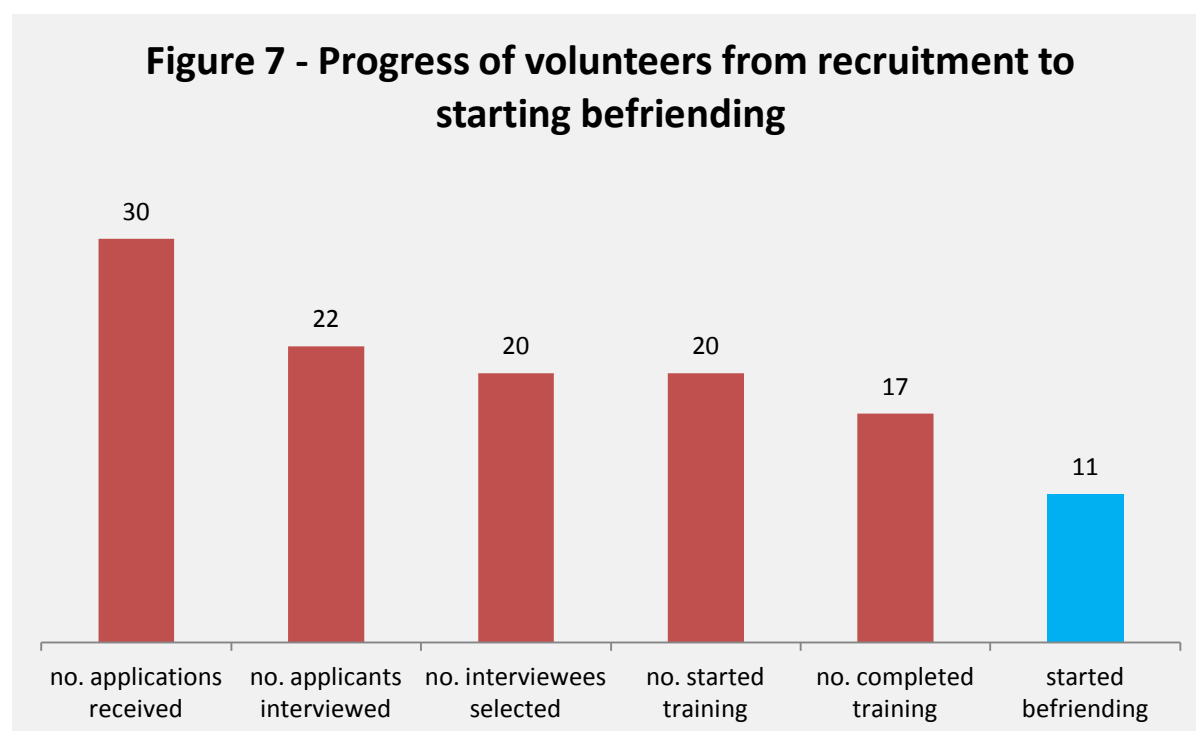
Participants welcomed the thoroughness of the training and generally thought it equipped them well to deliver a befriending relationship. They felt, however, that the training could be improved by allowing time in the first session to share experiences. As participants had often been isolated as kinship carers and faced very challenging experiences many were eager to 'unload' when meeting each other for the first time. The project team took on board this suggestion when it was aired in the training and

considered the wider implications of emotional sensitivity of kinship carers befriending other kinship carers. They decided to revise the training for the second course held in June by allowing volunteers to share life stories and learn strategies for dealing with 'emotional flooding'.

After starting befriending some volunteers also commented that the training had not given them adequate information about family law and local authority policy. Volunteers reported that the rights associated with different forms of care order (Residency Orders and Special Guardianship Orders) were often a topic of concern to beneficiaries. However, volunteers were not able to draw on their own experiences because of recent changes in the law. More information on social service obligations to kinship carers, they reported, would also be valuable given the variation of treatment by local authorities in the North East. Overall, volunteers expressed a feeling that the course had too much emphasis and time spent on mental health issues and not enough on legal and policy issues.

Pathway of applicants through recruitment and training

The process from interview to the start of befriending involved a number of steps, including a 17 hour training course, references check, a DBS check, and matching the volunteer to a kinship carer (Table 1). The retention of volunteers through these steps was generally good. For example, 57% of applicants completed training, indicating that a large proportion of applicants were both suitably qualified and committed to the role (Figure 7). However, volunteers experienced long delays between completing training and starting befriending. In most cases volunteers waited between two and five months after training before actually starting befriending. Reports from project staff suggested that these delays were related to difficulties completing personal checks (references and DBS) and staffing constraints that slowed the process of matching. The project team recognised that the befriending relationship depended on an appropriate match between kinship carer and volunteer and this often took some time (to match kinship carer with a suitable volunteer and one whose availability and locality matched that of the beneficiary). The fact that these unanticipated delays did not lead to trained volunteers dropping-out before starting befriending indicates a high level of commitment on the part of volunteers.



3.3 Managing volunteers and safety procedures

Supervision processes and safety procedures created for befrienders seemed to be robust. There was a systematic process for supervision, from debrief telephone calls with supervisors after visits and formal supervision⁴. Risk assessments of the family and the home were carried out by staff in advance of befriending to ensure the safety of the volunteer. There were clear processes for reporting when volunteers felt there were 'risk of harm' concerns.

Reports from volunteers were that these processes and procedures had been rigorously followed and had proved effective. Volunteers reported that they were required to 'check-in' via a mobile phone call immediately prior to beginning a befriending session and 'check-out' similarly immediately after. They understood the need for this process and felt that it was an important safeguard when visiting a kinship carer's home. Supervision sessions held every 6 weeks were also well received by volunteers. They were seen as important for the project team to monitor the quality of befriending and an opportunity for volunteers to reflect and get professional insight on their relationship. Volunteers also reported the value of on-going training where a particular topic relevant to providing support to kinship carers is presented, e.g. domestic violence. Held every 12 weeks, these sessions were reported as a valuable forum for volunteers to share ideas and experiences as well as an opportunity for skill development.

⁴ Supervision sessions were held every six weeks.

3.4 Reaching kinship carer beneficiaries

Project staff were successful in using local networks and marketing strategies to spread awareness about the programme and reach the relevant target audience. Often isolated and distrustful of social services, kinship carers generally responded positively to the message that Relative Experience was a peer-led support service run by and for kinship carers. However, not all kinship carers contacted were able or willing to receive befriending. Some kinship carers simply did not respond and others felt so preoccupied with caring or work responsibilities that they could not find the time to meet with a befriender.

“I was really struggling with my grandson’s aggressive behaviour and liked the idea of meeting someone who I could talk about everything to.”

Kinship carer beneficiary

3.5 Kinship carer beneficiary needs

The project drew on a detailed discussion with the kinship carer to make an assessment of the kinship carer’s needs and their aims for befriending. This process involved an informal discussion at point of contact between a staff member and the prospective beneficiary. A more detailed assessment would take place at a face to face meeting in the kinship carer’s home. The staff member would ask the kinship carer to identify 3-5 concerns about their personal situation and assess on a 0-10 scale how much the issue affected their personal or family life.

WEMWBS well-being measurements taken at the initial meeting provided further context on the kinship carer’s situation. These measures focused on overall life satisfaction and components of well-being such as optimism, feelings of efficacy, stress, autonomy and closeness to other people.

Kinship carers’ perspective

Kinship carers generally seemed to understand the purpose and parameters of befriending. The issues they sought to address through befriending showed an understanding that the service was primarily a ‘talking’ therapy that sought to achieve change by mentoring.

Kinship carers typically assigned a high burden to the concerns they identified in the assessment. Eighty per cent of concerns identified were placed at 8 or above on the 10 point scale. The average score for concerns was 8.44.

The concerns kinship carers identified could be grouped into three key themes (Table 3). First, many kinship carers identified emotional difficulties surrounding isolation, coping with responsibilities and difficulties relating to the birth parents of children

they were caring for (usually, their own children). Befriending was often described as an opportunity to have someone to talk to about these problems without being judged; some time for themselves away from the pressures of caring responsibilities. Second, a further common concern were parenting issues and, in particular, managing children's behaviour. Third, a recurring concern for many kinship carers was finance and, in particular, how to claim relevant benefits and tax credits.

Table 3 - Kinship carer concerns - examples of identified Intended Outcomes

Emotional difficulties

Feel isolated. Want to reduce isolation
Feelings of bringing up the children alone
Space to offload own feelings. Feeling angry and upset
Need emotional support with regards to relationship with daughter
Someone to talk to, more friends/social life

Parenting issues

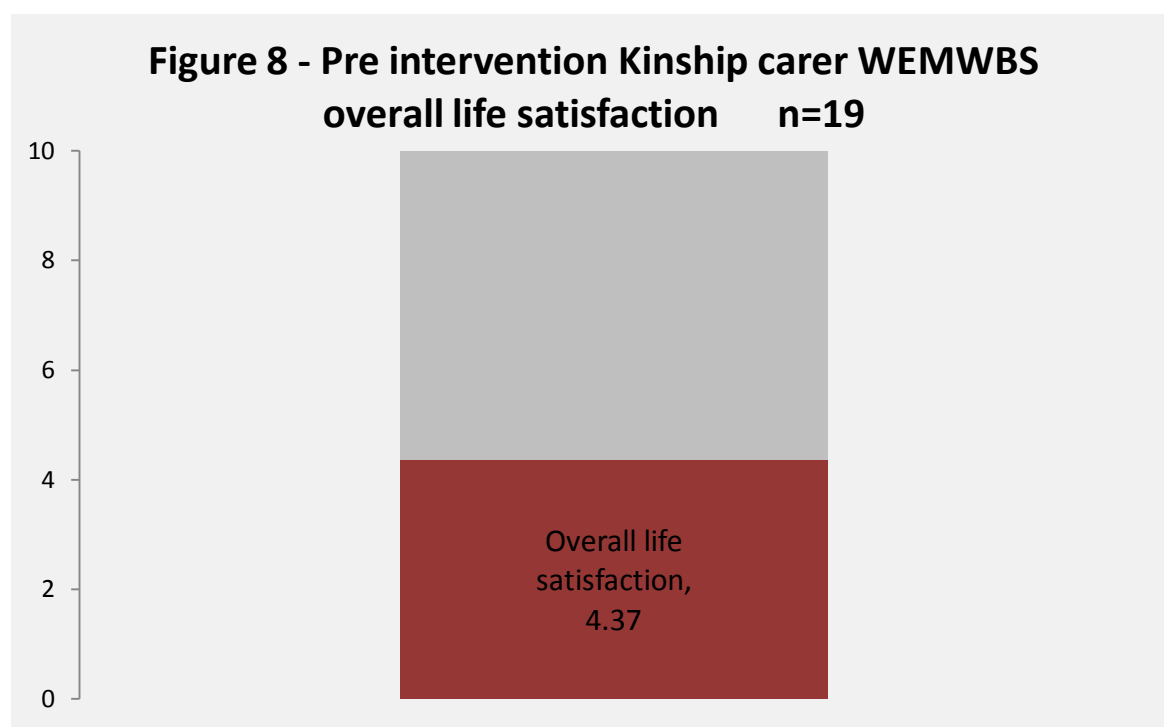
Coping with grandson's attention seeking behaviour.
How to cope with child's behavioural issues
Advice managing granddaughter's emotions and psychological impact of separation from parents
Making sure I understand how to support the kids through trauma
Coping with step daughter and feelings of animosity
Learning modern parenting skills
Helping my grandson to meet new friends
Understanding what to tell my grandson about his circumstances

Finance

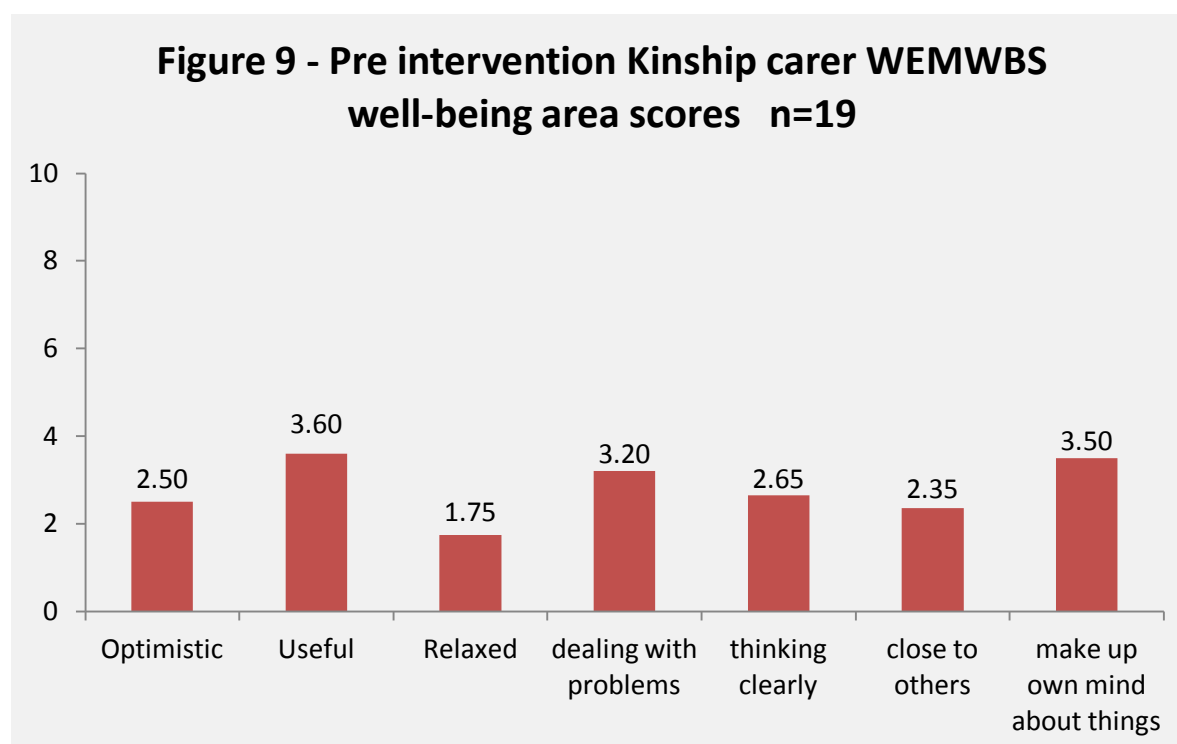
Financial information to ease the strain of another person in the house
Finding ways of securing a positive financial future
Security, making sure I keep the child with me - legal issues
Financial information with regards to funds for the children

Baseline data from well-being measurement tool

Data from the initial WEMWBS measurements provided further insight into the emotional issues faced by kinship carers entering the project. Beneficiaries widely demonstrated low overall life satisfaction with an average score of 4.37 on the WEMWBS 10 point scale (Figure 8) with almost half of beneficiaries (47%) recording a score of under 5.



Questions on individual domains of well-being revealed low average scores in all areas, with beneficiaries indicating particularly high levels of stress, pessimism and social isolation (Figure 9).



4 Outputs

Chapter 4: Summary

- 19 kinship carers received one or more befriending sessions.
- 17 volunteers were trained and 11 delivered befriending.
- 141 befriending sessions held.

4.1 Volunteers trained and befriending

A total of 17 volunteers had successfully completed training by the end of May 2013 and were ready to proceed to befriend. Three volunteers had started training but dropped out of the programme either during training or shortly after: one person because she felt she needed support herself, one because she felt she did not have the relevant skills and knowledge about kinship care to perform the task and another who did not give a reason dropping out but was also judged by staff not to be suitable for the role. The drop-outs experienced highlighted the vulnerability of working with kinship carers and the challenge for them to develop the necessary skills to befriend. This experience highlighted the importance of selecting suitable individuals and explaining clearly to applicants what the role involves.

Four volunteers started befriending in June. After a pause during the summer holidays, three more volunteers started befriending in September. This number steadily increased through the rest of the year reaching a total of 11 volunteers befriending by the end of the programme.

4.2 Support provided to kinship carers

A total of 11 volunteers delivered befriending to a total of 19 kinship carers. A total of 141 befriending sessions were held each of an average of 1½ hours duration. By the end of the programme kinship carers had received between 3 and 20 sessions with the number of sessions usually depending on the time the befriending relationship started. Most befriending sessions (68%) were held in the kinship carer's home.

5 Outcomes and impact

Chapter 5: Summary

- Most kinship carers engaged well with the befriending relationship and valued highly the emotional support it offered.
- Over the duration of befriending kinship carers most commonly experienced gains in confidence and coping ability
- Volunteers benefitted from their participation in the project in terms of personal development and reported gains in communication skills and self-confidence as a result of their involvement.

5.1 Dynamics of the befriending relationship

Project staff communicated well what the service was to both referring practitioners and kinship carers themselves. Both understood that befriending was not a practitioner-based service where a professional would make a diagnosis of the situation and use their expertise to advise on solutions. Rather, befriending was understood as kinship carer-centred support where the kinship carer would be given an opportunity to discuss openly their concerns and be supported in identifying their own solutions. Critically, the service was understood as peer-led, non-judgemental and a partnership: fellow kinship carers (or older people with caring experience) helping other kinship carers to talk through difficulties and build confidence in their parenting responsibilities. The non-professional and non-judgemental nature of the service was a characteristic welcomed by many kinship carers who felt disempowered by conventional social services, “she listens to me rather than tells me what to do,” commented one beneficiary. The peer status of befrienders was also welcomed, particularly the fact that (most) volunteers were kinship carers themselves. “She’s been through it all herself. It is heartening to talk to someone who has had the same experience” said another.

Befriending relationships typically started slowly. Volunteers would take time to build a relationship and allow the kinship carer to become comfortable talking about his or her situation. With the development of trust between both parties, the kinship carer would begin to explore their situation with the volunteer helping them to formulate a clearer understanding. This step would lead to establishing agreed aims and objectives and planning strategies and actions in order to achieve the desired changes.

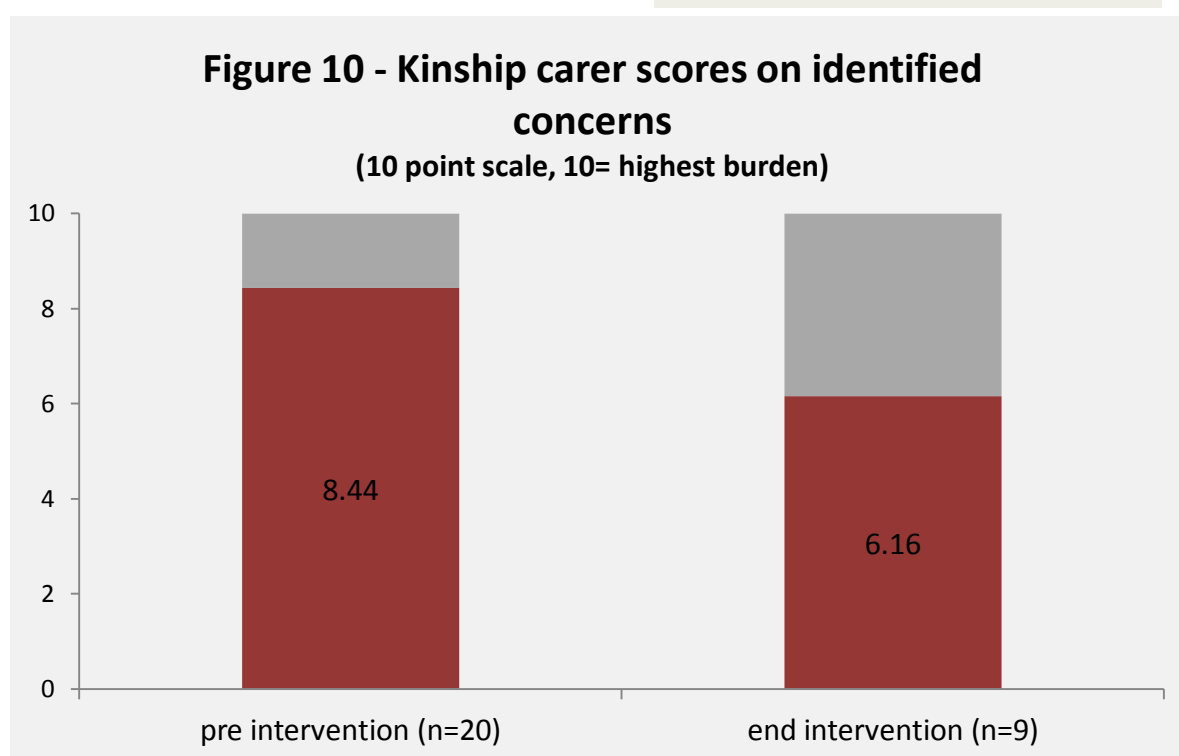
5.2 Kinship carer outcomes

Analysis of the intended outcomes data provided a longitudinal perspective on kinship carer's perception of their identified problems. With scores collected before and at the end of befriending, this data provided insight into whether the key issues identified by parents improved over the duration of the intervention.

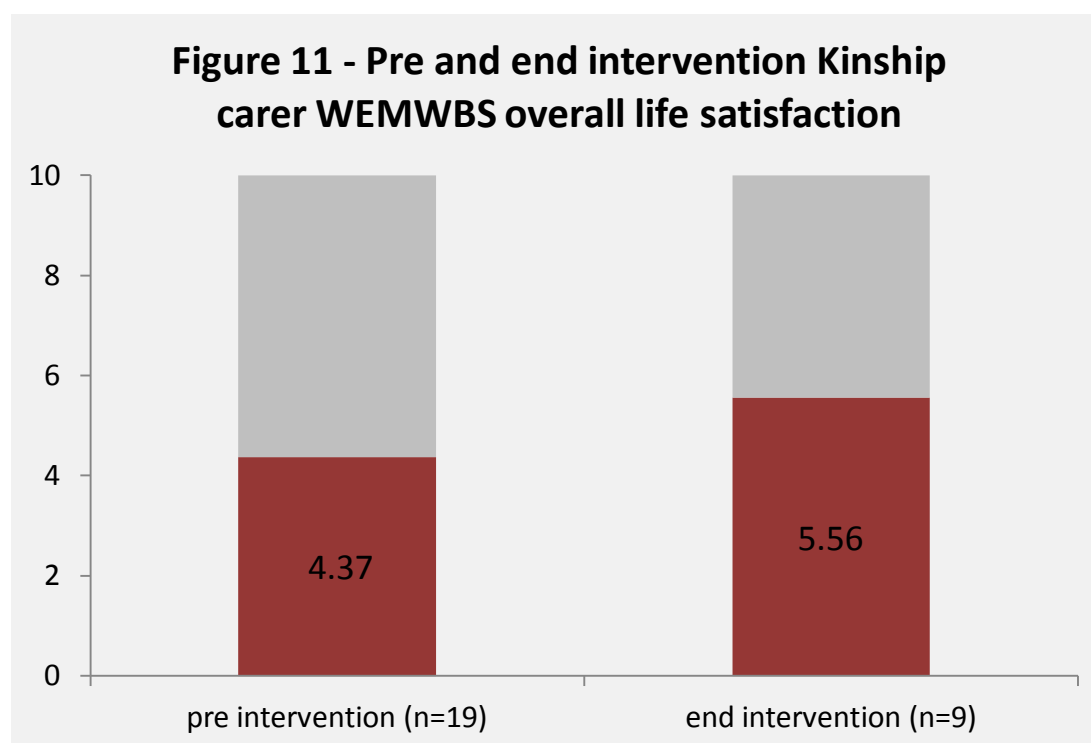
An examination of the scores revealed consistent and significant improvement on the concerns identified by kinship carers. Nine out of 10 concerns identified by kinship carers (91%) recorded improvement. The average score for concerns was 8.44 before and 6.16 at the end of befriending, representing an improvement of almost a quarter (23%) on the scale (Figure 10).

"Talking to my befriender helped me let go of issues and become more confident as a parent."

Kinship carer beneficiary



Quantitative data on kinship carer well-being outcomes indicated improvement in overall life satisfaction as well as in all the well-being domains. Overall life satisfaction increased from 4.37 at pre intervention to 5.56 at the end of the intervention, an increase of 12% on the scale (Figure 11).



All the individual well-being domains recorded improvement, with the highest improvement in 'thinking clearly' (1.02), optimism (0.72) and feeling 'relaxed' (0.58) (Figure 12).

Analysis of the number of beneficiaries that showed improvement in the individual well-being areas showed increases in scores were much more common in some areas rather than others (Figure 13). Overall well-being (optimistic and overall life satisfaction) and the ability to think clearly were qualities that two-thirds or more of kinship carer beneficiaries showed improvement on. By contrast, less improvement was recorded on 'dealing with problems' (44%) and 'relaxed' (22%).

"Talking about things helped to reduce stress and feeling overwhelmed... I felt confident enough to explain difficult issues to the children."

Kinship carer beneficiary

These findings collaborated qualitative data that suggested that the befriending relationship had helped beneficiaries to gain emotional stability that, in turn, was helping them cope better with their situation. Support from the befriender had helped them to think more clearly about challenges. Improved emotional stability provided a foundation which helped beneficiaries to move onto to identify solutions to problems and initiate actions. The short duration of support is likely to explain the finding that around half of beneficiaries had not made progress in dealing with problems. For

example, 56% of beneficiaries did not register an improvement in their 'dealing with problems' well-being score but most of these same beneficiaries did register improvement in overall life satisfaction (60%) and domains related to emotional stability e.g. 'optimism' (80%).

Figure 12 - Pre and end intervention Kinship carer WEMWBS well-being area scores
(pre n=19, end n=9)

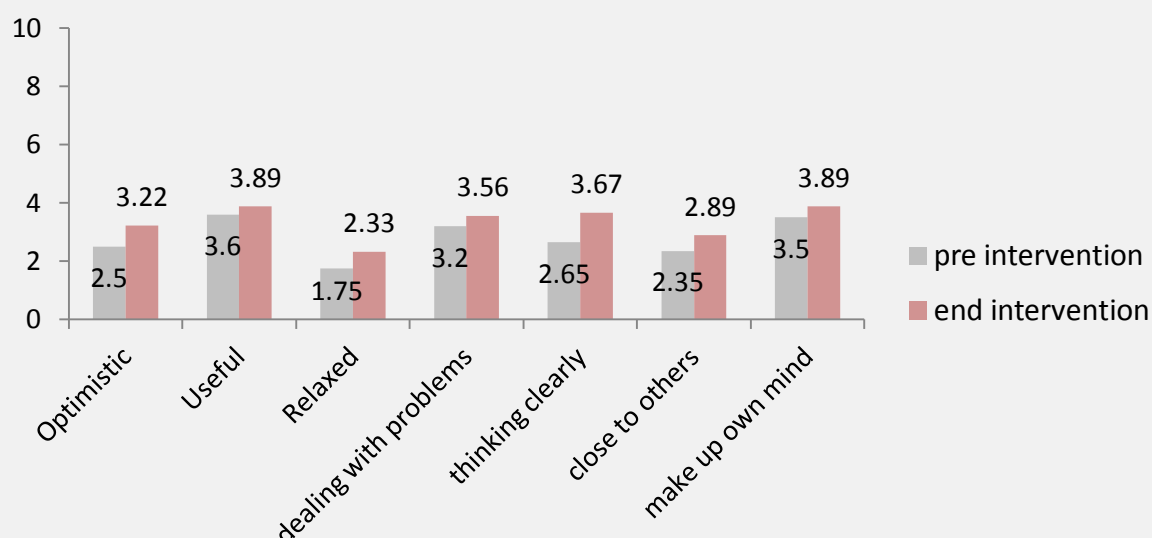
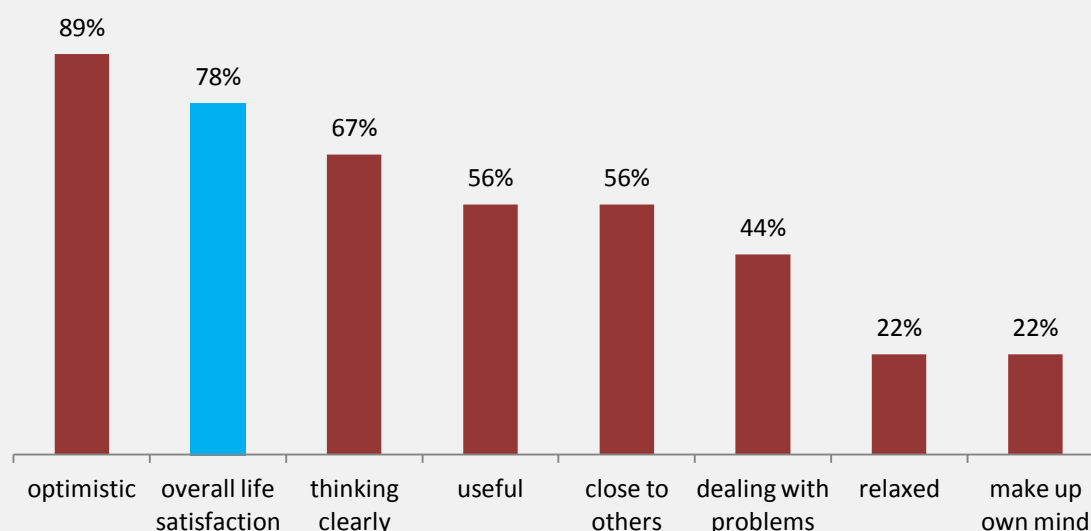


Figure 13 - Proportion of Kinship Carers that showed improvement on well-being areas
(n=9)



Key areas of psychological change included the following:

- reduction in stress and anxiety
- reduced social isolation
- improved sense of ability to cope

An improvement in emotional resilience, in turn, has acted as a foundation for better approaches to managing children's behaviour and dealing with relations with birth parents. The limited duration of befriending meant that tangible gains had been achieved in a few cases. But there were tentative signs that befriending could support a slow process of building capacities for kinship carers, helping beneficiaries gain emotional stability, then move on to establish strategies for management of routine challenges and implement change.

"We now have a calmer atmosphere at home. I am coping better and not losing my rag like I used to. And the children are better behaved."

Kinship carer beneficiary

5.3 Kinship carer case study

Louise⁵ was a single grandmother, 70 years old, who had taken on responsibility for caring for her grandson David. Louise had been caring for David on and off since he was toddler but had become sole carer two years ago. Her caring responsibilities abruptly started when her son's partner, Julie, came round to her house with her son (David) and announced that she had to now look after him. Julie had a history of living a chaotic lifestyle involving multiple partners and had six children all with different fathers. When living with his birth mother, David, as with many of her children, had had a child protection order due to parental neglect. David was rarely washed by his mother and was poorly looked after.

Louise has faced a challenging situation caring for David. Her husband died 10 years ago so she was alone in looking after him. David's mental health problems also made her role particularly difficult. Her grandson was withdrawn and had very few friends. As a teenager he spends most of his time at home alone in his room playing computer games. He did poorly in school and is now in a basic skills programme at college studying English and Maths. Louise struggles managing his aggressive behaviour and worries about his prospects.

Louise welcomed the opportunity to meet with a befriender. She thought it would be a good opportunity to talk through issues and get emotional support. She had met with her volunteer, Vicky, about 15 times, meeting with her in her home. Louise has got on

⁵ All names in the case study have been changed to ensure anonymity.

very well with Vicky and says the relationship is like a friendship. She has a strong affinity with Vicky because she is also a kinship carer. Vicky listens to Louise discuss issues and offers empathy as well as ideas about how to do things differently. Louise welcomes the non-judgmental approach to support. “She doesn’t tell me what to do,” Louise says. She also likes that the relationship is not hierarchical: Vicky learns from Louise as well as Louise learning from Vicky.

Meeting with Vicky has helped Louise gain perspective on her situation and feel more capable of dealing with pressures. She says that she is calmer as a result of these conversations and feels more able to think clearly. She also feels more confident about trying new strategies to manage David’s behaviour. Vicky has also encouraged Louise to take care of her own needs and Louise has started to occasionally go for evenings out with friends. Overall, she feels more confident about herself and better able to manage her life.

“I was at my wit’s end with the situation. Vicky’s support gave me the confidence to approach things differently. David is now better behaved and things are much less stressful. ”

Louise (kinship carer)

5.4 Volunteer outcomes

Volunteers were motivated to become befrienders on Relative Experience primarily for personal satisfaction. Their own experience of being a kinship carer motivated them to give something back and help others avoid the difficulties they had experienced. As one volunteer explained; “I wanted to do it because I didn’t want anyone else to go through what I went through”. Others recollected the social isolation they had experienced as kinship carers and were determined to help others avoid this experience. As a volunteer reported, “When I got the children, I felt I was the only kinship carer in the north east. I felt completely on my own. I want to help because I don’t want anyone else to go through this”.

Qualitative feedback from volunteers suggested that they had gained significant satisfaction from their role. Their personal experience of

“The experience has helped my confidence so much.”

“I am very happy to have had the experience to help and support others.”

“It has been a rewarding experience both the family I visit and with the people in charge of the project too.”

Volunteer comments

kinship care made them well equipped to give meaningful emotional support and guidance to the beneficiaries they befriended. They achieved satisfaction in helping beneficiaries to achieve some emotional stability and begin to address their problems.

Quantitative data corroborated this finding that involvement in the programme had contributed to a sense of satisfaction for volunteers. Among the various WEMWBS measures of well-being, overall life satisfaction improved by almost a quarter from an average of 5.31 at the start of the intervention to 7.63 at the end (Figure 14).

Volunteers also recorded improvement in a number of areas of personal development. The areas of largest improvement were confidence and communication skills, family support skills, social contacts and contributing to the local community (Figure 15). Eighty per cent or more of volunteers reported improvement in each of these qualities.

Similarly high levels of satisfaction were recorded on questions relating to the support provided for the role (Figure 16). Almost nine out of 10 volunteers reported that the role had met expectations, and they had received appropriate supervision and support, skills development and access to training. By the end of the programme most volunteers felt confident in performing their role. Nearly nine out of 10 volunteers (87%) estimated their own confidence in supporting kinship carers at eight or more on a 10 point scale (Figure 17).

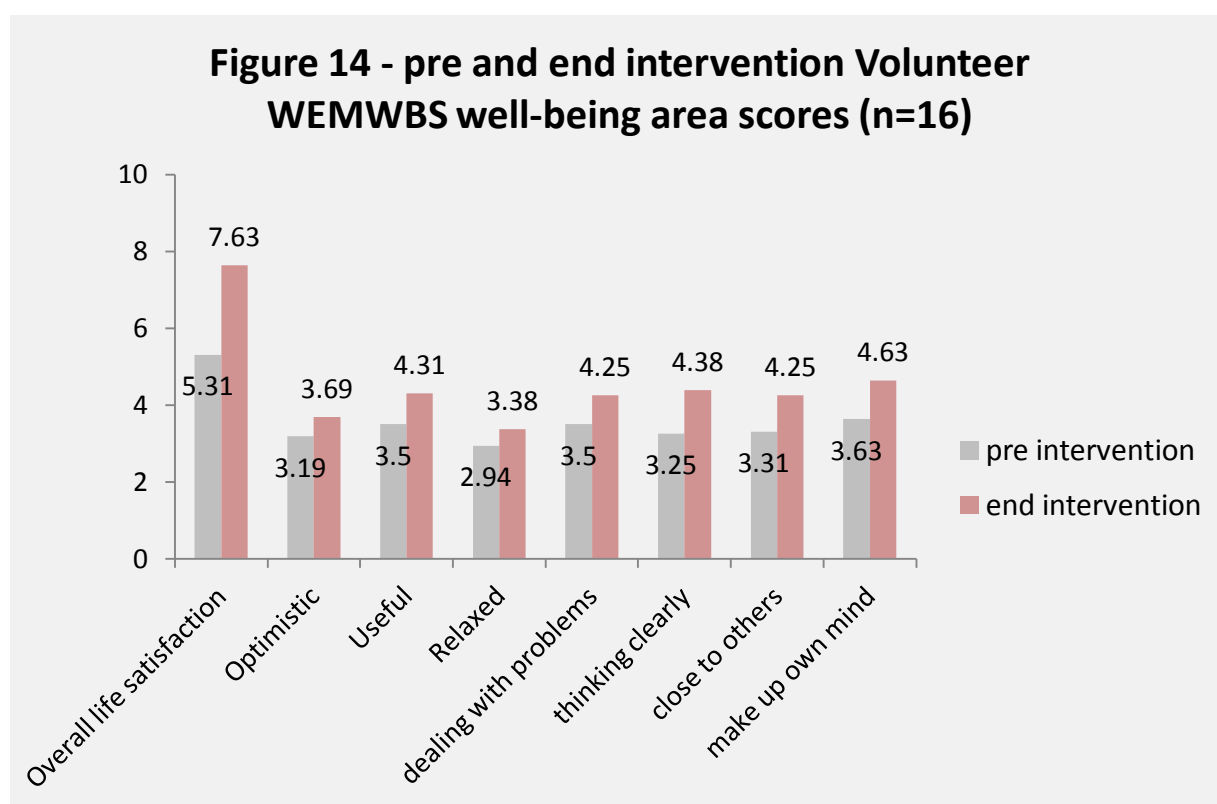


Figure 15 - Reported change for volunteers in personal development
(n= 16)

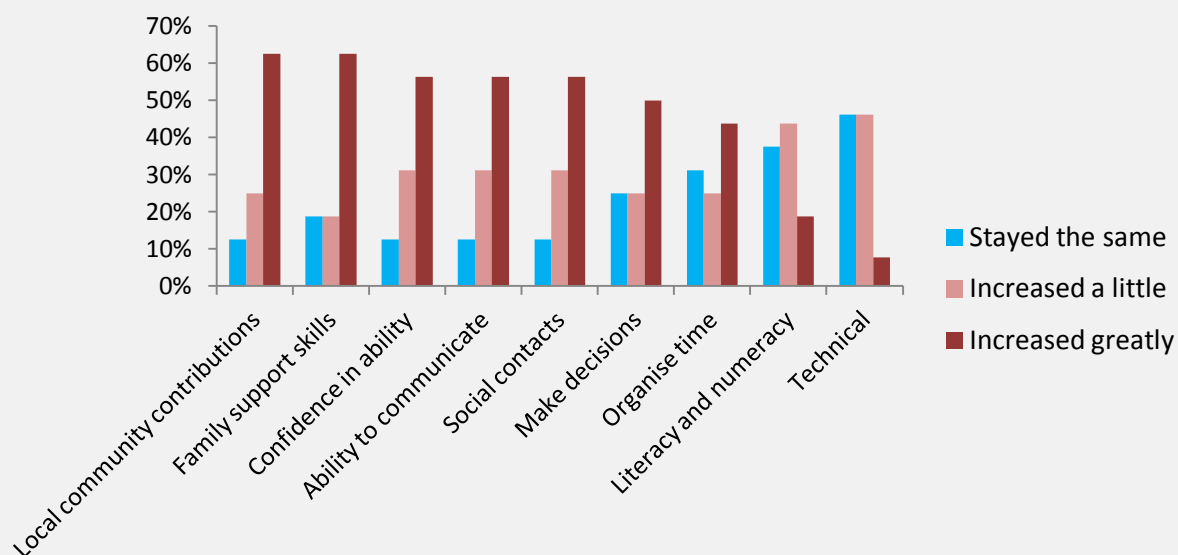
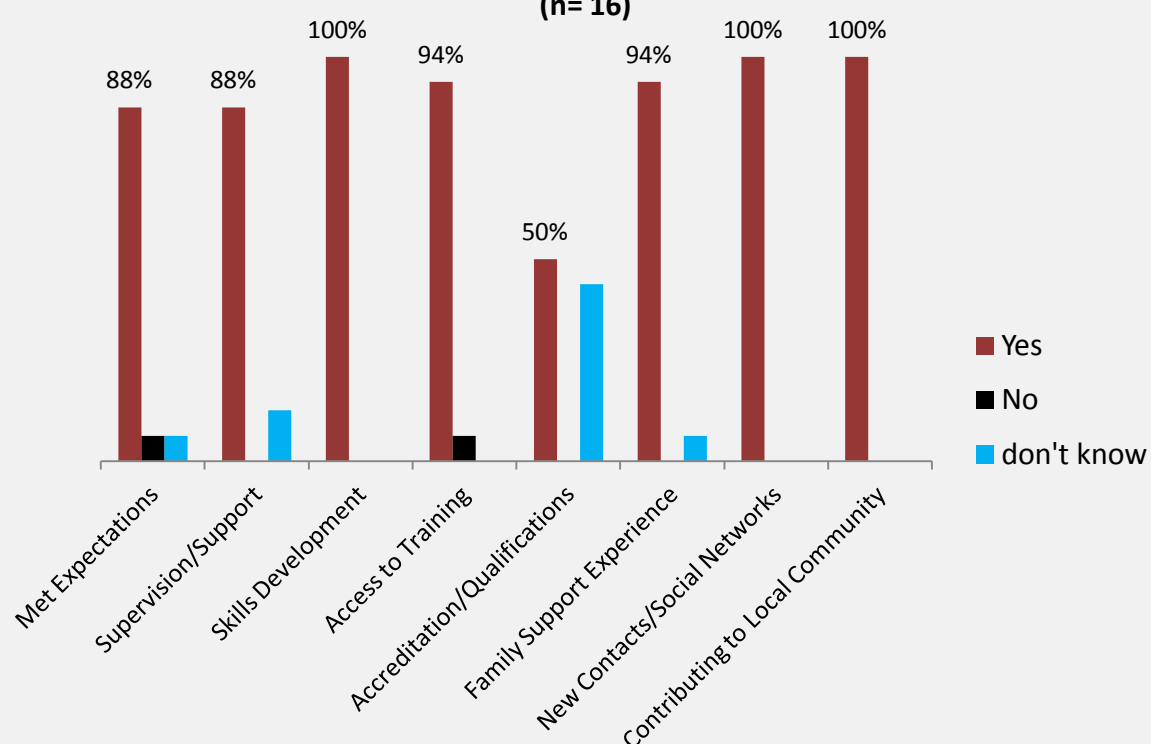
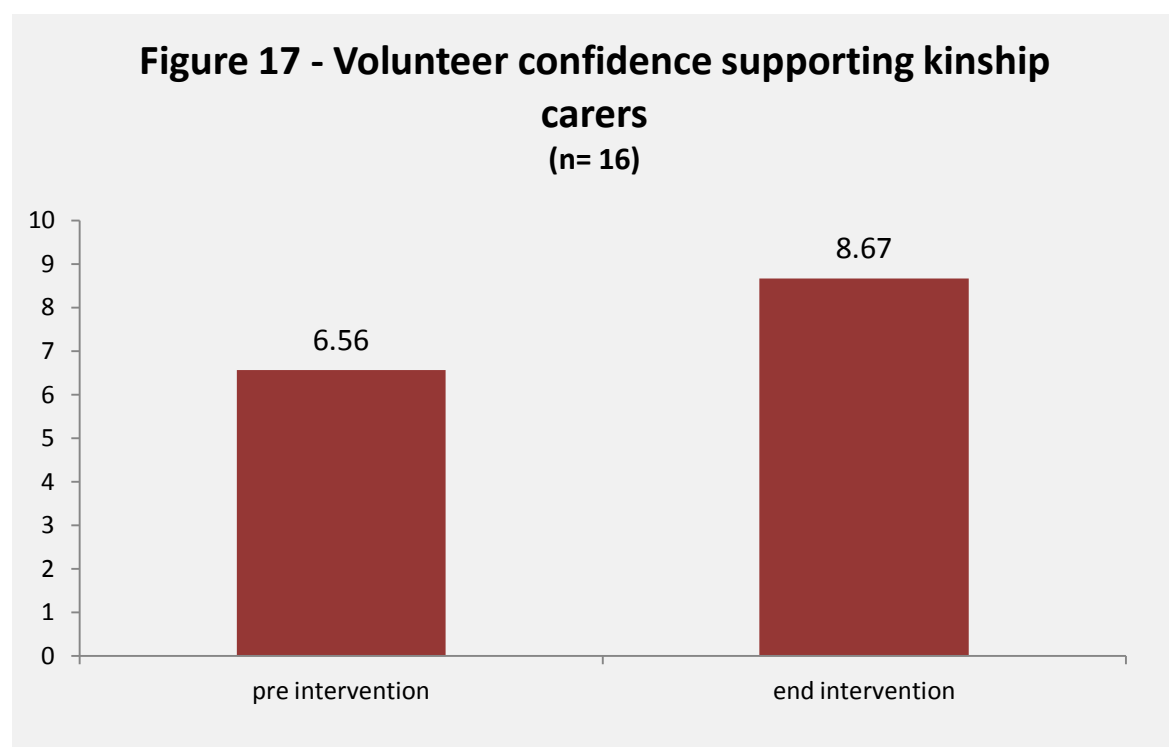


Figure 16 - Benefits gained from volunteering
(n= 16)





6 Best practice and learning

Chapter 6: Summary

- Peer volunteers have been effective in delivering support to kinship carers.
- Kinship carers have responded well to the informal, listening ‘befriending’ approach.

6.1 An emerging model of kinship care support

The challenge of using peers to deliver support to kinship carers

As lead partner, Grandparents Plus set itself an ambitious remit in the original project design. The model proposed to deliver support to a vulnerable and isolated group, kinship carers, by using volunteers from that group. As a strategy for accessing this group it made sense to use peers who would be best placed to overcome resistance to engage with social services. But relying on kinship carers themselves to deliver support brought with it some degree of risk: individuals in this group may not have the confidence and skills required to perform the befriending role.

Evidence suggested that the project performed well in both providing for the needs of kinship carers as beneficiaries and ensuring that kinship carer volunteers were equipped to provide quality befriending. Kinship carers responded positively to the informal and emphatic style of befriending, welcoming some ‘me time’ where they could talk about their situation without being judged. Likewise, other kinship carers, who perhaps felt more secure in their situation, proved willing and able to develop the appropriate skills to deliver quality befriending support.

The experience of the programme developed the following key points of learning:

Processes and procedures

- Referral relationships were successfully developed with Children’s Centres, schools, and crisis support services as well as grandparent support networks.
- Intensive training and on-going support was needed to develop kinship carers as befriending volunteers.
- Individuals with experience as kinship carers were particularly well equipped to engage with kinship carer beneficiaries and provide meaningful support.
- The process of befriending for volunteers who had kinship care experience was an emotionally sensitive experience that benefitted from advance support and preparation.

- Matching beneficiaries to a suitable volunteer was key to making the befriending relationship work and required considerable staff resources.

Outcomes – kinship carers

Evidence suggested the model was particularly effective with outcomes related to the emotional well-being and social isolation of kinship carers.

Key areas of psychological change included the following:

- reduction in stress and anxiety
- reduced social isolation
- improved sense of ability to cope

An improvement in emotional resilience, in turn, acted as a foundation for better approaches to managing children's behaviour and dealing with relations with birth parents. There were early signs that befriending supported a slow process of building capacities for kinship carers, helping beneficiaries gain emotional stability, then move on to establish strategies for management of routine challenges and implement change.

Outcomes – volunteers

Qualitative feedback from volunteers suggested that they gained great personal satisfaction from their role. Their personal experience of kinship care made them well equipped to give meaningful emotional support and guidance to the beneficiaries they befriended. They achieved satisfaction in helping beneficiaries to achieve some emotional stability and begin to address their problems. Volunteers also demonstrated some unanticipated improvements in confidence and communication and listening skills as a result of their involvement.

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