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An Exploration of Sibling Kinship Care with Siblings, Policy Makers and Practitioners in the UK: Identifying Pathways for Improving Understanding and Outcomes

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Abstract

Background: Siblings play complex roles in families, particularly when facing difficult circumstances. In some cases, an older sibling may take on a caregiving role when a parent is unable to do so, a situation potentially classified as kinship care. Research on kinship care primarily focuses on grandparent caregivers rather than sibling-headed families. Research, legislation, and practice have historically been shaped by adoptive and foster care models, and the experiences of grandparent carers.

Objective: This is the first UK study to focus solely on the experiences and needs of sibling-headed kinship families. It explores the lived experiences of 13 kinship carers and three adults who were formerly in their care. Focus groups and interviews with 24 practitioners and significant actors within kinship care in the UK provided policy and practice perspectives to identify ways to support these families.

Methodology: The study's innovative approach combined the use of narrative methods and critical realism. Narrative interviews were the method of generating data with families about their experiences, and narrative analysis explored themes and narratives within these experiences. This analysis formed the basis for the development of vignettes, drawn on to elicit insights and reflections from practitioners and policymakers. Critical realism provided an overarching theoretical and analytical framework to examine the data, and to develop practical recommendations.

Results: The study identified key motivations for older siblings becoming carers: bringing siblings home from care, keeping the family together, or addressing gaps in parenting. Despite varying service involvement, families shared common needs: financial and practical resources, parenting support, social networks, and recognition of their unique circumstances. Participants highlighted how policy and practice could better support sibling carers.

Conclusions: Sibling-headed families have unique experiences, and needs. This study underscores the need for policies that prioritise and support these families, recognising their differences and their strengths.

This thesis is dedicated to my two little brothers Arif and Jack.

I’ll always be your little big sister, driven by my love for you both and the years we lost, to try and make the world better for the other brothers and sisters out there.

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Contents

1. Introduction

Kinship care is the most common form of family arrangement when a parent cannot, for whatever reason, have their child living with them. Arrangements may be made for positive reasons, such as giving children access to opportunities they may not have in their parent's home, cultural practices, or sharing family resources. These families likely will not need any social work involvement, and many changes in current social policy will have limited impact on them. However, a large proportion of these arrangements may be made due to adverse circumstances of families leading to parents being unable to care for their children. These circumstances may be like those of children living in other forms of alternative care.

One of the main difficulties in understanding what, if anything, is needed by kinship families is a lack of data and information on who these families are, what their circumstances and needs are, and how they intersect with social work responsibilities. In some of the literature, the term 'kinship carer' is used. This term is also widely used in policy, practice, and third sector organisations, often to create a unified group of families linked by their experience of child and carer having a relationship before being a kinship family, but not being parent and child. However, kinship carers may not use this term. Instead, often kinship carers may use the relational term that precedes the kinship arrangement – such as gran, uncle, or sister. Within this thesis, the term 'kinship care' is used to refer to all arrangements whereby a child lives with relatives or friends other than their parents.

There is an array of potential legal orders under which kinship care can be formalised in the UK. For example, through a care order where a child is placed by a local authority with their kin, through adoption or a Special Guardianship Order (SGO), or a Child Arrangements Order (CAO), amongst others. These will be explained in more depth in the following chapter (section 2.3). The vast majority of kinship families exist without any form of legal order. Kinship carers can also have various prior relationships with the children in their care. For example, they may be maternal or paternal grandparents, cousins, siblings, aunties or uncles, neighbours, family friends, former foster carers, or teachers. They may be well known to the children or have never met them before them living together.

In the UK, there have been calls to establish an inclusive and definitive definition of kinship care for legal, policy, and practice purposes (Lynch 2023). However, at the time of writing, work to develop this definition remains incomplete. Considering these complexities within kinship care, there are many definitions in usage. The broadest definition commonly used within the kinship care sector is generally similar to this one:

> *"Kinship care is any situation in which a child is being raised in the care of a friend or family member who is not their parent. The arrangement may be temporary or longer term. Kinship carers can be grandparents, uncles, aunts, older brothers and sisters, or other adults who have a connection to the child, such as neighbours or family friends."* – (Family Rights Group nd)

While this inclusive definition is embraced by third-sector organisations, much of the existing research on kinship care has focused on a narrower subset – specifically, kinship foster care. Studies in this area often emphasise comparisons between kinship care and other forms of alternative care, particularly examining children in kinship foster care arrangements under care orders compared to those placed with non-kin foster carers (see section 3.3). There has also been limited exploration of the diverse experiences of kinship carers based on the prior relationship they have with the child, such as those caring for nieces, nephews, siblings, or the children of family friends. Notably, most kinship carers included in research to date have been grandmothers. While this body of work provides valuable insights, it risks skewing our understanding of kinship care, as carers of different ages and relationships to the children in their care may face significantly different challenges and experiences.

This thesis explores the experiences of one such subset of kinship families – those where the main carer and the child are also siblings. The importance of this group of families and my interest in carrying out this research stems from three key areas. Firstly, recognising the vital role of loving relationships for children is at the heart of kinship care. The sibling relationship is one of the most long-lasting relationships for most people who have siblings, and siblings play important roles in each other's lives and their identity development (see section 5.3). Children who have been separated from their families or who have lost a parent often have these experiences in common with their siblings and may find these relationships particularly important in these circumstances (see sections 6.2 and 6.3). It is important to understand how sibling relationships can be supported for these young people.

Secondly, kinship care can involve complex family dynamics, with carers having to move into unexpected situations and manage often complicated relationships between parents, children, and other family members. While this may be difficult in many kinship families, sibling carers are in a unique position of often being both the child of the parent of their sibling, and then potentially stepping into the parental role of their own parent. Moving from this ‘horizontal’ family relationship with a sibling to a more ‘vertical’ one is qualitatively distinct from the situations of other kinship carers (see section 7.3).

Thirdly, as sibling kinship care is a minority group of kinship families, and potentially one that may be more likely to be outside of formal services, current policies, systems, and support on offer may not be well equipped to meet the needs of this group (see section 7.5). Indeed, one of the main inspirations for carrying out this research was my own experience of being a kinship carer for my brother and my sense that the support available was not aligned with my family’s needs and circumstances (see section 4.3).

In exploring the experiences of some sibling-headed families in depth – including how they came to be kinship families, what their experiences of becoming kinship families were like, and their experiences of being kinship families – the aim was to illuminate how the sibling relationship and the experience of kinship care intersect. As such, the broadest definition of kinship care is used in line with other such conceptualisations (for example Gilligan 2024), and families were offered the opportunity to participate if they felt they fitted within a definition of kinship care, even if they would not necessarily be seen as such by social services or other organisations – enabling the participation of kinship families who were ‘formally’ caring for children, and those where they were doing so without any legal order. In addition, it felt important to ensure that ‘sibling’ was self-defined by those who wanted to participate based on initial discussions held with sibling carers and organisations who work with them (see section 4.4.1). As such, the definition of sibling used within this study is from Scottish legislation, which recognises that a sibling relationship may, or may not involve biological ties:

> *“A sibling is defined in the Regulations as: a person who has at least one parent in common with the child, and any other person with whom the child has lived or is living, and with whom the child has an ongoing relationship with the character of a relationship between siblings.”* - (Scottish Government 2021)

The thesis starts with an exploration of the literature relevant to the topic. The first literature review chapter – chapter two – outlines what is known about the prevalence and characteristics of kinship care in the UK, with some of the societal trends that may impact kinship care. The rest of the chapter focuses more specifically on social work in the context of kinship care, with an examination of social work practice that could impact the experience and prevalence of kinship care. The second literature review chapter – chapter three – focuses on what literature tells us about the outcomes for children and their carers from kinship care. The chapter explores literature documenting what kinship families themselves say about their lives, experiences, and what matters to them, from the perspective of carers and children themselves. These literature review chapters illustrate the gaps in what is currently known about the experiences of families where children are living with a kinship carer who is also their sibling. The review of the literature developed the three central research questions that guided this study.

1. What circumstances might lead to the formation of sibling-headed kinship families?
2. What are the perceived needs for sibling-headed kinship families before, during, and once they become kinship families?
3. How might resources and interventions help achieve positive outcomes for sibling-headed kinship families?

Chapter four outlines the methodology and methods applied to attend to these research questions. The chapter documents the overall qualitative approach taken – a combination of critical realism with narrative interviewing and thematic analysis – and the reasons that this approach was deemed appropriate. The chapter then details the conduct of the research, including issues of positionality, ethics, and recruitment, and how and with whom the data was generated – namely sibling kinship carers themselves, some of their adult siblings whom they raised, three local authority teams who work with kinship carers, and also significant actors[1] who commission and manage services for kinship carers, and who

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[1] The term ‘significant actor’ is used to refer to participants who have a role in shaping and influencing how kinship care is recognised and supported. The term ‘key stakeholders’ is a more commonly used term, but there is increasing recognition of the colonial history associated with this Sharfstein, J. M. 2016. Banishing “stakeholders”. *The Milbank Quarterly* 94(3), p. 476. . I have therefore chosen a different term I feel is reflective of this participant group.

are involved in the design of policies about kinship care. Finally, the chapter presents the framework of analysis and what insights these approaches to analysis sought to elicit.

The following three chapters present the findings. The first of these chapters – chapter five – highlights the circumstances of siblings in the years before they became kinship families. The data presented in this chapter is mainly drawn from narrative interviews conducted with older and younger siblings. This is supplemented with interview data generated with significant actors, which further elucidates how the experiences of these siblings may be reflective of wider policy and practice.

The second findings chapter – chapter six – is the main narrative chapter. This chapter focuses on how older siblings became kinship carers, grouping their core narratives into three main motivations that led kinship carers into their roles, and five routes through which these families were formed. The chapter is structured through the data from narrative interviews with sibling kinship carers. Interviews with significant actors and practitioner focus group data sets these narrative accounts of experiences within the current policy and practice context.

The final findings chapter – chapter seven – explores the mechanisms proposed by participants that could support kinship families to thrive. These mechanisms highlight the needs of sibling-headed kinship families, how resources could lead to positive outcomes, and what may need to change in current policy and practice to enable these mechanisms. This chapter brings together data generated across narrative interviews, follow-up interviews with sibling kinship carers, focus groups with practitioners, and interviews with significant actors.

The closing chapter – chapter eight – concludes the thesis with a reiteration of the research questions and how I answered these questions with the novel empirical findings of the study. This final chapter also reflects on the conduct of the research and its initial impacts. Finally, the thesis concludes with implications and recommendations for policy, practice, and future research, which the study indicates could improve the experiences of and outcomes for sibling kinship families.

2. Kinship care in the UK

2.1 Introduction

Despite kinship care being the most common form of caring arrangement for children who cannot live with their parents, there are many gaps in what is known about the prevalence of kinship care in the UK. There are also ambiguities around how kinship care intersects with social work in the UK. It is not always clear what the role of social work is for kinship families, as families fall in and out of eligibility for social care services and may or may not need additional care and support.

This chapter focuses on what is known about the prevalence of kinship care in the UK, and the characteristics and circumstances of kinship families, and examines kinship care in relation to changing demographics and family practices. It then explores policies related to kinship care in the four countries of the UK, and practice issues and challenges that have been identified in the literature. Finally, this chapter considers how social work policy and practice interact with the kinship care population, including how professionals understand and view kinship families, noting the associated gaps and challenges. Where the literature allows this level of detail, the specific circumstances of sibling-headed kinship families are considered.

2.2. Prevalence and characteristics of kinship care in the UK

As outlined in the introduction, kinship care is an umbrella term that can encompass a range of legal orders and living arrangements for children. This section explores what is known about the prevalence and characteristics of each of these forms of kinship care, noting limitations in the available data. Where there is data to draw any insight about sibling kinship carers, this is highlighted.

2.2.1 Prevalence of kinship care

The exact number of kinship families and children living with kinship carers in the UK is not fully known. The most recent census estimated that 141,000 children (1.1% of the population of children) were living in kinship care in England and Wales, with 1.9% of households containing children in Wales including a kinship care arrangement, compared with 1.5% of households in England. The most recent available figures for Scotland and Northern Ireland at the time of the preparation of this thesis are from the 2011 census (Wijedasa 2017) – showing in Scotland 12,630 children (1.2%) and in Northern Ireland 4,940 (1.2%) in kinship care. As can be seen, prevalence is reported to vary between countries in the UK, with Wales consistently reported as having a higher rate of kinship care across the population. These figures included children living with a family member who is not their parent under any type of arrangement (i.e. looked after, an informal family arrangement, under a legal permanence order). The vast majority[2] of kinship care is thought to be children living with their kin without a care order (Wijedasa 2017). These families are often referred to as 'informal' kinship care.

There are many caveats around the accuracy and completeness of the prevalence data. Firstly, one of the barriers to estimating the prevalence of kinship care arrangements in the UK is the availability of appropriate data. As many kinship families do not have any involvement with statutory services, their status as kinship families is not routinely recorded or reported. Therefore, prevalence rates that exist rely on census data. Despite kinship care encompassing children living with family friends, the census data only identifies kinship arrangements with relatives as children living with non-relative members of their networks, such as family friends, were not distinguished from children living in non-kin foster care arrangements. In the most recent census, data from households of over five were also excluded, and an estimate was made using the rate of kinship care in families of five

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[2] Wijedasa 2017 calculated that 95% of kinship care arrangements involved 'informal' arrangements by computing a difference between the official 'looked after' statistics reported by the UK Department of Education (DfE) compared with the number of kinship families identified in the census.

members and under. Accordingly, it is not possible to estimate the prevalence of kinship care in the UK with confidence.

Secondly, rates calculated by the Office for National Statistics (ONS) using the 2021 and 2011 data use a different methodology and vary from previous studies using the census data. For example, the previous estimates indicated that in 2011, 180,040 children were living in kinship care across the UK (162,470 in England and Wales) (Wijedasa 2017). The ONS recent analysis of their own data reports this number as 144,905 children in 2011 (Office for National Statistics 2023) and report a decrease in the number of children living in kinship care from 2011 to 2021. However, they also state that the data used to identify kinship families – the ‘relationship matrix’ – was of higher quality in 2021 than in 2011 due to changes in how it was collected (online versus paper), therefore, the estimates cannot be directly compared. In addition, figures for Scotland and Northern Ireland are not publicly available for the same period as for England and Wales. This makes it difficult to understand changes in the prevalence of kinship care over time.

Within kinship foster care[3] more specifically – children living with a kinship carer under a care order – the numbers are similarly based on estimates as each nation of the UK collects different data. Overall, the numbers and rates of children in care across the UK show a steady increase over the last two decades (and indeed the decade previous), with trends differing across England, Scotland, Wales, and Northern Ireland (Bennett et al. 2020; Coram BAAF 2024). As illustrated in Table 1, there have been some periods where rates of children looked after have decreased. For example, in Scotland, as of July 31, 2023, 12,206 children were looked after in Scotland. While this is an increase since 2006, it is a 2% decrease from the previous year and a 24% drop since 2012-13. These trends may be driven by factors such as poverty, family breakdown, and increased intervention by social work services (Bennett et al. 2020; Fitzsimons et al. 2022), as well as a lack of investment in early intervention and prevention services (Hill et al. 2018). Conversely, investment and focus on kinship care, edge-of-care services, and family support may reduce the need for children to have a care order (Evans et al. 2014; Department for Education 2023a; Roy et al. 2024).

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[3] Kinship foster care is referred to differently across the UK. Terms include ‘Family and Friends foster care’ or ‘Connected Persons foster care’.

Table 1: Rates of children looked after in the UK across all four nations, and proportion of these in kinship foster care as drawn from government statistical releases

Country	Rate of children looked after 2006*	Rate of children looked after 2023**	Proportion of looked after children in kinship foster care in 2023**
England	0.55%	0.7%	16%
Scotland***	0.71%	0.97%	34%
Wales	0.69%	1.16%	23%
Northern Ireland	0.56%	0.87%	45%

*earliest statistical release identified calculating rates rather than actual numbers for all four countries - (Department for Education and Skills 2006; Mooney et al. 2006; Scottish Government 2006; Department for Education 2010b; Stats Wales 2024a)

**Statistics drawn from official statistical sites (Department for Education 2023b; Rodgers and Kinghan 2023; Scottish Government 2024b; Stats Wales 2024b)

*** figures separate children looked after away from home and at home. These are children looked after away from home. Other countries do not routinely distinguish so the figures are not directly comparable.

Within these trends, there has been a shift in children living with kinship foster carers (see Table 1). Within Wales, Scotland, and Northern Ireland, a large proportion of children with a care order are looked after by kinship foster carers. While specific national statistics differentiating between kinship and non-kin foster care placements are not readily available, local data provides some insight. For instance, in England in 2023, approximately 16% of children in foster care in England were living with relatives or friends (Department for Education 2023b). In Scotland, as of July 31, 2023, 34% (approximately 4,150 children) were in kinship care, while 32% (around 3,900 children) were in foster care with non-kin, showing kinship care as slightly more prevalent than traditional foster care in Scotland (Scottish Government 2024a). Over the past decade, the proportion of children in kinship care has increased, rising from 25% in 2012 to 34% in 2023. This trend is similar in Wales. As of March 31, 2022, 69% of children looked after in Wales were in foster care. Of these, nearly a third were living with relatives or friends, indicating that approximately 23% of all children looked after in Wales were in formal kinship foster care (Welsh Government 2024). As of March 31, 2023, Northern Ireland had 3,801 children in care. Of these, 83% (3,117 children) were in foster care. Within this group, 1,710 children were in kinship foster care, accounting for approximately 45% of all children in care (Department of Health 2024). There is no data publicly available that indicates the relationship between the kinship foster carer and the child, so it is not possible to calculate what proportion of these carers are siblings or other kin.

Children who live with a carer under a Special Guardianship Order (SGO) – a form of permanence order similar to adoption but maintaining the legal ties between a child and their parent used in England and Wales – are also often living with a kinship carer. For example, 3,840 children left care through an SGO in 2022 – 2023 in England. 74% (2,840) SGOs were made to former foster carers, with 65% (2,500) made to former foster carers who were a relative or family friend. The remaining 26% were likely granted to people within the children's network as SGOs are usually used to formalise a child's kinship living arrangement, and therefore would be classed as kinship carers (Harwin et al. 2019b). It is not known how many children live with kinship carers under SGOs across England and Wales as statistics are not gathered about whether children are still living with their special guardian year on year, and data about the age of children with an SGO is not routinely reported – making it difficult to know which children will have reached adulthood each year. However, data suggests that the use of SGOs has been slightly increasing as a route for children exiting care across the last decade with, for example, 185 children leaving care on an SGO in Wales in 2013 compared with 225 in 2023 (StatsWales 2023); and disruption rates in SGOs are thought to be low (Harwin et al. 2019b). This indicates that there may be an increasing number of children living with kinship carers under an SGO. Again, there is no publicly available data about the relationship between the carer and the child, so it is not possible to estimate how many special guardians are sibling kinship carers.

This data shows that the exact number of children living with kinship carers across the UK, no matter their legal order, is not clear. This makes it difficult to fully understand what might lead to changes in prevalence.

2.2.2 Demographics of kinship families

As with prevalence data, data about the characteristics of kinship families is also sparse. Despite variability in data however, characteristics of kinship families are reported within the census and other research, including the relationship between the child and carer, socioeconomic circumstances, their ethnicity, health and well-being.

Which members of their network children in kinship care are living with seems to vary across the UK. However, research consistently indicates that grandparents are the most common relation who are kinship carers. For example, census data from England and Wales indicates 57% of children in kinship care across England and Wales were living with at least one grandparent (in 2021), and 72% in Scotland (from 2011 census Wijedasa 2017). In Northern Ireland, the 2011 census reported 'children living in households without a parent present' and indicated the majority (36%) were living with a non-kin. However, this would include non-kin foster carers, not just kinship carers. Of relatives, the highest rate (26%) were grandparents.

As noted in 2.2.1, the rate of children living with a sibling kinship carer is unclear. In the most recent census, 6.3% of children in kinship care in England and Wales were reported to be living with a sibling kinship carer. This indicates a large decline from previous estimates. In the 2011 census, the rate of sibling carers was reported as 8% in Scotland, 31% in Northern Ireland, 23% in England and 19% in Wales (Wijedasa 2015). These figures themselves showed a decline in sibling kinship carers from 2001 (Selwyn and Nandy 2012). However, there are limitations in how sibling-headed households were identified in each iteration of the recent censuses. In 2001 and 2011, the 'household reference person[4]' was recorded as being the kinship carer, which could include sibling kinship carers if they were the highest earning adult in the household. However, in the 2021 census, it was assumed that all grandparents and other relatives aged 18 years and over were potential kinship carers, but siblings aged 18 years and over were only assumed to be potential carers when there was no other relative in the household.

The data does not offer any insight into the reason for differences between countries in the rate of sibling kinship care. There is no available data that looks at the relationship of the carer to the child where the child has a care order, or if the pattern of sibling-headed kinship families is similar for formal and informal care, or for families with SGOs. However, there is some qualitative evidence (Roth et al. 2011) that suggests that sibling kinship carers may be more likely to be informal kinship carers due to barriers experienced by younger kinship

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[4] Read more about the changing definitions of the Household reference person / head of the household: [Families and households statistics explained - Office for National Statistics]()

carers (including siblings) in assessment to become a ‘formal’ kinship carer, which will be further examined in chapter three (section 3.4).

Children in kinship families are reported to live in more difficult socioeconomic circumstances than children living with at least one parent (Office for National Statistics 2023). Kinship carers were more than twice as likely than parents to be economically inactive (44.9% compared with 16.8%, respectively) including due to long-term sickness or disability (9.0% compared with 2.3%, respectively). They were also more likely to be working part time (38.1% compared with 33.1%, respectively). Kinship families were also more likely to be ‘multiply’ deprived through employment, housing, health and education than other families with children (67.4% and were deprived in one or more dimensions, compared with 41.7% of parental households). These patterns resonate with the analysis of previous census data (Nandy et al. 2011; Wijedasa 2015).

This trend of kinship families experiencing higher deprivation than other families is replicated for kinship families who are eligible for financial support. McCartan et al. (2018) compared rates of formal kinship care across the four countries of the UK and examined their relationship to deprivation. Their analysis found that the prevalence of children in kinship foster care was linked to areas of deprivation in Scotland, Northern Ireland, and Wales, with more kinship care in the ‘looked after’ population found in deprived areas in Northern Ireland and Wales. They point to two possible explanations. Firstly, that, as a greater share of the child population in Northern Ireland and Wales live in more deprived areas, this might reflect poverty-led demand in the child welfare system (Bywaters et al. 2020). Secondly, that kinship care is used more by children’s services where resources are stretched as it is a more cost-effective option (Hegar and Maria 2017). This is driven by the disparity between the financial support received by kinship foster carers and non-kin foster carers, with kinship foster carers often receiving less financial support despite potentially being in more financial need (The Fostering Network 2024). There have been attempts to redress this inequity – for example, a high court ruling in 2013 stated that local authorities should follow statutory guidance so that kinship foster carers would not be paid less than non-kin foster carers (Scolding and Walker 2013). However, this does not create equity with kinship carers who are not caring for children under a care order (Kinship 2024b), and does not replicate the other financial incentives and support that non-kin carers may receive (The Fostering Network 2024).

Current data does not provide sufficient insights to determine links between socioeconomic circumstances and the experiences and outcomes of children in kinship care. However, poverty remains a critical factor affecting a child's health and overall well-being (see for example Cooper and Stewart 2021). Despite its profound impact, the role of poverty has received limited attention within kinship care policies, especially regarding 'informal' kinship caregivers, who often lack access to the structured support available to formal kinship placements (Davidson et al. 2017; Kinship 2024b). Research from other countries, including Denmark and the United States, echoes this gap, indicating that kinship caregivers, regardless of their caregiving status, frequently do not receive adequate financial support to mitigate the effects of poverty (Andersen and Fallesen 2015; Berrick and Hernandez 2016). Addressing these needs in kinship care policies could be crucial to enhancing child well-being outcomes.

The 2001 census study (Selwyn and Nandy 2012) highlighted some areas in which sibling carers may face more challenges than grandparent carers. Sibling carers were found to be more likely than grandparents and 'other' relatives to be looking after two or more children in the household, 19% of sibling carer households were overcrowded, and most were either unemployed or in low-paid occupations. The majority of sibling kinship carers lived in the poorest neighbourhoods of the UK, with sibling kinship carers twice as likely than parents with dependent children to be living in the very poorest areas. A similar study using Australian 2011 census data (Kiraly et al. 2021a) focused on young (aged 16-30) kinship carers. This study found households headed by a young kinship carer accounted for around 20% of kinship households. The data found similar findings to the UK census studies (Selwyn and Nandy 2012; Wijedasa 2015) in terms of particular challenges for young kinship carers around education level, employment, and income. There is no disaggregated data from recent UK censuses to explore whether these trends have continued.

A significant demographic shift impacting kinship care in the UK is the increased ethnic and cultural diversity resulting from immigration (Nandy et al. 2011; Selwyn and Nandy 2012; Wijedasa 2015; Office for National Statistics 2023). Evidence suggests that one in five children being raised in kinship care in the UK are being raised by carers from a minority ethnic background (Office for National Statistics 2023; Tah and Selwyn 2024). The 2021 census (Office for National Statistics 2023) identified that around 75% of children in kinship care identified as 'White: English, Welsh, Scottish, Northern Irish, or British,' a figure slightly higher than in previous years. However, the representation of mixed-ethnic backgrounds, particularly those recorded as ‘White and Black Caribbean’ children, has also increased in kinship care, with this group being more prevalent compared to children in parental care. Furthermore, children in kinship care are more likely to identify within ‘Black, Black British, Caribbean, or African’ categories than those living with at least one parent. This trend aligns with broader findings that children from minority ethnic backgrounds are increasingly present in kinship care arrangements, reflecting both demographic changes and the socio-economic challenges faced by these communities, which often influence the need for alternative care. The 2021 Census also found that children living in kinship care were slightly less likely to have been born in the UK (92.6%) compared with children living with at least one parent (93.6%). For those not born in the UK, the most common country of birth for children living in kinship care was for EU countries that joined the EU between April 2001 and March 2021 (Poland, Romania, Lithuania, and Croatia).

As families from varied cultural backgrounds establish themselves in the UK, they bring unique kinship practices, shaping informal caregiving arrangements (Barn 2002). Literature on ethnicity and kinship care highlights that extended family care plays a significant role within some ethnic minority communities in maintaining cultural continuity and providing stability (Schwartz 2007). Increases in children immigrating to new countries without their parents to seek asylum also create a group of kinship families where children may have unique needs in recovering from trauma (Rose and Serr 2019; Stephenson 2021) and may be being brought up by members of their extended network whom they may never have met before (Wells 2019).[5]

It is difficult to gain a full picture concerning ethnicity and countries of birth due to missing or low-quality data within all four countries (McCartan et al. 2018), and a lack of comparability between census years (Office for National Statistics 2023). Moreover, the exclusion of households over 5 in the 2021 Census could skew some of the data. Despite limitations, these patterns suggest growing diversity within kinship care, which highlights the importance of culturally responsive support in these arrangements. Ethnicity and culture are important to consider in research into kinship care in the UK. While sometimes

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[5] In the UK, this may be classes as a private fostering arrangement. This refers to children who are living with someone within their family network, but who are not related to them (e.g. a neighbour or a family friend). In the UK, there is a legal obligation on families to report to the local authority that a child is living in a private fostering arrangement, although it is thought that registration of these arrangements is low. https://corambaaf.org.uk/practice-areas/kinship-care/information-carers/what-private-fostering

problematised in social work literature, kinship care can be an important part of life in some communities, as discussed in Chapter Three. That said, where the data indicates that children from ethnic minority groups are living in kinship care, and also experiencing socioeconomic difficulties, the intersections of ethnicity and poverty should be taken into account when considering what support is needed for kinship families.

2.2.3 Health and well-being of kinship families

Studies have found that the health and well-being of kinship families may be lower than in the general population. The census studies (Nandy et al. 2011; Wijedasa 2015; Office for National Statistics 2023) have consistently reported that children and carers were more likely to be living with disabilities and long-term health problems than those in the general population. For carers, this may reflect the older age of kinship carers compared with other parents, but it could also reflect the adverse socioeconomic conditions of their lives. For children, this is reflective of the wider population of children in care (Hill et al. 2017).

The impact of mental and physical health conditions of carers could also impact the ability of kinship carers to support children in their care. Although not only focused on health, Selwyn et al. (2013) asked informal kinship carers about their health and found that 70 percent of carers had a long-standing health condition or disability. For some, mental and physical health issues may predate the kinship arrangement. Surveys with carers (Gautier and Wellard 2014; Harding et al. 2018) indicate that becoming a carer can cause stress and distress that can have a detrimental impact on carers' health and wellbeing, particularly where the children in their care have complex needs and mental health issues. However, there are no studies that compare pre and post-kinship care impacts on health and wellbeing for children or their carers. Therefore, while it is theoretically reasonable to assume that becoming a carer can negatively impact carer health and wellbeing, it is not possible to know to what extent this is the case, and whether the impact is different for different groups of carers.

Studies in Norway (Holtan et al. 2005), the US (Stein et al. 2014) and Australia (Harding et al. 2020) indicate that children in kinship care may have significant health needs that are not being addressed systematically by services, particularly when they are not under any legal order. For example, (Holtan et al. 2005) study including 214 children in kinship and non-kinship care in Norway found that 36% of children in kinship placement scored above the clinical/borderline cut-off points on the CBCL Total Problems scale and that children and carers in kinship families received fewer child welfare services and psychiatric, pedagogical and medical services than those in non-kin care. Internationally there are gaps in provision for these children (Kinship 2024a), and a lack of interventions aimed at supporting carers to address and mitigate the mental health needs of children in their care (Fergeus et al. 2017).

2.3 Social work practice and policy context of kinship care

As highlighted, kinship care is a widespread family practice, and kinship families will usually not have any involvement with social work. However, social work practice and policy impact on family life in many ways, and can shape kinship practices. There are also significant push and pull factors for increasing use of kinship care as a specific social work intervention that may influence the prevalence and experiences of kinship families. It is therefore important to consider where kinship families sit within social policy and social work practice.

2.3.1 Legislative context: Children's rights to family

Despite differences, UK social work policy has experienced a convergence over the last ten years with extended use of kinship fostering (McGhee et al. 2018; Hill et al. 2020). The Children Act (1989b), a cornerstone of child welfare policy in England and Wales, enshrined in law that social workers must consider the child's family network as their first option for children being separated from their parents. Section 17 of the Act obliges local authorities to safeguard and promote the welfare of children in need within their area, facilitating services that enable children to remain with their families whenever it is in their best interests. The Act introduced the concept of 'family support', mandating that local authorities must assist families to prevent the need for children to enter formal care systems. This focus on support services aligns with the UK's commitment to protecting the family unit and prioritises intervention methods that reinforce familial bonds and support kinship arrangements over more disruptive interventions.

Another foundational influence on UK family policy is the United Nations Convention on the Rights of the Child (UNCRC) (1989c), which underscores the child's right to family life. Article 9 of the UNCRC (1989a) states that children have the right to live with their parents unless it is deemed incompatible with their well-being, affirming the importance of keeping families together where possible. The UK, as a signatory to the UNCRC, reflects this commitment in its domestic legislation, emphasising that family structures provide essential support and stability critical to children's development.

Across the UK, policies and legislative frameworks prioritise keeping children within their family environments, emphasising their right to stable and supportive familial settings. This approach reflects a commitment to children's well-being and development, fostering continuity, stability, and identity while preserving connections to family, culture, and community heritage. Key legislation, including the Children (Northern Ireland) Order (1995a) and the Children (Scotland) Act (1995b), adapts the principles of the Children Act (1989b) to the specific contexts of Northern Ireland and Scotland. The Children (Northern Ireland) Order (1995a) prioritises the child's welfare, mandating that all decisions focus on the child's best interests and aim to preserve the family environment whenever possible. Similarly, the Children (Scotland) Act (1995b) aligns with the UNCRC (1989c) and the Children Act (1989b), emphasising that children should remain within their family settings unless absolutely necessary, and supports parents and guardians in providing appropriate care. These frameworks reinforce the importance of kinship care and family support in promoting children's best interests.

The concept of permanence is a recurring theme in UK child welfare legislation and is essential to policies aimed at maintaining family structures. In English child welfare policy (Department for Education 2010a), all children have a right to a stable environment that fosters a sense of 'security, continuity, commitment, identity, and belonging.' This commitment to permanence means providing children with consistent, nurturing environments, ideally within their family networks, to support their long-term development and emotional well-being. By establishing policies and practices that favour kinship care and family reunification, the UK government aims to achieve these goals of stability and continuity.

Across these legislative frameworks, there is a growing recognition of the benefits of kinship care as an alternative to traditional foster or residential care. UK policies reflect a preference for placing children with kin when remaining with parents is not possible, supporting a child's sense of identity, continuity, and family connection. Local authorities are mandated to consider kinship placements as a priority, reflecting the belief that children benefit from family environments that support their cultural and emotional needs. Additionally, financial and social support programs are increasingly directed toward kinship caregivers to ensure they are equipped to provide stable and nurturing homes, reducing the likelihood of children needing non-kin care.

2.3.2 Social work processes and kinship care

Despite these changes in legislation, social work practice and processes with kinship families have been criticised for focusing too heavily on concerns related to adoption and foster care, rather than considering kinship care in its own right (Shuttleworth 2023). This has led to kinship care being fitted into processes originally designed to be used with non-kin foster carers. For example, within the subset of kinship care that is currently under the responsibility of social services – kinship foster care, and most special guardianship orders – there are specific assessments[6] carried out to determine the suitability of the carer, and the support needs they and the child living with them might have. In the UK, assessments play an important role in determining the suitability of kinship carers, ensuring that children unable to live with their parents receive appropriate care within their extended families or close networks (Hunt 2019). These assessment frameworks aim to help identify potential risks and ensure that kinship carers are capable of providing a safe environment for the child, reveal areas where kinship carers may require additional support, such as financial assistance, training, or respite care, thereby facilitating targeted interventions to bolster the caregiving arrangement. Assessments also focus on adherence to established fostering standards which aim to ensure that kinship care arrangements comply with legal and policy requirements, protecting the rights and well-being of both the child and the carers (Alper and Edwards 2016; Hunt 2019). However, criticisms of assessment processes have been raised by some carers, who report the assessment process can be difficult due to the perceived invasive nature of the process (Hunt et al. 2008; Davey 2016; Harwin et al.

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[6] See this guide for an overview of the type of assessments used in assessing kinship foster carers: https://frg.org.uk/policy-and-campaigns/kinship-care/kinship-assessment-guide/

2019a), which can leave them feeling judged or inadequate (Hunt et al. 2008; Davey 2016; Harwin et al. 2019a), and may not help them to feel prepared to take on the role or understand their rights (Hingley-Jones et al. 2020), raising the question of whether these assessments are appropriate for kinship care.

Practitioners working in kinship care also raise the different pressures that impact on conducting these assessments and achieving the right outcomes for children and carers (Hunt 2019,2021). Practitioners report that establishing trust can be difficult, especially when carers have negative perceptions of children's services or do not fully understand the assessment process. Evaluating a carer's understanding of risk is particularly complex when they struggle to accept the seriousness of local authority concerns, requiring skill and time to shift their perspective. Practitioners also emphasised the importance of guiding carers through a 'reflective journey' to help them grasp the lifelong commitment and challenges of raising a vulnerable child. Assessing suitability is more complex than for mainstream foster carers, as factors such as age, health, and family dynamics must be weighed carefully, often requiring a more flexible and individualised approach. Additionally, assessments can be complicated whether the child has already been placed with the carers or if the placement remains untested.

Tight timescales and practitioners conducting the assessments without the necessary skills could also lead to rushed and insufficient assessments (Harwin et al. 2019b), potentially leaving children at risk of inadequate care and protection, and the family without the support that they need (Hallett et al. 2023). There is also a reported gap in practice around fully and meaningfully including children's views, preferences and expertise in kinship assessments (Shuttleworth 2021). This may be related to a lack of workforce dedicated to kinship care compared with resources in other areas of children's services, emphasising the need for specialist workers and teams to be expanded (Hunt 2021).

Recognising these challenges in assessing and supporting kinship care, there have been calls to evolve assessments to better fit with the unique dynamics of kinship families, distinguishing it from foster care with non-kin (Connolly et al. 2017b; Olokotur et al. 2024). Redesigned assessments emphasise a tailored approach, considering the pre-existing relationships and familial bonds inherent in kinship care. This approach aims to balance thorough safeguarding assessments with respect for family dynamics, facilitating set-ups that are both safe and supportive for the child.

Policies and regulations across the UK reflect this distinction. For instance, the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland introduced the 'Minimum Kinship Care Standards' in 2014, acknowledging that "it is unrealistic to apply exactly the same arrangements for caring for looked after children in kinship and non-familial settings" (DHSSPS 2019, p. 6). Similarly, the re-development of assessments in England, Scotland, and Wales[7] has sought to align the process with the role of kinship care as a unique family structure rather than a subset of foster care.

However, it is important that safety is still a core part of assessments. The UK government's 2015 review of Special Guardianship Orders found that in a minority of cases, "potentially risky placements" were made because children were not living with prospective guardians and had "no or little pre-existing" relationships (Department for Education 2015, p. 5). In response, the Special Guardianship (Amendment) Regulations (2016) revised the assessment framework, requiring more detailed consideration of the nature of a child's relationship with the prospective carer, both at the time of assessment and in the past, irrespective of genetic or legal ties.

Court processes can also impact kinship care and families' experiences. Adversarial court processes involved in making legal orders can be seen to set family members against one another, with potential kinship carers having to give evidence about and in front of children's parents. This can negatively impact family dynamics, which kinship carers often have to navigate alone while maintaining a relationship between the child and their other family members (Hall 2021; Shuttleworth 2021). Some research in the US has suggested better legal support could prevent court involvement by diverting children from receiving a care order (Brown et al. 2024). However, current practice in the UK means without a legal order, kinship families may not be eligible for any support from children's services, even if there has been previous social work involvement (Selwyn et al. 2013; Taylor et al. 2020). Therefore, despite the difficulties with assessment and court processes, families may be better off through this route than diverting from it.

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[7] See for example the development of Form K by Coram BAAF in England and subsequent adaption and introduction in Wales: [From Form C to Form K: the new standard for assessment | CoramBAAF]()

2.3.3 Social work perceptions of kinship care

There is a pervasive belief among statutory providers that kin carers require less support than non-kin carers (Kiraly et al. 2015; Borenstein et al. 2025). This may be influenced by assumptions about pre-existing familial bonds meaning families will care for their own with or without support, and an overarching drive to reduce spending which further limits kinship families' access to resources (Farmer and Moyers 2008). In a summary comment on this issue, Farmer and Moyers (2008) wrote:

> *"We detected a general attitude amongst social workers that kin should be able to manage without help …, which may in part be fuelled by ideas about the strengths of relative placements where children are already known to the carers, as well as by attempts to contain the costs of these placements."* (p. 234)

There has been a move to transition some of the workforce towards assessing and supporting kinship families in recent years. These specialist kinship social workers, support workers, alongside third-sector organisations likely have different understandings and attitudes toward the needs of kinship carers. However, they may also be under funding constraints. There is not much research that explores the perspectives of these professionals, and others focused on kinship care specifically. One study (Hunt 2021) included 42 practitioners (frontline social workers, support workers and senior managers working with kinship carers) from 25 local authorities (19 in England and six in Wales). The study highlighted the commitment to kinship care while acknowledging its complexities. Support for kinship carers, both financial and non-material, was a dominant concern, particularly regarding Special Guardianship Orders (SGOs), where inconsistencies in support provision were evident across local authorities. The study shows the need for kinship care to be recognised as a distinct entity within child welfare, with tailored policies and dedicated specialist teams to address its unique needs.

Social workers' core training and usual work often involve assessing risk and safeguarding children from family members. This perception of families as 'risky' may be in conflict with seeing families as the best place for children (Irizarry et al. 2016). Historically, social workers' views of family networks have been shaped by concerns about systemic dysfunction, with theories such as Jackson et al. (1999) generational abuse hypothesis suggesting that kin placements, particularly with grandparents, may perpetuate cycles of familial inadequacy, a pervasive view noted in studies across the US, Ireland, Canada, and the UK (O'Brien 2002; Farmer and Moyers 2008; Brisebois et al. 2013). This view posits that the reason parents fail is that they were reared by inadequate or dysfunctional parents and, consequently, entrusting children to the care of grandparents is allowing these grandparents to damage another generation. It is possible that these views also permeate attitudes towards sibling kinship carers in that siblings may have been parented insufficiently, and may then take a similar approach to parenting their siblings. Indeed, there is some evidence of the intergenerational impacts of trauma on parenting (Assink et al. 2018). However, this evidence is not conclusive, and decision-making and attitudes about the abilities of kinship carers may reflect practitioner attitudes to kinship care more generally, rather than the potential carer's current parenting capacity (as for example, in this Canadian study Brisebois et al. 2013), further emphasising the need for workers with specialist understandings of kinship care.

Social work attitudes towards kinship care could be reoriented by applying the lens of human rights – centring children's rights to family life. This is reflective of calls to conceptualise child and family social work as a practice of balancing and upholding rights (Forrester 2024). However, while policy and legislation argue for a child's right to family, the extent that which social workers understand and prioritise a rights-based perspective in practice is questionable. For example, a qualitative study (Daly 2021) in Liverpool focused on social workers and other kinship practitioners' (n=21) understanding of human rights in relation to kinship care found that, while human rights were felt to be an important lens to view kinship care, the understanding was often superficial, with the concepts appearing abstract and not fully integrated into daily practice.

Social workers may also have biases that could limit certain family members being considered as appropriate as kinship carers. This could include assumptions about what age a carer should be (Roth et al. 2011), racialised biases about family cultures and practices (Miller 2024), assumptions about the capacity of single carers and carers with health conditions or disabilities (Ponnert 2017). As kinship carers in the UK are more likely to be single, older, living with a disability or health condition, and from certain racially minoritised communities, these potential biases could mean that some social workers may make assumptions about the adequacy of kinship care compared with non-kin foster care. Despite needing to consider family placements, these biases could impact how social workers practice with these families (Ponnert 2017; Miller 2024). This could lead to services to support kinship families focusing more on monitoring and oversight, than ones that carers might prefer or find more helpful (Munro and Gilligan 2013).

2.3.4 Social work theory as applied to kinship care

Social work decision-making about kinship care frequently draws on attachment theory. This theory, rooted in Bowlby’s seminal work (Bowlby 1969), emphasises the critical role of secure bonds in a child's development. In practice, social workers consider how kinship care can preserve existing emotional connections, reduce trauma from family separation, and support long-term stability (Cuddeback 2004; Pratchett and Rees 2017). Critics of attachment theory argue that it is too deterministic, and that a multitude of factors impact people’s development (Smith et al. 2017). Models of attachment theory such as the Dynamic Maturation Model of Attachment (DMM) can be viewed as a more flexible and less pathologising. The DMM was developed by Crittenden (2013) who defined attachment as a collection of self-protective strategies that are developed through the experience of attachment relationships and claim that attachment changes as an individual matures over time. This model takes more of a strengths-based perspective (Wilkinson 2010), which could make it more appropriate for considering attachment and kinship care.

Expanding on attachment theory, Herring et al. (2009) used the concept of evolutionary theory and suggested that children are likely to be treated better by kin foster parents than non-kin foster carers. The positive attachment, carer commitment to the child and child-caregiver relationship are thought to make kinship care a more stable option than other types of foster care, reducing the likelihood of family breakdown (Dubowitz et al. 1993; Koh 2010; Winokur et al. 2018). Therefore, exploring attachment alongside carer commitment and child and carer relationship may form the basis for good social work assessments.

The application of attachment theory in kinship care practice has not been critically examined in research or consistently implemented in key areas such as placement decision-making, caregiver assessment, and support services. Studies indicate that while kinship placements are often assumed to be beneficial due to pre-existing emotional bonds, there is limited empirical evidence systematically evaluating how these attachments function in different caregiving contexts (Holtan et al. 2005; Kiraly and Humphreys 2016). This suggests that attachment theory may be referenced as a justification for kinship care without being thoroughly integrated into social work practice. If attachment theory were consistently applied in kinship care, ongoing assessments and tailored interventions would be central to ensuring that the child's attachment needs are met, rather than relying on assumptions about familial bonds (Connolly et al. 2017b).

A further rationale for promoting kinship care over other forms of alternative care is that it could help children preserve a sense of their identity by remaining part of their family network. Furthermore, it is thought that children who are placed with their relatives, compared with other types of placements, are more likely to maintain contact with their parents which could further preserve their identities (Berrick et al. 1994; Kiraly and Humphreys 2013). However, although kinship care is hoped to maintain and support a child’s identity when they cannot live with their parents, the familiar/unfamiliar relationship with a kinship carer could be confusing for a child managing these competing identities and conflicting loyalties (Ingham and Mikardo 2022). Kinship families are often constructed under complex and unexpected circumstances, requiring carers, children and other family members to redefine their identities within new family structures (Freeman and Stoldt 2019). For carers, the transition from relative to primary caregiver can be challenging, involving shifts in personal, social, and familial expectations, which identity theory can help to conceptualise (Hayslip Jr et al. 2021). Identity theory can therefore be a useful theoretical framework to apply to understanding kinship care as it helps to explain how families understand, negotiate, and construct their roles (Stryker and Burke 2000). Without this perspective, social work practices risk treating kinship care as an intervention to preserve children’s identities while failing to address the nuanced ways in which identity reconstruction influences children’s and carers’ experiences (Kiraly and Humphreys 2016; Connolly et al. 2017b).

Social workers evaluate how extended family resources and broader community ties can compensate for gaps in formal support systems (Blakeslee et al. 2017). By leveraging social capital, and drawing on evidence that strong social networks enhance caregiver resilience and child well-being (Hunt et al. 2010; Wellard et al. 2017; Selwyn et al. 2013), they can identify areas where targeted interventions and policy adjustments are needed to ensure that kinship families receive comprehensive and effective support. Social capital theory, introduced by Coleman (1988), refers to the value of social networks and the resources, trust, and support derived from them. Kinship care can be understood as leveraging family-based social capital, where extended family members provide resources and support in place of other forms of alternative care (Kang 2007; Pratchett and Rees 2017). Social capital theory underpins social work decision-making by emphasising the importance of support networks in kinship care settings.

Conversely, the perception of kinship care as offering continuity and being based on family obligation and altruism could also explain to some extent why there is a lack of support. As kinship care is often regarded as a natural extension of family life, rooted in cultural norms and familial obligations rather than formalised care systems, this perception creates a policy gap because kinship families do not align with the nuclear family model that underpins most social policies. Accordingly, support for kinship care often falls between universal services, designed for all families, and specialist services targeted at foster or adoptive care arrangements. Universal services, such as child benefits and basic social welfare programs, typically do not account for the unique needs of kinship carers, who may take on caregiving responsibilities unexpectedly and without the preparation or resources available to traditional foster carers (Selwyn and Nandy 2014). Specialist services, which provide targeted support for foster and adoptive families, are often inaccessible to kinship carers because their caregiving arrangements are informal or because of the of lack legal frameworks that would qualify them for such support (Farmer and Moyers 2008; Wellard 2012; MacDonald et al. 2018). Accessing specialist services can feel stigmatising for families due to negative connotations of social service involvement (Testa 2013; Taylor et al. 2020), leaving them unable or unwilling to ask for help when it is needed. Social capital theory therefore can be useful in helping kinship practitioners understand the resources and support available to kinship families, and where additional resources may be needed.

These three social work theories – attachment theory, identity theory and social capital theory - illustrate some of the underpinning frameworks used in current social work practice and decision-making around kinship care. However, the extent to which they are applied, and the usefulness of them is unclear due to limited research.

Although the theories highlighted support social work practice around kinship care, none have explicitly applied to sibling kinship care. Because of the unique dynamics of sibling-headed families, more context-focused theoretical frameworks may be more relevant. Critical realism has been used to build an understanding of children's lives in a way that is relevant to sibling kinship care. Firstly, Shuttleworth's (2021) social work study recommended the use of critical realism to analyse the interplay of factors on different socioecological levels on the experiences of children in kinship care. The benefit of this approach was the ability to include individual views and perspectives generated using participatory approaches, with data from other areas to explore children's experiences in the context of wider structural factors. Secondly, (Janes et al. 2022) PhD study used realist synthesis as a tool to clarify the carer phenomenon and identify support needs, which can be used to inform the development of interventions. Both studies highlight the need for nuanced, context-specific theoretical explorations to understand the lives of children and young people who might live in familial structures and circumstances that are less commonly understood.

2.4 Recognition of kinship care

Despite its prevalence, kinship care in the UK can be characterised as a form of invisible care work (Hatton 2017), which is systematically unrecognised in public discourse and policy. Kinship carers are often viewed through the lens of familial obligation, leading to an assumption that the care they provide is voluntary and does not require compensation. Hatton (2017) describes invisible care as being treated as 'fungible,' meaning seen as interchangeable with other forms of care, particularly market-provided care. Applied to kinship care, this implies that the unpaid, informal care provided by kinship carers is considered equally substitutable with formal, paid caregiving, overlooking the distinct emotional, cultural, and familial ties that often make kinship care preferable and beneficial for children (Wellard et al. 2017). This perception overlooks the significant social and economic contributions of kinship carers, who provide stable, nurturing environments for children, often at considerable personal cost (Taylor et al. 2020; Kinship 2024b). Without formal employment status or recognition, kinship carers frequently lack access to financial support, training, or other resources that would otherwise be available through formal care systems (Selwyn et al. 2013). This invisibility reinforces a lack of support and contributes to the marginalisation of kinship carers, further embedding their work as undervalued within societal structures. To address this, a campaign led by the charity 'Kinship' called #ValueOurLove, was started, emphasising that the kinship role is systematically undervalued, but also the additional element – love – is not something that can be easily replaced by other forms of care for children.

As kinship care is a form of care work, it suffers from the wider systematic undervaluing of care work. Fraser (2016) offers a critique of how capitalist frameworks undervalue care work, arguing that capitalism inherently contradicts the values of care. Kinship care exemplifies this contradiction - while society depends on kinship carers to care for vulnerable children, it does not provide them with adequate resources or recognition. In this system, care that is not commodified or formally compensated often falls outside of economic value, even though it is essential to social functioning and well-being. Kinship care, performed largely out of love rather than financial incentive, thus becomes marginalised in a system that values market-based care solutions over informal caregiving (Fraser 2016). This contradiction highlights a core tension where the need for care is omnipresent but often operates in informal, unpaid spaces that lack institutional support.

Another potential reason there is relatively little support for kinship care, despite it being so ingrained across society, is a lack of public recognition and understanding of the phenomenon. Public opinions, including knowledge, about specific topics can impact the responsiveness of policymakers and subsequent service provision (Manza and Cook 2002). In the US, research indicates that kinship care may be less known about than other types of care arrangements, particularly among those who have no direct experience (Lianekhammy et al. 2019). Recognising that policy change is only likely to happen if the circumstances and issues facing kinship families are more widely known, charities and kinship carer advocacy groups in the UK such as Kinship (formerly Grandparents Plus) and the Family Rights Group have been conducting extensive research and campaigning for improved support and recognition of kinship carers (Hunt 2020b). Reports produced by such organisations, including ‘Make or Break: Annual Survey of Kinship Carers 2024’ and ‘Out of Order: The case for boosting financial support for kinship arrangements outside the care system,’ have highlighted the challenges faced by kinship families and advocate for policy changes to address these issues.

Disparities in the support for kinship families compared with non-kin foster carers have also been legally challenged, and there have been significant shifts since earlier research was conducted. For example, a high court ruling in England in 2013 stated that local authorities should follow statutory guidance so that kinship foster carers would not be paid less than non-kin foster carers (Davey 2016). In 2023, the Scottish Government introduced the Scottish Recommended Allowance to address inequity between kinship and non-kin foster carers (Scottish Government 2023) . However, kinship foster carers continue to report inequality in allowance (The Fostering Network 2024), and kinship families with no legal order have little or no entitlement to support (Kinship 2024b). Moreover, there is disparity across regions and local authorities. The Fostering Network report (The Fostering Network 2024) found disparity between England, Northern Ireland and Wales in the payment of an allowance to kinship foster carers, with 92% of LAs in England who responded to the freedom of information request providing some of their kinship foster carers with a fee, but only 67% in Wales.

Given the vital role kinship carers play in providing stability and continuity for children, there is an urgent need to address the invisibility of their labour and advocate for policies that provide them with financial, emotional, and structural support. This support might include financial allowances like those offered to foster carers and access to training and mental health resources. Acknowledging kinship care as unique, rather than interchangeable with market-provided care, could validate the contributions of kinship carers and improve the well-being of children by enhancing the sustainability of kinship care.

2.5 Conclusion

This chapter has examined kinship care in the UK, exploring what is known about the prevalence, characteristics, societal context, and interaction with social work policy and practice. Despite being the most common form of care arrangement for children who cannot live with their parents, kinship care remains an under-researched, unrecognised, and under-supported area within the wider child welfare system.

The chapter also demonstrates that kinship carers are a diverse group, with grandparents being the most common carers. The role of sibling kinship carers, while less prominent, is significant. Kinship families often experience greater socioeconomic disadvantage compared to other families with children, with many carers negotiating financial hardship, insecure housing, and poor health. Children in kinship care similarly face higher risks of poverty and adverse health outcomes. These challenges highlight the necessity for targeted support, yet kinship carers often face unequal access to financial and practical assistance compared to non-kin foster carers.

Kinship care policy and social work practice in the UK have been significantly influenced by legislative frameworks, particularly the Children Act 1989, which mandates that children's family networks be considered first when alternative care is required. However, while kinship care is formally recognised in policy, practical support remains uneven. Legislative developments, such as the Special Guardianship Order, aim to provide greater security for children, however, social work practice often fails to adequately support kinship carers, particularly informal carers who receive no statutory recognition or financial support.

Social work engagement with kinship carers is marked by tensions. On one hand, kinship placements are seen as a cost-effective solution that supports children's right to family life. On the other hand, social work practice has been criticised for being shaped by processes and assessment frameworks designed for non-kin foster carers, resulting in assessments that kinship carers describe as invasive or unfair. Furthermore, social workers' perceptions of kinship care can be shaped by underlying biases and assumptions, which can influence decisions regarding the suitability of potential kinship carers.

Overall, this chapter highlights the need for better data, enhanced support systems, and a more nuanced understanding of kinship care's role in the broader child welfare system. While kinship care offers benefits for children - maintaining familial ties, cultural continuity, and emotional stability - the families who provide this care often face significant disadvantages. Addressing these inequalities through policy reform and social work practice improvements is essential. The following chapter will focus on what the literature tells us about the lived experiences of kinship carers and children, the long-term outcomes of kinship care, and any effective interventions that have been shown to support kinship families to thrive.

3. Family experiences of kinship care

3.1. Introduction

The previous chapter documented what mainly quantitative studies reveal about the prevalence of kinship care in the UK, and some of the characteristics and circumstances of kinship families. It then highlighted some key debates about kinship care as a private family practice and as a statutory social work intervention, and social work practitioner views of kinship care.

This chapter will explore how the literature to date has explored kinship care from the perspective of families' lived experiences. Both formal and informal kinship care are considered in this chapter, and throughout this thesis, as literature indicates that the circumstances and needs of both groups are often similar and are too often artificially separated in research, policy, and practice. There are many terms used to describe kinship families depending on the relationship between the carer and the child. The term 'sibling-headed kinship family' is used here to describe kinship families where a sibling is the main carer for another sibling.

The purpose of this chapter is to examine how the lived experiences of kinship families have been explored. Building on the previous chapter, this chapter will explore what kinship families themselves have said about their experiences, which areas are under-examined, and to what extent sibling-headed kinship families have been included in the wider kinship care literature. To this end, this chapter focuses on literature documenting family experiences of kinship care, such as what children, carers, and other family members say about kinship care, where possible drawing together research papers to explore differences and commonalities according to relationship types.

While this chapter takes a broad look at kinship care, particular attention will be given to literature that includes research with sibling-headed kinship families, whether as part of a wider study or as the sole focus of the study. This broader approach is taken due to a lack of research focused specifically on sibling-headed kinship care. This chapter will consider how applicable, or not, findings from studies with other types of kinship families may be to sibling-headed kinship families. The chapter will highlight gaps in the current literature, particularly those related to sibling-headed kinship families, and some of the hypothesised differences that this population may have compared to the current literature on kinship care.

3.2 Outcomes from kinship care compared with other forms of care

As noted in section 2.3.1, one of the stated rationales in policy and practice for reorientating services towards kinship care rather than other forms of non-parental care for children is that it is thought outcomes are better for children in kinship care. Studies therefore have tended to measure a broad range of outcomes with a specific focus on the comparison of outcomes of children in ‘formal’ kinship care with those in non-kin foster care. Systematic reviews explore outcomes such as safety, permanency and stability (Chamberlain et al. 2006; Bell and Romano 2017), children’s mental health and wellbeing (Washington et al. 2018; Xu and Bright 2018), and educational achievement (Sawyer and Dubowitz 1994; O'Higgins et al. 2017). One systematic review looked at all of these, focusing on a total of 23 different outcomes (Winokur et al. 2018). This section will explore some of the outcomes reported from kinship care compared with other forms of alternative care for children.

3.2.1 Safety, permanency and stability

One of the main reasons given by proponents of kinship care is that it could provide a stable, long term safe place for children to live when they can no longer live with their parents. This is juxtaposed with the instability reported with many home moves for children in other parts of the care system. Outcome studies have therefore explored whether children in kinship care do experience greater safety, permanency, and stability than those in other forms of care.

The most extensive recent systematic review of outcomes for children in kinship care (Winokur et al. 2018) compared children placed in all forms of kinship care with children placed in foster care. The review extracted and synthesised quantitative data from quasi-experimental studies (n=102 studies) on outcome categories including re-abuse, stability, and permanency. Regarding safety, the review found that children in kinship care were less likely to experience abuse than those in foster care with non-kin. Concerning permanency, children in foster care with non-kin were more likely to be adopted, although children in kinship care were more likely to have relatives assume legal custody. Children in kinship care were less likely to experience three or more placement settings and had fewer mean numbers of placements than children in non-kin foster care. Finally, children in kinship care were less likely to experience a breakdown in their living situation. This indicates that children may be safer, and experience more stability in kinship care than in non-kinship care. In terms of permanency, the review indicates that children in kinship care may have different pathways to permanency than children in non-kinship foster care, with an increased likelihood of guardianship, but less likelihood of adoption. However, only one of the 102 studies was from the UK, and nearly all (n=89) were from the US, so it is likely the situation could be different in different contexts.

Bell and Romano (2017) presented similar findings in their review of studies between 2007 and 2017. The review identified 54 relevant studies, of which six were conducted in the UK. While they found similar differences in outcomes between non-kin and kinship foster care, they also found that differences in outcomes diminished over time, with less difference between children when they had remained in the same home for longer, implying that longevity might be a mediating factor. The review included one US-based study (Zinn 2012) which explored the differences between carer characteristics on placement 'discharge' outcomes such as adoption and breakdown, which found that caregiver age and parenting ability are predictive of outcomes. Zinn (2012) categorised family types and found that placements with 'empty-nest grandparent families' were more likely to lead to an adoption within the family and placements with grandparents with non-foster children were less likely to disrupt. However, while 11.0% of the sample were classified as 'other' including siblings, these were not broken down so conclusions cannot be drawn about sibling-headed kinship families.

3.2.2 Health and wellbeing

Kinship families may have an increased rate of physical and mental health-related difficulties than the general population (see section 2.2.2). However, studies comparing non-kinship fostering households with kinship families show a complex picture when considering outcomes related to the health and well-being of children being in kinship care. Different psychosocial factors may impact on child behavioural health (Washington et al.

2018) of children in different types of care. Some studies indicate that children in kinship care have better behavioural outcomes than children in other care settings (Washington et al. 2018). However, outcomes vary by individual, family, and environmental characteristics with foster parents' mental health condition, physical health status, foster family environment including the presence of other children, and foster family neighbourhood found to have an impact on children's mental health in four studies that examined these factors (Garcia et al. 2015; Rufa and Fowler 2016; Vis et al. 2016; Perry and Price 2018). Two US-based studies explored the relationship between the child and caregiver and mental health. One, (Rufa and Fowler 2016) reported that children who lived with older caregivers with poorer health status had more severe externalising behavioural problems relative to other children. The other (Zinn 2017) reported that 16-year-olds living in the care of their siblings or grandparents displayed more externalised behavioural problems than children living in kinship care with other relatives.

Another systematic review (Xu and Bright 2018) focused on differences between the mental health of children in kinship and non-kinship and factors associated with children's mental health. The review included studies (n=8) published between 2011 and 2017, none of which were conducted in the UK. Overall, children in kinship care exhibited better mental health outcomes than children in non-kinship care but the associations between kinship care and children's mental health problems were mixed across studies. Similar to findings from Bell and Romano (2017) longitudinal studies did not show that children in kinship care had better outcomes over time. For example, one study in the US (Taussig and Clyman 2011) reported that the longer children lived with kin, the greater involvement they had in risky behaviours as measured by the Adolescent Risk Behaviour Survey.

These studies build on the findings from section 2.2.3 to show that the mental health and well-being of children in kinship care is a complex picture that necessitates more exploration, particularly concerning the relationship between the child and their kinship carer.

3.2.3 School and education

There is no conclusive evidence about the impact of kinship care on educational outcomes for children. Meta-analysis of five studies comparing kinship and non-kinship care on educational outcomes (Winokur et al. 2018) found no overall difference between kinship care and non-kin foster care on educational outcomes. This was reflected in another systematic review (O'Higgins et al. 2017) which focused specifically on the educational outcomes of children in care, and identifying and reviewing predictors of outcomes.

3.2.4 Limitations of quantitative studies of kinship care

Systematic reviews in this area differ in their inclusion criteria in terms of including ‘formal’ and ‘informal’ kinship care, and their definitions of each. Different countries have different policies which impact on whether arrangements would classify as ‘formal’ or ‘informal. For example, the most extensive review (Winokur et al. 2018) included all ‘formal’ arrangements based on child welfare services having legal responsibility for the child, whether or not the carer was paid. In the UK, children on a Special Guardianship Order would be classified as informal by this definition, but by other definitions (i.e. where statutory services have placed a child with kinship carers) as a formal arrangement. Where both forms of kinship care are included, there is no differentiation between kinship care types in the reporting of data. For example, there is limited data regarding the relationship between the child and the carer in UK-based studies, limiting opportunities for subgroup analyses to explore the situations of different types of carers. Many kinship carers do not recognise themselves in the term ‘kinship carer’, and children do not always view themselves as being ‘in care’ (Shuttleworth 2021). This makes it difficult to quantitatively explore questions such as what the needs or gaps in service provision may be of a specific group of kinship families such as sibling-headed kinship families.

All of the systematic reviews reported limitations including the risk of bias in many of the primary sources. One reason for differences in outcomes between kinship and foster care could be that the population of children in kinship care compared to foster care are qualitatively different, which could impact the findings of systematic reviews. Studies that have drawn comparisons have often reported differences based on reasons for entering care, number of placements and age when entering care (Iglehart 1994; Farmer 2009). However, the impact of these population differences on outcomes is complex and difficult to disentangle. For example, in analysing case files of a sample of children (n=270) in care across four local authorities in England, Farmer (2009) outlined several factors that were significant on placement stability between children in foster care and those in kinship care including relationship of the carer to the child, the age at the time of placement, a child's history of behavioural issues and previous experiences leading to entering care. However, the study noted that there was a high level of missing data in case files, and behavioural and mental health measures relied on self-report measures from carers where reporting may have been influenced by external factors such as understanding of mental health conditions, or a reluctance to report difficulties.

These limitations in quantitative studies highlight the importance of qualitative research with kinship families to explore in more depth their needs and experiences.

3.3 The views of kinship families

The previous chapter highlighted that kinship families may experience socioeconomic hardships and struggle to access support from children's services. The previous section of this chapter highlighted what is known about outcomes from kinship care. Despite a lack of support, there is reason to believe that children still fare well when living with kin. However, it also seems clear that there are many ways in which their experiences and outcomes could be improved. This section therefore focuses on the views of kinship families about what is needed to help them to thrive. This section mainly focuses on research that has been conducted in the UK, although some studies from other countries have been explored to compare and contrast reported experiences in different contexts. Section 3.4.1 focuses on the views of kinship carers and what themes are seen in the current literature. As most of the literature only includes a small number of sibling kinship carers or none at all, each theme will also be considered in terms of relevance to sibling kinship carers. Section 3.4.2 presents literature that has explored the views of children living in kinship care, or care experienced adults who were in kinship care as a child.

3.3.1 Carer's perspectives of kinship care

The main ways in which kinship carers experiences have been explored in the UK literature is through larger scale qualitative elements of mixed methods studies aimed at exploring the circumstances of kinship carers, small scale qualitative interview studies, often with carers who are involved in an intervention, and through surveys usually conducted by or in partnership with third sector organisations, for example, the Kinship and Family Rights Group. This section explores the main themes emerging from these studies.

3.3.1.1. How do carers understand and define ‘kinship care’?

The previous chapter discussed the legal and cultural definitions of kinship care. However, as a term, ‘kinship carer’ is not necessarily one that families or carers themselves would recognise or attribute to themselves (Hughes 2014; Wilkes 2021). The kinship family is a place where different generations and family relationships coincide in unanticipated combinations, often in response to a crisis (Granville 2018). As explored in the previous chapter, the formalisation by the state of what has historically been a normal family practice has led to a proliferation of terminology and definitions, which are then linked to eligibility for support. However, there is little research that explores with carers how they view themselves, and how they define their family situation. From a family therapist's perspective, Barratt and Granville (2018) discuss carers feeling that they should be able to ‘look after their own’ and feeling frustration with the parent for not being able to care for their children, rather than reflecting on their own changed role or family unit.

Some studies examine how carers and children in kinship care negotiate their roles and understand their, often dual, identities to each other. For example, Freeman and Stoldt (2019) explored the role of grandparent carers using a framework of identity theory. The authors interviewed grandparent carers (n=23) in Finland, exploring how labels were used and negotiated within kinship families to create an understanding of roles within the family. They highlighted the duality of the roles that kinship carers held, and how those roles fit (or not) into existing hierarchies. The theory acknowledges that individuals constantly hold multiple identities but create a hierarchy of identities based on location and situation (LaRossa and Reitzes 1993a,b). For sibling kinship carers, no research specifically explores how they identify themselves, or how roles are negotiated and communicated within the family, although some research that has included sibling and young carers highlights the loss in transitioning from the role of sibling to carer (Kiraly and Roff 2023). Research in other fields has shown how sibling relationships are important in young identity construction, with siblings often forming their identities around how similar and different they are to their siblings (Davies 2014). However, importantly, this research also indicates that these identities are not just constructed between siblings, but in relation to the other family members and power structures within families.

The lack of cohesive ‘kinship carer’ identity can impact how families access support, and how they perceive themselves and their circumstances. A lack of recognition of their identities can cause internal conflict and frustration (Wilkes and Speer 2021). This is particularly complex considering the impact of carer status on eligibility for support in the UK.

3.3.1.2 The impact of becoming a kinship carer

Beyond definitions, the pathways to becoming a kinship carer may differ for different kinship care arrangements, which can also impact how kinship families are seen in policy and social work practice. Carers often report arrangements occurring in a crisis and with little warning (Ashley et al. 2015a). In the US, one study (Gleeson et al. 2009) interviewed 207 kinship caregivers and concluded that decision-making processes to provide care for a relative’s child are closely tied to the reason for parental incapacitation and are described as simultaneous and overlapping with other factors such as the carer’s motivations and the routes taken by the child into the carer’s home. Spiritual motivations were one of the main reasons that carers gave for deciding to care for their kin. Levels of religion and spirituality differ in areas, cultures and ethnic groups across the UK and could have an impact on the prevalence of kinship care, but motivations for becoming kinship carers have not been explored on this scale in the UK.

Socioecological impacts of becoming a kinship carer are reported similarly in research regardless of carer type. One of the largest studies in the UK to explore the experiences of informal kinship carers (n=80) through interviews (Selwyn et al. 2013) used a mixture of semi-structured qualitative questions and standardised measures. Qualitative questions focused on the decision to become a carer, the difficulties of parenting, the pressures they faced and any support needs that they had. Most participants were of white British ethnicity (90%), female (96%) and only 6.25% were sibling carers. The study reported that carers such as siblings and other relatives are more likely to be caring for more than one child and that overcrowding was particularly an issue for sibling-headed families, with 40% reporting this as a problem. It is important to note that this equates to two carers out of five interviewed, but is consistent with the findings of the quantitative element of the study (Nandy et al. 2011). These findings are consistent with research in the US (Denby and Ayala 2013) and Australia (Kiraly and Roff 2023).

Selwyn et al. (2013) also highlighted that informal carers may be living on lower incomes than carers eligible for financial support through children's services. This is mirrored in other qualitative studies of kinship care, with informal carers often being ineligible for any additional benefits, or being unaware of what they can claim (Gillies 2015; McGrath and Wrafter 2021). Carers have also reported unexpected costs associated with their role as kinship carers, such as legal bills and costs involved in supporting contact (Gautier and Wellard 2014). Issues with income may be exacerbated because many carers report having to give up employment to care for children full-time, particularly in single households, and where the child has additional needs often related to the reason for them needing to be in kinship care. Leaving work is also often a requirement for the approval of formal kinship carers (Ashley et al. 2015b), and the financial allowances offered fall short of replacing lost income (Ashley et al. 2015b; McGrath and Wrafter 2021). As the age of children going to live with sibling carers may be older than with other types of carers (Selwyn and Nandy 2012; Selwyn et al. 2013), likely due to the closer age gap between siblings than other types of carers, it is possible that their role as a kinship carer could have a different impact on their ability to be in employment than for other carers (Kiraly et al. 2020; Kiraly and Roff 2023).

Only one study (Roth et al. 2011) was identified that interviewed adult sibling carers (n = 12) in the UK. The study found that the carers had often taken on a caring role for their siblings for a long time before officially becoming their full-time carer, some had been caring throughout their childhood. These early experiences of caring for a younger sibling may also increase the likelihood that older siblings will continue to provide care for their sibling. Bryant and Crockenberg (1980) reported that parental absence may make younger siblings more dependent upon an older sibling for support. Older children then learn to provide essential caretaking functions in the absence of their parents, and younger children learn that they can depend on the elder sibling for some of the functions previously provided to them solely by their parents. Taking on these caregiving roles in childhood could impact on sibling carer's ability to pursue educational and employment goals as seen in studies with young carers (Kettell 2020) and have a long-term impact on the socioeconomic circumstances of the kinship household. Research indicates that the educational level of parents impacts the future educational attainment and level of the children in their children (Dubow et al. 2009), although the same trend has not been found for children in care (O'Higgins et al. 2017).

Becoming a kinship carer can also create psychological strain. One study conducted in the US (Denby and Ayala 2013) analysed a subset of survey responses which included 77 adult siblings raising 154 younger siblings. When applied to a subset of sibling carers, the questions focused on the role of sibling attachment and socialisation experienced on parenting capability. They highlight the impact of factors such as the complexity of the sibling relationship, the age and development of the caregiver, and the grief and loss experienced by both the adult sibling caregiver and the child(ren) when losing a parent. Caregivers must also manage their emotional responses to the crisis, which might be more acute for sibling carers who may be experiencing a similar situation to the children that they are caring for. The circumstances leading to the absence of a parent, such as substance abuse, death, mental illness, or incarceration, are inherently distressing. Sibling carers may then experience intensified emotional responses due to the complex interplay of the family crisis, the children's reactions, and their own grief and loss (Roth et al. 2011; Kiraly et al. 2021b; Kiraly and Roff 2023).

The sudden nature of becoming a kinship carer can create long-term impacts for families. While theoretically more supported than ‘informal’ kinship carers, formal kinship carers also report feeling unprepared for the role, and often felt coerced into agreeing to become carers to avoid the child going into care or being adopted (Glynn 2019; Zuchowski et al. 2019). Reporting on a survey of 579 kinship carers, Ashley et al. (2015a) argue that, while eligibility for future statutory support hinges on the ‘looked after’ status of the child, many ‘informal’ kinship carers report a social worker contacting them to look after the child to avoid them being placed in care, and that this could be the first time they were aware of any issues in the family. Carers could then find themselves as long-term carers for children who may have significant needs based on their experiences but without any access to support. Studies in other countries, (e.g. Zuchowski et al. 2019 in Australia) imply that carers often enter into a kinship care arrangement while feeling that they are not in a good position to do so, and many kinship carers report not having fully understood what becoming a kinship carer would entail before taking on the role. Moreover, carers report not having a good understanding of the needs of the child, and assuming that they would be able to get support for the child in the future (Stobbs and Prowle 2016). No research focused on the experiences of becoming a kinship carer for siblings, but there are indications that, unlike grandparents, sibling carers are unlikely to have had experience parenting older children (Selwyn and Nandy 2012; Selwyn et al. 2013) and therefore may be unaware of how to meet the needs of the children they are caring for.

3.3.1.3 Support needs and access to appropriate support

One of the main ways that the needs of kinship carers have been explored on a large scale across the UK is by surveys usually carried out by third-sector organisations such as Kinship. While these studies are not peer-reviewed, they give some insight into the self-perceived needs of kinship families. Surveys consistently find that finance is the main area in which kinship carers report ongoing significant needs. A survey in England and Wales focused specifically on finances carried out by Kinship (McGrath and Wrafter 2021) found that 82% of the 1,948 kinship carers who responded worried about money. A third of carers who responded received no money to help them care for their kinship child, and of those who did receive an allowance, 73% felt it was not enough to cover the costs and meet the needs of the child(ren) they were caring for. In addition, most carers reported that financial allowances that they did receive were means-tested, and or annually reviewed, which made it difficult for them to plan for the future. It is possible that those who participated in this survey were more likely concerned about finances than those who chose not to participate. However, it has been widely noted in research (Stobbs and Prowle 2016; Zuchowski et al. 2019) that policies around finances for kinship families differ hugely depending on local authority practice, benefits systems, knowledge of kinship carers and the legal order under which the child is being cared for, and that the main reason kinship carers ask for additional support through helpline services is due to financial worries (Taylor et al. 2020). These experiences are also reflective of local authority data which shows many do not provide an allowance for kinship foster carers, and those that do often give the lowest rate possible (The Fostering Network 2024) (see section 2.4).

Some research has found that kinship carers may be reluctant to access support due to stigma, or a fear that children could be removed from their care (Selwyn et al. 2013; Fruhauf et al. 2015). In Selwyn et al.'s (2013) study, informal carers talked about attempting to get support from children’s services before and after the kinship child came to live with them. They felt that they did not receive the support they needed, or that their concerns were dismissed. Kinship carers from ethnic minority backgrounds report feeling judged and stigmatised, which impacted whether they were provided any support (Tah and Selwyn 2024). For sibling carers, their age may also impact their engagement with services, and how they are treated by professionals, for example, some studies noted that sibling carers felt they were not able to attend school meetings (Selwyn et al. 2013) or did not feel that children’s services took them seriously (Roth et al. 2011) because of their age. This is important as, without being directly involved with services, kinship families are often not eligible for any financial and other support.

In response to the barriers to accessing specialist services, there have been efforts across the UK to set up helplines that carers can access to get information about what support they could be entitled to. These types of services could be less stigmatising for families (see for example Boddy et al. 2005 evaluation of Parentline). Taylor et al. (2020) explored the use of a helpline by kinship carers in Scotland by analysing data such as call summaries collected by helpline operators. Although they hypothesised that carers would access a helpline due to preference over other types of support, carers commonly reported accessing the helpline due to a lack of other available local support. They found that age and deprivation were linked to a lack of social support. However, the sample size was small (n=50 cases) and the methodology was limited in terms of exploration with carers due to using secondary, often quantitative data.

To address commonly reported support needs, the main area of intervention aimed directly at kinship carers in the literature focuses on mental and well-being interventions (Lin 2014; McLaughlin et al. 2017). These respond to studies that indicate that the mental health needs of kinship carers are higher than the general population (Selwyn et al. 2013). Aside from general mental health needs, the experiences of being a kinship carer, and the pathways to becoming a kinship carer could have mental health implications (Zuchowski et al. 2019). In addition, while not specific to sibling carers, bereavement is often associated with kinship care and has been found to be a key reason for children living with their relatives, particularly informal kinship care (Selwyn et al. 2013). There are mental health implications of bereavement for carers and children (Kristensen et al. 2012; Azuike et al. 2022). There is no consistent provision of mental health support in the UK for kinship carers or the children in their care, with support dependent on legal status, and the individual services provided in local areas. The need for mental health support and services is regularly noted as an unmet need for kinship carers (Smithgall et al. 2013; Mervyn-Smith 2018; McGrath and Wrafter 2021).

In terms of interventions to support the mental health and well-being of kinship carers, a systematic review focused on grandparents which included 21 studies (McLaughlin et al. 2017) concluded that interventions that worked on the cognitive-behavioural spectrum (defined as interventions aimed at teaching grandparents practical skills and strategies to cope with the psychosocial challenges of caregiving) had the most empirical support (n=7 studies). This indicates that, for grandparents at least, interventions aimed at teaching practical skills and new coping strategies may improve a range of outcomes such as resourcefulness skills and reduced stress. However, these effects might be different for other types of kinship carers due to their circumstances being different to grandparents. It is also possible that the design and delivery of these interventions may not be conducive to the participation of a wider range of kinship carers. Moreover, other promising mental health interventions have not been conducted with this population, meaning it is not possible to understand which intervention might work best.

Additionally, kinship carers may not have strong family and social support and often report having a small network of friends and family, including a loss of contact with their existing networks due to undertaking the kinship carer role (Selwyn et al. 2013). Research also shows how the experience of child-to-carer violence for kinship carers can leave them feeling more isolated (Holt and Birchall 2022). Taylor et al. (2020) found that carers reported significantly more negative than positive personal social relationships (78.9% compared with 21.1%). This could mean that those who have less positive social relationships are more likely to access a helpline service or to mention their relationships as they were not explicitly asked about this. No UK based research examining social networks and support for sibling carers was identified (although one study in the US indicated that children aged 16 living with sibling carers may have more social support than children living with other kin (Zinn 2017). Research indicating the social isolation of kinship carers is one factor that has led to the formation of support groups for kinship carers (Strozier 2012). In the UK, these are often run by third-sector organisations, who also offer online portals and forums where kinship carers can get advice (for example Kinship charity), although some local authorities run their own support groups. These opportunities to connect with similar kinship carers were highlighted as particularly important by young kinship carers in Australia (Kiraly and Roff 2023).

Many studies into kinship care have considered what is missing for kinship families. While the quantitative studies highlighted earlier indicate that kinship care can be positive for children who may otherwise enter non-kin care, there is still a widespread understanding that the needs of kinship families are not being met by the state and society more widely and that there is a lack of transparency and consistency in the support received (McGrath and Wrafter 2021). There have been calls to focus more on the stage of the life course when considering what the needs of kinship carers, and the children in their care may be for the duration of the child’s time in the kinship home (Connolly et al. 2017a).

Kinship carers in the UK often report challenges accessing adequate legal support and advice. A 2022 inquiry by the All-Party Parliamentary Group on Kinship Care highlighted that many carers struggle to navigate the family justice system due to limited access to legal aid and representation. The inquiry's report emphasised the need for improved legal assistance for kinship carers (All Party Parliamentary Group on Kinship Care 2022). Additionally, a 2023 report found significant disparities in the support provided by local authorities across England (Smyth et al. 2023). The study noted that while some carers received adequate assistance, others faced difficulties obtaining necessary legal guidance, leading to feelings of isolation and frustration. Charities like Kinship and the Family Rights Group offer resources and advice to help kinship carers understand their legal rights and navigate the complexities of the legal system. However, reports highlight that more comprehensive and accessible legal support is needed to ensure they can effectively fulfil their roles.

In terms of parenting, some studies show that kinship carers need additional support to carry out their parenting role, particularly in establishing boundaries for children in their care and negotiating new roles (Barratt and Granville 2018). Although some of these studies have focused only on grandparents (e.g. Fruhauf et al. 2015), this would likely be an issue faced by sibling carers when renegotiating their role from sibling, with connotations of equality, to ‘carer’ within a changed power dynamic. While parenting challenges are reported particularly in the case of grandparent-headed families because of the generation and age gap between carers and children (Wellard 2011), the challenges are likely different for sibling carers. A lack of a significant age gap could impact their ability to set ground rules for the children in their care, and their own experiences of parenting may be limited or non-existent, and their own experiences of having been parented may have had similar gaps to the children in their care (Kiraly et al. 2020). These factors are likely to have a very different impact on the parenting needs of sibling carers than grandparent carers. Where there are difficulties in parenting, this could lead to negative outcomes for children, such as needing to move to another home or into care, struggling with behavioural issues, or having difficulties at school (Wu et al. 2020).

As has been demonstrated, although kinship care is seen as positive for children, there are a lot of unmet needs highlighted by carers themselves. Where there is support available, carers report being fearful of asking for support because they are worried the child will be removed. In relation to this thesis, there is only one study (Roth et al. 2011) that explored the experiences of sibling kinship carers specifically. This shows that there is no recent research in the UK context that explores who sibling kinship carers are, and what they might need to best support the children in their care and themselves. The next section will explore the views of children in kinship care about their experiences and needs.

3.3.2 What may be the benefits and challenges for children living in kinship care?

There is limited research exploring children’s views of kinship care. Pitcher’s (2014) edited book ‘Inside Kinship Care’ begins with a chapter from a person describing their experience of entering kinship care (O’Donohoe 2014). In the introduction of the book, it is noted that practitioners and academics focused on kinship care should prioritise the experiences of children and young people. Donohoe’s account presents a narrative of her experience and highlights some of the main issues she faced including a lack of information, her changing identity and relationships with parents and the wider family, which will be discussed in the rest of this chapter. It also provides a powerful example of the role of narratives in exploring the experiences of often unheard communities. In the last two decades, there has been an increased imperative to focus on children’s experiences of being in care, ‘centring the voice of the child’ (Mannay et al. 2019).

Within kinship care literature, there has been an increase in studies that have explored children’s experiences. However, it has been noted that there is still an absence of the child's voice in the policy and social work practice for kinship care (Kallinen 2020). A recent literature review (Hunt 2020a) identified around 100 studies published in the UK over the last twenty years, of which eighteen included interviews with children and young people in kinship care. Within these, a very small number of children living with siblings were included as part of a larger study (Farmer and Moyers 2008; Ince 2010; Selwyn et al. 2013; Wade et al. 2014; McSherry et al. 2016; Wellard et al. 2017). Outside of the UK, (Kiraly and Kertesz 2021) interviewed 16 children living with young informal kinship carers, including seven living with older siblings. This is the only study identified that conducted research with this population, so it will be drawn on in this section, despite being conducted in Australia. Additionally, a PhD study (Shuttleworth 2021) published after Hunt's review interviewed 19 children in kinship care to explore what was important to them so this is also drawn on in this section as it is the most in-depth exploration of children's experiences in kinship care conducted in the UK. Of the studies identified, four main themes emerged that are relevant to this study: the impact of being in kinship care on the everyday lives of children; children's understandings (or lack thereof) of the reasons for entering kinship care; the impact of kinship care on family relationships; and how children think about their options for the future.

3.3.2.1 How do children understand and define 'kinship care'?

Much of the literature that reports the views of children in care indicates that there is a gap in understanding why they are in care and decisions that are being made about their lives (Mobedji and Mannay 2018; Staines and Selwyn 2020; Watson et al. 2021). This could be due to a lack of social work skills in explaining to children the reasons for their concerns or the risks that children face, family preferences for keeping certain information from children or a belief that children need to be protected from details about their past (Staines and Selwyn 2020). This seems to be echoed by children in kinship care, despite the importance young people give to understanding their histories (Skoglund et al. 2018).

The largest study across the UK (Farmer et al. 2013) interviewed 80 children in informal kinship care and their carers (including 6.25% (n=5) siblings) asked children directly about the reasons they could not live with their parents. Most children (80%) gave answers about the reasons, including parental drinking and drug use, physical abuse, mental or physical illness, arguments, domestic violence, or death, while the remaining 20% did not know the reasons or did not want to talk about them. Some of the qualitative answers given by children about the reasons for entering kinship care indicate that they still had unanswered questions or felt that they were unwanted by their parents. There is no way to know from the current research if this is different for children in sibling-headed kinship families compared with other kinship families.

Children may be unaware of the reasons for being in kinship care because they are excluded from the decision-making process around them entering kinship care, or where they would prefer to live (Shuttleworth 2021). Family Group Conferencing is one of the main methods taken in formal kinship care decision-making that aims to be participatory (Kennan et al. 2018). However, while Family Group Conferencing has been shown to increase kinship care as an alternative to non-relative care (Taylor et al. 2024), they have also not always been found to involve children in the conversation (Hoy 2013; Edwards et al. 2020). Studies also highlighted children may be conflicted about who looks after them, for example, a participant in Selwyn et al. (2013) study talked about how she convinced her kinship carer to take her in by promising she would not take up much space. Children living with their siblings may feel a sense of guilt due to their sibling taking on a caring role instead of pursuing employment, education or relationships that they may otherwise have done. With this in mind, children’s wishes around kinship care may need to be explored alongside a conversation about what support would be most helpful to facilitate their preferences.

In studies directly interviewing children (Burgess et al. 2010; Selwyn et al. 2013; Shuttleworth 2021) there was no exploration in the interviews with children or carers about how children had been told about the kinship care arrangements. Where arrangements are informal, there is no statutory involvement that would obligate a social worker to speak with the child about their views and understanding. However, for children in foster care, life story work is often used by social workers to help children form a coherent narrative about their lives and why they are in care (Department for Education, 2014). Hooley et al. (2016) suggest that such life story work can be protective for children by helping them to process their emotions, and to create a coherent narrative about their lives and identities. However, this practice is not consistently applied to children in kinship care, and there is no specific guidance for kinship carers on how to talk to children and young people about their experiences and circumstances. This suggests a gap in kinship care practice.

3.3.2.2 Children's relationships with their kinship carers

As explored in section 2.3, one of the main theoretical reasons for kinship care as preferential to non-kin care is attachment theory. The hypothesis is that children will be able to develop a strong positive attachment to a kinship carer as they already have an existing relationship and a pre-existing level of attachment. This hypothesis is supported in the qualitative literature with children in kinship care reporting strong attachments to their carers (Shuttleworth 2021; Selwyn 2014). A survey conducted with 1,216 children in kinship foster care in the UK between 2016 and 2021 also reported the majority had positive relationships with their carers (Selwyn and Briheim-Crookall 2023), aligning with previous studies (Farmer et al. 2013; Selwyn et al. 2013; Wellard et al. 2017). In the largest of the studies interviewing children (Selwyn et al. 2013), 97% of the children (n=78) said that living with their kinship carer was a good thing, and 73% (n=59) said that, given a choice, they would choose to live with them. Nonetheless, children in more positive situations will likely be more able or willing to take part in research, so it may be the case that a large group of children and young people who are unhappy in kinship care are not currently represented in the literature. Furthermore, none of the studies based in the UK looked specifically at children living in the care of their siblings.

Children in interviews often mention the dual role that their carers played, such as by referring to their grandparents as ‘mam’ or sister as ‘auntie’ (Burgess et al. 2010; Ince 2009). This indicates that children in kinship care are aware of the different roles that their carers play in their lives. Moreover, in research with children being brought up with their grandparents, some report a ‘role-reversal’ in the caring relationship (Selwyn et al. 2013) where the child takes over caring for the grandparent. Children living with siblings in one study (Kiraly and Kertesz 2021) talked in detail about the process of ‘growing up together’ as a carer and child/sibling and sibling, and each learning and negotiating the boundaries of the role, and ways of trying to keep both relationships. Children talked about the closer age gap meaning that they felt their carer understood them, and that they could speak with them about their lives. In the case of sibling-headed families, this can be viewed as a muddling of ‘vertical’ and ‘horizontal’ relationships (Pitcher et al. 2014). There is no research to date that explores in depth how these different roles are understood and negotiated.

Language to describe the relationship between carers and children is also a theme in the literature. One of the participants in Burgess et al.'s (2010) study described wanting to call her carers 'ma' but being told that 'nana' is better, which was also evident in Freeman and Stoldt's (2019) study of grandparent carers. This highlights a disconnect between the relational experiences of children in kinship care and the language that is available to capture those relationships. However, the children in Burgess et al.'s (2010) study also recognised that their family was just another type of family and suggested that it felt normal to them, which is similar to other studies (e.g. Shuttleworth 2021). This is often at odds with the 'systems language' (Skoglund et al. 2018) used to describe kinship care, where a brother may be referred to as a foster carer, and a home or a child as a placement.

3.3.2.3 Relationships between kinship children and their network beyond the household

One of the benefits of kinship care most often cited is the potential for children in kinship care to have long-term on-going relationships with their network, including their siblings, that may be lost when they enter non-kin care or are adopted (Hegar and Rosenthal 2009; Farmer et al. 2013). However, Winokur et al.'s (2018) systematic review calls this into question, finding no detectable differences between the family relations of children in kinship care and non-kin care. It is therefore important to consider the experiences of different kinship family types when considering the impact on children's relationships, and how children themselves identify their important relationships.

Studies that have explored children's networks have found different factors that impact the size of their networks. For example, Selwyn et al. (2013) used a map of three concentric circles for children to identify which people they classed as important. Triangulating data from children with data collected from carers, the researchers explored which factors were correlated with the size of children's 'inner circles' (i.e. how many people they identified as being very important to them). They found that as the age of the carer increased, the 'inner circles' of the children decreased. This echoes Dolbin-MacNab and Keiley's (2009) finding that children living with grandparents had limited contact with their friends, and Zinn (2017) whose California-based study showed that 16-year-olds living being cared for by an older sibling reported more social support than children in kinship care with other relatives. They hypothesised that this may stem from the broader social environment within sibling households, which provides more opportunities for peer-based support. The presence of siblings and their social networks - such as friends and romantic partners – could create a larger and more age-appropriate support system for children in kinship care. Additionally, pre-existing relationships with siblings may help them integrate more easily into these networks. This suggests that children living in sibling-headed households could have larger networks of friends and family around them, although this has not been explored in UK research.

Research indicates that relationships between children and their wider network could have an impact on their mental health and wellbeing. A Randomised Control Trial (Blakeslee et al. 2017) explored the social ecology of children in foster care, mapping links between the perceptions of young people in care of their networks and mental health and well-being. The study of 143 children in kinship and non-kin care found that children who reported multiple family ties outside of the home, including with their biological parents, had fewer posttraumatic stress symptoms, and increased mental health functioning than children in non-kin care. However, interviews with children show a complex picture of contact with their network, particularly with parents. Children in kinship care often report the ongoing importance of their relationships with their parents, but this is not always the case. In interviews with children in formal kinship care (n=30), Aldgate (2009) found five were in contact with both parents; 22 had contact with their mothers and 12 with their fathers. Most of those with contact with either parent wanted more contact whereas those with no contact with a parent mostly did not want to see them. These numbers are similar to other research which has explored this topic with children (see Farmer 2013; Selwyn et al. 2013; Selwyn and Briheim-Crookall 2023). The research shows that contact with parents is not always viewed positively by children. Furthermore, Saunders and Selwyn (2008) reported that, for a third of children in informal kinship care in one London borough, seeing parents had an adverse effect due to family conflict, unreliability of parents regarding sticking to arrangements, substance misuse or feeling rejected by parents. Many young people in studies express feelings of anger and disappointment at their parents not visiting or spending enough time with them (Saunders and Selwyn 2008; Burgess et al. 2010; Farmer et al. 2013; Selwyn et al. 2013). This could be an area of difficulty for carers to manage, particularly for sibling carers who may have had a similar experience in their relationship with the parent.

Regarding wider family, studies have found that children report largely positive experiences of contact with other family members, including aunts, uncles, cousins, grandparents and separated siblings (Aldgate and McIntosh 2006; Farmer and Moyers 2008; Kiraly and Kertesz 2021). Burgess et al. (2010) interviewed adults who had been brought up in kinship care, who reported that relationships with their extended family were maintained into their adulthood and that they valued remaining part of this family network. Kiraly and Humpreys' (2013) review of research exploring children in kinship care's views of time spent with their family also documented that children positioned seeing their siblings and wider family as very important to them while in kinship care while reporting mixed feelings about seeing their parents. However, children have also discussed how leaving friends, schools and familiar neighbourhoods had made their move to kinship care more difficult and some reported being upset and distressed by separation from their siblings (Selwyn et al. 2013; Wellard et al. 2017).

Kiraly and Humphreys (2016) conducted qualitative interviews and two focus groups in Australia with young people and care-experienced adults (n=21), exploring how they felt family time worked for them, and how such arrangements might be improved. Over half (n=12) of the children had been separated from at least one sibling with whom they had lived as a family; only two sibling groups had been together constantly in care. This echoes research in the UK (Selwyn et al. 2013). Both studies indicated that sibling separation may particularly impact siblings that have different birth parents, with kinship carers choosing to care only for the child to whom they were biologically related, whereas children and young people did not understand their sibling relationships to be bound by biology (see also Shuttleworth 2021). This could mean that sibling-headed kinship households are structured around different bonds, such as through parent marriage or siblings with only one parent in common, rather than 'blood' which could impact more on the choices of grandparents when making decisions about which children they could care for.

There is little research on how young people in kinship care perceive their key relationships, and few studies have examined how children negotiate the presence and quality of these complex and potentially multiple family relationships and identities. Research that has explored children's views of how often they see the people who are important to them, and what their views are of these relationships has highlighted the heterogeneity of children's familial relationships and has highlighted a need for greater exploration of the complexity of the multiple identities held by children in kinship care.

3.3.2.4 What other support do children say is needed to help them thrive?

While children report being happy in kinship care, there are areas that they indicate needing further support. Interviews with children in kinship care are often a snapshot of their current family life and a reflection on what has led to them coming to live where they do. However, as with the wider care system, children may live in more than one kinship household during their childhood (Doolan et al. 2004; Font 2015; Shuttleworth 2021). Interviews with children which touch on this topic indicate that they feel settled in their households and feel they will stay there in the long term (Burgess et al. 2010; Selwyn et al. 2013). There is likely a bias in research towards children and young people in more settled situations (Burgess et al. 2010). Shuttleworth (2021) interviewed 19 children in kinship care using participatory methods to explore what they felt was important to them, and even very young children centralised ‘permanency planning’ and thinking about where they will live if their carer is no longer able to care for them. This is important as other studies (Selwyn et al. 2013) have found that carers struggle to talk to children about planning for illness and death and try to shield children from these conversations.

Children who need kinship care often experience grief, bereavement and loss. For example, Selwyn et al. (2013), found around a third of the children interviewed had at least one parent who had died, while some studies focused only on formal kinship care have estimates of under 20% (Aldgate and McIntosh 2006; Farmer and Moyers 2008; Hunt et al. 2008). For children living with sibling carers due to parental bereavement, likely, the sibling carer likely also has their own experience of parental or close family bereavement. While it is noted that kinship children who have experienced bereavement will likely need specialist support and that carers may need training to deliver this (Stokes 2009), there are no interventions aimed at kinship carers to support them to support children suffering bereavement. Studies have also highlighted children living with grandparent carers worry about their carer’s health and mortality (Shuttleworth 2021; Selwyn et al. 2013; Burgess et al. 2010). In terms of planning for the future, it is possible to see how unacknowledged experiences of bereavement, and limited understandings of why they are in kinship care could lead children to worry about the stability of their family life in the future. While there are some attempts to support carers to address trauma in children in the US (e.g. Foli et al. 2018), or to help carers to support the mental health of children in their care in Australia

(Fergeus et al. 2017), research has not explored this from the perspective of children in kinship care, or in the UK.

As section 3.3.2 highlights there are indications that kinship care is supportive of psycho-social development for children compared to other forms of care (Washington et al. 2018). This is not necessarily the same picture for education or employment outcomes (Winokur et al. 2018). Research with care experienced young people shows that their journeys through alternative care, including kinship care can be very disruptive to children's education, and they can experience low expectations from adults about their potential (e.g. Ellis and Johnston 2024). When asked, children in kinship care seem to have similar far-reaching ambitions for their future as do other children (Selwyn et al. 2014; Pratchett and Rees 2019; Shuttleworth 2021). It is possible that the emotional buy-in and the stability that could be offered by some kinship care settings could help overcome some of these barriers to education. As sibling carers may also have disrupted journeys through education, how the educational and employment experiences of kinship carers may impact the opportunities and outcomes for children in kinship care as they become adults would be an important focus for research.

As highlighted in section 2.2.2, children living in kinship care may have worse living conditions than those in the general population, with sibling-headed kinship families more likely to live in households in poverty than children living with young parents (Selwyn and Nandy 2012; Kiraly et al. 2021b). However, Selwyn et al. (2013) found that the majority of children interviewed (66%) were unaware of any financial difficulties faced by the kinship family. The authors of this study link this with the carer's efforts to shield children and young people from the financial situation they are facing, set in a wider context of not being able, or not regularly talking to children about difficult situations or the past. When children compared their lives with kinship carers with their experiences with their parents, or their experiences (or imagined alternative option) in non-kin care (Aldgate 2009; Burgess et al. 2010), they talked about better living conditions than before they were in kinship care. Interviewees talked about having access to food, showers and better clothes and activities than when they were with their parents.

Nevertheless, other studies have found that children report financial need as one of their main concerns (e.g. Wellard et al. 2017). Furthermore, when Kiraly and Kertesz (2021) interviewed 16 children in the care of their siblings or young kinship carers, they found that children recognised, and worried about the pressures on their carers. Children in this study noted finances as the biggest support need for their families, and worried about being a financial burden on their carer, a finding that has also been found in other studies interviewing children (Burgess et al. 2010; Ince 2010). This indicates that the dynamic might be different in sibling-headed kinship families regarding sharing worries, or that children see the pressures on their older siblings differently than that on other carers as there is not societally an expectation of siblings to be providing for their younger siblings.

Research with children in kinship care has indicated that children on the whole if they cannot live with their parents, would rather live with kin than be in other forms of care. However, there are areas that they identify that could make their experience in kinship care better, particularly around understanding the reasons that they are in care, thinking about the future, and financial support for the family. Children in kinship care are aware of the different roles that their carers, and themselves, play. They are also nuanced in their desires around contact with their family, although relatively consistent in the importance of siblings in their lives. Most research provides a snapshot or a reflective account of kinship care for children, and there is little that focused on the unfolding narratives of children in kinship care over time. Moreover, very little research has been carried out with children in the care of their siblings; and many of the issues raised by children living with other relatives are not necessarily transferable to children living in the care of their siblings.

3.4 Aims and research questions

While there is research that explores the experiences of carers and children in kinship families, there is very little that directly explores the experiences of sibling-headed kinship families and even less in the UK. Some of the experiences of other types of kinship families may be similar to those of sibling-headed families, such as the experience of deprivation and a lack of support, however, the pathways to becoming kinship families, their particular circumstances, and the needs that they have are not clear from the current research, and they are likely to differ to the main group – grandparents – on many levels. It is still not known what the experiences of carers and children in sibling-headed kinship care are in the UK, and how contextual factors may impact their lives.

The aim of this thesis therefore is to address the shortfall in the current literature by centring the voices of sibling-headed kinship families to develop an understanding of their lives and experiences within the wider social setting - how they are understood, how they negotiate familial roles, how they are affected by and interact with psycho-social-ecological systems around them, and what outcomes feel important to them.

The research questions that will be explored in this thesis are:

1. What circumstances might lead to the formation of sibling-headed kinship families?
2. What are the perceived needs for sibling-headed kinship families before, during and once they become kinship families?
3. How might resources and interventions help achieve positive outcomes for sibling-headed kinship families?

The next chapter will outline how the methodological approach was designed to attend to these research questions, providing an opportunity to generate data to contribute to informed policy and practice in the field of kinship care.

4 Methodology

4.1 Introduction

This chapter presents the methodology used in the research. It will focus on how critical realism can be used as a framework to situate the lived experiences of families, and the views of practitioners, within a wider policy and practice setting, with a focus on understanding what can lead to positive experiences and outcomes for these families. It then details how using narrative interviews as a way of generating data with families can enable holistic and authentic presentation of the stories of sibling-headed kinship families. The chapter will then explore how embedding narrative interviewing within the philosophical framework of critical realism can further the analysis of families' narratives to make specific, experience-based recommendations for change in policy and practice.

The chapter will provide an overview of the research design, first by briefly detailing the philosophy and application of critical realism within social work. It proposes the anchoring of the research in a critical realist frame to consider different perspectives and practice-level experiences to locate participants' stories in wider settings and structures. The chapter goes on to discuss narrative methodology and its applicability to this research topic. There will then be a focus on the tensions inherent in wanting to centre the voices of often unheard and marginalised groups with the imperative inherent in social work research to be action-orientated and create change. The chapter then describes how these two approaches that are not always brought together – narrative interviewing and critical realism – can shape the conduct of research in a way that holds participants' accounts in the centre but is relevant to practice and policy. The chapter details the conduct of the research, including how positionality is attended to, defining the population and research site, explaining who took part in the research, and how they were recruited.

The focus on an under-researched population underpinned the use of a range of qualitative methods to surface their experiences from different perspectives: narrative interviews with member-checking and theory refinement follow-up interviews, semi-structured interviews with key experts, and focus groups with practitioners working with kinship carers in Wales. These methods are discussed in turn, justifying their selection as well as detailed information regarding how the techniques were applied, and the considerations and approaches taken to conduct the research ethically. Finally, the analysis of the data generated is discussed in relation to the research questions and methodological and ethical considerations.

4.2 Research design

The study used a mixed qualitative design, incorporating interviews and focus groups with different participant groups to gather diverse data types, which were integrated during the analysis (Morse 2009). A qualitative approach was essential due to the underrepresentation of sibling-headed kinship families in research, practice guidance, and social services. How these families are formed can be complex. The policy and practice landscape that governs their eligibility for services, how they can be navigated and what support is available impacts how these families are situated in society and official statistics. It is therefore important to hear directly from sibling-headed kinship families about how siblings become kinship families, and what their lives are like, to uncover implications for policy and practice.

To explore these experiences in depth, the use of a methodology that values lived experience, and methods that can generate data about experiences was important. However, while these experiences are paramount to the research, and can have an impact on practitioners and policymakers, it was also important to me that the research had the potential to be transformative through influencing and shaping policy and practice. The research was born from the recognition that these families often do not get appropriate support, and that change is needed. The research therefore sought to identify patterns in family, practitioner, and policymaker perspectives, examining links between contexts, mechanisms, and outcomes. By understanding these causal mechanisms, I aimed to suggest actionable changes across socioecological levels to improve support for these families.

4.2.1 Critical realism

This research draws on the philosophy of critical realism as an ontological, epistemological and analytical framework. This section defines critical realism and discusses the benefits afforded by this approach in this research and some of the difficulties in using critical realism to centre lived experience.

4.2.1.1 Situating critical realism

Ontologically, critical realism originated in response to perceived limitations in positivism and interpretivism, while drawing on elements from both traditions (Mukumbang 2023). Critical realism rejects the preoccupation of positivists with prediction, measurement, and quantification, suggesting that a phenomenon is still meaningful if it cannot be observed or verified (Bhaskar 2013). However, unlike interpretivist traditions that contend that reality is not distinct from its interpretation (Berger and Luckmann 2016), critical realism does not reject the possibility of an objective reality separate from interpretation and observation. Instead, critical realism argues that while independent structures may exist that influence the actions of actors in a particular setting, the subjective knowledge and experiences of these actors are also important, and varied and can shape and influence those structures (McEvoy and Richards 2006). In such an ontological framework, there are structures, and actors with agency, and they interact, rather than one producing the other.

The critical realist ontology is most often conceptualised by Bhaskar's stratified social ontology (Bhaskar 2013). To investigate phenomena, critical realism identifies three ontological domains, or 'layers': the 'real', the 'actual', and the 'empirical'. The 'real' comprises objects and their structures – anything that can have 'real' effects (Westhorp 2014)and relates to the existence of mechanisms, with the generative power causing what is observed. The 'actual' layer is a subset of the real, which comprises all *events*, whether or not they are experienced by people. These events are generated by structures and mechanisms within the real. The 'empirical' is where events are experienced and observed. Critical realists look for patterns in the way people describe their experiences and reasoning to identify causative or generative mechanisms that could explain the social world (Williams et al. 2017). Another way of understanding critical realist ontology is through the concepts of *experiences* (perceptions and feelings of agents as they go through the world); e*vents* (things that are experienced by agents) and c*ausal mechanisms* (things that produce the events as they cause the events to occur) (Fryer 2022).

Critical realism has a subjectivist epistemology which recognises that one way in which we learn about the world is through accounts of experiences which are subjective and filtered through subjective interpretation and language (Maxwell 2012). Therefore, a critical realist version of reality assumes that people negotiate their interpretations of the world within what ‘exists’ already in that world. In this way, critical realism brings together the search for external reality, with an understanding that meaning associated with that reality is socially constructed (Oliver 2012). Accordingly, there is not necessarily a way to ‘observe’ or uncover ‘reality’, rather the actual/real exists beyond our knowledge. Therefore, to understand the ‘real’ we look for ‘causal mechanisms’.

4.2.1.2 Seeking causal explanations

Within critical realism, causal laws are viewed as tendencies of things(Bhaskar 2009), or emergent properties or tendencies which are speculative (Bhaskar 2013) – so rather than *A* leads to *B*, in certain contexts often *A* seems to lead to *B*. In this study, this means that, rather than taking from an interview that presents one thing as leading to another, a critical realist analysis enables an exploration of possible causal explanations, indicating underlying mechanisms which can lead to certain outcomes, in certain circumstances.

To do this, there is a focus not just on what is experienced, or expressed in an interview, but also an effort to identify the underlying mechanisms indicated by the data. Shuttleworth (2021) offered the example that many children in kinship studies talk about their pets and the central importance of pets to children. For Shuttleworth (2021), it is important not to go from this recurring theme about pets to a recommendation that all kinship placements should have pets because they make children feel happy. This is consistent with other approaches - constructivist, sociocultural, interpretivist – which would claim subjectivity, and that participant accounts are relevant to the participant, not generalisable. Just because those interviewed found pets helpful, others may not. However, by using a critical realist approach, the researcher can try to develop an understanding of what role and values having pets has in children’s lives, the responses that relationships with pets evoke, and how this relates to outcomes that are important for children. Therefore, one benefit of the critical realist approach is in offering a way through which ‘things’ that exist in the world (like having a pet, a holiday, a chocolate bar) can be considered from the perspective of how the person sharing their experience interacts with those things, the response that interaction generates, and the outcome that this could, in certain contexts, lead to. It is in identifying this underlying mechanism that ‘pets’ activate in some people, that we can try to build an understanding of what might influence outcomes. This is important in social work where decisions need to be made about a course of action based on the preferences of the individual, and the experience and judgement of the social worker, and decisions about resources are often guided by what might be beneficial for a group of families or individuals.

4.2.1.3 A normative and values-based approach

One of the main aims of this research is to identify what ‘good outcomes’ might be for sibling kinship families. Critical realism attempts to explain phenomena and lends itself to a value-based approach rather than only describing phenomena. It achieves this by including a “consideration of right conduct and the good life” (Houston 2010, p. 74). Critical realism’s commitment to understanding not only what is but also what ought to be aligned with the objectives of social work research, which seeks to improve lives through actionable insights. By integrating ethical considerations and values, critical realism provides a framework that supports the identification of injustices and inequities, particularly in underrepresented and marginalised populations. For sibling kinship families, this perspective can help to interrogate the social structures, policies, and practices that influence their experiences and outcomes, highlighting areas where change is necessary and feasible.

Furthermore, critical realism accommodates the complexity of human experiences by bridging the gap between individual agency and structural constraints. It allows researchers to delve into the interplay between the personal narratives of sibling-headed kinship families and the broader systemic factors affecting their lives. This dual focus ensures that the research remains grounded in real-world contexts while advocating for systemic transformation where required. Critical realism also emphasises the importance of reflexivity in research, encouraging scholars to critically evaluate their positionality and the potential impact of their work on the participants and the wider community. In this way, it has been argued that critical realist research is a philosophical and political endeavour that can enable researchers to ask questions that are relevant to deciding on a course of action, judge explanations on their merits, and guide towards the most appropriate solutions (Shuttleworth 2021), under an ethical and values-based framework.

As with social work practice more widely, the normative approach in critical realism can be criticised for ascribing a value base that may not be shared between all practitioners and family members (Melendres 2022). However, there is a recognition that social work is a value-based endeavour, and therefore that a research methodology that includes this in its approach can be complimentary to the practice of social work. By using an approach that acknowledges subjectivity and positionality, it is possible to be transparent about how norms and values impact the interpretation and analysis of the work.

4.2.1.4 Judgemental rationalism

Another element of this study is to bring together different perspectives on sibling kinship care to understand not just what *is* happening, but also to build an understanding of *why* something might be the case. This involves exploring multiple perspectives and attempting to build a picture of how sibling kinship care operates and can be supported. This approach is similar to social work as a discipline because social work uses multiple analytic perspectives to gain an understanding of the complex environment of practice. Social work navigates the tension between the individual's capacity for personal agency and the social, economic, political, and other contextual factors (Van Ingen et al. 2020). Critical realism welcomes this approach as it enables researchers to recognise not only social factors such as age, poverty, race and gender but also psychological and biological problems experienced by the individual, such as chronic illness, depression, and grief.

Critical realists argue that qualitative research tends to lead to multiple, valid accounts of the same event. The challenge for the realist approach is how such inquiry can lead to meaningful outcomes (Houston 2010). Recognising that interpretations of the world are subjective, and therefore that knowledge is fallible, critical realism argues that not all knowledge is equally fallible and that there can be reasons for judging or preferring some explanations over others (Sayer 1992). This can lead to a judgement of the most likely explanations and interpretations of experiences – referred to as judgemental rationalism - with recognition, like social constructionism, that interpretations can change, and additional experiences and interpretations could contradict earlier conclusions.

Judgemental rationalism has been argued to be compatible with social work aims, in that it aims

> *“not to identify generalisable rules (positivism) or identify the lived experience or beliefs of social actors (interpretivism); it is to develop deeper levels of explanation and understanding.” - (McEvoy and Richards 2006, p.69)*

Social work practice often has to balance the experiences and views of different people and consider them in a wider external context of laws, policies and practice (Oliver 2012). This can lead to decisions on which actions can and should be taken. In the same way, this research aims to understand how sibling kinship care works, where it fits within the wider setting of UK policy and practice, and consider what could work to support these families, and how. It is therefore important to weigh different interpretations and explanations to make decisions based on which seem most likely to lead to outcomes that are important for families.

4.2.1.5 Why critical realism for this study?

Taking a critical realist approach to this research means that the starting point was to consider how sibling kinship care works, for whom it works, and under what circumstances. This is important for a loosely defined but complex phenomenon such as sibling kinship care. In essence, a critical realist approach in this research facilitated:

- a way of identifying patterns within and across data generated by different participants and groups that does not exclude or deny explanations, but gives insight into where certain actions, in certain contexts, may lead to outcomes.
- an exploration of what might be ‘good’ outcomes and ways of working for families through a normative and values explicit approach.
- a triangulation of views with a way of ‘weighing’ different views and experiences to discover the most likely explanations through judgemental rationalism.

- a framework to make recommendations to practice and policymakers that are relevant to the policy landscape, are in keeping with social work values and highlight how actions may lead to outcomes.

Although critical realism is an inclusive approach regarding data generation tools, it has been criticised as a research methodology for not providing enough guidance on ‘how’ data should be generated or analysed (see for example Manzano 2016). In this study, it was felt that to elicit and centralise the lived experiences of sibling kinship families, a method from another methodology, namely narrative interviewing, could provide a way to explore the richness of families’ experiences.

4.2.2 Narrative inquiry

I chose to use narrative interviews to generate data about the lived experiences of sibling-headed kinship families. Narrative inquiry, the methodology that narrative interviewing is generally associated with, is an interpretive approach concerned with exploring in-depth the meanings people assign to their experiences. As such, rich data from a small sample of participants is prioritised, with methods designed to elicit and interpret the storied experience of participants either of their biographies or specific events (McAlpine 2016). In narrative approaches, participants are viewed as unique individuals with particularity in terms of social location; a person is not viewed as representative of some universal and interchangeable, randomly selected ’subject’ (Riessman 1993).

Rather than being theory-driven, narrative inquiry is exploratory, meaning it does not require pre-prepared hypotheses or specified variables of interest ahead of data generation (Andrews et al. 2013). For a participant group such as sibling-headed kinship families, where there is very little research that explores their experiences, and where there are gaps within quantitative data collected to date, not having pre-defined theoretical or analytical constraints can be particularly important to avoid imposing inappropriate assumptions on the boundaries of the research.

This section explores in detail what the ontological and epistemological assumptions are within narrative inquiry, and the implications of this for the research.

4.2.2.1 Narrative inquiry and exploring lived experience

Objective 'reality' is not the focus of narrative inquiry, instead, it is interested in how events are understood and organised by those who experience them, with knowledge presumed to be socially constructed (Andrews et al. 2013). Questions about how people construct themselves and others in various contexts, under various conditions, are the focus of narrative research (Barone 2007), highlighting the relativism inherent in narrative inquiry. Beyond a research methodology, narrative inquiry views narrative as an important way in which we experience and understand the world (Clandinin et al. 2015). Narratives can play an important part in how people view themselves, their circumstances and how they relate to others. Some argue that the narrative approach is not a method but that narratives are a way of producing and communicating understandings of 'reality' (Heikkinen et al. 2000). This fits with the use of narrative interviews in this study, wherein the narrative interview technique is applied as a way of supporting participants to communicate their understandings and reasoning.

As presented in the literature review, sibling relationships, cultural perspectives of normative family life and caregiving roles can be central to how people construct their sense of self, make sense of their identity and think about their own situation. This is important in narrative inquiry, where a person is assumed to be speaking from a specific position in culture, in geographical location and in historical time (Clandinin and Connelly 2004). Some of this is reflected by the use of specific language and concepts that the person employs to understand and describe their experiences. Other aspects – such as gender, race, culture, age, social class, sexual orientation, and nationality – may or may not be explicitly raised, but are also important to consider, and likely factor into the researcher's own understanding and interpretation. Embedding narrative interviewing within a critical realist frame gives a framework to explore how these contexts might impact outcomes for these families.

4.2.2.2 Subjective knowledge and multiple perspectives

Inherent in the narration of a life story is the narrator's tendency to ascribe agency to themselves and other actors in the story, and to reflect on the links between actions, intentions, and outcomes. Narrative inquiry is epistemically subjective, recognising that knowledge is not separate to the perspective of the person interpreting their experiences and encounters. Narrative methods therefore consider multiple perspectives – including the research participant and the researcher. Meaning is generated by the linkages the participant makes between aspects of the life they are living and by the explicit linkages the researcher makes between this understanding and interpretation.

Narratives involve settings and circumstances that include other people who are directly involved in the events being discussed, and all those relationships that have influenced the narrator (Frank 2000). Accordingly, there is a move to consider narratives as interactionally constructed, in which it is important to understand how people position themselves in relation to each other (De Fina and Georgakopoulou 2008). Moreover, the narration of experience in an interview involves the subjectivity of the actor – their wishes, conflicts, goals, opinions, emotions, worldviews, and morals – all of which are expressed to, and then interpreted by the researcher. This relationality raises issues of ‘ownership’ of stories and who is ‘entitled’ to tell which stories (Shuman 2015). The gaze of the researcher adds an additional perspective to the experience, bringing a new context which could shape the narrative differently than in other contexts (McLean et al. 2007).

Within narrative inquiry, the starting point is to take the narrative of the participant as true and meaningful to their sense of subjective experience (Etherington 2017), but with an understanding that there are other subjective perspectives and interpretations. Accordingly, narrative interviewing centralises the importance of exploring different perspectives, while respecting the participant’s story as important and valid. However, while narrative inquiry more widely acknowledges this, it is not attempting to make a judgment on the most likely interpretation. For an individual narrative, this is understandable and indeed ethically important. However, when trying to inform decision-making, this can pose a problem.

4.2.2.3 Narratives, causation and compatibility with critical realism

A benefit of the narrative approach for this research is the understanding that stories can be a reflection on the past, a story in the ‘midst’, a story about an imagined future, or a combination of all of these temporal spaces (Caine et al. 2013). Narrative researchers resist the ‘neat’ story with clear beginnings and endings to think about the relational nature of how meanings are constructed in relation to past and current experiences, and reflection (Clandinin et al. 2014). According to Bamberg (2012),

> *“When narrators tell a story, they give a ‘narrative form’ to experience. They position characters in space and time and, in a very broad sense, give order to and make sense of what happened - or what is imagined to have happened.”* (p.3)

In telling the story, the narrator tries to interpret a ‘central event’ and find causal connections to how one thing led to another. Narratives typically involve the narrator retrospectively ascribing meaning to past events, including attributing agency to other people’s roles within their story. This can involve inferring causal links between an actor’s actions, their intentions, and the outcomes for the narrator or other actor (Bamberg 2012). Moreover, a sociological narrative approach can draw on how cultural narratives intersect with an individual’s own narratives, and to some extent their actions (Ramos-Holguín and Peñaloza-Rallón 2020). Furthermore, narrative inquiry acknowledges that the very nature of the research-generating narratives can cause change to occur.

> *“Narratives are shaped by contexts, but they also create new contexts by mobilising and articulating fresh understandings of the world, by altering power relations between peoples, by constituting new practices.” (De Fina and Georgakopoulou 2015, p3)*

In this way, narrative inquiry does not deny that something could cause a person to act in a certain way, through internal or external motivations. It can also focus on the cultural context and subjective experience of people (Josselson 2013). However, narrative research paradigms, in contrast to hypothesis-testing ones, describe and seek to understand experiences rather than focus on measurement and prediction. So, despite attending to experiences, causes and contexts of people’s lives, narrative inquiry does not provide a framework for building an understanding of how different contexts, resources and circumstances may lead to different outcomes. It has been argued that this focus on the description of experience could limit the impact of narrative research on policymaking (Atkinson and Delamont 2006). Narrative inquiry can describe in detail some of the issues regarding a problem, but it may not give a structure to harness the findings in a way that can direct change.

In this way, the critical realist approach taken in this research goes beyond what could be achieved with narrative inquiry alone regarding understanding what might lead to positive outcomes for kinship families, which was central to the study. Therefore, the framework of critical realism was drawn on to focus on causation but as the following section illustrates it was also important to adopt a narrative approach during the interviews.

4.2.2.4 Why narrative methods for this research

Narrative interviews were chosen for this research to enable the experiences of sibling-headed kinship families to be explored inductively, rather than ascribing preselected theories. This was important in terms of attending to the research questions, but also ethically. When seeking to include a population such as sibling kinship carers that is often hidden and marginalised, the opportunity to speak freely and focus on areas that kinship carers felt were important was essential. This is discussed in more detail in section 4.4.2. In addition, adopting an approach that does not necessitate specific sample sizes or strict inclusion criteria allowed for the exploration of as many pathways to kinship care to be included as possible. This is particularly important in the field of kinship care, which is often divided based on resource-led eligibility criteria, rather than need-based approaches (see section 2.3.2).

In essence, narrative inquiry in this research facilitated:

- an open exploration of siblings' experiences where they chose the points that are most important to them.
- a purposive sampling approach to explore a range of different pathways to kinship care.
- a focus on the holistic narratives of siblings to centre their experiences.

However, while narrative interviewing was seen as an appropriate approach for exploring the experiences of families, narrative inquiry more broadly did not provide a framework for developing solutions in practice and policy for creating change. While narrative methodology seeks to highlight the uniqueness of experience and narratives, some narrative researchers place narratives within a broader context (see for example Gubrium and Holstein 2009). However, others have argued that the narrative turn has missed opportunities in pursuing the analytical opportunities presented by narratives (see Atkinson and Delemont 2006).

Critical realism allows for multiple and subjective interpretations, and it provides a way of locating these within socio-cultural and historical contexts (Burr 2015). Although narrative methods are usually grounded in a social constructivist or postmodernist approach, researchers have argued that some approaches within the umbrella of narrative inquiry are underpinned by a realist epistemology (Crossley 2000). For Maxwell (2012),

> *'while critical realism rejects the idea of "multiple realities," in the sense of independent and incommensurable worlds that are socially constructed by different individuals or societies, it is quite compatible with the idea that there are different valid perspectives on reality'.* (p.9)

I chose, therefore, to use narrative interviewing and some of the techniques of narrative analysis (see section 4.6.1) within a wider critical realist frame to harness the benefits of the narrative approach while extending the analysis beyond the descriptive to create insights and recommendations that still centralise the lived experience of families.

4.3 Conduct of the research

The previous section outlined the philosophical underpinnings of the research and the rationale for the approach taken. This section sets out how the methodological rationale framed the conduct of the research. It begins with a summary of the research site of kinship care and some of the current contextual issues shaping the field of study. It then sets out who, within that field, were the participants of the research study, and how and why the sampling approach for each participant group was taken. Here, I also discuss my own positionality in relation to the conduct of the research. These areas are then considered in terms of ethical issues and access. Next, the specific methods of data generation are discussed in detail, namely narrative interviews, member checking, and critical realist informed follow-up interviews, semi-structured interviews with significant actors in the field, and focus groups with practitioners. These methods are discussed in turn, providing a rationale for the use of each technique and detailed information regarding the application of these techniques. Subsequently, the framework used for the analysis of the data generated is outlined in relation to the research questions and methodological considerations. Finally, the chapter concludes by detailing the importance of reflexivity through the research process and how this was built into the design.

4.3.1 Positionality in the research

Narrative methodologies and critical realism emphasise the role of the researcher's experiences, values and reasoning in the conduct of the study. How a researcher sees the world impacts how they design a research study, what methods they use, how they analyse data, and what they see as the purpose of research. As with any interpretive research, care must be taken to make the reasoning and assumptions of the researcher transparent and to remain open to alternative approaches and interpretations of data (Lucey et al. 2006). Consequently, it is important to be reflexive in recognising our subjectivity in the production and analysis of accounts. The approach to reflexivity taken in this study is discussed further in section 4.7.

4.3.1.1 Positionality

My position in this research is especially important to reflect on because I have lived experience with the topic at hand. I am a woman who, as a child, grew up being cared for by my birth mother, in kinship care with my grandparents, and in various foster family homes with strangers, often separated from my younger brothers. This impacts how I view 'family' structures, sibling relationships, my understanding of carer roles for children, and my understanding and perspectives on children's social care and social work involvement. These experiences have influenced my research interests. My identity as a care-experienced person has also put me in contact with other care-experienced people and organisations. I will discuss this further in later sections regarding how this affected recruitment and disclosure of my own experience to participants, reflexivity and data analysis. Many of the participants in the research also intersected at different stages with social work, and some with the care system.

More specific to the research topic of sibling kinship families, I became a kinship carer for a younger brother through a social work assessment. Therefore, I have direct experience of one way in which siblings come to raise their siblings. However, I was also conscious, as noted in Chapter 3, that this is only one route through which this can happen, and most siblings raising siblings in the UK are doing so without the involvement of a care order.

Through the lifetime of the project, I also built my profile as a researcher in the field of kinship care. This led to my inclusion on panels, round table events, conferences, policy development and scrutiny discussions and steering groups. This increased my understanding of the policy and practice landscape throughout the study and caused me to reflect on the areas that I was focusing on and how I wanted to present my research to different audiences.

4.3.1.2 Partial ‘insider’ status

Researching a topic in which the researcher has lived experience is complicated. While it may present insights and opportunities, it can also create difficulties and limitations to the research that need to be addressed within the research methods. While there has been a call for social work research to nurture scholars with lived experience (Gill 2022), this is far from common practice.

My lived experience as a kinship carer in part inspired the research study. This experience could position me as having an ‘insider’ status with kinship families. Perceived insider status can give interviewers legitimacy and be desirable in researching marginalised groups (Gair 2012). Potential benefits as an insider researcher could include recruitment advantages, increased sensitivity to the data, the ability to clarify participants’ implied meanings, and a greater awareness of which facets of the research topic to address (Berger 2015).

However, the dichotomy of insider/outsider has been argued to be an oversimplification (Roberts 2018; Gill 2022). While a researcher may share elements of lived experience with a participant, experiences are individual and subjective. A risk of having shared experience could be over-identification of the researcher with the research participant, and vice versa. This could lead to assumed knowledge on both parts, with the researcher misinterpreting meaning and failing to explore meaning with the participant, and the participant not fully exploring their own thinking by assuming a shared experience and the understanding of the researcher (Mannay 2010). Moreover, people have more than one identity. Commonality between the researcher and the research participant can make invisible the other identities that the participant holds, and how these intersect with their experience and frame how they present their account (Hamilton 2020).

It is also important to acknowledge the power dynamics present within the research process (Etherington 2004). The research process itself can create distance between a researcher with lived experience and a research participant with similar lived experience. Moreover, there is a risk that participants could compare themselves unfavourably to researchers who have come from similar backgrounds of disadvantage (Berger 2015).

This research study did not only include participants with lived experience of kinship care. I also sought engagement with practitioners and policymakers. This further complicated the idea of being an 'insider'. There has been a move for the recognition of lived experience in social work practice and recognition that many social work practitioners are drawn to the discipline based on their own experiences (Melville-Wiseman et al. 2025). However, there are still barriers to viewing those with lived experience as equal in value to those with professional knowledge (Fox 2022).

4.3.2 Defining the population and research site

As detailed in the preceding chapters, kinship care is a broad term and one that is used differently by various actors. It points to a specific family type where a child is brought up by someone who is within their network, but not their parent. The term also refers to a wider cultural phenomenon of conceptions of family and child-rearing within society. This research took place in a time of increasing focus on kinship care, particularly with the promise of kinship care as a potential mechanism to save the UK state money in children's social care, after decades of increasing rates of children entering foster care (Shuttleworth 2023). This has led to kinship care becoming viewed in policy, practice, and much of the research to date as an alternative care type. This has been problematised in some research, particularly research with a focus on the views of children (Shuttleworth 2021; Burgess et al. 2010). Arguably, fitting kinship care into the paradigm of normative family types in the UK context has led, to some extent, to individualisation of kinship care, where individual carers are viewed as delivering care (Shuttleworth 2021). This can be seen in much of the research where there is a focus on kinship care versus foster care, with a comparison of ‘outcomes’ or types of families (Hunt 2020b). However, other views argue that it is important to consider kinship care as a collective societal family type, not putting responsibility solely on individual families or carers (Shuttleworth 2021).

It was important for the current study to take a broad approach to the conceptualisation of kinship care, which then had implications for the population of interest, the sampling strategy used, the methods employed, and the analysis framework. Rather than focusing on a specific route to kinship care such as connected person fostering, permanency orders, or informal family arrangements, or imposing definitions on sibling kinship care such as no parent in the household or only ‘full' brothers and sisters, this research had as an inclusion criteria of anyone who had for a period of time defined themselves as having been the main carer for someone they had a sibling-like relationship with or had been cared for by someone they felt they had a sibling-like relationship with.

As highlighted in chapter 3, rates of kinship care across the UK vary, both between nations and within nations. Policies and definitions also vary, with different focuses and practice. However, there is not a clear relationship that has been identified in research between different approaches, practice variations and the rates and experiences of kinship families. Therefore, it was important to focus broadly on the UK in the research to explore what different approaches are being taken and how these may or may not relate to the experiences of kinship families. This necessitated methods that could reach a cross-section of practitioners and policy makers, and kinship families, and an analytical framework that could bring together the experiences of families, the experiences of practitioners and the policy contexts across the UK. The ideal was to include all four nations of the UK. However, at the time of conducting the research, there was not a functioning government in Northern Ireland, and many of the key policies and agencies involved with kinship care were in flux. For this reason, the focus of the research was on the other three UK nations. Therefore, the kinship population of interest was all sibling kinship carers across England, Scotland and Wales. For practitioners and significant actors, the focus was on those who could give insight into policy and practice with sibling kinship carers. Therefore, any actor across England, Wales and Scotland who influenced policy and practice was within the population of interest. To focus more specifically on the reality of practice with kinship carers, the study concentrated on teams within Wales. This was due to the duty within Wales for local authorities to support kinship carers, and the flexibility afforded to those local authorities to decide how best to provide support. Therefore, the population of interest for focus groups was all practitioner teams within Wales who work directly with kinship carers.

4.3.3 Recruitment and participant characteristics

There are four groups of participants in this study that were sampled from the population defined in the previous section: brothers and sisters who have experience of caring for their younger siblings, care-experienced adults (18+) who spent time being raised by their brother or sister before they turned 18, people working in and influencing policy development in the area of kinship care and practitioner teams with experience of working with kinship families. A range of recruitment approaches were used for different participant groups. This section details how the research was publicised to potential participants in different groups.

4.3.3.1 Recruitment

4.3.3.1.1 Negotiating Access: Insider, Outsider

As a person who defines herself as a feminist, feminist ethics and principles underpin how I conducted my research study. As such, the principles of openness and reciprocity (Dickson-Swift et al. 2007; Berger 2015; Gill 2022) influenced my decision to disclose my ‘status’ as a former kinship carer for my brother. This was decided in conversation with my supervisors, with whom I discussed the benefits and the risks of disclosing this aspect of my biography. I disclosed to kinship family participants in my initial conversations that I had experience of being a kinship carer. I did not detail this experience, but when asked, I talked more about some of the specifics of my experience. Disclosing lived experience of the research topic may enable the researcher and participant to mutually create new understandings (Dickson-Swift et al. 2007). As others have found (see Gill 2021), I felt this enabled me and the participants to explore certain areas in more depth – such as ambivalences between wanting to care for a sibling and also wanting to explore the same opportunities that peers without caring responsibilities could access.

With practitioners and policymakers, I was also open about my experience. I produced blogs and recruited through social media (see section 4.3.3.3) where I had been very open about my lived experience. In addition, I carried out consultation groups where I noted that my interest in the research topic had to some extent been through my own experience. I was cautious about disclosure in this context as I felt it could have had positive and negative impacts on engagement, with some participants possibly feeling that my lived experience could undermine the objectivity of the research.

One of the risks of disclosing a shared identity with a participant is that it can enable participants to share more details of difficult parts of their lives (Abell et al. 2006). Researchers with lived experience of the topic under investigation may find their perceptions hindered by difficulties separating participants' experiences from their own (Dwyer and Buckle 2009). This can present a risk to the research study (see section 4.7), but also to the wellbeing of the researcher. Listening to retellings of traumatic events, particularly where the researcher shares some lived experience with the participant, can be emotionally challenging (Sheppard 2018) and can lead to reflections on difficult memories for the researcher (Gill 2021).

However, exploring the emotions that are triggered during the research can enable researchers to develop a better understanding of the data, and to identify elements of the study that require further exploration (Sheppard 2018). Moreover, attention to the specific emotions that are provoked in the researcher can give a different lens through which to (re)examine the data (Mannay 2018).

The decision to disclose my identity as a former sibling kinship carer impacted on my recruitment. As I have an extensive network of care experienced people that I am in contact with regularly, and I have carried out other research that intersects with this study, I had contacts that I had built up a trusting relationship with as a researcher with lived experience. I was able to contact these networks to promote the research. To an extent, this pre-existing relationship increased the confidence that potential participants and organisations had in taking part. However, it could also have had the opposite effect, by calling into question the professionalism of the research. This could have limited the willingness of some gatekeepers to refer potential participants.

In addition, I felt disclosure of my lived experience increased the expectation on the impact that the research could have, as I was viewed as a passionate 'insider' who could use the platform of the research to make the changes that people highlighted as needed (see section 4.7).

4.3.3.1.2 Working with gatekeepers

Working with gatekeepers is a key component of conducting research around sensitive topics. Gatekeepers – in this case, practitioners from local authorities or third-sector organisations who work with kinship carers – are important in safeguarding families and also highlighting opportunities for them to participate. While all participants in this research were adults, the services that work with them nevertheless have a duty to keep them safe and carry out due diligence before signposting any research (Clark 2011). Navigating whether the research is seen to be important or risky involves time and sensitivity to the concerns and contexts of gatekeepers. Within social work research, gatekeepers may have their own experience of taking part in research or supporting other research projects, and, depending on their experiences, may be sceptical about the benefits of participation (Cree et al. 2002).

To mitigate any misgivings that gatekeepers may have had around my role as a researcher, I attended several groups that focus on kinship care across the UK. The membership of these groups included support workers, social workers, policymakers and third sector organisations from local authorities, independent organisations who work with kinship carers such as the Fostering Network, Kinship, and Family Rights Group, and carers organisations who run support groups. Attending these groups also supported my thinking about the conduct of the research and the subject matter.

I shared information about the research with these groups verbally and also via information sheets (see Appendix A). Certain members of the groups who worked closely with kinship families, and were currently working with sibling kinship families then circulated the information sheet to families that met the criteria and that they thought might want to participate in the research. The practitioner then either asked the family member to contact me directly or asked for permission to pass me their contact details. I then went back to the groups that I had met with and offered to present the anonymous findings of the research to the group to help shape their thinking and practice.

4.3.3.1.3 Recruiting through social media

To reach a wider group of kinship families, including families who were not necessarily engaged with services, the research was promoted on the social media platforms Facebook and Twitter. Recruitment on social media can be effective, especially with younger participants (see for example Barney et al. 2021). Recruitment involved sharing blogs on my own Twitter page which is mainly followed by care-experienced people, kinship carers, social care academics and children's social care practitioners. I also wrote blogs for webpages including Exchange: Family and Community, DECIPHer and CELCIS. In addition to this, organisations including Kinship, the Kinship Care Advice Forum Scotland, More Than Grandparents and Kinship Carers UK posted about my research on their Facebook pages, linking these posts to the information sheet.

4.3.3.1.4 Direct recruitment via email

To recruit participants for significant actor interviews and practitioner focus groups, a purposive approach was taken to only recruit those who could best attend to the research questions. Therefore, direct emails were sent to individual community members or organisations and team managers of social work teams to inform them of the research and ask if they would be interested in participating. However, attendance at kinship care-related groups and promotion of the research through social media served to raise awareness within this population, so they already had a level of understanding of my study. Where organisations had signposted sibling-kinship families to participate, they may have been more interested in taking part themselves.

4.3.3.2 Participants

For kinship family participants, the sample size needed to enable the development of an understanding of sibling kinship care beyond the individual case. However, it was not possible, or necessary within this study, to create a sample that was statistically representative of larger populations because the total population is not known (see section 2.2.1). Exploratory qualitative research was needed to understand which attributes of families may be important. Therefore, it was necessary to apply purposive sampling to include a range of experiences that could give depth to theory development; and the characteristics represented within the sample were developed reflexively, and through consultation with community members (Shuttleworth 2021).

It was also important to acknowledge that the sample depended on how many people could be reached and wished to take part, a specific risk when researching a group without a defined identity. Moreover, every effort was made to ensure that no one took part in the research if they did not feel prepared or fully certain of their desire to take part, due to the potentially difficult nature of the content. As such, the sample was purposive and ethically orientated.

Narrative research does not necessitate pre-defined hypotheses or sample sizes. Instead, richness from a small sample is sought. In addition, critical realism focuses on rich data often generated in multiple data-generating activities with participants theoretically sampled. Because the population of interest in this study is both under-researched and ill-defined, with many different definitions of ‘kinship care’ existing, this research took a purposive sampling approach. The approach aimed to gather a broad sample of sibling-headed kinship families with a range of entry ways into becoming kinship families. Therefore, eligibility criteria for families were carers who self-defined as being the main carer for their sibling. In addition, care-experienced adults (18+) who had been cared for by a sibling who had taken part in the research were invited to participate in an interview. The inclusion of care-experienced adults was to give a broader view of the experience of being in the care of siblings, and to reflect on their experience of moving to independence. Therefore, the population sampled for kinship carers is all (self-defined) sibling kinship carers across England, Scotland or Wales, and any of their younger siblings over the age of 18 who they had formerly cared for.

In total, 13 older siblings took part in the research (see Table 2). Two carers were kinship carers in Wales, three in Scotland and eight in England. Their ages ranged from 15 to 27 when they first became carers, with one age not included. Three cared for their siblings under a care order, two had a legal permanency order, and the other eight were caring for their siblings with no legal order in place, including two who were caring for children with a parent still in the home. Prior to living with their siblings, seven of the younger siblings were in non-kin care (three in residential care, four in non-kin foster care). One was living with another kinship carer, while the other eleven were living with their parents. Five of the older siblings were currently caring for their younger siblings, and eight had formerly been carers. Of the 13 who took part in the narrative interview, six also took part in a follow-up interview.

Table 2: Sibling kinship carer characteristics

Country*	Pseudonym and age when kinship began	Age of child(ren) at start of kinship care	Care of younger siblings prior	Legal order for children	Current or former carer**	Participated in follow-up interview
Wales	Joanne (25)	8 and 9	Non-kin care	SGO	Former carer	No
	Marcie (27)	11	With parent	None	Current carer	No
England	Hasan (15)	5	With parent	None	Current carer	Yes
	Kelly***	Four siblings***	With parent	None	Former carer	No
	Emma (22)	6 and 7	Non-kin care	Care Order	Current carer	No
	Claire (22)	14	With parent	None	Former carer	Yes
	Stacey (22)	13	Non-kin care	Care Order		Yes
	Sally (25)	13	Non-kin care	Care Order	Former carer	Yes
	Anna (22)	13	Kinship care	None	Former carer	No
	Jade (25)	6 and 8	With parent	None	Former carer	Yes
Scotland	Laura (18)	14	With parent	None	Current carer	No
	Izzy (22)	14	With parent	None	Current carer	Yes
	Kara (20)	1	Non-kin care	Adoption Order	Current carer	No

*main country in UK that experience of being a kinship carer took place

**this indicates that the child that was being cared for has reached 18, however the older sibling may still be providing support.

*** ages unclear as caring role fluctuated

Three adults who had experience of being cared for by their older siblings took part in the research (Table 3). At the end of the interview with the older sibling, if the younger sibling fitted the inclusion criteria, where appropriate, I asked if they thought that their younger sibling might want to take part in the research. Of a possible seven younger siblings who were eligible to participate, the information sheet was passed to four by their older siblings, three of whom chose to participate.

Limited demographic details are included to preserve their anonymity. Two of these younger siblings were cared for under a legal order, with one having no legal order. All three had experience of living in one other alternative care arrangement (kinship or non-kinship) before living with their sibling – including informal kinship care with another family member, non-kin foster care and residential care. Only care-experienced adults whose sibling carers also took part were included.

Table 3: Younger sibling participants

Pseudonym	Age range when becoming looked after by sibling*	Under legal order	Looked after (kinship or non-kinship) prior to sibling care
Charley	8-10	Yes	Yes
Luke	11-14	Yes	Yes
Alexa	11-14	No	Yes

*exact age not provided to preserve anonymity

Semi-structured interviews were carried out with significant actors (n=9) across the UK in England, Scotland and Wales (see Table 4). These significant actors were selected to represent the third sector, local authority, local policy and national policy levels. Some roles that existed in parts of the UK do not exist in other parts of the UK, so a snowballing strategy was used to identify who the key informants were in each setting. The most prominent third-sector organisations working with kinship carers in England, Wales and Scotland were approached to participate by email. Of these, six responded and signposted the research to the person they thought was in the best position to respond to the research questions. Key policymakers were approached by email to take part from England, Scotland and Wales. Only one agreed to take part. In the other two countries, significant actors working within third-section organisations and advising national governments on kinship policy were identified and all four agreed to participate. A further person was identified to take part by another participant, they sent an email to tell them about the research and they agreed to participate. In total, nine participants from eight organisations took part.

Table 4: Characteristics of significant actors who took part in the research

Country	Pseudonym	Type of organisation	Type of role
Scotland	Donna	National government	Policy advisor
	Lesley	Third sector	Service manager
Wales	Glenda	Third sector	Service manager
	Samantha	Third sector	Policy consultant
England	Allie	Third sector	Service manager
	David	Third sector	Policy advisor
	Carol	Third sector	Policy advisor
	Amanda	Third sector	Policy advisor
	Harriet	Third sector	Governance

Sampling for focus groups was informed by emerging findings from significant actor interviews. Significant actors talked about ways in which practice differed across teams, and how policy was (or was not) implemented into practice. I therefore wanted to interview a range of different types of teams that included different types of practitioners and delivered different models of support. I directly emailed the team managers of these teams to inform them about the research and ask if they would be interested in taking part. Of the four teams that were approached to take part, three agreed. One was in south Wales, one in mid-Wales and one in north Wales. In total, fifteen practitioners took part, two were team managers, eight were social workers, and five were support workers.

Table 5: Characteristics of practitioners who took part in focus groups

Focus group	Pseudonym	Role with kinship carers*
County 1	Emily	Social worker
	Julie	Social worker
	Nicole	Support worker
	Anna	Support worker
County 2	Jasmine	Team manager
	Carla	Social worker
	Zoe	Social worker
	Ian	Support worker
	Alison	Support worker
County 3	Caitlyn	Team manager
	Kiri	Support worker
	Sandra	Support worker
	Tom	Social worker
	Louise	Social worker
	Jill	Social worker

*Names of roles vary across local authorities, and some are very specific to certain teams therefore generic role titles have been used which capture the function of the role but not the exact title of the practitioner.

4.4 Techniques of data production

This section details the specific methods that were employed to generate data to address the research questions. As noted in the previous sections, there was a need to understand the subjective experiences of the participants to explore alternative views and understand the contexts important in sibling kinship care. Data generation therefore drew from different approaches, and took place in three stages, with each stage informing the next.

4.4.1 Community engagement

Speaking with members of the kinship community throughout the research was a central component of the approach. Engaging with people with a range of experience helped me to be reflexive, and community engagement also shaped the parameters of the research and supported recruitment and the interpretation of the data. Five sessions were carried out with four groups throughout the research cycle (see Appendix B), and community members remained included in conversations about the progression of the project. In addition, more informal follow-up conversations were held with community members about the research, which helped to shape my thinking. This included speaking with two former sibling kinship carers who were not eligible to take part as they had been carers outside of the UK, and one former kinship carer who had cared for her nephew.

Through this engagement work, the definition of ‘sibling’ that had been used in recruitment was updated to incorporate the broader definition used as part of the implementation of the findings from the care review in Scotland. The definition was drawn from Scottish legislation, which recognises that a sibling relationship may, or may not involve biological ties:

> *“A sibling is defined in the Regulations as: a person who has at least one parent in common with the child, and any other person with whom the child has lived or is living, and with whom the child has an ongoing relationship with the character of a relationship between siblings.”*
> (Scottish Government 2021)

Community engagement also shaped the broadening of definitions of kinship carers by highlighting the crossover between young carers and kinship carers.

In addition, the importance of recruiting participants who could speak to specific areas – namely assessment, special guardianship orders, and kinship care with no social work involvement – was highlighted as key to developing a nuanced understanding of the phenomena of sibling kinship care that could impact policy and practice.

4.4.2 Narrative interviews

Narrative interviews were chosen as the most appropriate method of eliciting the experiences of siblings. The epistemological, ontological and ethical justification for this choice was outlined in section 4.2. Several research approaches, strategies, and methods can be used under the framework of narrative research (Lieblich et al. 1998). As the group of participants that are the focus of this research are under-researched, it was important to use a design that enabled them to identify what they viewed as key events, players and circumstances in their journey to becoming and being kinship carers. Accordingly, a naturalistic narrative stance was taken (McAlpine 2016). Using this approach can quieten the researcher's voice and enable participants to lead and direct the interview conversations. The naturalist narrative approach focuses on:

> *“rich descriptions of the content of people’s stories about significant issues, asking questions such as ‘What experiences has this person had?’ ‘What do these experiences mean to her or him?’ ‘What complicating actions and evaluative aspects are highlighted?’* (McAlpine 2016, p. 35)

Pertinent to this research, the naturalist narrative approach can highlight key ‘events’ or stages in the life course of importance to a specific group of participants. This could help to highlight key points for intervention for families across the life course, and also what has worked well, or has been missing in support, without imposing pre-conceived theories and ideas on the participant. Pre-tasks, or tasks in situ, have been used in other studies to help participants understand and prepare for the conversation, and can quieten the researcher's voice, creating space for reflection and engagement (Mannay and Turney 2020).

The narrative interviews centred around a single topic - the experience of raising a sibling with carers, or the experience of being brought up by a sibling for younger siblings (in care, and older care-experienced people). To prepare, participants were given a task to support them in reflecting and preparing before the interview to help them consider what they may want to share. Using the method suggested by McAdams (1993), the example task asked participants to think about their life in five chapters or events, including before and since they became a carer or became looked after by their sibling. There was also the option to approach this in other ways to reflect key periods, such as through photographs or drawings. In the interview, participants could use their task and any items that they brought to guide their responses. In this way, the task and any additional items that were used were tools of elicitation in the interviews (Mannay and Turney 2020), and copies were not taken.

The procedure of a narrative interview was to ask ‘experience near’ questions (Josselson 2013) so participants were asked an open narrative question to enable their story to be told in a way that felt appropriate for them. The narrative method aims to make the experience natural, reduce the cognitive load on participants, and help keep a focus on what I (in the research) am interested in – the lives of sibling headed kinship families (McAlpine 2016).

The interviews were conducted online or in person, depending on the preference of the participant and the COVID-19 restrictions in place at the time. There are different considerations for interviews dependent on the medium through which they are conducted such as the preparation needed ahead of time and the privacy considerations (Lobe et al. 2022). However, due to the shift in working practices and technology-facilitated meetings necessitated through the COVID-19 pandemic, participants were generally comfortable with using online methods. However, where there was a preference and it was possible, in person interviews were conducted. Interviews were audio recorded on a Dictaphone, transcribed verbatim and anonymised.

4.4.2.1 Pilot interviews

Two pilot interviews were conducted at the outset of the data generation phase. Two participants who met the inclusion criteria and had experience of the research process were invited to take part in pilot interviews. The interviews followed the interview schedule. At the end of the pilot interviews, participants were asked for their reflections on the interview, and they were sent a short list of questions to respond to regarding their experience and their feedback.

The pilot interviews served two main purposes: to gather feedback on the process of the interview and the content to help ensure that they were suitable for the participant group and to develop prompts to use through the interviews to ensure that the data generated was appropriate to attend to the research questions.

As well as developing prompts, some changes were made because of the pilot interviews. Firstly, the way that the optional preparation task was introduced to participants was revised to make the purpose clearer. Secondly, an additional two questions were added to the interview schedule following the narrative question:

- How would you describe what it is like being a carer for your sibling?
  This question was added to draw together the narrative at the end and to provide a chance for participants to summarise their thoughts. In particular, this was felt to be useful as some people’s narratives could end at difficult or negative points. A summary question gives participants a chance to take a step back and ‘close’ the narrative.

- Are there any media examples that you can think of that portray your experience as a sibling carer?
  This question came from a pilot interview and was included to link the participant’s experience with a wider societal portrayal of siblings and kinship care.

A full list of questions can be found in Appendix C.

It should be noted that although these interviews were initially arranged as pilots, with the participant's permission the data generated were included in the overall analysis.

4.4.2.2 Starting points

One of the benefits of this type of narrative interview is that participants decide where to start. I encouraged participants to start at whichever point felt most relevant to them. This meant that participants could include relevant details from any point to explain their experience of becoming a sibling kinship carer or entering sibling kinship care. These starting points and the events that participants chose to include in their narratives then formed a key part of the narrative analysis.

4.4.2.3 Prompts

Some narrative approaches suggest that prompts and questions should only be used to encourage the participant to continue the narration or to clarify what seems confusing to the researcher (see Wengraf 2001 Biographic Narrative Interview Method). However, other approaches acknowledge the co-construction of the narrative between the researcher and the participant (see Riessman 1993). The latter approach was taken in this research for several reasons. Firstly, as detailed in section 4.3.3, I decided to be open about the fact that I had been a kinship carer for my younger brother. Although I did not share in-depth details about my own experience, this disclosure had an impact on how participants framed their own experience, for example by using terms they assumed I would be familiar with, by asking for reassurance from my perspective, or by leaving out some details that they may have assumed that I would know due to my own experience. This has been termed the issue of 'the familiarity problem' (Delamont et al. 2010) and necessitates strategies to 'fight' familiarity (Mannay 2010). To do this, I included prompts to unpick some of the assumed knowledge as a strategy to counter familiarity. Riessman's (2008) approach also highlights the need in the analysis phase of the research to consider the role that the researcher played in constructing the narrative, which will be discussed in section 4.6.1.

Additionally, narratives of kinship families are not just narratives of individuals, but of family structures and relationships. It is therefore important to consider kinship care as a collective societal family type, and not to put responsibility solely on individual families or carers. Therefore, prompts exploring the roles played by others in the family were included. At the beginning of the interview, participants were asked who they classed as their family, and these members identified by the participant were used to develop prompts through the interview such as *'you mentioned an older brother, what was he doing at this time?'* After the narrative question, participants were also asked about cultural representations of sibling kinship families to reflect on how wider representations impacted on their identity development.

Finally, the more interactive approach was chosen to support the participants. While it is likely that some parts of the narrative expressed in the interview may have been ‘retellings’ of frequently told stories, most participants would not have ‘presented’ the full experience in the way I asked them to do in the interview. Being able to interact with participants during the interview therefore was a way to help them in this process.

4.4.2.4 Follow-up interviews

Follow-up interviews were carried out with sibling participants. These aimed to elicit participants’ perspectives on the interpretation of their narrative interviews and explore in more depth responses to, and examples of themes or mechanisms raised by them, other sibling participants and practitioners.

Six to twelve months after the initial interview, participants were contacted (with previous consent) and invited to take part in a follow-up interview. These were conducted online or in person depending on the preference of the participant. Interviews were audio recorded on a Dictaphone, transcribed verbatim and anonymised.

Six sibling participants chose to participate in these follow-up interviews. The follow-up interviews served two main purposes: to check the interpretation of the narratives in the analysis, ensuring no areas important to the participant were excluded or misrepresented, and to explore in more depth the underlying mechanisms identified across the narrative interviews.

4.4.2.4.1 Part 1: Member checking

Member checking can be described as a “way of finding out whether the data analysis is congruent with the participants’ experiences” (Curtin and Fossey 2007, p.

92). However, this has been criticised as limiting the co-creation of interpretations of narratives by only including participants at a stage when interpretations are already ‘polished’ (Harvey 2015). Some (Doyle 2007; Harvey 2015) have reported that they have struggled to engage participants in member checking as they preferred not to revisit narratives. It was important to me that participants were included in my interpretation of their narratives, but also that the follow-up interviews were meaningful to them. When asked at the end of the initial interview if they would be happy to be contacted again, many of the participants were particularly interested in learning about the experiences of other sibling kinship families. Therefore, I chose to combine the member-checking element with the follow-up interview and emphasise that each element was distinct and optional.

Participants were contacted by email and invited to take part in a second interview. They were sent the information sheet about the study, and the two parts of the interview were explained. Those who consented to and wished to take part in the member-checking part of this interview were asked if they would prefer the ‘core story’ document sent ahead of time, or to read through it together. Those who wanted the document sent ahead of time (n=4) were sent the document through Cardiff University’s ‘FastFile’ service no more than 24 hours before the interview. The time frame was chosen because reading over narratives could be distressing for participants (Birt et al. 2016), so I wanted to meet with people as close to their reading of them as possible. Two participants preferred to read the narratives together, so we did this in the interview, and one person chose to use the ‘text to voice’ function in Microsoft Word to listen to their narrative rather than to read it. The narratives were accompanied by an email containing a list of resources of organisations that they could contact if the document brought up difficult memories.

In the interview, the core story was shared either on screen or in paper copy if in person. Participants were given time to read over the document and were asked three main questions about the narrative:

1) Does the narrative summary feel reflective of what you were hoping to communicate?

2) Are there any important parts of your narrative that are not included that you would like to include (if yes, please tell me what else you would like to include)?

3) Are there any parts of the narrative summary that you would like to remove or reword (if yes, which parts / what would you like to include to replace those parts)?

This was audio recorded for accuracy. The documents were updated immediately following this part of the interview, and the recording deleted.

4.4.2.4.2 Part 2: Thematic interviews

The second part of the interview focused in more depth on possible mechanisms leading to families' experiences of positive support that were identified across narrative interviews. The questions included were iterative, with analysis after each follow-up interview informing the focus of the next interview. They were informed by the 'realist(ic) interviewing' approach (Pawson 1996). The realist interview technique focuses on creating

> *"a situation in which the theoretical postulates/conceptual structures under investigation are open for inspection in a way that allows the respondent to make an informed and critical account of them" (Pawson 1996, p. 313).*

Questions aimed at testing initial causal explanations were identified in the initial thematic analysis (see section 4.6) across data from participant groups. The theorising with the participant about underlying mechanisms necessitated questions that were reflexive and evaluative. Specific areas were presented to participants, and they were asked for their response to it to 'confirm, refute or refine' that theory (Pawson and Tilley 1997, p. 197). In this way, participants were asked to be reflexive and make valuations rather than be descriptive in their answers. For example, some candidate causal explanations posed to kinship carers included:

1) For some people, it seems that *if* they had early experiences of recognition and positive intervention from social services, *then* they felt more able to ask for support when they needed it as a kinship carer. "To what extent do you think this might be important?" "Can you think why this may or may not be important for kinship families?"

2) For some people, it seems *if* they had someone to speak to who had also been a sibling kinship carer, *then* they would felt more able to open up about any difficulties they were having, which could have relieved their stress. “To what extent do you think this might be important?” “Can you think why this may or may not be important for kinship families?”

3) For some people, *if* they had sufficient money and resources to cover the costs of caring for their brother or sister *then* they felt their ability to provide for all of the needs of their sibling were improved. “To what extent do you think this might be important?” “Can you think why this may or may not be important for kinship families?”

This part of the interview was audio recorded and transcribed.

4.4.3 Semi-structured interviews with significant actors

Despite the increased focus on kinship care in the last five years, social work policymakers and practitioners have not had data from sibling-headed kinship families available to them to inform decision-making. However, a systematic review (Fadlallah et al. 2019) found that there is not enough evidence to indicate that research using narrative methods alone has impact on policy decision-making. Therefore, while it is important for practitioners and policymakers to hear the experiences of these families, to make this applicable to practice, and for it to have the potential to impact change, it is important to explore the wider context. Additionally, because families were sampled from all kinship care arrangements, practice knowledge was important to consider the complexity of the system that families were in, and also how their experiences intersected with the social work field.

Practitioners and decision-makers were included in the research in two ways – in focus groups, and through semi-structured interviews. Both methods aimed to generate data about different elements of experiences commissioning and providing services for sibling kinship families. These data generation activities focused on answering RQ2 and RQ 3. This section details the conduct of each method.

Semi-structured interviews were conducted with significant actors. Semi-structured interviews allow for a focus on the topic(s) of interest to the researcher, but with enough space and flexibility for participants to ask their own questions, and for the researcher to follow up on areas of interest that arise through the interview (Brinkmann 2014).

Interviews were guided by a flexible topic guide (Appendix C) that mapped onto the study's overarching research questions, addressing the policy context related to kinship care, the barriers and enablers that exist to providing relevant support to sibling kinship families, and the policy levers through which change to the policy and practice landscape of sibling kinship care could be impacted.

Interviews were conducted either online or in person, depending on the preference of the participant. They were audio recorded using a Dictaphone and then transferred to the university's secure data storage system. Interview recordings were transcribed verbatim and anonymised.

4.4.4 Focus groups with practitioner teams

Focus groups are a method that encourages and stimulates communication between research participants to generate data (Kitzinger 1995). Rather than the researcher asking each person to respond to a question in turn, people are encouraged to talk to one another: asking questions, exchanging anecdotes and commenting on each other's experiences and points of view (Linhorst 2002). The method can be particularly useful for exploring knowledge and experiences, to examine not only what people think but how they think and why they think that way (Kitzinger 1995). There are benefits to conducting focus groups with already established 'naturally occurring' groups, such as a team within a service, as they may already feel comfortable with each other, able to share freely and challenge one another (Kitzinger 1995). This method was felt to be a useful approach to explore practice reflections and examples of experiences with sibling kinship families in a way that was not a direct interrogation of an individual's work. Focus groups built on the data generated in narrative interviews to explore in more depth practice experiences and ideas to contextualise narratives within the social work context in the UK.

Two focus groups were conducted online, using a synchronous video-based method, and one was conducted in person. Due to the busy and sometimes unpredictable nature of some of the work carried out by these teams, I wanted to offer as much flexibility as possible. Although in-person focus groups offer some benefits to the research, such as the researcher being in a better position to observe group interactions (Krueger 2014), there is little reason to believe that data produced in online versus in-person focus groups is of lesser quality (Woodyatt et al. 2016). After the COVID-19 pandemic, many practitioners became very familiar with online methods of working and have reported the benefits of having this option available to manage their workload and enable their participation (Pink 2020; Keemink et al. 2022). Even before the pandemic, online focus group methods had been seen as a practical way of bringing geographically dispersed participants together (Deggs et al. 2010). The platform ‘Microsoft Teams’ was used to conduct the focus groups as consultation with community members indicated that this was the platform that most practitioners and organisations would feel comfortable using.

4.4.5.1 Vignettes

Focus groups used vignettes developed from analysis of interviews with families (see section 4.6.2) to explore how the experiences of families resonate or not with practitioner experiences, and to elicit examples of good practice working with sibling kinship families. Case vignettes have been seen as a natural way to conduct a focus group with social work practitioners, as it can mirror group reflective supervision (Nygren and Oltedal 2015). In the focus groups, I presented a case vignette to the group and asked the group to consider from their experiences and understanding what resources and service responses may have been helpful at specific points within the example.

The session was designed to be very reflective and not specifically always focus on the experiences that practitioners have already had, as some would not have had experiences of working with sibling kinship families (see Appendix E). Therefore, the vignettes were designed to prompt reflections of similarities and differences that there might be with other kinship carers.

At the end of the focus group, participants were asked one focus question to think more broadly about sibling carers:

- What might need to be different in policy and practice to support these carers?

This aimed to prompt a wider consideration of the current and future directions of policy and practice but also for practitioners to think about what they could change to better meet the needs of this group.

4.4.5.2 Data recording

One of the difficulties identified with focus groups is in the transcription stage where it can be difficult to associate contributions with specific participants. To counter this, Microsoft Teams was used to record the data for the two focus groups that took place in person, with a backup audio recording taken. The data was transcribed verbatim and anonymised, after which the Microsoft Teams recording was deleted and the audio recording was retained and stored securely. The additional benefit of using the platform to record the session is that everyone has to agree to the recording at the beginning of the session, and there is a notification that the session is being recorded. For the in-person focus group, some very limited notes were taken in the session for attribution of contributions, and the transcript was typed up from the Dictaphone recording immediately following the session.

4.5 Ethical considerations

As the preceding sections have outlined, there were of complexities that arose from both the focus of the research study and the researcher’s positionality. This section considers these complexities in terms of the ethical conduct of the research.

4.5.1 Ethics

The conduct of the research was approved by Cardiff University's Social Research Ethics Committee (Ref: 4093) (see Appendix F[8]). I complied with ethical considerations of informed voluntary consent, confidentiality and data protection. The main ethical challenge central to this research was the potential distress of the participant. This section details how this potential was mitigated.

4.5.1.1 Potential of distress to participants in narrative interviews

Given the topic of the research, it was important to acknowledge that participants may have experienced emotional distress through talking about difficult experiences. This was one of the main reasons for choosing narrative interviews for sibling participants. The nature of a narrative interview that focuses on a life story on a key event enables participants to consider which parts of their narrative or experience they want to share and which elements they prefer to leave out of the discussion. However, the open nature of the narrative interview means that topics may arise that were not envisaged at the outset (Riessman 2008). The relatively passive role of the interviewer attempts to avoid raising topics that the interviewee has not already mentioned, but it also leaves spaces open where a participant may disclose more than they had intended to.

It was also important to ensure that participants were fully aware of the nature of the interview, both in terms of content and process. Different approaches were taken to meet this requirement. At first contact, if a potential participant expressed an interest in taking part in the research, I sent them an information sheet, and arranged an initial phone call. In this initial call, I talked through the process of the interview and what would be covered. I provided examples of the questions that would be asked, especially the main narrative question, and gave an estimate of how long the interview would last. I also covered the content of the information sheet and checked whether the potential participant had any questions. I then asked the potential

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[8] There were some deviations from the ethics application in practice. Although ethical approval was granted for the use of a survey with practitioners and to conduct interviews with children, these approaches were not taken forward. The survey did not feel necessary to generate the rich qualitative data needed for the study. Interviews with children did not feel practical to carry out online due to the COVID-19 restrictions in place at the time of data collection.

participant to think about if they would like to take part and followed up after a few days to ask if they had come to a decision, and if yes, what an appropriate time and place would be for the interview to take place. Three people chose not to participate after this initial conversation.

If a participant did agree to take part, attempts were made to ensure that the participant felt comfortable and prepared. An optional task was provided to help them structure their thoughts and decide what they wanted to include in the interview. The task consisted of thinking of their lives in five chapters. Within these chapters, they were prompted to consider key characters and events (see Appendix D). Participants did not need to complete this task, they could decide whether or not to discuss it with the researcher, and indeed could decide the approach that they took. Half of the participants (n=8) stated that they had carried out the task. Participants were also told that they could bring along an item such as a photograph to centre their narrative on, which three did.

Participants were also provided with information on appropriate sources of support and relevant information in their location, such as Child Line and Children in Wales (see Appendix G), and I offered breaks throughout the interviews.

4.5.1.2 Potential of distress other participants

Aside from sibling participants, practitioners and policymakers also took part in the research. Although they may have a different relationship with the research topic, which affords more personal distance, it is important to acknowledge that, especially in social work research, practitioners and those in need of services or with lived experience of accessing social work services, are not necessarily distinct from each other. Studies exploring motivations for choosing social work as a career, for example indicate lived experience as a key motivator (Petersén 2024). Additionally, practitioners can have their own complicated experiences with the topic. Therefore, it was important in the research to approach all data generation activities by ensuring that people understood the topic, and were aware of their right to decline participation or withdraw from the study.

4.6 Framework of Analysis

To address the research questions, a reflexive thematic analysis was used, drawing from a range of approaches:

- Polkinghorne’s (1995) paradigmatic mode of analysis – analysis of narratives
- Braun and Clarke’s (2023) reflexive thematic analysis
- Fryer’s (2022) critical realist model of thematic analysis.

Data generation and analysis informed each other at points within the study.

The first stage of the analysis focused solely on the narrative accounts. Narrative analysis allows for different approaches to be taken with the data to answer different questions, and methods can be brought together or reconfigured depending on the purpose (Mishler 1995). A thematic approach to narrative data means that the “… emphasis is on *“the told - the events and cognitions to which language refers (the content of speech)”,* with a focus on the temporal events within the narratives (Etherington 2017, p. 58). A thematic approach was also taken across the data to identify common elements to theorise across cases (Riessman 2008). Therefore, the narratives of individuals and dyads (sibling pairs) were analysed holistically then compared across narratives to draw out core narratives around important stages and events in kinship families’ lives. This is different from some thematic analysis that comes from a theory or framework that is developed before analysis, but from the data, using a descriptive coding approach (Braun et al. 2023). This analysis informed the rest of the data generation activities.

The second stage of the analysis brought together all of the data generated in a critical realist analysis. The critical realist thematic analysis focused on drawing out what outcomes might be impacted through sibling kinship care, what might impact these outcomes, and how. (Wiltshire and Ronkainen 2021; Fryer 2022) outline steps to conducting critical realist informed thematic analysis. I adopted the approach outlined by Fryer (2022) to maintain a focus on identifying causal explanations through thematic analysis. A focus on causal mechanisms is the main reason for applying a critical realist framework to this study, and other themes that may have been identified using Wiltshire and Ronkainen's approach could duplicate some of the narrative analysis already undertaken.

Fryer (2022) focuses on three key critical realist terms – events, experiences and causal explanations. Narratives can be described as 'stories of experience' (Squire 2008), where narrators may detail events, but are often telling the story of how they experienced that event, or how they believe someone else experienced it. The same is evident in focus groups and interviews reflecting on practice experiences. In Fryer's (2022) model, the data, the coding and the development of themes correspond with different concepts.

> *"the three critical realist concepts of experiences, events and causes roughly correspond to data, codes, and themes. The experiences of people remain in the data itself, the codes consolidate these experiences to talk of events, and themes consider the causal mechanisms that produce these events and experiences."* (Fryer 2022: 375)

The rest of this section details how these approaches to thematic analysis were used within this study.

The initial analysis took place after the first stage of data generation of narrative interviews with carers and young people. The initial analysis took place in stages:

1. Familiarisation – Manually creating verbatim transcripts (indwelling), noting initial thoughts.
2. Data preparation - Narrative smoothing; Creating a core story (descriptive codes highlighting events and timepoints, 'restorying through reordering the story chronologically)
3. Descriptive coding highlighting key events, characters, setting and experiences
4. Development of narrative typologies
5. Initial critical realist theme development – consolidating codes across accounts.

This initial analysis framed the second round of data generation – second interviews with sibling carers, focus groups and significant actor interviews. A second stage of analysis took place after these data generation activities. The steps involved repeating many of the same steps as above for the new data, and revisiting the initial critical realist analysis:

1. Familiarisation – Manually creating verbatim transcripts (indwelling), noting initial thoughts.
2. Descriptive coding highlighting key events, characters, settings and experiences
3. Initial critical realist theme development – consolidating codes across accounts
4. Refining themes and developing causal explanations.

4.6.1. Familiarisation

Verbatim transcripts were prepared manually to translate the audio data to text format. This process enabled increased familiarisation with the data. Once the transcripts were prepared, the audio files were then listened to again alongside the transcript as a way of 'indwelling' with the data and building understanding (Smith 2016). During this stage, I kept a word document of initial reflections called *Thoughts and Questions.* This included information such as how the data was generated and where, breaks that took place, and any other information that could be useful for the analysis process.

4.6.2. Data preparation and thematic coding of narratives

The next stage of the analysis drew on techniques from narrative analysis aimed at focusing on holistic stories rather than atomised data. This stage involved 'composing a research text' (Clandinin and Connelly 2000) by identifying *"the patterns, narrative threads, tensions and themes either within or across an individual's experiences and the social setting"* (p132). The first stage of this process requires removing 'superfluous' information from the transcript to focus on the narrative. This is done through a process of ‘narrative smoothing’ (Polkinghorne 1995), where elements of the data are removed or ‘tidied’.

The next stage is the re-ordering of the story, or ‘reconstructing the told from the telling’ in Mishler’s (1995) typology. This involves working with ‘contingent sequences in data’ (Riessman, 2008), or “the temporal and sequential linking of events, actions, and actors” (Czarniawska 2004). Rather than detailed coding that draws out blocks of data removed from the wider text, narrative thematic analysis involves ‘tacking’ the data to identify key and recurring themes rather than developing more descriptive codes (Riessman 2008). In this way, stories and events are identified within the transcripts. These events and stories, which are sometimes broken within narrative interviews, were then organised in a narrative flow through a process of ‘emplotment’, reordering ‘stories’ to reflect a temporal flow (Kim 2015). This involves ‘reconstructing’ a storyline, which then becomes the focus of further analysis (Mishler 1995).

The final ‘core stories’ were approximately a quarter of the length of the original transcript. Crucially, the language used is not changed and the core stories use the participant's own words. These ‘core stories’ formed the first focus of the ‘member checking’ interview (see section 4.4.2.4). The benefit of preparing the data in this way was to keep a focus on the core story and events in the analysis stage.

4.6.3 Building a typology of narratives

The themes identified across the narratives were brought together to build a typology of narratives. This involved grouping narratives according to common core concepts and events highlighted in the thematic analysis in relation to the journey to becoming a sibling kinship family. These concepts and events were drawn from the thematic analysis. In addition, the analytical tool of broadening or expansion (Mishler 1986), was used in this part of the analysis to identify “what else we know about the storytellers and their local and general circumstances” (p. 244).

This produced three main group narratives. These types of narratives are not definitive and cannot encapsulate all possible experiences of sibling kinship care.

Instead, they were illustrative of the types of experiences and journeys that the participants in this study described. Community member consultation was used to validate the typologies.

The three ‘types’ of kinship journeys were used to develop vignettes to guide focus group discussion and informed the significant actor interview schedules. This involved writing three amalgamated biographical descriptions of sibling-headed kinship families, one representing each ‘typology’ of family. For each ‘family’ a scenario was written based on a point at which support might be needed from a service, derived from family narratives. This helped to maintain the anonymity of the participants, whilst having examples based on real experiences.

4.6.4 Initial critical realist coding

This stage involves taking a descriptive approach to coding, similar to reflexive thematic analysis (Braun et al. 2023). Codes described the events or experiences that occurred in the narrative, with a focus on capturing the nuance of the data rather than labelling with short or theory-led codes.

As this process can lead to a large number of codes, development of the codes took place alongside application of the codes. This was done through standardisation and consolidation (Fryer 2022). Standardisation involves bringing together codes that say the same thing in essence, but with slightly different descriptive codes. This was carried out after every second data transcript that was coded. Consolidation refers to a process of identifying any general or theoretical terms that could be used in the descriptive codes. This was done using the concept of experiences and events – where the descriptive codes mainly focused on experiences of individuals, whereas the consolidated codes focused more on events that may be experienced more generally – such as the death of a parent or having a social work assessment to become a kinship carer. This built on the initial coding already carried out.

The final step in coding was reviewing the codes, which focused on descriptive and interpretative validity. Fryer (2022) suggests reflecting on whether:

- Codes accurately describe the data that they have coded? (Descriptive validity)
- If general concepts continue to accurately reflect the experiences in the data? (Interpretative validity)

This was considered throughout the coding process, and at the end of the analysis to ensure that the codes applied were relevant and that they represented the data coded to these codes. This involved some correcting and re-coding.

4.6.5 Initial critical realist theme development

As in the Fryer (2022) paper, the themes in this analysis are *causal explanations* that seek to show what influence accessing (or not) different resources has on sibling-headed kinship families experiencing positive outcomes. This means that the development of themes in this approach is designed

> *"…to develop causal explanations that answer your causal research question…. These causal explanations will try to outline how particular causal mechanisms produce the experiences and events we see in our data and codes."* (Fryer 2022, p. 375)

For example, an experience might be identified through coding such as *the carer felt able to process and psychologically recover from traumatic events that led to the kinship care arrangement*. The critical realist thematic analysis therefore seeks to develop causal explanations to understand what may have caused this to be experienced.

The development of the themes at this point is done through deductive reasoning, for example, by questioning what best explains an event. This is a central tool of critical realist analysis, whereby one explores the conditions needed for a specific phenomenon of interest to be possible. This involves taking an event and hypothesising a causal mechanism that might explain the outcomes observed

(Danermark et al. 2019). For example, the ‘event’ could be that a carer explained their situation to a teacher at their child’s school, and the teacher referred them to a kinship support service. The hypothesised causal mechanism could be that the kinship carer was ‘recognised’ by the teacher as being a kinship carer and eligible for support. In this way, retroduction seeks to explain phenomena by highlighting the main mechanisms and contexts that may produce specific outcomes. The “thinking backwards” from outcomes and effects to causes (Houston 2010, p. 82) attempts to identify findings that relate to the domain of the ‘real’ rather than in the empirical or actual. In other words, retroduction looks to identify causal mechanisms that can offer the most likely explanation of the observation or event.

The starting point for this ‘deductive thinking’ is abduction. This uses inference to explain the phenomenon through the interpretation and theoretical re-contextualisation of events through a conceptual framework or ideas. (Danermark et al. 2019). Abduction

> *“entails considering all possible theoretical explanations for the data, framing hypotheses for each possible explanation, checking them empirically by examining data and pursuing the most plausible explanation.”* (Charmaz 2006, p. 188).

Therefore, theories from previous research and literature, and initial themes from the narrative analysis were used as starting points for developing causal explanations. At this stage, the themes were not well refined, but they informed the interview schedules for stage two of data generation.

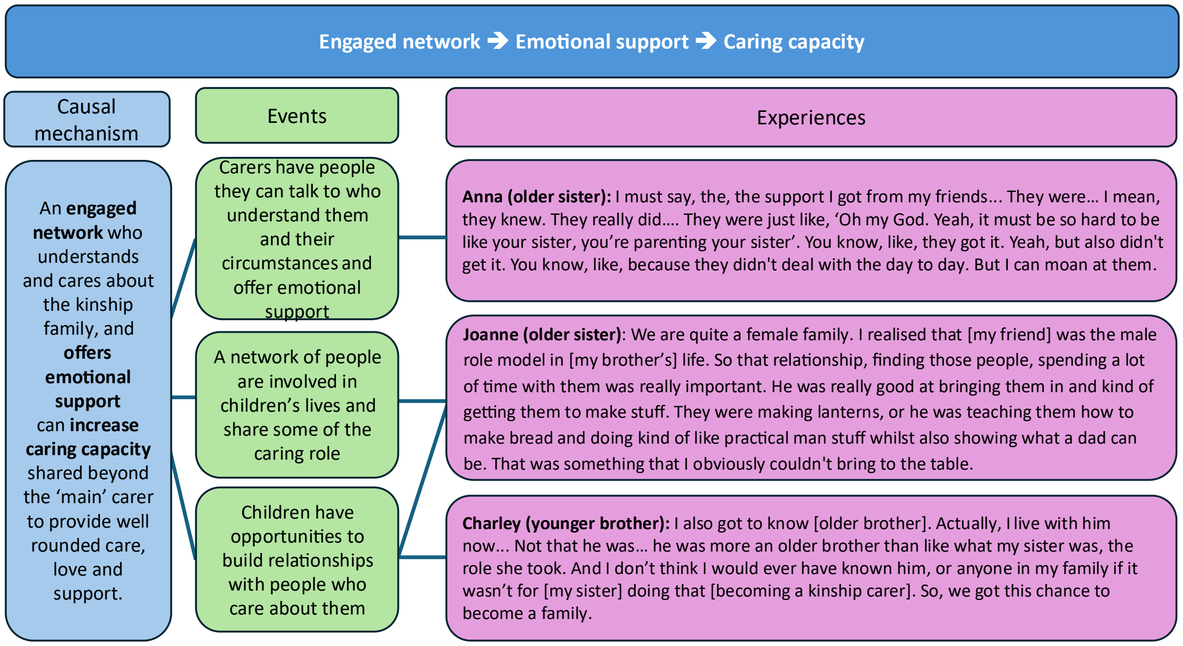
4.6.6 Refinement and consolidation of causal explanations

In the final stage, particular attention was given to the validity of the coding and the themes, and any contradictions across accounts that emerged. This involved the careful reviewing of themes from the initial analysis alongside the new coding, with consideration given to the validity of the causal explanations. The consideration of theoretical validity (Maxwell 2012) involves considering whether

> *"Retroductive claims have a sound logical basis (judgemental rationality) and consider the extent to which they account for what the analysis has so far revealed (explanatory power)"* (Wiltshire and Ronkainen 2021, p. 7)

This involves constantly reflecting on whether the explanations are plausible and appropriate. Therefore, themes were changed, eliminated, and supplemented with new ones, even after every piece of text was coded (Gilgun 2015).

Causal explanations were presented in diagrams showing illustrative data, adapted from Wiltshire and Ronkainen (2021) Approach (see Figure 4.1 for an example).



Engaged network ➔ Emotional support ➔ Caring capacity

Causal mechanism

Events

Experiences

An **engaged network** who understands and cares about the kinship family, and **offers emotional support** can **increase caring capacity** shared beyond the 'main' carer to provide well rounded care, love and support.

Carers have people they can talk to who understand them and their circumstances and offer emotional support

A network of people are involved in children's lives and share some of the caring role

Children have opportunities to build relationships with people who care about them

Anna (older sister): I must say, the, the support I got from my friends... They were... I mean, they knew. They really did.... They were just like, 'Oh my God. Yeah, it must be so hard to be like your sister, you're parenting your sister'. You know, like, they got it. Yeah, but also didn't get it. You know, like, because they didn't deal with the day to day. But I can moan at them.

Joanne (older sister): We are quite a female family. I realised that [my friend] was the male role model in [my brother's] life. So that relationship, finding those people, spending a lot of time with them was really important. He was really good at bringing them in and kind of getting them to make stuff. They were making lanterns, or he was teaching them how to make bread and doing kind of like practical man stuff whilst also showing what a dad can be. That was something that I obviously couldn't bring to the table.

Charley (younger brother): I also got to know [older brother]. Actually, I live with him now... Not that he was... he was more an older brother than like what my sister was, the role she took. And I don't think I would ever have known him, or anyone in my family if it wasn't for [my sister] doing that [becoming a kinship carer]. So, we got this chance to become a family.

Figure 4.1: An example of the presentation of causal explanations drawing together analysed data

4.7 Reflexivity

Due to my own lived experience of areas directly related to the topic, it was especially important to be reflexive throughout the research. Reflexivity regarding the methods used and the theoretical assumptions shaping the decisions made can help judgements about the credibility and the reliability of the findings, to enhance transparency, knowledge production, researcher self-awareness, and integrity (Appleton 2011; Probst and Berenson 2014).

This involves explicitly stating how the research was conducted, including how the researcher gained access to participants, how the researcher presented themselves and built (or struggled to build) rapport, how data was recorded, and what data was available and what was used (Altheide 1994). To attend to this in this study, I wrote detailed sections on the conduct of the research, including recruitment, and writing memos after each interview to detail how I felt the interview went, what went well, and what was difficult.

Reflexivity also encourages researchers to critically evaluate how their life experiences, identities and beliefs impact the conduct of the research and the findings (Berger 2015). I felt this element of reflexivity was particularly important due to my shared identity and lived experience with participants (Dickson-Swift et al. 2007). Researchers with ‘insider’ status may over-identify with participants (Etherington 2004) and avoid or prioritise personally meaningful elements of the research topic (Dwyer and Buckle 2009).

Reflexivity was addressed through several methods. Firstly, I kept a reflexive diary throughout the research process. This aimed to maintain an awareness of my reflections on the developing research, as well as my own emotional responses to the material, and other external and internal circumstances that could impact the conduct of the research during the literature review, the choice of the methods, and in data generation and analysis. Secondly, the supervisory relationship was essential to consider the emotional impact of the work, with supervision addressing both the practical and the emotional elements of the research. My supervisors were also involved in reading transcripts of interviews and offered their reflections, which I compared with my own initial analysis to consider areas of focus, to support me in reducing over-identification with elements of narratives that may have mirrored my own. Finally, as discussed in section 4.5.1, my participants and other community members remained engaged in the research throughout. This included the second interview with participants, which shaped analysis, and prioritised areas to emphasise and minimise, which were similar and different to other experiences, and to check my interpretation (Hesse-Biber and Piatelli 2012).

Through this process, I was able to see and acknowledge elements of other people’s experiences that crossed over with my own, and those that did not (Dwyer and

Buckle 2009). Creating typologies of narratives enabled me to see where my own narrative might fit alongside others, and where it diverged. This awareness of similarity and difference throughout the study kept me attentive to not seeing generalisation of people's experiences, and instead to focus on nuance and similarities. Engaging with others throughout the process also highlighted areas that I might not have been as well positioned to notice, such as variations in assessment practices in different parts of the UK, or similarities seen between some of the participants and young carers.

4.8 Conclusion

This chapter has detailed the conduct of the research. It has sought to highlight some of the complexities of navigating a topic that the researcher has lived experience of, and the methods and decisions that were made to incorporate this element of the work. It also detailed how the methods of data generation and analysis influenced and incorporated each other at different stages. The following chapters will present the findings of the research.

5 Early life experiences before kinship care

5.1 Introduction

The findings are presented in three chapters, exploring the circumstances that may lead to the formation of sibling-headed kinship families, how these families are formed, and what might be needed to support these families to achieve positive outcomes. This first chapter presents data generated with siblings with a focus on antecedent circumstances that lead to the need for a kinship family. The chapter is structured based on a chronology drawn from the narrative accounts. As detailed in chapter four, the data set was analysed using a thematic analysis of narratives to create ‘groups’ of sibling kinship care narratives and to explore common and different themes across narratives.

The findings in this section are organised under two overarching themes – family life in early childhood of siblings and sibling roles and relationships. The concepts of temporality and causality (Richardson 2000) orient these sections, to examine how ideas about the past, the present, and the future influence the participants’ narrations. The lens of temporality offers a focus on how specific stories are framed around different time indications, which are then linked to causality, or causal explanations, regarding – in this case – the antecedent conditions in families that may later lead to sibling kinship care. The chapter therefore begins by exploring themes in the early childhood of the participants, and the roles of people within the family, which illuminate how the later kinship arrangement came about. The second part of the chapter presents narratives of deterioration and crisis in family life, with a focus on the roles siblings played for each other, and how these roles changed over time.

The accounts of thirteen families are represented in this chapter, from the perspectives of thirteen older siblings in the role of kinship carer and three younger siblings with experience of being cared for by their sibling. All names are pseudonyms, and identifying information has been removed. The accounts of younger siblings are not explicitly linked to the accounts of their older siblings to protect anonymity.

5.2 Family life in early childhood

This section explores the early childhood experiences of siblings, and the role of important adults in their lives. Most interviews began with the early childhood of the older sibling, or in some cases, the childhood of the siblings' parents. The narratives touched on intergenerational experiences of separation, foster care and kinship care. The early lives of siblings included happy memories of family life, and in some cases, they also included experiences of abuse and neglect. This period was covered in the accounts of the older siblings and younger siblings, although older siblings also included details of the early childhoods of their younger siblings. Participants often experienced numerous moves, across cities and countries in different cases. However, for some children, there were points in which organisations like schools, and individuals like extended family members became aware of difficulties that the children were facing. For others, their memories of childhood were of a happy 'normal' life, that changed course due to a significant event.

Participants noted gaps in their memory, apologising for a lack of chronology or vagueness in their recollections. However, each shared specific memories from early childhood with the researcher, and these memories contextualised their accounts, introducing important characters, and often presenting a pivotal moment where the situation at home changed. Not all participants talked about happy memories of childhood in the home, but instead drew on positive memories of school, friends or wider family. More challenging recollections of early childhood involved the children experiencing some level of abuse including physical, emotional and/or sexual abuse or neglect in the care of their parents. The main adults who featured in the accounts of early childhood were parental figures such as mothers, fathers, new male partners, and the wider family network. These figures can be conceptualised as the 'supporting cast' (Gergen and Gergen 1988) of the accounts. These representations of other people are not full accounts of their roles or motivations, but they have a role within the account. These members can also perform a role in their absence in that, by not being present, they influence the narrator's experiences.

Early positive memories of childhood discussed by narrators were linked with food and or family trips and events. Early childhood involved memories that seemed to function as an anchor point for their understanding of what parenting and family life should be. This is illustrated in Joanne’s account of how her ideas of what is important for children to understand, experience and learn in childhood.

> *“My mum was a teacher. Her philosophy was that I was going to learn more probably than just sitting in a classroom by being out and about, so I was encouraged to pick up languages and try new foods. I remember one of my very early memories was eating. We'd broken down in the middle of [the country we were travelling in]. And there was this kind of goat herd[er] that helped us to get back on the road. He gave us goat's milk and olives. And for a five-year olds' Western palate, I was just like, "this is disgusting, this is absolutely horrendous." And my mum was like, "you will eat that, because that is all that he's got. And he has given that to you". And you will drink all that goat's milk.”*

Later in Joanne’s account:

> *“I think despite her drinking, me and my mum were quite close. My mum used to cook everything from scratch. I told you that one of my early memories was her making me eat the olives and to drink the goat's milk, because that's all he had. I guess there's probably quite a lot of principles. She was a schoolteacher herself. Somewhere in the sobriety and the chaos, I think she must have instilled some sort of principles of, this is what a healthy childhood looks like.”*

For other children, memories of childhood were around what they described as a ‘normal life’, with not much that stood out. This normal life, like in Laura’s account, then served as a contrast to later events where life changed for the worse.

> *“The sort of childhood memories I did have was, like a happy sort of normal childhood with my mum and my dad. I liked going to school and I got on with both of my brothers and had friends. I would say lived quite a normal life. My mum was a nursery nurse, my dad worked in care homes. It was quite a normal childhood. Would go out and play with my friends. I would like going to swimming. Didn't really have any sort of responsibilities or didn't really have much to worry about apart from just being a child and enjoying my childhood.*

> *And then it was when I was 10. That was when things changed quite a lot in the family dynamics. Before that, I would say there wasn't really anything significant that happened until my dad's death when I was 10." (Laura)*

Childhood parental bereavement featured in many of the accounts, including Laura, Joanne, Marcie, Stacey, Izzy, Claire and Alex. Childhood parental bereavement is often a reason for children entering kinship care (Farmer et al. 2013; Wellard et al. 2017). However, sibling kinship families will likely have an increased shared experience of childhood parental bereavement – with the carers and the children both having experienced the loss of the same parent. Even where, as in Stacey and Claire's accounts, the parent who died was not the biological parent of the older sibling, this bereavement played a significant role in their lives and the family circumstances and was a key theme in their accounts.

Mothers were central characters in most accounts and were often portrayed in a complex and nuanced way. Where there had been problems with their parenting, with some having been abusive towards their children, they were also spoken of with positive qualities of caring, and teaching children values. Even where this was not the case, mothers were portrayed with sometimes complicated backstories with their own experiences of their childhoods, in some cases with extreme trauma and abuse. Sally recounted in detail the abuse and neglect that she and her siblings experienced at the hands of their mother. Throughout her account, she also offers parts of her mother's history.

> *"My mum was also part of the care system… Her mum died when she were nine. From being in foster homes. … She went straight into the care system. She was abused by social workers, boys in kids' homes. Bad things happened. My granddad came back, she went back to live with him. He's then started abusing her and would invite friends around. When she was 11, she fell pregnant to her dad." (Sally)*

Representations of intergenerational trauma were common across many of the narratives. Participants did not generally reflect on the complex interplay of biological and social contextual factors that might underpin the 'transmission' of abusive or neglectful parenting behaviours (Van Wert et al. 2019). Instead, as in Sally's account, these representations could function to allow narrators to tell of their parents' actions, while also explaining how their parents' own childhood experiences and trauma could lead to later parenting behaviours, rationalising the limitations in their parenting. This could serve the purpose of helping people to balance the complex feelings that they might hold for parents who were abusive or did not meet their needs (Baker and Schneiderman 2015).

The 'absence' of biological fathers was evident in ten of the accounts. As noted in Laura's account, her father had died when the siblings were children, which left a gap and was a pivotal moment in her account. In other cases, fathers were absent from the lives of the older sibling from early on or did not have the main caring role for the children after parental separation. However, absence from the account does not necessarily entail absence from family life. For example, in Hasan's account, he talks about his father in the role of financial provider for the family, but not tasks Hasan felt were as important in parenting such as domestic and emotional roles. Kara's account describes her changing relationship with her father, which is returned to throughout her longer account.

> *"My dad was 15 when I was born, and my mum was just turned 16. So both very young parents. I kind of grew up, like the first five, six years of my life, there was a lot of house parties and like drug use, and things like that around the house when I was when I was quite little. Not from my mum. All kind of from my dad.*
>
> *Dad still lived with us but would disappear for days, like he would be away... for days at a time out partying and things and then he'd just show up. Eventually they kind of split ways when I was 11.*
>
> *Kind of went a few years of not really having a lot of contact with my dad, as I kind of went into the teenage ages. And then realised, actually, this... adult will go to the shop, he'll get me a drink, or fags or something if I was to ask him to. So then I kind of started building a relationship with my dad when I was in my early teens. Because I could get things from that was handy to me at that age.*
>
> *And then the dynamic kind of changed again, where like I realised how unwell my dad was.*

> *So you know, he is addicted to drugs, but he would be like, on and off drugs because he had spent sometimes like over a year in hospital, due to his mental health. So he'd be in hospital quite a lot. So then it kind of became more of a caring role than... a daughter-father role. It was more like I would take him supplies into hospital that he needed. When he was out of hospital, I'd take him to get his shopping. Em... like, basically a young carer. I was kind of helping him with his medications and stuff. He'd get these big blister packs, I'd make sure that he was using them properly.*
>
> *So I went to university to do mental health nursing, coming from all that kind of care experience of looking after my dad and things like that." (Kara)*

Kara's account here not only shows her relationship with her father changing and developing over time, but it also acknowledges how this influenced her later choices and understandings. Within this account, the absences were explicitly referenced, while in others the absences were evident through a lack of a role in the account.

As in Kara's account, the majority of older siblings, and some younger, took on caring roles for their parents at different points in their lives. Laura highlighted the expectation and felt 'inevitability' that she would step into a caring role for her mother and grandmother, as she was the only female sibling. Kelly talked about how she did not have time to socialise with other children as she was positioned as the emotional support for her mother.

> *"On the evening, I think in like year 8, I used to be allowed to stay up till like eight o'clock. Em and that would, I think, would be my mum's time to release all of her... issues on to me. Because it was just normally a lot of time, like her being upset with the relationship and then sort of spilling that onto me and em kind of being her therapist, I guess." (Kelly)*

These can be seen as examples of a type of 'parentification' of children, defined usually as children 'parenting' their parents, taking on tasks inappropriate for their age and development, with an imbalance in the 'give and take' of the relationship (Haxhe 2016). While children may take on tasks and roles within the home, what stands out in the accounts of these participants is how their caring roles for their family members is juxtaposed with the lack of parenting and care they received from important adults in their lives.

In ten of the accounts, a new ‘male’ figure had entered the lives of the children when they were young, with some being the father of the younger siblings. In situations where a new male partner entered family life, they were portrayed to have been a contributing factor in worsening experiences for the children. This was through introducing or catalysing alcohol or drug use of the main carer through either being a perpetrator of abuse or also being a user of drugs and/or alcohol.

> *“She met him when I was like 5 or maybe 4. He was a friend of a friend of hers. They drunk, some of them were on heroin. They all smoked and stuff. His dad died and left him a house so we moved into his house and there were people there all the time. It was pretty chaotic. I don’t remember much about that time but the memories I have are bad. He was drunk and violent and unpredictable all of the time and she just retreated into herself. She basically disappeared. She was in bed for years, taking medication for depression. She became so quiet but then she was just slowly trying to kill herself.” (Stacey)*

The family units were often relatively disconnected from wider networks such as family and friends and the community. Accounts highlight many examples of family estrangement and separation, which limited the family support that siblings had in their early years. In some families, moving homes, areas, and even countries meant that children were regularly disconnected from their wider family and friends and changed schools. For others, this was exacerbated through experiences with the care system. Claire talked about seeing a similar pattern of estrangement with some of her siblings as with her mother and her siblings:

> *“My mum and her siblings having estrangement but also a cycle of care. So being abandoned by her mum and going into the care system or being adopted or, or being kinship cared. So there's that generational estrangement as well, which has, it has come on to this level, which is hard at times. But there is definite, definite estrangement that comes, and I think that comes when you come in and out of each of others’ lives,*

> *sometimes through your own choice. Sometimes not. You might not even see that person for years." (Claire)*

The changing make-up of the family led to the loss of some relationships for children, such as for Laura's family, whose paternal grandparents were no longer in regular contact after the death of her father, and Kelly whose paternal grandparents remained in minimal contact after her parents separated. This was echoed by others who lost relationships with grandparents, aunties and uncles when their parents separated or moved. Jade talked about how important her nana had been in her life and how difficult she found it when the family moved away from the area when their mother found a new partner.

This disconnection from wider family, and networks such as schools and friends, meant that where the situation at home deteriorated there were few options for the siblings to get support from people outside of the small family unit. In contrast, others highlighted the essential role of key family members, particularly grandmothers. Joanne talked about always coming back to her maternal grandmother's house between travelling in other countries, and this feeling like home, and the place where they got the chance to go to school. Alexa talked about the role that her grandmother played in providing a safe space and being her kinship carer before she went to live with her sister:

> *"She (mother) went from being a stay-at-home mum and very available, to never being home. I spent a lot of time at my nan's, I was very close to my nan. I was there three, four days a week." (Alexa)*

However, there were also reasons that limited the support from wider family members, even those who played an active caring role in the children's lives. For some, this was due to grandparents having long-term or difficult illnesses, or aging, and the children wanting to protect them from having to take on too much. For others, they felt grandparents did not want to know about what was going on, particularly where there was drug and/or alcohol abuse. Some accounts point to the older siblings feeling that relatives turned a blind eye, leaving them to manage the situation themselves.

> *“They (grandparents) are very Catholic. They didn’t want to know, to acknowledge it, that she was an alcoholic. They knew, but it isn’t the sort of thing we could talk about. Even now. They never came to the house I think because they didn’t want to face how bad it really was for us.” (Izzy)*

The parenting experienced by the siblings in early childhood had gaps due to parental absence or illness, or parents or new partners abusing the children in the home. These accounts highlight gaps in parenting and caregiving that the sibling groups experienced in their childhoods. These experiences were given different levels of importance by the participants, but function to give insights into family life and the roles of the main characters within the accounts.

5.3 The changing roles and relationships of siblings

Participants described the relationships they developed with their siblings within the family environment. These roles changed over time and were often in response to the parenting experienced by the siblings. Many of the siblings also experienced some form of separation from each other, which changed the roles and relationships that they had with each other. This section explores in more depth sibling relationships presented in the participant accounts.

5.3.1 Siblings roles

As detailed in Chapter 2, research has indicated ways in which sibling relationships can be impacted by experiences of abuse and maltreatment. In particular, the contamination hypothesis posits that adverse environments in siblings’ childhoods can have a worsening effect on sibling aggression, conflict, and rivalry, whereas the compensation hypothesis argues that under adverse circumstances, the sibling relationship may be more supportive and warm (Witte et al. 2020). However, there are complicated factors such as the age difference, gender, birth order, personalities, and type of abuse and neglect experiences that could impact the development of different relationship types between siblings (McGuire and Shanahan 2010; Witte et al. 2020). These models do not fully account for the role that siblings take for each other to fill in the gaps in adverse environments (Donagh et al. 2023). Parentification, as explored in the previous section, can also help understand the following accounts. While usually used to describe children parenting their parents, the concept has also been explored in relation to one child ‘parenting’ another within the sibling group (Conger et al. 2009).

Within the participants’ accounts, two narrative themes were evident about the role that an older sibling provided for their younger siblings: the protector and the caregiver.

5.3.1.1 Siblings as protectors

Some older siblings ascribed to themselves a protector role, discussing how they came to be in this role. They highlighted differences in their perceptions of their experiences of abuse compared with their siblings. This resonates with the literature explored in Chapter 2 about sibling identity development. The role of abuse in developing sibling identity is illustrated in Sally’s story about having to move to live with her grandfather who her mother had told her had abused her in childhood. She talks here about taking on the protector role for her sister. Although this was not the sibling she later cared for, she positioned herself in this role as the older sibling:

> *“And then bad things happened. My sister was born. And I just remember always trying to protect her. I remember we had to sleep on, when we first moved [there] we had to sleep from two blow up beds, separate ones. But because I was quite conscious that he would come in and out of the room, I remember getting in with her to make sure that I was always at the front, so if he was going to come for anyone it would have been me. I remember telling my mum and my mum said that I was making it up. I'd got confused with what she told me about her abuse.” (Sally)*

In this quote, Sally placed herself literally in front of her sister to position herself as her protector. This is contrasted with the lack of protection given to Sally by her mother, who said she was *“making it up.”* Jade similarly recounts how she stood up to an abusive adult to protect her sister (a different sister to the siblings she later cared for) and her mother. She also positions herself as responding differently in the situation to her mother, who did not defend her.

> *"When me and my sister were little we moved around quite a lot. My mam had several partnerships, and none of them were really successful. And then she met somebody who lived in another city. So we moved there, me and my sister, which I found really, really hard. I think I was seven. So it was a new school. My mam hadn't been going out with this guy very long. It's only been a couple of months. Everything was really strange. He ended up being very abusive, it was a very abusive relationship that my mam was in. Not physically. There was some physical abuse, but it was mainly financial, mental, coercive control type of abuse. And it was also aimed at me as well. Not so much my little sister but because I had a big mouth, as he used to say, he used to punish me for like, no reason.*
>
> *As I was growing up, I remember times where it was in the summer and it was windy, and a door would slam and he said I did it on purpose but it was the wind and I was grounded for three months straight, like for nothing. So that really like shaped how I saw myself. Because I took care of my sister because obviously when he was punishing my sister, I'd be like, "but she hasn't done anything." So I was always standing up for her. The same with my mam. I'd say, when they used to have an argument or he used to argue with me, like "why? Why are you not saying anything? Why aren't you sticking up for me? Why aren't you taking my side. He's clearly wrong." (Jade)*

Again, this was not the sibling that Jade ended up caring for, but she reflects on how these incidents and how she stood up to her mother's partner shaped how she viewed herself in relation to her family.

Another narrative of the protector role, as seen with Jade, Marcie, Sally and Stacey involved older siblings acting to get their siblings out of the home environment by involving social services. Sally describes how as the situation deteriorated at home, this entailed her calling social services and the younger children entering care:

> *“I said, I need to use your phone, I can't do this anymore. And I phoned social services. I did. It was me… I just said can't do this anymore mum. I've tried. You know, I love you. But I'm not making you get better. I don't think you ever will. I just want to be a kid. And I just said "Please take me this time." And we went. We went into care for years and years she hated me. She probably still does somewhere in her. She used to tell my brother and sister like we couldn't have contact together. Because she used to tell my brother and sister it were my fault. Like she'd turned up drunk and then tell them it were my fault. And then [my sister] wouldn't hug me. So it was traumatising me. So then we had to have separate contact time. I got put in care with them at first but then I got split up from them.” (Sally)*

Sally relates the protector role that she positions herself in as leading to personal relationship losses, including a difficult relationship developing between her and her mother, and also her sister.

In Stacey’s family, all of the children were removed from home at the same time, but she and her brothers were put into separate foster homes. Again, although not directly precipitating the entry into care, she talks about having referred to the possibility of calling social services to try and get her mother to leave an abusive partner.

> *“I told my mum if she didn’t leave him I’d put myself in care. And she did. She actually did [leave]. But… even though things got better for a while, they got worse again too.” (Stacey)*

The accounts of Sally and Stacey illustrate how the roles and responsibilities that the older siblings took on in caring for their siblings and parents could have led them to actively seek support from children’s services. However, when this leads to the separation of the siblings, it can also engender feelings of guilt and resentment.

5.3.1.2 Siblings as caregivers

The other narrative around the role of older siblings was the ‘caring role’. Accounts describe how, in the contexts of difficult home environments, some older siblings, still children themselves, took on caring roles to varying degrees for their younger siblings. Many linked childhood experiences of caregiving by or for siblings to their understanding of who was responsible for parenting. Older siblings related their early experiences of caring to their carer identities and how they formed their ideas of what a parent should and should not be. Younger siblings discussed how they learned to turn to their siblings to meet their needs.

The gaps in care provided by adults often lead to older siblings stepping into caring roles from an early age. Siblings drew on their experiences of caring for, being cared for by, and spending time with their siblings as a way of explaining and interpreting what family life was like. The caring roles that siblings took on in childhood were a key theme in the accounts of some but not all participants. For some, life at home was very difficult throughout childhood, and this corresponded with the older sibling taking on extensive caring responsibilities from a young age. These included families where social services were repeatedly involved in the children's lives – described in the accounts of Sally, Stacey, Claire and Luke. These patterns were also seen in families with little or no social work involvement but where there were many children and one sibling was positioned as the one who had the caring responsibilities – Izzy, Hasan and Kelly. For Joanne, Jade and Emma, their roles resembled 'helping out' initially, but the responsibilities increased as the situation at home deteriorated. For Laura, the caring responsibilities began when her father died, and they included caring not just for her sibling but also for her mother and grandmother. For others, either these caring responsibilities did not seem present in early childhood – as in Anna's experience – or did not feature in their accounts.

Where older siblings took on a caring role early in their lives, the birth of a younger sibling was a key memory. This is related to the challenges that were presented by a new child in a chaotic environment with little parenting. In some cases, caring responsibilities were positioned as a result of neglect from parents, especially where the parents were not meeting the basic needs of the young child.

> *"I must have been nine. At that age, it's all just excitement about having your baby brother and I just absolutely loved him. He was hilarious and just such a lovely little kid. But within that it wasn't easy, either. Because both my mum and my stepdad were addicted to heroin, and so, in terms*

> *of parenting around that, there's just a lot of non-parenting. Let's put it that way." (Claire)*

The concern that older siblings had for their infant siblings in these environments then led to them intervening and taking on a caring role, providing a high level of care.

> *"And then her and my dad went and I didn't see them for five days. And I was sat with this special care baby that I had to feed little tiny bits of milk with these special sterilized bottles, not even proper bottles at this point. And I think because I'd seen them do it in hospital and I tried to... I kind of just naturally knew but no one had ever taught me… So God knows actually how I kept him alive. I don't really know how I did that. Or if I did anything wrong I'm not sure." (Sally)*

> *"When he was born, my mum basically stayed in bed for like two years. She only got up to watch her soaps. Adam spent a lot of time in his cot and I would get him out so he could come in with me and Chris. But it was hard because there wasn't really food and stuff in. I remember once, and we still talk about the poonarmi now because it makes my niece laugh. When he was in his this like bouncer chair and he had a really really big shit and he was there for ages. I think maybe I'd been at school. But then when I got back he had taken it off and smeared it everywhere. And he was just still like there and his dad just left him like that and I had to clean him up and change him. It was really gross. When I tell the kids about it is funny but it wasn't. It was quite scary." (Stacey)*

The early life of younger siblings was often remembered in relation to the role older siblings had taken on, with the older sibling having provided some level of care for the younger sibling in the early years. This was reflected by Luke talking of his early memories of home life, and how his main memories were of his older sister and the role she played in his care:

> *"I don't really remember what that [home life] was like. I just know... I remember [my sister]. Like from being a baby, I remember [my sister]. There were things that happened when I were younger. Like, I think [my sister] was looking after us, and I pulled an iron on to my leg, because she*

> *was only 16 and I was like, a one year old, just running around. I've read about that in my file as well. So I know social services weren't that involved again. And I think it got a bit much for [my sister] because she was only 16 looking after me and my other sister. I was one, my other sister was probably about seven or eight, [my sister] was like 15, 16. She's still in school. Not really attending school because she had her brothers and sisters to look after." (Luke)*

For those siblings who stepped into a caring role very early in their lives, they often positioned themselves as taking on a caring identity, which then framed the role they took on for their siblings:

> *"I remember very very early on, like from the age of seven, I would be the child minder. So I would be looking after these children. I think that is where wanting to work with children and families comes from. I still remember the names of the children I used to care for, even from when I was eight or nine. My mum would just kind of leave them alone. I would be changing the nappies, all that stuff. So I learnt all that stuff that I did with my sister from a very early age anyway. So that is where the caring role, and the childcare knowledge came from.*
>
> *I think my whole life, I've always cared for someone. When I was able to care for people when I was 6, it was random children my mum was child minding, or even sometimes fostering I think. So I've always cared for people in those years. Then when my little brother was born, I was 5. Then when I was 7, he was 2. Even then I was looking after him. When my sister was born I was still looking after my brother. I think that is why I wasn't as close with my sister when she was a baby.*
>
> *I've always looked after someone. There has never been a time when I haven't looked after someone. Even now with my sister." (Hasan)*

Where parents were more able to provide care, the older siblings characterised the role that they took as "*helping out*". However, this changed over time. The changing experiences and caring responsibilities framed the narrative, moving on to the next stage, where the situation escalated. Research with young carers has highlighted that caregiving responsibilities and impacts vary significantly due to the circumstances of individual young carers, the person that they care for and their family and that the nature of being a young carer changes across childhood (Janes et al. 2022). In many of the accounts, older siblings recognised that their caring responsibilities increasingly represented a point in time where the conditions at home deteriorated, with their parents performing less of the parenting role. This was mirrored by the younger sibling's recollections of the role the older sibling was playing. For Sally, Emma and Joanne, this was due to the increased use of drugs or alcohol, and for Stacey and Kara, through escalating mental health symptoms and substance use.

> *"Em and that's where I realised things were starting to change. And then I started not being able to go to school. Because I was taking the kids to school and then I'd look at the time it was late and I didn't want to show up late and get detention. And to not get detention meant to tell the truth. To tell the truth meant social workers taking us away and splitting us up, which then meant they would abuse me and that was how my brain was programmed." (Sally)*

Joanne recounted a specific incident where she came home and found that her mother had not been looking after her younger siblings while she was at school, and her realisation that she would need to play a more active role to keep them safe.

> *"I remember this is one instance where I came back and the kids were really, really young at this stage. They must have been hungry or something and my mum was unconscious, like she drank that much. She was completely unconscious. I walked in from school and the kitchen, they'd got into the flour and the eggs. I don't know if they were trying to cook or something. But it was like a bomb site. And it was at first really funny and then really scary because it was "I've got to kind of do something here". So I tried talking to my mum about it and she was dismissive or angry and but I started to get a bit nervous then about going*

> *to school and leaving the house. I did the basic stuff that needed to be done. I'd always pitched in a bit anyway but it was as and when I wanted to. But it became a little bit more like, now I have to do this." (Joanne)*
>
> *"I was always just sort of doing breakfast and dinner. Maybe I'd see me mates for a bit and come home and I'd be with them again and then they'd be in my bed all night because she wouldn't be home with them. And it was just a lot of my focus went into the children at that point." (Emma)*

These accounts show the fluctuating caring roles and responsibilities taken by older siblings throughout their childhoods. They also starkly highlight the sometimes very difficult home circumstances that siblings were negotiating.

Even for those who did not have what would be called a young carer role, they compared their 'caregiving' role to that of other siblings who did not seem to have such inclinations or expectations:

> *"I spent a lot of time with my sister. I remember walking down the local town with her and buying her sweets, like I always had that role of being very caring. And I'll go play with your sister kind of thing, you know. So it was always me, when I had little sister, it was always me playing with her. My brother had grown up and was in his room playing computer games. So it was kind of that, there was a caregiving role in some sense. Never like the practical stuff. I never like cooked for her or did washing or anything like that. I might help tidy at room, play with her." (Anna)*

Within accounts, there was a lot of evidence of warm relationships between siblings, especially those who ended up becoming sibling kinship units. However, some described difficult relationships with their other siblings. Sally and Stacey reported this with their middle sibling, particularly concerning them having taken on some of the caring role:

> *Sally: "My sister hated me because she seen me be the mum, which didn't want me to be the mum. She wanted my mum to be the mum. She properly hated me."*
>
> *Sally: "She kind of got the best treatment. Because she was the middle one and she was quiet."*

As can be seen in Sally's two quotes relating to the relationship between her and her sister, hostility between the siblings is engendered by the parent not effectively parenting. Both siblings seem to be using different strategies to fill the gaps in parenting. This could lead to differing relationships between parents and siblings, and different treatment of siblings by parents.

In some way, the development of a 'caring' identity as a child in the narrative account could be a way for siblings to make sense of the reasons that the kinship arrangement came to be in later years. These family dynamics and relationships within the home served to position family members in relation to each other, in some way explaining later roles played in the kinship family.

5.3.2. Sibling separations

For the majority of participants, there had been a separation of the siblings at some point. There were complicated narratives of family separation, with a final separation coming after other breaks in the family, usually involving the older siblings having left the family home, either through entering foster care, informal kinship care or moving out on their own, alongside younger siblings also moving to live with another parent, kinship carer or entering foster care.

The section also explores how these roles changed due to family separation. In most of the accounts, siblings spent some time apart, sometimes out of regular contact before the kinship arrangement began. This occurred in different ways, including care entry for some or all of the siblings, the older siblings leaving home, parents separating and children going to live in separate households, or a combination of these factors. This was not an experience shared across all participants, but themes highlight how wider narratives about separation can underpin how siblings might (or might not) seek support when facing difficulties at home.

For six of the sibling groups, family separation involved entry into the care system. This was either all siblings entering care at the same time, the older siblings entering care and the younger siblings living with other family members / being born later, or the older siblings not entering care but the younger siblings entering care at a later point. In Stacey and Sally's families, the siblings all entered the care system.

Siblings in the care system are often separated at some point during the time they are in care. These experiences of separation through the care system resonate with research that indicates that 37% of children with a sibling who enter care are separated from at least one sibling (Children's Commissioner 2023). The 'Sibling's Law' project indicates that decisions to separate siblings often rely on preconceived categories such as gender, shared parents and age rather than in-depth explorations of the nature and the importance of the relationships for the children themselves (Monk and Macvarish 2019). The belief that separation from siblings was in some way related to their own actions and behaviours as children was echoed by older and younger siblings alike:

> *"I think we ended up getting split up. I can't remember why. Em, I think it's just what happens with kids in foster care especially. I was like difficult to manage because I was... uprooted from my normal life. [My sister] was obviously very outspoken. She kicked off when things weren't done properly, or when she saw they weren't done properly." (Luke)*

Separations of siblings happened for other reasons, including, as in the case of Marcie and Kevin, the death of a parent. For others, assumptions about children's motives and ability to keep their siblings safe can also lead to adults making decisions to keep them separate, as demonstrated in Claire's account. Claire was separated from her younger brother when his father left and took her brother with him, and then she and her older brother entered care. She talks about how her younger brother's father was able to stop all contact between her and him while she was in care.

> *“Then my stepdad and my mum broke up. He left and he took my brother. He was only about one and a half and I was about 10. He did live nearby, so we did kind of see each other. But then shortly after that me and my older brother went into care when I was 11, and Michael’s dad stopped contact with us. So I didn't see my brother for like 10 years.*
>
> *It wasn't until I was at university that we reconnected, and my stepdad told me then that he done that because he didn't want Michael to have contact with our mum because he didn't want him to get damaged by her behaviour because she was very emotionally manipulative. He didn't want us to see him just in case we were going to take him to her. I was like, “Well, I don't have a relationship with her either. So, that shouldn't have been a reason but I get it.” (Claire)*

This decision had a long-term impact on their relationship and limited the role that they could play in each other’s lives. Claire’s younger brother remained with his father for most of his childhood. In her account, Claire reflects on what life might have been like for her brother during that period when they had no contact. Her younger brother never entered care and therefore was never officially a child ‘looked after’.

> *“It was really difficult for me emotionally, because I felt awful that he was still being parented in that same way of a parent that had addiction issues. His dad was an alcoholic, as well as being a heroin addict. Very much my brother feeling like he should be parenting him. He was ten or eleven. It was literally just those two. They had a very dysfunctional relationship, to be honest, even from a young age. They were just best pals and they had their little life together. Just for years, my brother wasn't able to... He had issues with speech and stuff like that. He'd speak through his dad. Because we didn't have that relationship for so long I don't know what their relationship was. But you can just see it from the outside. I felt very guilty about not being in his life, or not being able to support and more.” (Claire)*

These accounts indicate the felt impact of the separation of siblings, the gap in explanation of the decision-making, and a lack of protection for sibling relationships. Research from Sharpe (2014) indicates that while social workers take into account the relationship that children have with each other, and the impact of separating siblings, they also are influenced by other factors in their decision-making, such as previous experiences, their values and emotions, and systemic issues such as the availability of foster carers who can care for sibling groups. The accounts presented here also show that it is important to think about all of the sibling relationships that children have, not just what might be classified by adults as the closest relationships.

5.3.3 Repositioning of older siblings from their caring roles

Where a large part of the older sibling’s identity and role was framed through caring - for their parents and siblings, and sometimes others - the removal of this role can be a difficult adjustment. Some of the narratives indicated that this was not always handled in a way that older siblings understood or agreed with. For others, choosing to leave the home was accompanied by feelings of guilt for no longer providing care for their siblings.

For Stacey, Claire and Sally, who entered care, they felt there was a period of actively being repositioned as ‘child’ not carer, which was a difficult adjustment for them that was not acknowledged. This had an impact on their identity that had developed through playing a caring role throughout their childhoods. Sally, for example, positioned herself in the protector role for her younger siblings, both the one she later cared for and her middle sister.

> *“When my brother were little he used to call me mum. My mum hated it. I had to teach him. It took me like a year and a half to drill into him, I'm Sally, I'm your sister. Especially when my mum was there because you could see it in her face that she didn't like it. Sometimes I'd argue with her - it's not my fault is it? You're the one that leaves him with me all the time.”*

Then when the siblings enter care together:

> *“I had to protect them because the first foster carers, when I didn't go into care with them, they'd hit my brother. And my sister had seen it. They'd wrapped him up in a quilt and hit him so they didn't bruise him. So I couldn't let them go into care about by themself this time, I had to protect them. And I couldn't protect mum, but I could protect them. So yeah, I just said take me, take me.*
>
> *The first night, my brother came and got into bed with me. And he'd done that every night, every night that we'd lived together, one o'clock in the morning every night my door would open and get into bed. He always stayed at the other end from me.*
>
> *I was fourteen and he was about 3, 3, 4. They were horrible to my brother. They were horrible and they wouldn't let me care for him. So they were telling me I had to be a kid. Stop trying to look after your brother, just go be a kid. And how do you turn around say to someone so how do I be a kid? I've never been a kid… They would rather me be stood outside of a building snogging a boy getting felt up than being at home trying to look after my brother which was all I knew. And I felt like I had a bit of postnatal depression because they wouldn't let me care for my child. I know he's not my child, but it was my child.” (Sally)*

Sensitivity to children’s identities is needed to handle the complicated work of repositioning parentified children where caring is a core part of their identity, and older siblings can feel more like parents than children themselves. This element of the lost sibling relationship through care entry is rarely explicitly acknowledged in literature – with a rare example found in Donohue’s (2014) personal account of entering kinship care as a child.

One of the younger siblings within this research also reflected on how difficult it was when he entered care and was separated from his sister:

> *“I think when we first went into care, I remember I used to go into the my sister's room, which I wasn't allowed to do. Apparently the foster carers weren't allowed to do that. But because I've been doing it from being a baby, because she was the one who looked after me as a baby, so I was*

> *going into a bedroom because I wanted my sister. They said "Oh, that's disgusting. You can't share a bed with her, you are her brother."" (Luke)*

Luke's account here highlights how work needs to include all of the siblings to help them reframe their relationships to each other and not be shamed for how they interact with each other.

Where older siblings played an active role in the separation, to protect themselves or their siblings, the theme of guilt is evident. In Stacey's account, she talked about a sense of relief that she no longer had complete responsibility for the family when the children all entered care, despite how she felt about being separated from her siblings. However, this relief also came with feelings of guilt and worry.

> *"They said that there wasn't anywhere with space for all of us. They said that place only took boys so I couldn't stay there. We all went in the car together and we went to the place they were going first. I don't really remember it, I remember the black door because I was trying to remember what it looked like so I knew where they were. But it was really far. Like, we didn't ever go up that way and I think it was about an hour drive from home, and then to where I went it was another hour. Now I know where those places are, but then they were just so far.*
>
> *I was glad they were together, but Adam always slept in my bed. Well sort of slept. So I remember being worried. But it was just meant to be for a few days so that wasn't too bad. I was mainly worried about mum because of the police and things. But, I was also relieved. Because it had got so hard to… keep her alive, keep everything together. But I felt guilty too. She really struggled on her own after leaving him." (Stacey)*

This account shows the complex feelings that children may have about their caring roles, with prioritisation for different people's needs (siblings or parents) at different points. This was echoed in Sally's account. Children might remain in difficult situations for longer, and not seek help, through worries of separation from their siblings, but may reach a point where holding these responsibilities becomes too much.

In some families, the older siblings left the family home through their own choice as teenagers, some to continue their studies, attend university, or to live with partners or other family members. Joanne reflected that her leaving could have been a spark for other older siblings to leave, and the guilt she then felt thinking that this might have been hard for her mother.

> *"I was in my first year of A Levels, and I kind of thought I'll just pick it up. But apparently, they have a completely different system. So I couldn't do that. I spent about six weeks over there. My mum was kind of selling the house and was going to follow with the children. When she got there I said, "I can't do my A Levels here. I've got to go back and go live with my nan to finish off my A Levels. And then I'll obviously I'll come out here and the holidays and stuff.*
>
> *During that time when, after I left… Andrew ended up going to live with his dad where they were at the time, and his new partner. That must have been such a blow to my mum. She'd lost two children essentially. I had been taking on more of a role. I think I also felt really guilty because I thought that if I'd have been there, Andrew wouldn't have gone and we'd have still been a unit and that was making it harder." (Joanne)*

These decisions to leave came after many years of the older siblings experiencing difficult home environments, particularly in relation to a mother's new partner being abusive. Some felt a sense of guilt at having left the family home while their siblings remained.

> *"I felt massively guilty for leaving my siblings there because the situation wasn't nice anyway, and I didn't want to live there. And shortly after my brother wanted to move out as well." (Anna)*

As can be seen in Joanne and Anna's accounts, the older sibling felt a sense of guilt at having left the family home while their siblings remained. In both accounts, they were the first to leave, but other siblings left after them, while the youngest siblings remained in the family home. Experiencing child maltreatment and neglect has been found to promote self-blame (Messman-Moore and Coates 2007) but how this might intersect with caring responsibilities and siblings is not well established. That these narratives are introduced when reflecting on how the sibling kinship carer came to later become a kinship care indicates a level of responsibility that they felt early on for their siblings.

5.4 Conclusion

Many participants recalled both happy memories and challenging experiences, including abuse, neglect, and parental bereavement. Intergenerational trauma and family estrangement were recurring themes, with some participants recognising patterns of neglect or abuse spanning generations. The presence or absence of parental figures, particularly mothers and fathers, played a central role in shaping childhood experiences. These early experiences helped shape participants' understanding of family life and parenting, with key memories serving as anchor points for their narratives.

Some older siblings assumed caregiving roles in their childhoods, often in response to a lack of parental support for themselves and their younger siblings. However, a lack of recognition from adults in children's lives about the role that siblings play for each other lead to a lack of due care and attention to these relationships in decision-making when adults did intervention to address challenging situations. While not all siblings in this research were separated, the accounts show how adult decision-making did not seem to support these relationships in the way that policies indicate they should. Conversely, in making a kinship care arrangement, the recognition of the role sibling relationships could have enabled those arrangements to be made. This is explored further in the following chapter.

6. The routes through which sibling kinship families are formed

6.1 Introduction

This chapter explores how the kinship families in this study were formed, and routes that were taken into kinship care, presenting the three groups of narrative accounts of how the kinship arrangements were made. This section is presented in three subsections, each of which explore the motivations and routes to becoming a kinship family. This section focuses on the accounts of siblings, both as carers and those cared for by their older siblings, and data generated with practitioners and significant actors who were reflecting on the circumstances of different groups of sibling kinship families. The overarching aim of the chapter is to shed light on the diverse ways in which sibling kinship families are formed, along with the implications of these routes on how services might interact with or support these families.

The accounts had common characteristics (Riley and Hawe 2005) which allowed them to be grouped to present some typical journeys to becoming a sibling kinship family (see Figure 6.1). These are not all possible routes that could have been taken but give examples, and a basis for considering what some other journeys could be.

The main characteristic on which the accounts were grouped focused on the organising theme of the narrative (see Figure 6.1). This organising theme was the motivation of the protagonist[9] – why the kinship care arrangement came about. The sibling carer, rather than the kinship child is centred in this organising theme. Children also have their role to play in the genesis of the kinship arrangement, but kinship experienced young people had differing levels of control over the arrangement, which is explored throughout this chapter. The sub-characteristic which

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[9] In first person narratives, the protagonist is often the narrator or ‘teller’ of the story. This can be conceived as the person who is driving the narrative forward. There may also be a main antagonist, or antagonists, who present obstacles for the protagonist. Other people within the story may be bystanders who do not actively engage, or the ‘supporting cast’ of the story, playing different roles in the story of the protagonist. See Gergen and Gergen 1984.

grouped the narratives was the protagonist’s position in relation to their siblings – whether they were separated from their siblings, where they were living, whether or not the younger siblings were in care, what role they played in each other’s lives. Within these groups, five ‘routes’ to making the kinship care arrangement are highlighted.

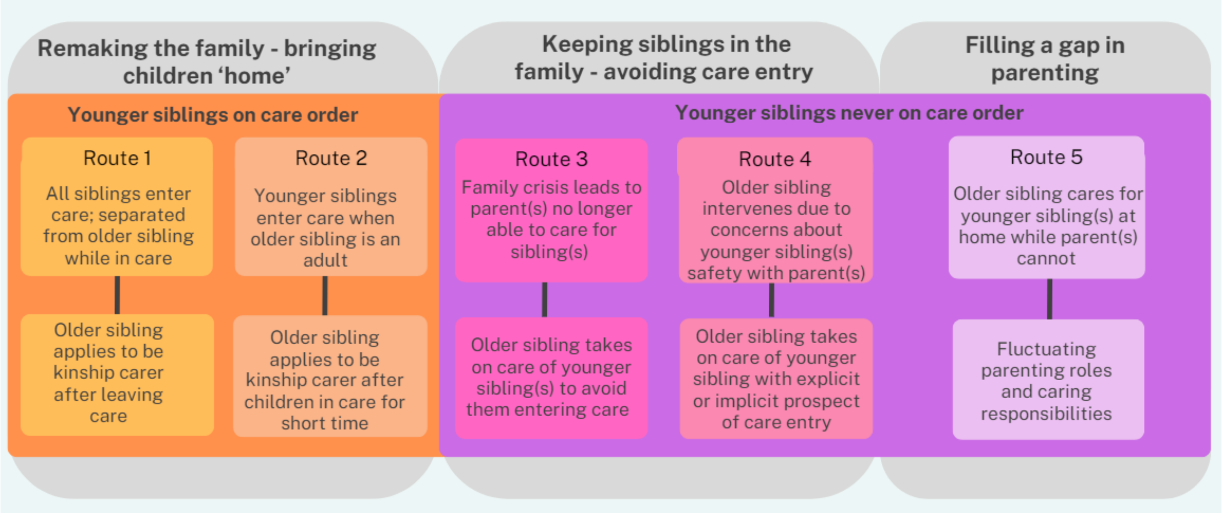

Figure 6.1: Routes through which kinship families in the study were formed

6.2 Remaking the family

For Joanne, Sally, Stacey, Emma and Kara, the organising theme was the motivation of the older sibling to bring their younger siblings back into the family after separation, sometimes also avoiding further, more permanent separation of the siblings. For two – Sally and Stacey – all of the siblings had been in care and were separated from each other (route 1 in figure 6.1). For others – Joanne, Emma and Kara, the child siblings had been placed into foster care outside of their network and the older siblings had been involved in a legal route to become the carer for their younger sibling (route 2 in figure 6.1). Across the narrative accounts, elements of separation and remaking of the family unit were evident, however within this group of narratives, this involved actively negotiating the arrangement formally, including some form of assessment and legal order so that the older sibling could become the carer for their younger sibling.

6.2.1 Decision to put self forward for assessment

Younger siblings in this group were subject to care orders. Where older siblings were adults - Joanne, Kara and Emma - when their younger siblings entered the care system, they were informed by family members or friends that their siblings had entered care. Joanne and Kara were involved in thinking about the next steps when the children entered care, such as attempting to support a parent to have the child(ren) back at home. When it became clear that the child living with their parents was not going to be an option, they put themselves forward to children's services as an alternative carer.

Joanne described receiving a phone call and needing to make a decision about what she was going to do. This was based on understanding the situation that the children were in, and also the likely other options.

> *"I still don't know exactly how or where or why that happened but somebody had called Mariella [children's former nanny] and Mariella called me. I called Tommy [younger sibling's father] and said, you know "what the hell's going on?" I went straight out there. I said, "look what needs to happen to get the children back?" And they said, well, "he needs a house and a job. And to stop drinking for three months." I thought, like... (sigh) I'm pretty sure I've only ever seen him sober three times in the past 10 years. Like properly stone cold sober.*
>
> *I think I kind of knew, in my heart that it probably wasn't something that he could do, but I just hoped that he could, because I thought this has got to be his rock bottom, surely. I got him a house and a job. He had until the December to stop drinking.*
>
> *I managed to speak to the children every two weeks. I was allowed to phone them every two weeks. They only had each other, and I was there kind of constantly. I was allowed to phone every two weeks. It's very difficult having a conversation on the phone in a different language. It is especially difficult having a conversation in different language with*

children. But obviously, I told them about nan, and Andrew [second oldest sibling] and what we're doing. So I think in their heads, they knew they had that family... somewhere.

I think I thought maybe, the kids being in care, I know they're safe. I know they're fed. I know they are going to school. So at least the daily needs were taken care of. I thought, maybe if I just buy some time, they'll be fine in there for six months, a year or something. I think that it was actually three months was a bit of a shock. I don't think I'd had time. There was no preparation process. it was no nine months of pregnancy to get your head around the process.

In the January, I got the phone call that said they're going to be put out to adoption, if no one in the family can take care of them. In my head, I was like "family means me". I know that means me. Well, I'll do it then. It was quite bizarre how not shocked I was by what came out of my mouth I think. The two questions I asked were, whether I could still see them, and whether they'd be kept together. The answers to both of those questions were they couldn't guarantee either of them. For me, it was just completely unfathomable, I might not be able to see them, and they might not even have each other.

Before they were born, and we were traveling around like for long periods it was me and Andrew that just had each other. Then there was [youngest siblings] who just had each other, and [little sister] used to follow [little brother] around like a puppy bless her. I didn't doubt that was the right decision. I've never doubted that it was the right decision.

I hadn't considered the possibility because I just didn't see myself as somebody who was grown up enough to have children. It never crossed my mind to have children of my own. I also had this vision of the people who adopted children are people who only have to work part time and have lots of money, and they have big houses, with walls and driveways and things. I guess I didn't have that kind of visual reference tool that it could possibly be me.

> *I don't really know what I thought was gonna happen then. I signed the papers, probably within 24 hours - like a registration of interest or something. Then I thought, "Well, I'm their sister. They know me, I've met them. I'll just get them." I somehow thought it was just going to be like that.*
>
> *But as it was, it wasn't at all like that. It took nearly two years." (Joanne)*

The account shows how Joanne came to realise she would be the one to take the role of bringing her younger siblings back within their family following the death of her mother and her younger siblings' removal from their father's care. Other older siblings within this group had longer to think about whether or not to put themselves forward but went through a similar process.

The importance of being together as siblings underpinned Joanne's account, with Joanne relating how important having a brother was to her in her childhood to the role that the younger siblings played for each other. This need for the siblings to have each other in their lives therefore was presented as a strong motivating force for the formation of the kinship family. Joanne saw the shared biological, cultural and family histories common to the siblings as reasons that they should be together and within their family, and she worked to maintain these connections and associations with and for the children as best she could at a distance, through regular phone calls and sharing family stories. Similarly, in Sally's narrative, the importance of shared biology and connection functions to situate the sibling group as part of a whole.

> *"So now that I've got my own flat, why can't they just come live with me? They are my brother and sister. You don't own them. They're my family, that is my blood in there, not yours." (Sally)*

In her account, Joanne has an 'epiphany' moment where she realises that she is the only one who will step into the role of kinship carer. This is contrasted with her previous belief that she did not fit her 'vision' of an adoptive parent. Kara understood that she would be the most appropriate person to care for her brother based on her previous experiences of caring for his parents (including her father). This was validated for her through the assessment, and also through her father coming to realise the same. However, self-identification as a potential carer might be difficult due to a lack of awareness of kinship care, and norms regarding who can be a carer.

6.2.2 Recognising older siblings as potential carers

The importance of key people recognising and encouraging older siblings to put themselves forward as potential carers functioned to change this assumption for many of the carers in this group. Recognition was often a pivotal part of the narrative accounts in this group and potentially shaped the older siblings' own confidence in their ability to be a kinship carer. For Sally, a supportive social worker and foster carer helped her come to this realisation that, while previously she was not in the right position to become a kinship carer, the way she had grown and developed meant she would be able to care for her brother:

> *"I remember, not long after this picture[10] was taken, getting a letter. I literally ran out my front door. Anyone would have thought I'd won a million pound. I ran out the front door and I just did a full lap of the street, all the way around the full street. I stood in my garden doing star jumps. I don't understand why I did that. But it was this feeling of 'oh my god, they finally see me, they trust me. I'm responsible, that they're gonna give me my brother. My brother's coming home.'" (Sally)*

The need for active care planning to bring children back into the care of their families may be a gap in practice in some local authorities. This account from focus group two, with a team who had experience of assessing and supporting sibling kinship families, demonstrates this gap:

> *"One of the things for me I find interesting though is em, and it's something that I would like [our service] to move towards is em... we've recently had a a a sister em who has come forward to ask if her her brother, who was was obviously looked after, can live with with her. Em*

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[10] Participants were encouraged to bring anything along to the interview that would support them to tell their story. This participant brought and shared photographs from her life.

> *she's she's ex care leaver herself. And the view seems to be. 'well you know, he's alright at the moment, you know, there's no need to...' and so it really made me think about this piece of work that's needed about reconnecting people, teenagers, especially, with family members and looking at what's going on for that family member now for that sister, for that brother, for the mother, father, auntie, uncle or whatever, and sort of rebuilding those links, reconnected them, and possibly even looking at rehabilitation. And it shouldn't just be because... so we've become very good em because of resources, lack of resources, when a foster placement is breaking down, we've now become very good at 'ooh, let's revisit family', because there might be no other option. But actually, we shouldn't be waiting for that point. We should be, it should be an active part of every child's care plan. So that's something that I'm keen to, to explore whether [our service] can play a role in that. Sort of looking at those, reconnecting those links. But it was that one case where that em sister has asked about her brother possibly living with her and the view seemed to be well, why rock the boat you know, the placements fine. Like, why would we do that?" (Jasmine, team manager of a kinship team)*

There may be points at which a move from non-related foster care is considered, such as when permanency decisions are being made (McCafferty et al. 2021) or when the current fostering arrangement might break down as in this extract, but services might not prioritise a return to family without such an impetus. However, as highlighted in the extract, current directions in policy, and pressures on the fostering system might provide an opportunity for this work to be carried out more proactively.

When actively seeking a kinship arrangement, the perceptions of social workers and others within children's services could be a barrier to identifying older siblings as potential carers. Siblings in this group were able to successfully pass an assessment and become a kinship carer. There may be many others who are never considered in the first place. Practitioners identified how there are current gaps in practice when it comes to considering siblings as potential carers, including the way carers might be identified. This exchange in focus group one with a Family and Friends Team at a local authority who did not have any sibling kinship families open to them highlighted this dilemma:

> *Julie: I think it needs to be more of an emphasis on siblings being able to do it.*
>
> *Lorna: Yeah.*
>
> *Nicole: And as an as an authority, us saying that's okay [being a sibling]. And we will assess you and we won't be biased on that.*
>
> *Lorna: Yeah. And where would that, where would that change need to happen? So who would have to recognise that actually, within, you know, connected to the child, there is a an older sibling, and they could be a potential carer?*
>
> *Nicole: Social workers. Because I don't think, when we get to that point, we always ask the parents, right, who do you want to put forward? And we rely on that. We, I don't think necessarily say, what about this person? Or I know they've got a close relationship with their sibling? Why don't we do that we literally just go off the list of the parents. And then, and that's it. And we're very rarely go off that, do we? And I don't know whether parents necessarily identify siblings that much.*
>
> *Lorna: Whether they see them as my kids not…*
>
> *Nicole: Yeah. So they don't see them that way. So I don't think I don't think it's going to change unless social workers start identifying it. When they know the families that well. And then they know, they've got that relationship with them, them then identifying that [potential sibling kinship carer].*

This resonates with Emma’s experience. Emma applied to be a Family and Friend’s foster carer when she found out that her younger sisters had been placed in foster care in a different region when their mother had gone missing. She had not been contacted as a potential kinship carer despite other family members being approached.

Practitioners in focus group one also identified biases in the assumptions made about the ability of siblings to become kinship carers because of their age:

> *Julie: Because I had a case [where the foster carer died]. Her daughter had a really good relationship with this foster child. And she wanted to take him on as an SGO. But like senior management was like she's too young, that ridiculous. But she's like a foster carer now, and that relationship is really good. So it's about management, I think, accepting that as a viable option.*

To overcome some of these barriers, practitioners highlighted the need for encouragement from key people. The example below from a significant actor interview shows how someone championing the potential sibling can have a drastic impact on the consideration of siblings as potential carers.

> *Glenda: I remember another, some years ago, the child needing a placement, and em his older sister was putting themselves forward. And I remember the team manager saying, well, it's not going to happen, is it? You know, she's only, I think she was 21. She was pregnant with her first child and already caring for another three siblings.*
>
> *Lorna: Oh, wow.*
>
> *Glenda: And, and in a fairly new relationship. And, and, and on paper, it looks as if well, yeah, she has got a lot on. And I remember saying "well we, you know, we have to at least go and see her." And I did. And basically, you would need a steamroller to stop that young person looking after her baby brother. And she did, and I've never seen anyone so determined and so em capable, you know. Yes, she was only 21. But, oh, you know, she'd obviously been caring for the children for a long, long time anyway. And, and so it was kind of, but it was, again, you you felt that that that she had extra barriers really, that she had to overcome in order to persuade people that, due to her age, and everything that that she was suitable, but she was so and that little boy is still with her, and you know, this, this is going back about five or six years now.*

These assumptions about the abilities of siblings are like findings in Roth et al. (2011). A need for services to recognise sibling relationships as important, and also supportive, can be seen across these accounts, as well as the need to actively engage older siblings in care planning. Younger siblings also have an important, if neglected, role to play in decision making.

6.2.3 Involving children in decision-making

For Stacey and Sally, their younger siblings had been in care for several years while they themselves were also in care. They had been separated from their younger siblings when in care. A desire to be back together throughout that time was communicated by older and younger siblings. Sally's younger brother had regularly been requesting in his review meetings to live with his older sister. Stacey's younger brother had been moved from his long-term foster home into a residential care home. In Sally's account below, she details how, after years of asking if her brother could live with her, it was his new foster carers who started the process with his social worker.

> *"It was them [brother's foster carers] that suggested 'look why don't you get in touch with his sister. It is something she's always wanted, it is something he's always wanted. Why are we not pushing for this?'." (Sally)*

The extent to which children and young people's preferences are considered when making decisions about potential carers might be inconsistent. Within the participants in this research, the children who were on a care order were placed in care with non-related foster carers before coming to live with their siblings. This offers the opportunity for children's wishes and feelings to be gathered regularly at review meetings.

However, this might be different for children who are coming into the care system, or who are younger. Within this group, younger siblings who entered care when their older siblings seemed to have little if any input into decision-making. The extent to which children and young people's views are solicited at that point may be limited. This was evident in this exchange:

> *Lorna: Would you ask the child who they think would be a potential carer for them? Or would it always be the parent?*

> *Multiple: (Laughing) hmm.*
>
> *Julie: Legally, we don't have a duty to ask the child. I don't think we necessarily do at that stage. Because nine times out of 10, all they would say is I want to live with mum and dad.*
>
> *Lorna: Umm.*
>
> *Julie: Because at that point, that's what they're fixated on generally.... (pause). Maybe they would identify a sibling... But I don't, we don't really ask.*
>
> *Lorna: Yeah, okay.*
>
> *Julie: Which, again, is something that we should probably change.*

In contrast, a policy advisor with extensive practice experience reflected on the different ways in which children could be engaged in decision-making, no matter their age.

> *“Do you know, I think, quite often, I was always, absolutely amazed at how... em... inventful if that is a word that, some imagination that some of our staff used at around ecomaps with kids, and, you know, like, "who's the most important person to you" and doing a lot through art, and, like, you know, for whenever it was, drawing the house, and who lives in this house, and you know, ecograms, and "who's the most important to you?", because I think it's really important that it doesn't matter how young people, and young children are, they've got a very set view of the people that are important to them, and the people they see every day, and I do think it's really important that we have to get a sense of the child's voice within that.” (Donna)*

While participants gave varied accounts of actively including children in decision-making, it seems clear that there are gaps around how they are involved in thinking about who can meet their needs. While age and developmental stages can impact how children are involved in making decisions, they have a right to participate. However, social workers' attitudes towards children and young people’s ability to participate can influence whether they work to involve them (Mitchell 2022). Children and young people have nuanced, informed and important things to say about their lives, safety and preferences, which should be part of all kinship care planning (Shuttleworth 2023).

Where it is not possible to include children directly, practitioners talked about other ways of identifying key people, including involving schools in discussions:

> *"In [our local authority], we're trying to work on at the connected person side of it. So it's just someone with a really strong connection to the child. So regardless of their relationship…And to link in with schools and everything like that, just to see kind of like who picks the child up, you know, who is it that's given that main carer really that we could assess as a foster carer or special guardian?" (Sandra, support worker in focus group three)*

6.2.4 The assessment process

The decision to become a kinship carer began a process for these families, which could then take a long time. All of the younger siblings in this group were the subject of care orders, and all of the older siblings in the caring role assessed to become their main carer. For two families, the route that was pursued involved a legal permanent route – a Special Guardianship Order for Joanne's siblings, and an adoption order for Kara's brother. Stacey, Sally and Emma were assessed as kinship foster carers. Stacey describes below how quickly the process started, and her experiences of going through the assessment to be approved as a Family and Friends foster carer after being told her brother was being removed from his residential home after going missing:

> *"I just said, 'maybe he could come and stay with me?' They said, 'Great'. And he was there the next day. It just felt very fast and then obviously they told me about the assessment process and that I'd have to be approved as a Family and Friends foster carer. I can't really remember all the details of what they told me but I think they said that it usually took about a year*

but they would fast track it. That he could stay with me in the meantime under like a kind of emergency arrangement because there was nowhere else for him to go.

The assessment part… I remember there was this new social worker. I think she said this is like her first assessment. So sometimes she came with someone else. And obviously his PA used to come sometimes but she also had been my PA so it was a little bit weird. They asked questions about I guess like my motivations or like, why did I want to look after [my brother], which was a bit weird because like, it's not like I wanted to. It was just that there was no other option. I didn't want him to be with me and I don't even know if it was what he wanted. It was just the best of the bad options that were available. They asked me questions about why I wanted to do it, they asked me questions about like how I would manage, like the relationship, like boundaries with my mum.

The main bits that stick in my mind were the medical and the panel. The medical was horrible because I had to go in and I think I had to strip to my underwear and have this like examination. The doctor was this old guy and his hands were really cold. He asked me questions because I had self-harm scars and he said about having to record that, but that he could tell they weren't recent. And I'd had an abortion so he asked about that, and how I'd felt after. Then in the panel they brought all that stuff up and questioned me about it. And about how my mental health might affect how I cared for [my brother] and things. I remember thinking that they'd never cared enough before to actually offer me anything, but now I was doing something they needed from me, I don't know, maybe they held it against me. But also, the whole thing felt like a tick box. I don't remember at any time feeling like I wouldn't be approved. Like, he was already with me, and there was nowhere else for him to go. I don't even remember them talking about what if it didn't work out.

I think they set us up to fail." (Stacey)

Stacey’s account shows how the assessment process can feel disconnected from the support needed for sibling headed families, and how the process can feel intrusive. This resonates with the team manager’s account in section 6.2.2 with decision-making about family reunification being made at a point of breakdown and crisis.

The assessment itself was described by some, but not all, as difficult. Emma described how sharing her story was challenging during the assessment, especially having to detail events from her early childhood. However, the assessment also provided an opportunity to show how motivated she was to bring her siblings into her care. She highlighted how important the recognition of her motivations by key people was, especially one who may have had similar experiences in childhood:

> *“I think once we went through the whole process of what I'd been through, especially in the nitty gritty detail that you have to go to, she [assessing social worker] was a bit more understanding of why. Right, I get why she wants them. I fully understand why she wants them. I understand that, despite her being so young, it just makes complete sense. She was really understanding and she was perfect. When we went to [the fostering] panel, there were discussions brought up about the abuse when I was a child. It was insinuated in a way that because of that, it might bring up memories for myself. It might cause me to be incapable. Which I was like... ‘urrr...mmm. Really like what? So you're going to essentially discriminate, because I've experienced that as a child.’ But luckily, as [the assessing social worker] had said, there was a previous looked after child on panel. I don't know if she had experience with abuse or what but she basically said ‘it's wrong for us to factor that in.’ Every question they'd asked me, I'd answered. Apparently her impression of me was just that I wanted to get my family back together.” (Emma)*

This experience indicates that, when managed well, the assessment can be an opportunity for potential carers with practitioners to explore what being a kinship carer could be like for them.

One practitioner who had experience supporting sibling kinship carers talked about how younger sibling carers might feel they were approached differently in the assessment than older carers.

> *They kind of report that they didn't seem... they didn't feel like they got the same respect, and that they were too young. "Why would you want to do this?" "You know, it will ruin your life." Em, "Do you even know how to cook?" But you know, the basics that are very unlikely to have been asked of a 55, 60 year old grandparent. (Allie, practitioner)*

Again, this resonates with some of the findings from Roth et al. (2011). This indicates that there may be barriers to siblings becoming 'formal' kinship carers, which reflects other studies that suggest sibling carers may be more likely to be in a caring role without an assessment and legal status (Selwyn and Nandy 2012; Roth et al. 2011). As legal status affects eligibility for services and support, this could indicate that sibling carers have even less support than other kinship carers.

Alongside the assessment, or beyond the original assessment, carers also may have the option to apply for a legal permanence order.

> *Lorna: So what kind of support or input did you have to like, come to that decision about which order was the right one?*
>
> *Kara: Err, none. No, I found, em, I think I spoke to Citizens Advice. I seeked it out myself. I got in touch. They gave me all the different orders. And during that assessment process, they mentioned orders to me and the person that that assessment with me talked me through a brief, a brief kind of summary of which, what orders were what, and what I would be looking to do in the future. And I kind of said even way back then that I just want to have the ability to make decisions for [my brother] because I knew mum and dad will never be able to make decisions for [him]… I knew that and I knew that they weren't able to make great decisions for themselves, they weren't going to make the right decisions for [my brother]. I wanted to be the one that's making the decisions. Because I didn't want it to be the council making the decisions either. I just, you know, wanted to take it into my own hands. But working out what order that would be, was the difficult part.*

Kinship carers often face significant legal challenges, particularly regarding access to independent legal advice when seeking permanence orders. Research has highlighted that many kinship carers lack clarity on their legal rights and responsibilities, which can create uncertainty and barriers to securing long-term stability for the children in their care (Wade et al. 2014). Without proper legal guidance, carers may struggle to navigate complex legal frameworks, impacting their ability to obtain necessary support and recognition (Aldgate and McIntosh 2006; All Party Parliamentary Group on Kinship Care 2022).

6.3 Keeping the siblings in the family

For six carers – Anna, Marcie, Izzy, Claire, Laura and Jade – the organising theme was the motivation of the older siblings to keep the younger siblings within the care of the family. In these narratives, a situation within the family led to the potential of the younger sibling no longer being able to remain within the care of the parents, either through a family crisis (route 3) or concerns that the older sibling had about the care and safety of their younger siblings in the care of their parents (route 4). This led to an explicit or implicit potential of the younger sibling having to enter the care system due to a lack of appropriate family members to care for them.

Laura discussed how she had been caring for her brother in the years before becoming a kinship carer. When it came to needing a full-time carer, there was no viable alternative offered that could keep the family together.

> *After my dad died, things started going on a downward spiral in the family. Mum was there but she wasn't there mentally. She wasn't well. She would be drunk and passed out on the sofa. I would make our tea and just make sure he [younger brother] was alright, just check in with him really. It came to a to a stage where I'd gone away for the weekend to a camping festival. I must have been 18 at the time. My first camping festival with my friends and my mum and my brother were in the house on their own that weekend. When I came back, my brother was like "mum's been really*

bad, thank god you're back, mum's just not right." She was not in the best health and had been declining ever since my dad died, the alcohol, not eating. She wouldn't go out of the house on her own.

Because it was a decline over so many years, and we were so used to seeing her every day, I don't think we realised how unwell she was. We were like, "well, she is like this all the time." The thing that was different this time with her health was she was falling over a lot. But she wasn't drunk. She was very confused. She would say to me, "how was your school?" I'd left school years before. But we weren't really sure. We were like, "maybe she's just drunk, I don't know what's wrong with her." She fell over one time and I seen her on the floor, rolling about and I was like, "mum, what are you doing?" She was like, "Oh, I'm picking something up." I knew she fell over, but she just didn't want to admit it, so she was pretending to pick something up off the floor. I didn't know what to do.

[After phoning the NHS] They said, "we'll send an ambulance out." But then they were like "it is going to be six hours" or something. It kept getting delayed. Then they phoned and they said, "You're not a priority tonight." Like we're not coming anymore.

Luckily, my friend's mum who was a nurse, she said, "I'll just take you in the car." They sectioned her straight away and said, "you need to stay in here, you can't leave." They didn't know exactly what was wrong with her at this time. But later on, they diagnosed her with alcohol related brain damage.

I think it was the hospital that would have made a referral to social work. It was children and families team and a social worker came around to the house. It wasn't really a good experience. It felt very informal and chilled. She came to do an assessment to see if I was a fit carer to look after Jasper and what we wanted to happen. We had a wee chat and it was like, "oh, well, what do you want to happen? Is there anyone that can look after Jasper? Or can you just keep looking after him? They were asking, is there anyone else? I was like, "no, like, there's no anyone else." The social worker just said, "oh well if you don't want to look after him, there's

> *no one else in the family that can look after him. So the other options would be to go to a children's home." I was like, "whoa, like, no, no, like, I'll just look after him here. This is as much his house as it is my house, this is the family home, why would he go somewhere else?" (Laura)*

Laura's account demonstrates some of the key themes across the narrative accounts in this group, including the transition from caring responsibilities to full-time carer, decision-making underpinned by avoidance of care entry, and opportunities for intervention and support.

6.3.1 The transition from caring responsibilities to main carer

Carers in this group were providing care and safeguarding for their younger siblings before the arrangement came to be. This ranged from regularly providing somewhere for the younger sibling(s) to stay when they did not want to stay at home, to providing most of the caring role in the home for the younger sibling(s). The accounts illustrate how older siblings moved from providing some care for their siblings to being their kinship carers.

Becoming a kinship carer in Laura's narrative was an extension of the caring role she was already playing in her brother's life due to bereavement and the subsequent mental health and alcoholism of her mother. This long-term preceding caring role was also evident in other accounts where many of the siblings experienced increasing caring responsibilities alongside their younger siblings ahead of becoming a kinship carer, and also provided some caring roles for other family members.

Many of the younger siblings in these families were provided a safe space by their siblings while living at home with their parent(s). The homes of older siblings potentially represented a place where they could be away from difficult circumstances and abuse at home. Younger siblings in some cases actively decided that they would rather live with their older sibling. This links with the previous chapter (section 5.3.1.2), which highlighted the 'protector' role developed by some older siblings. Marcie discussed how she consistently provided care and support for her younger brother after the death of their mother and his father becoming his main carer:

> *“He kept moving properties. And then I kept going every weekend. And he kept coming down to mine every weekend. And if I couldn't do every weekend, it would be at least twice a month. Christmas holidays, and his dad made it really difficult for me for five years. Like really difficult. Made my life hell. He stopped me seeing Kevin for six months because we found on Facebook Live, he was left alone, and we got the police involved.*
>
> *Eventually I broke [younger brother] down and he told me everything that's been going on. Being severely neglected, abused, physically, like punched for no reason or.. em. It was coming to Easter holidays. I went to pick him up with my brother and my sister in law. And we go there, and we pick him up, get him in the car. So anyway, we go we go and get him from [his house] and we come home and they have two weeks off for Easter. And in the Easter holidays, he just looked awful. Like, every time I picked him up he had dirty clothes, holes in his shoes, his teeth were horrible and had really gray eyes, like bags and stuff. But just, so em I just sat him down and I said like, listen, enough is enough now. And I said, Do you wanna... because I know months prior to this, he actually said to me, Oh, if something happens to dad, where do I go? And I said well, obviously you come to me. I mean you can come to me now if you want to. And he was like “oh I'm glad I know that.” And then he said I do want to live with you, I just don't want to leave dad on his own and I'm scared.*
>
> *I think what we realise now is that there was a lot of threatening like, because I used to catch him saying, “If you dare call [Marcie], I'm gonna..” blah, blah, blah. And it's one of them situations where I'm not his parent, I'm his sister and he is his father and you feel like, if I overstep that mark or intervene... How am I going to, what's he going to do to me? What's the reaction going to be. And I was always scared of that reaction.” (Marcie)*

Marcie’s account shows how being in this safeguarding role as an older sibling can feel difficult and threatening, but it can also provide the space that a child needs to confide about what is happening at home. After having concerns about her brother for over five years, she eventually asked him if he wanted to live with her and called social services to explain the situation and bring him to live with her full time.

For many, becoming a kinship carer coincided with other life events which characterise the lives of young adults, such as beginning university, beginning relationships, starting a career or having their own children. In Laura's account, the camping festival functions to contrast 'normal' activities expected of 18-year-olds, with the multiple caring roles and difficult family dynamics that she was managing at home. The decision for older siblings to become the main carer for their younger sibling was often acknowledged to not be the ideal situation, rather it was borne out of a lack of other options and a lack of other family members willing or able to take the role.

> *"I know this sounds bad but, like, it isn't like that is what I wanted at that point in my life. I'd done all that when I'd been at home, having to look after them all. And by then, I'd just moved in with [boyfriend], we were excited about next steps and maybe starting our own family. But when I saw the place and how they had been living I was just like "enough is enough." We didn't have a plan but we both agreed it couldn't go on like this. So we just took him home with us and that was that. No one else was going to do it… They were happy to turn a blind eye." (Izzy)*

In most of the families, there were other people who had previously cared for the siblings, or who potentially could. There were a multitude of reasons why these were not viable options, including a lack of willingness to step in, gendered expectations around caring, competing family commitments, or the age and health of other potential family carers:

> *"Another reason for wanting her to come to stay with us, because of we could see my nan obviously, you know, deteriorating… she was actually very well after the breast cancer. But em, it was the late nights. My sister obviously wanted to go out with our friends and I knew that she's gonna want to go out with her mates and you can't go… you know my nan likes to be in bed at nine o'clock." (Anna)*

As can be seen, older siblings stepped up to help their siblings and other relatives by becoming a kinship carer, often due to a lack of other options within the family network. Many of these siblings had already been providing an important caring role for their siblings and often other family members.

6.3.2 Decision making in a crisis

A crisis within the family was evident in these accounts serving as a turning point. In Laura's account, there were two clear turning points – when her father died, and also when her mother went into hospital. The second turning point led to her becoming a kinship carer, whereas the first turning point put her in the position to take on increasing caring responsibilities for both her mother and brother. Laura's account of her mother's hospital admission demonstrates how the decision to become a kinship carer can often occur in a time of crisis for the family, which reflects other research about how kinship care arrangements come about (Gair 2012; Barratt and Granville 2018; Zuchowski et al. 2019).

As noted in the previous section, there was not an extensive range of options for children within this group within the family network, and the options that existed were not deemed appropriate by the older sibling, or the younger sibling where they were included. The main alternative to sibling kinship care in the accounts was care entry with non-kin carers. This is demonstrated in Laura's account. However, this is also underpinned by the right she felt her brother had to remain in his family home. Avoidance of care entry was also seen in Claire's narrative:

> *"My brother's dad had got very sick very quickly and I had made a promise on his deathbed that I would look after his son. Which I held myself to for a very long time. In my eyes, I did not want him to go into the care system. I just knew he wouldn't survive. He had enough issues anyway. I was like, "No way is he having that instability." (Claire)*

As illustrated in previous research with kinship carers (Lernihan and Kelly 2006; Hunt et al. 2008) and non-resident fathers (Sobo-Allen 2022), carers can also step into the role because of a concern about the detrimental impact of the care system on the children. Stepping in to avoid the child entering care can lead to no eligibility for support for these families, despite the circumstances and needs of the child not necessarily differing from children who are on a care order. Siblings talked about the struggles that they experienced trying to get the basics for their siblings in the early days, such as school uniforms and spare beds.

Decision making in a crisis, often to avoid care entry, and with limited alternative options characterised this group of accounts. Whereas in the previous group, older siblings made a decision to put themselves forward and then went through an assessment period, the decision taken in this group was generally quick, and taken without professional support. The decisions that are made at this point can then have a long-term effect on the support received by children and their carers as highlighted by a practitioner participant.

> *"Another sibling carers situation that I was just thinking of, you know, he became a sibling carer not because of safeguarding concern, but because of, you know, sudden death of a parent. And therefore, what that meant, then was that he, he wasn't given good legal advice at the time. So he was never encouraged to apply for any type of order. Because there wasn't anybody who was trying to exercise PR, so he wasn't like advised, oh you better go and kind of get PR, because the dad was entirely absent and the mum had suddenly died. But then … when it came sort of later down the line, which point our team did kind of make exceptional kind of sort of argument and managed to get them the financial allowance and stuff. But they then weren't eligible for anything, because they didn't have the order. And they didn't have the legal status that was like the ticket to those kind of more formal thresholds of eligibility." (Amanda, practitioner)*

However, as explored in the following section, there were opportunities before and after the decision was made to offer support to the family, which often seemed to be missed.

6.3.3 Opportunities for intervention and support

The accounts in this group challenge the idea of ‘formal’ kinship families as being ones with social work involvement, and ‘informal’ kinship families having made a kinship arrangement themselves. While in a minority of these families, there was no social work involvement at all, for the majority, social work had in some way preceded or led to the care arrangement. For Jade and her siblings, this included the local authority asking her to care for her siblings for an unspecified amount of time while a child protection assessment was carried out, for Marcie, social services closing a child protection case without informing them and for Laura, being told that the arrangement would be eligible for support, only for them to find out later that it was not. For others, social work involvement had not directly preceded the kinship care arrangement, but there was often an awareness of the situation like Claire’s where she was still under leaving care team when she became a kinship carer for her brother.

How decisions to become a kinship carer are made has implications for the support that children and carers are entitled to (Selwyn et al. 2013). Carers in this group were often responding in the moment and had no advice about what they should do.

> *“So when [my brother] actually said that Easter holiday that he didn't want to go back, and I was like, like, this is it, we are doing it. Even though we weren't ready. It was scary. Because it was like, what's this? How the hell are we going to do this? And what's it going to turn out to be?” (Marcie)*

Siblings, both younger and older, had interactions with services such as schools, health and social care throughout their childhoods, up to, and often including when the kinship arrangement came about. Even where services were involved extensively, as in Jade and Marcie’s account, they were often not invited to meetings or provided with information and updates. This is similar to reports from other groups of kinship carers (Ashley et al. 2015) but might be even more of a problem for younger kinship carers due to assumptions about their age and ability to be involved (Roth et al. 2011).

In some cases, there was no involvement with children’s services at all, but the older sibling came to an understanding that the child could not remain with the parent(s), and there was no alternative option. This could occur when older siblings have a greater understanding of the unmet needs of their siblings and the gaps in parenting due to having had a similar experience of parenting, or where they are playing an active role in caring for their siblings (Barratt and Granville 2018). These older siblings could be an important source of safety for younger children.

Practitioners also recognised that there will be times when siblings are willing to become kinship carers, but that this is not a viable option. In these circumstances, siblings still have roles to play in each other’s lives, and practitioners can be important in supporting these opportunities.

> *“I remember supervising one of my senior social workers, assessing a sibling. She was, I think she was probably about 18 or 19, at the time. And um I think my senior social worker did a kind of really sort of relationship based and quite empowering piece of work with her, that allowed her to, um, sort of... kind of, you know, sort of feel her strength of commitment to her younger sibling, but also to be emotionally supported to um sort of accept that it wasn't the role for her right now to take on parenting responsibility for her sibling. And then we also did a piece of work with her supporting and building relationships with the foster carers who then went on to care for her younger sibling.” (Amanda)*

Other than this example, most talked about gaps in supporting potential kinship carers who did not pass a viability assessment, and a need for more work to be done to ensure siblings had an important role in each other’s lives, even where a kinship arrangement was not the right option.

6.4 Filling a gap in parenting

This group includes data mainly from two accounts – Hasan and his sister Sana, and Kelly and her four siblings - however many of the narratives in the previous group have similarities with those in this group. In the accounts included in this section, parents were still around in some capacity, but not providing all the care needed or that the older sibling thought their sibling needed, therefore the 'carer' sibling steps in to meet these needs (route 5 in Figure 6.1). This is similar to some of the earlier accounts of siblings taking on caring responsibilities before becoming kinship carers.

Within this group there might be competing narratives about who the main carer is, unlike the quite clear roles and responsibilities in the other groups. There is not the same 'decision-making' point within these accounts, with roles and responsibilities shifting between actors. There is no acknowledged risk of care entry or sibling separation in this group. Hasan's illustrative narrative of becoming a carer for his sister shows how they came to realise that they were a carer, but how this was not recognised or validated by others.

> *"My sister was 5 and I remember my mum and my sister and a couple of brothers that were living with her at the time, they all started to move because mum got evicted, there was no possibility of her finding anywhere else in that city. It was when she moved that I moved back in with my mum. I think that's when things started in terms of sibling care. Because my mum has always been unreliable in every regard of her life. Especially when trying to bring up a child. She couldn't get the kids to school and that. My sister had really low attendance. She barely attended pre-school, nursery and she only just started attending reception but never went. So when they moved, that is when I took on full responsibility for my sister.*
>
> *My mum was incapable of keeping a job, and I was working whilst doing my GCSEs to pay the rent, all the bills, to keep the house together. My mum would do all the stereotypically the women's job, housekeeping, keeping on top of the house... and I would do everything else. It was me, my mum, my sister and my little brother. Although I would care for my little*

> *brother, it was a lot less than what my sister needed. He was quite independent.*
>
> *When it comes to my sister, when she moved, any difficulties with her school - I wouldn’t say she was bullied at school, but she had some issues like drama with other girls in her class and things like that - I would be the one to deal with it. Any trips to be paid for, I would pay for because we weren’t eligible for free school meals because of my dad, my dad made enough money. So ever since my sister moved, it was very much I did everything.*
>
> *I was reading about what a young carer is, I was like, “Yeah, that's me. I'm doing this.” Then when I reached out for support, it was very much like, “Oh, does your sister have a disability?” I'd say no, and then, you know, hang up. I think the one time I was offered support was when I when I explained my mother, and they were like, “Okay, she sounds like she has a lot of mental health conditions. Are you a carer for her?” Which is the complete opposite. Although I personally think she has quite a lot of mental health conditions, she's never been diagnosed with it. There's a lot of stigma in our culture. She would never, ever, ever, go and get help for that. That was the only time, there was any moment where I was like, “oh, you know, maybe here's some support” but it wasn't because I was caring for my sister, it was because my mother wasn't doing anything and was I caring for my mother.*
>
> *I think that's where a lot of the identity crisis for me comes in.” (Hasan)*

Hasan’s account illustrates themes of sharing responsibilities with parents, barriers to accessing support and misrecognition in the carer role which are explored further across this section.

6.4.1 Shared parenting responsibilities

Accounts in this group highlighted how older siblings were either expected to carry out tasks or had an expectation on themselves to provide care for their siblings. The genesis of these expectations was not always clear in their accounts, but they build on the previous chapter (section 5.3.1) that explored how ‘caring’ identities developed throughout childhood.

Hasan lists tasks and responsibilities that he took on within the house and for his sister. While the two other groups involve absent parents, this account shows him stepping in to carry out certain tasks while his parents do others. As he notes, his father earned enough money that meant they were not eligible for free school meals, but still Hasan positions himself as needing to financially provide for his sister. This account echoes potential felt contradictions and differing interpretations of the roles that the siblings who position themselves as kinship carers are taking. This is evident in Kelly’s account also, and the impact this had on her own conceptualisation of her role. Kelly described the role that she played for her siblings including providing for their basic needs, safeguarding them from domestic violence and witnessing inappropriate material.

> *“He [father] was in the house. But I think whether it was looking after or just physically, there. It's why me and him struggle with our relationship now, because he's not the best. But he was just physically there. In regards to actually looking after the siblings and making sure they're okay, that's kind of always been my job…. I find it difficult to categorise it because I know, I spent my whole childhood pretty much caring for other people… But sometimes I'm sat down thinking maybe I've just made it up. Because... I don't know. Because my mum was there. Or because I did have a stepdad or... But then I'm like, they weren't doing anything.” (Kelly)*

These accounts indicate there may be different interpretations of the role taken on by these older siblings. This complexity of shifting parenting responsibilities between kinship carer and parent is not unique to sibling carers. However, managing the parenting role in place of one’s own parents, while also living with and experiencing the same gaps in parenting, is likely distinctive for this group of carers. While some of what is seen in these accounts mirrors research with the older siblings of disabled children (Kelada et al. 2022; Reimers et al. 2023), or could reflect ‘typical’ caring duties expected of older children in some families (Willyard et al. 2008) the additional ‘safeguarding’ role for these siblings, while at risk themselves, could make this experience distinctive to other young caring roles. This is illustrated in this extract:

> *“I have had friends in school. But they've not always known the full extent of my home life… But I never saw friends outside of school. Because, again, it's kind of that guilt feeling. And but it wasn't just a feeling she made me feel guilty, sort of always. If I said I wanted to go out and go see friends, she'd always be really angry. And be like, ‘Oh, this is not fair. I never get to go out. I never get to do anything. You don't get to.’ That sort of. Yeah, it could get a lot worse. It could be like her getting quite, quite nasty in comments. Or sometimes even physical.” (Kelly)*

There were also evident conflicting hierarchies within the family unit around who had the authority to make decisions for the younger siblings. Kelly described the parenting role between her mother and herself as *“just like two parents clashing”*, with conflicting ideas of the care and support that the younger siblings needed. This indicates a blurring of the boundaries between parenting and sibling roles.

6.4.2 Inconsistent and unpredictable fluctuations in caring responsibilities

The fluctuating intensity of caring roles also characterised the accounts in this group. While in the other two groups, a specific point in time, either a legal decision or a crisis, led to a shift in the role of the older sibling, accounts in this group show a shifting picture. Both families in this group included relatively large sibling groups (Hasan was one of five siblings, Kelly one of five with an additional two step-sisters). The responsibilities of the ‘carer’ sibling fluctuated with the ages and the needs of the younger siblings, with more responsibilities as more siblings came into the family.

In both families, there was a relationship breakdown between the mother and the father. As in the previous chapter, an increase in the safeguarding role for older siblings often occurred with the involvement of potentially violent new partners.

> *"I always had to look after them. Somewhat because like I said, my mum's relationships are unstable. Particularly it was back and forth with… it was quite a violent relationship. And I really had to make sure that if they were in an argument, I'd pull my siblings all into living room and shut the door so they couldn't see. Because there was a few times when, obviously when they they'd like pulled knives out on each other and stuff and it was really quite traumatic." (Kelly)*

The older siblings talked about how they had different ideas about what it was appropriate for their younger sibling(s) to witness or experience. These conflicts around how and whose role it is to keep the younger children safe differentiate this group further from the other two groups of carers.

However, while a somewhat distinct group at the point of involvement in this research, the participants in this group looked towards a future in which their narratives might be similar to the other categories. Hasan was contemplating what formal adoption of his sister might look like, and Kelly was imagining a future where she may have to take over the full-time care of her siblings.

> *"I don't like cook teas or anything [anymore], but I'm still... there. That's why I want to move away. Because I need time to separate myself. Because I'm constantly drawn back. I'm constantly like, panicking. I'm constantly drawn back." (Kelly)*

Young people putting their lives on hold or not being able to fully plan for the future because of their caring responsibilities is seen across research with young carers. Hamilton and Adamson's (2013) study of young carers found that *'aspirations change rather than the environment; young carers lower their aspirations because they do not think their caring responsibilities will change/can change'* (p. 109). Both Hasan and Kelly talked about opportunities missed or postponed due to needing to consider who would care for their younger siblings. Like with the other carers in this study, this highlights a need to consider the different needs of younger kinship carers. The recent Kinship Care Strategy in England (Department for Education 2023a) for example, calls for employers to be flexible to support the needs of kinship carers, but there is no equivalent call for education and training providers.

6.4.3 Seeking recognition

Both carer siblings in this group discussed points at which services became aware of the role that they were providing for their younger siblings. In Hasan's account, he actively identified a potential service but was not categorised as eligible for support. In his longer account, he also discussed times when children's services had been involved in the family and numerous home and school changes. Kelly talked about interactions with hospitals, doctors and schools regarding her siblings' needs. However, she felt that her own needs were not recognised.

> *"I was always quite spacey at school. Really, I always was really smart. And I did really well. But I was definitely vacant, and a lot of teachers would pick up on it. And I've seen nowadays that they have like this thing that they do for young carers, particularly they have this list, and I went through it, and I thought I displayed all of those signs. No one picked up on it." (Kelly)*

Both Hasan and Kelly could have fit the definition of 'young carer' when they were under 18, which defined a young carer as "a person aged under 18 years, who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work" (Children and Families Act 2014 (section 96[1]). However, neither legislation nor statutory guidance (DoH, 2014) provides indicators to determine the level and scope of responsibilities a child takes, which may push them from providing appropriate levels of care to providing inappropriate care. Moreover, these responsibilities did not change when Kelly and Hasan turned 18.

Hasan's account also illustrates how their experiences might not be recognised as these families do not see their circumstances represented, and therefore try to understand their experiences and seek help, through identification with other groups of carers. This 'misrecognition' is different from the lack of recognition experienced by other kinship carers. These carers do not fall into the current definition of kinship carers. They are not often recognised as young carers or any other category of caring role that has gained increasing recognition in recent years. This can lead to these carers questioning their own identities and histories. This lack of recognition from services characterises this group of carers, and it was echoed by practitioners. In this account, a kinship care policy advisor summarised the constraints in recognising this group of carers.

> *"I think it's just the reality of the situation that we need to do something for them before recognise them, don't we? You know, it's about you know, I don't put it in the same level. But when you think about the child abuse inquiry that's going on. That was spoken about for years, but actually, now, it's front and centre stage, and we need to do something about it and respond. So I do think it's about recognising, but also recognising that potentially particularly for those that are under a certain age… We've almost been turning a blind eye, but there's an acknowledgement that but that's not right. But what does that mean, then for the local authority in terms of what their responsible… responsibility is as to that young person?" (Donna, policy advisor)*

In addition to the lack of recognition in policy, within the family there may be different levels of recognition. For example, Hasan talks about his sister having a specific name for him that differentiates his role from that of the other brothers in the family. However, Kelly's account details how she sought, and did not receive, recognition within her family.

> *"I was very blunt. I'll accept that I wasn't the best in that situation. But she just said, 'Why are you still mad? And I was like, 'well, because I'm sick of being treated this way. I'm always treated this way. I do so much, and I get nothing in return. And your way of coming back to me is never to apologise. It's just 'pretend it never happened'.' And she just she was just like, 'Well, okay.'" (Kelly)*

The recounting of this argument serves to show the hurt and frustration when she felt the role she played for her siblings was not acknowledged by her mother.

This group of 'carer' siblings constitutes a 'hidden' group within an already under-recognised group of carers. The accounts show how eligibility criteria that are reliant on a definition of kinship care rather than a support offer for anyone providing care to children could lead to services 'turning a blind eye' to children and young people caring for their siblings.

6.5 Conclusion

This chapter has explored the diverse routes through which sibling kinship families are formed, highlighting the varied motivations, pathways, and processes involved. Drawing on narrative accounts from sibling carers and kinship children, alongside insights from practitioners and significant actors, the chapter identified three primary groups of kinship arrangements: those centred around remaking the family after separation, those focused on keeping siblings within the family to avoid care entry, and those where older siblings step in to fill a gap in parenting while their parent is still present within the household. Each of these routes was shown to have distinct implications for how kinship families experience the process of becoming carers, the extent of support they receive, and the role of social services in facilitating or hindering these transitions.

A key insight from this chapter is the central role played by older siblings as both decision-makers and care providers. Their motivations are often deeply rooted in the desire to maintain sibling bonds and prevent further family disruption. The analysis highlighted how these older siblings' decisions to become carers are shaped by family dynamics, childhood experiences, and professional influences, including recognition (or lack thereof) from social workers. Importantly, the reliance on social workers' discretion in initiating kinship arrangements was shown to produce significant variability in outcomes, as the perspectives and biases of individual practitioners played a critical role in the referral and assessment processes.

The findings also reveal the emotional and psychological impact on sibling carers, particularly in the context of crisis-driven decision-making. Sibling carers often had to navigate life-altering decisions with little preparation or support, especially when decisions were made during moments of family crisis. The complexity of sibling dynamics, particularly when roles and responsibilities shifted between carers and parents, was also a recurrent theme. For some, this led to long-term impacts on their personal identity, career aspirations, and overall well-being.

A recurring theme across all routes was the need for greater recognition and support for sibling kinship carers. Many of the challenges identified, including delays in assessment, intrusive processes, and inconsistent access to financial and emotional support, point to systemic barriers that could be addressed through policy reform. The accounts from practitioners revealed a growing awareness of these issues, as well as calls for local authorities to proactively consider older siblings as potential kinship carers from the outset of child protection proceedings, rather than as a last resort.

This chapter provides a foundation for rethinking how sibling kinship families are conceptualised within policy and practice. By shifting away from ad hoc, crisis-driven referrals and embracing proactive planning, children's services could better support sibling carers and reduce the negative effects of uncertainty and instability. Furthermore, efforts to recognise and legitimise the role of sibling carers within the wider kinship care system could enhance access to support and help reduce the burden on these young carers. Understanding the routes through which sibling kinship families are formed provides crucial insight into the experiences of sibling carers and highlights key areas for intervention and policy development in supporting kinship care arrangements.

The following chapter will focus on what mechanisms can lead to improved experiences and outcomes for these families.

7. What works well in supporting sibling kinship care to achieve positive outcomes for children and their carers

7.1 Introduction

The preceding two chapters explored the early lives of siblings who went on to become sibling-headed families and the turning point at which these new family structures were formed. This chapter will focus on the duration of the kinship family, the challenges that were faced by these families, how positive outcomes were, or could have been, achieved, and gaps in current policy and practice.

These families were at various stages of life when first interviewed. Kara was caring for her brother who was under two. Emma was two years into caring for her two sisters still under the age of 10. Hasan still cared for his 10-year-old sister at home with his parents but was looking for a way they could have their own place. Jade's young siblings had returned to live with their mother, but she was still a core part of their care. Marcie was caring for her 15-year-old brother who had been with her for three years. Laura's brother was now 18, but they were still living together. Kelly had moved out of her family home, but she still went home regularly to support her mother with the care of her siblings. For Anna, Izzy, Claire, Jemma, Stacey and Sally, their younger siblings were all adults and had different types of relationships with them. The three younger siblings interviewed were all young adults and no longer living with their older sibling.

Despite the different routes to kinship care and the different stages at which these families were when interviewed, this chapter focuses on common mechanisms across these families through which positive outcomes could be achieved. It is acknowledged that where support is absent, outcomes for kinship families can be sub-optimal (Smithgall et al. 2013; Stobbs and Prowle 2016; Winokur et al. 2018; Smyth et al. 2023). However, to integrate the findings and offer useful directions for practice, the causal mechanisms are presented in the positive. Participants did not always report positive experiences, but even these cases offer opportunities to consider what changes could have led to positive outcomes. Accordingly, there is an explicit focus on what interventions might have been helpful and reflections on the positive outcomes that could be achieved more consistently for sibling kinship care families.

Data generated with siblings, significant actors and practitioners identified three mechanisms through which the interplay between a resource and a response led to an outcome for a family. The first mechanism relates to the practical resources that families need to respond to the needs of children, and how this interacts with stress and parenting capacity. The second mechanism concerns the parenting skills needed in the complex situations of these kinship families. The third mechanism focuses on the relationships that families can draw on for social support. A further mechanism, the representation and the recognition of sibling kinship families, demonstrates how these factors impact families being able to get the help that they need if they are struggling. This final mechanism is necessary for the three other mechanisms to work.

Figures in this chapter are used to present the causal mechanisms alongside the events that this mechanism had a tendency to produce (i.e. what is seen across different participants), and with the experiences of participants in the research (Fryer 2022).

7.2 Practical Resources Needed to Raise a Child

Raising a child requires substantial financial and practical resources. Similar to findings in other research on kinship care challenges (Selwyn et al. 2013), a lack of practical resources was the most frequently cited issue by carers in this study. This was highlighted by 11 older and two younger siblings, as well as five significant actors. Research has shown that younger kinship carers, including sibling carers, are more likely to live in poverty compared to other kinship carers and parents (Selwyn et al., 2013). This section explores the resource gaps faced by kinship families and how access to adequate resources can help carers meet the emotional and physical needs of their siblings. It also highlights areas where these kinship families may face unique challenges.

7.2.1. The Types of Resources Needed

Practical resources such as money, suitable housing, access to transport, and help with family visits were frequently discussed by carers and two of the younger siblings. A lack of these resources often had negative consequences, aligning with previous research that underscores how financial strain and insufficient housing hinder carers from providing the best care (see sections 3.3.1.2 and 3.3.1.3).

The financial support carers received depended on the legal status of the child's placement. Four carers - Stacey, Sally, Emma, and Kara - received a financial allowance from the local authority because their siblings were under a care order. However, this amount was often insufficient to meet the children's needs. Nine other carers, including one with a Special Guardianship Order, did not receive any additional financial assistance. These carers relied on their own earnings, student bursaries, or universal child benefits to cover their siblings' expenses.

> *"I wasn't eligible for any benefits. Because I didn't tick a box and it wasn't legal. So we had to live on 90 pounds a week, which was another challenge. Em and Child Tax Credit, that was the only that was the only thing that I was eligible for. And I did think I have often thought if I was doing it now under Universal Credit, I'd probably be eligible for nothing. And I'd have nothing." (Joanne)*

Two carers, Jade and Anna, mentioned receiving financial help from the children's parents. In other cases, such as Hasan and Kelly, carers were living with their parents, and the household income covered the costs of caregiving. However, Hasan had to work to supplement the family's income, and Jade found the child benefit provided by her mother insufficient to meet the additional costs.

When children first entered kinship care, the immediate need for practical resources was particularly pressing for carers who had not lived with the children before. The needs varied depending on the child's age, with some requiring items like toys, clothing, and feeding equipment, while others needed school uniforms, sports kits, or beds. In cases where children arrived with very few belongings, carers had to buy everything new, which was especially challenging when there was no advance preparation or clarity about how long the children would stay.

> *"After the school holidays, like two days before, they, like they started school again, er, like I said to the social worker, who's taking these kids to school? Because we can't because [my husband] works. And I'm in a school [teacher training], I have to be in school five days a week. And they were like, "Well, I don't know, you should have thought of that." And I'm like, "But they are not my children." We had to buy them uniform. Because [my brother]'s didn't fit and it had holes in. We had to buy [my sister] uniform… she just started secondary school. So we had to buy her uniform, which was even more expensive. We had to buy them new shoes, new underwear, new clothes for like, playing out. Everything. And we only have one income. Obviously, you know yourself, with student finance you get bugger all. Like, we already had our own baby. Like things were, I mean, we were okay. But things were tight as it was." (Jade)*

As reported in earlier kinship research (Hunt et al. 2010; Selwyn and Nandy 2014), the expectations placed on kinship carers can further exacerbate financial challenges. Four siblings had to give up work or take lower-paying jobs to meet local authority requirements or adapt their lives to caregiving responsibilities. Jade outlined having to give up her university training course (see section 6.3.2), and the lasting impact this had on her earning potential. Having a break in a career or leaving university at this young age can have a long-term impact on sibling carers and their families, as they are often at the start of their career, and this gap in employment, or break in education can limit their potential to progress and have an impact on their pensions in later life.

While carers emphasised that they tried to keep these financial pressures and sacrifices that they made from their younger siblings, it is possible that some younger siblings pick up on these pressures. This could lead to younger siblings feeling that they need to secure financial employment as early as possible:

> *"I got a job as soon as I could... I was very aware of what [my sister] had done to look after us." (Charley)*

This feeling of needing to find a job could have been related to financial hardship in the family, but also a wider feeling of younger siblings' wanting to 'give back' to the family, recognising opportunities that their older sibling might have given up to care for them. This concern about the financial strain on their kinship carers can lead to children feeling guilty or burdensome (see Burgess et al. 2010), as children are keen observers of family life, and often have a good understanding of what is happening, even when adults try to protect them from the issues and challenges that they are facing (see Shuttleworth 2023).

Housing was another significant issue. Six carers lived in accommodation unsuitable for children, such as shared housing, or housing with insufficient space. Support with housing was not always readily available, even for those caring for children under care orders.

> *"We were all still in this like one bedroom bungalow which was tiny so we were all sharing one bedroom…" (Kara)*

Housing difficulties are common among kinship carers (Nandy and Selwyn 2013), particularly for sibling carers (Selwyn et al. 2013; Roth et al. 2011). Younger carers are especially affected due to limited financial resources and restricted access to social housing (Clarke et al. 2015). Eleven of the sibling carers in this study faced these challenges, often without the support of extended family. These challenges could be exacerbated then if and when carers wanted to start their own families.

Beyond housing, carers faced other practical challenges, including managing family visits, balancing work or studies with caregiving, and caring for multiple family members. These responsibilities often created additional strain, making family life harder to manage.

7.2.2 How having sufficient practical resources helps carers meet children’s emotional and physical needs

The financial and practical support available significantly impacted carers' ability to meet their siblings' needs. At a basic level, carers required financial resources to cover essentials such as food and clothing. When older siblings first took on caregiving roles, they often faced intense stress during the transition, making proactive support essential to helping them adjust.

> *“The fostering team... helped me find a place... gave me an allowance... provided all the stuff for the flat... I couldn’t have done it without that, I wouldn’t have known where to start... With everything else going on, I’m not sure I could have thought about all that stuff too.” (Stacey)*

For some carers, financial assistance alleviated a major source of stress, as Anna noted:

> *"Financially, my dad paid... there was never an issue with that. So I didn't have this financial pressure... We didn't struggle in that sense. I know other kinship carers do struggle." (Anna)*

However, Anna and Stacey’s experiences were not the norm. Financial strain was a common theme, with carers often feeling unable to focus on their sibling’s emotional needs due to constant worries about money:

> *“We were really worried about money all the time... It [worrying about money] probably meant we weren’t paying as much attention to other things going on with him.” (Izzy)*

Financial stress sometimes led caregivers to feel that they could not continue in their roles, a finding that has been echoed in other studies (Hunt et al. 2010; Gautier and Wellard 2014; Kiraly et al. 2021b). Jade expressed frustration at the lack of support from social services:

> *“I was saying, 'We can't keep this up... We don't have any money... but it’s not a family agreement, we didn't agree to have them for this long.'" (Jade)*

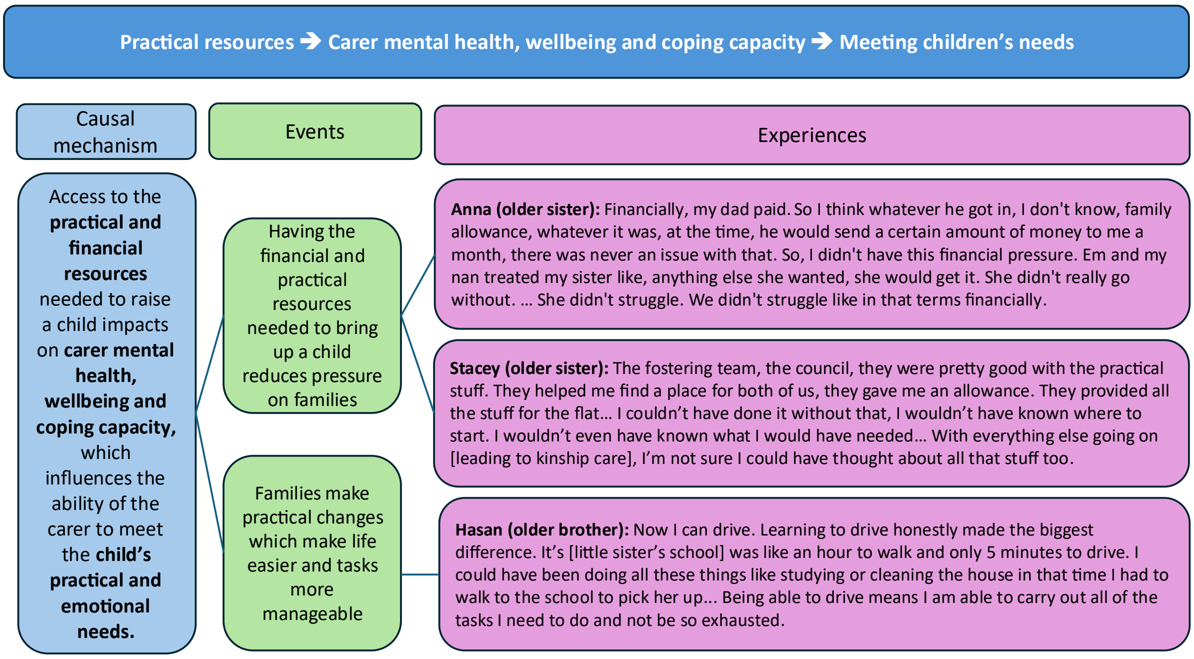
Stacey talked in detail about the stress she felt ending up deep in debt while she was a kinship carer, and the tensions this led to with her brother and his spending habits. Laura also highlighted how the financial burden led to family arguments, as noted in previous research (Backhouse and Graham 2013; Selwyn and Nandy 2014):

> *“That [money] caused a lot of arguments... that meant me using quite a bit of my bursary from college to make sure he had the new jacket. Or, like, because Mum and Dad weren't here, I felt so much pressure to make his birthday special, his Christmas... but I’ve not got that much money, and he's going to see his friend's presents." (Laura)*

Claire shared the deep sadness she felt in having to use all of the savings she had managed to put aside during university to give herself options as a care-experienced young person herself. These feelings around money indicate that having the right practical support in place is not just about the practical needs of a family, but also underpins how carers might feel about their role:

> *“If there was some form of financial support, that would help with arguments, bills, and make me feel a bit more valued.” (Laura)*

Figure 7.1 illustrates how having access to the practical and financial resources needed to raise a child – including the flexibility and time needed to carry out caring roles – can impact on carer mental health, wellbeing and coping capacity. This influences the ability of the carer to meet the child’s practical and emotional needs.



Practical resources → Carer mental health, wellbeing and coping capacity → Meeting children's needs

Causal mechanism

Events

Experiences

Access to the **practical and financial resources** needed to raise a child impacts on **carer mental health, wellbeing and coping capacity,** which influences the ability of the carer to meet the **child's practical and emotional needs.**

Having the financial and practical resources needed to bring up a child reduces pressure on families

Families make practical changes which make life easier and tasks more manageable

Anna (older sister): Financially, my dad paid. So I think whatever he got in, I don't know, family allowance, whatever it was, at the time, he would send a certain amount of money to me a month, there was never an issue with that. So, I didn't have this financial pressure. Em and my nan treated my sister like, anything else she wanted, she would get it. She didn't really go without. … She didn't struggle. We didn't struggle like in that terms financially.

Stacey (older sister): The fostering team, the council, they were pretty good with the practical stuff. They helped me find a place for both of us, they gave me an allowance. They provided all the stuff for the flat… I couldn't have done it without that, I wouldn't have known where to start. I wouldn't even have known what I would have needed… With everything else going on [leading to kinship care], I'm not sure I could have thought about all that stuff too.

Hasan (older brother): Now I can drive. Learning to drive honestly made the biggest difference. It's [little sister's school] was like an hour to walk and only 5 minutes to drive. I could have been doing all these things like studying or cleaning the house in that time I had to walk to the school to pick her up... Being able to drive means I am able to carry out all of the tasks I need to do and not be so exhausted.

Figure 7.1: How access to practical resources enables sibling carers to provide care for their siblings.

Carers shared examples of how having access to practical resources worked for them, but also noted gaps in what support was provided.

7.2.3 Gaps in current policy and practice impacting on sibling families having the practical resources they need

Currently, eligibility for financial support is dependent on the legal order through which kinship families were formed (see section 2.3.2). This is an issue across all kinship care. However, as section 6.2.2 and other research have indicated (Roth et al., 2011), siblings may be less likely to be kinship carers through a formal fostering route due to biases in practice, and potentially reluctance to be involved with services. There may also be a reluctance from services to acknowledge these families and the role that siblings are playing due to resource implications.

> *"Can I be crude and call it care on the cheap? Or turning a blind eye or we talk about the minimal intervention, and we don't want to look. But actually, I do think it's uncomfortable. I think walking away and thinking about that. And I know we come from that culture about family knows best, but sometimes it's, it's quite challenging, but also it's quite*

> *challenging for that young person who's in that position." (Donna, policy advisor)*

Other research has indicated that even where practical support is available, uptake from kinship families might be lower than other types of benefits (Sheran and Swann 2007). This suggests that possibility of receiving support may be insufficient. Rather, proactive outreach may be needed to ensure these families have the resources in place that they need. Carers were often unsure of their needs and the eligibility for support.

> *"We got the kinship allowance... but I didn't have a buggy, high chair... I don't know if I could have asked for that... We didn't have a lot of money, but we managed to get the stuff we needed." (Kara)*

They were also hesitant to ask for help due to worrying about how they might be perceived:

> *"I didn't start getting paid for him for a long time. Not properly, not the proper kinship payment that you are meant to get. That took a while. I can't remember what prompted that. But a lot of it was coming out on my own money but I didn't want to... pester them for it. Because I thought they were going to think I only want to look after him for money. So I felt this need to just keep up what's, to keep up appearances and just keep trying to do whatever I could." (Sally)*

For some, this might have been accentuated by their experiences of assessment, and feeling they might be under more scrutiny due to being younger or being care experienced themselves. Samantha, a significant actor providing training and support services for kinship practitioners described the impact of the relationship with children's services on families asking for support:

> *"Lots of the issues were that first point where they were they were introduced to Children's Services, and that really set their relationship off on the wrong foot. And it's really hard, then, isn't it? You know, after you looking after children or six months down the line, if you've started your journey, being afraid of social services, feeling pressured by them, feeling like you need to get everything right otherwise the you're not going to be*

> *able to look after the children that you love. So to go from that point to then I'm struggling now I need some help. How do you bridge that gap to ask for help isn't missed, I can see why it's impossible for people that I can see why they don't want to go to a peer support group, and why they don't want to pick up a phone or spend four hours trying to find the right telephone number. Because you've already got that huge, you know, I can't do this, because I'm afraid it made me afraid here. So how do I now go and ask them for help you?" (Samantha)*

Providing an automatic support package at the start of the kinship arrangement could help siblings adjust and recover from the situation that led to the care arrangement. This could also reset a possibly difficult relationship and help families feel able to ask for support when needed. However, as the experiences of carers in this research demonstrate, and community members acknowledged, current policy and practice is far from meeting the ideal of sibling carers having access to the practical resources they need.

7.3 Parenting in complexity

The development of appropriate parenting skills was a commonly cited need for sibling carers. Parenting skills are crucial abilities that caregivers use to raise children effectively, fostering their development across various domains. Sibling kinship carers often need to develop these skills quickly, dealing with additional complexities of children who may have had difficult experiences and managing complicated family relationships.

7.3.1 The need to develop parenting skills

As illustrated in section 6.3.2, kinship families were often formed in a crisis, with little preparation. This is reflective of earlier research about how kinship arrangements come about (Farmer and Moyers, 2008). However, carers and practitioners highlighted that sibling kinship carers may need to build additional skills, knowledge and confidence to become effective carers for their younger siblings due to being younger, often not having parented previously, and potentially having experienced some of the same difficulties and gaps in parenting as their younger siblings.

In this first focus group discussion, a team that worked with kinship foster carers considered what the differences might be for siblings. They highlighted that for this group, preparation might be more important and need more input than for other carers:

> *Julie (assessing social worker): "Because it [starting a kinship arrangement] it isn't usually, well not always, it wasn't planned for, especially if it is a sibling who is being assessed, it might need a bit more… they might need more input to get ready. Like to help them understand like trauma for example.*
>
> *Lorna: What differences might there be because it is a sibling?*
>
> *Anna (a senior support worker): I mean, because they will maybe be young and not have the… life skills. But also they might have their own, their own trauma and difficult relationships. And being a kinship carer, well if they are a foster carer, there are all the regulations and requirements. They might just think it is like being, like being the same as a sibling or a parent but there are lots of other things. And…*
>
> *Julie: I think we'd need to do more. Like to get them ready. And be realistic too."*

The practitioners' views could be reflective of the commonplace assumptions made about younger carers' abilities, as discussed in chapter 6, section 6.2.2, but also the realities of what might be needed for these carers to feel capable and confident in the role. This could include being clear with new carers about how demanding a role it could be, and how long-lasting. Sibling kinship carers identified gaps in the preparation they received and a need for more support in developing the skills they felt they needed to be a kinship carer. Eight explicitly said that they did not feel they had been adequately prepared for the role, and detailed difficulties such as setting boundaries and getting the right support for their sibling.

The majority of those interviewed (n=9) did not have their own children when they became kinship carers. As Selwyn and Nandy (2012) contend, sibling kinship carers may be younger than other parents and carers in the population, and therefore not have experience of parenting. Four carers did have children of their own when they became a kinship carer. They reflected that having their own experience of being a parent was helpful, as they were able to draw on what they felt worked with their own children. They mentioned implementing bedtime routines, or their sibling being able to somewhat fit in with the routines of their other children. However, in all cases, their own children were much younger than the siblings that they began caring for, so the knowledge and techniques were not always transferable.

> *"Having support around parenting [would have been helpful] cause some kids… your carers won't have been parents before. I mean, I've parented my own child, but he was only two. You know? Like I haven't really parented a teenager before. I've never parented a child with additional needs before, and I've never lived with my brother, so it was like having a stranger sort of thing. So I didn't know anything. So having support around behaviour and things like that would have been helpful." (Jade)*

While having experience of having been a parent before might somewhat prepare a carer for what to expect, as can be seen in Jade's account, it is not directly transferable from one child to another. This lack of understanding about what might be needed to parent their siblings compared with other children was compounded for some carers by not having had many opportunities to form a strong relationship with their siblings prior to living together due to age differences or being separated by the care system.

Possibly more challenging than becoming a kinship carer to a very young child, the transition to parenting an adolescent where there was a small age gap between the siblings was highlighted by five of the carers, and in all of the practitioner focus groups.

> *"Like you're an adult, but you don't feel like an adult, and then you get an extra responsibility. And it's tough parenting children, especially when they're teenagers or coming up teenagers and you've only just been out of teenagers yourself a couple of years. You know, you're still finding your*

> *own feet and then having to parent them through a difficult period is really tough." (Jade)*

Often this small age gap caused struggles with setting up boundaries could limit older siblings' abilities to be seen as the 'parent' figure rather than a peer.

> *"I mean, I was the older sister anyway, and he is the youngest, so I think, they all [younger siblings] really look to me for that stuff [parenting]. But I definitely was not really thinking about it in terms of like full time. Then when he was living with us, I don't know, it wasn't like I felt I could tell him he had to do his homework, or what he should be doing in his GCSEs. Or even like about girls and stuff. It caused some arguments between me and [boyfriend at the time]. He thought I should be stronger, like more, have more rules. But he was 13, 14 when he came to us. And I was only 22." (Izzy)*

The need for preparation and understanding of the way the kinship family could work, and how the impact of previous experience might affect the family dynamics, was not just important for carers. All three younger siblings who took part did not recall specific ways in which they or their older siblings were prepared for what life would be like living together. For example, Alexa [younger sister] described moving in with her sister as being a natural progression due to her staying there a lot. However, her expectation of the way things would be at home was not necessarily agreed ahead of time, and she talked about tensions with her sister's husband when she wanted more freedom:

> *"There were a lot of arguments and I didn't like that. [My sister's husband] would tell me what to do. And he'd be like, 'You need to wash up.' And I understood that I had to do stuff but like he would have days off. I wouldn't listen to him. Or like, if I be out with my friend and he'd be like 'right you need to be home by nine o'clock.' And if it was like two minutes past nine, he'd absolutely lose his shit with me. Like he was like really trying to be another parent. I just think at that point, that was not what I needed."*

Alexa went on to link this specifically to being looked after by her sister, perhaps in contrast with a different figure:

> *Alexa: "Because I was like, I was living with my sister, why would, why would I listen to you, you are my sister? That's how I always thought, like, I shouldn't have to listen to you."*
>
> *Lorna: "So you always thought of her as a sister as opposed to like, a mum or a parent figure."*
>
> *Alexa: "Yeah. And that definitely caused issues because I wouldn't listen. And now I can see that when I watch her with her own children now, I can see like, not pushy parents, like I can see like, her parenting ways. I'm like, oh, yeah, you tried to be like that to me, and I just didn't listen. Like, what the way she has her oldest now is like, thirteen. So I can kind of relate. And I do see like, yes, she was trying to parent me. And I was having none of it. At all."*

While there is no expectation that children themselves are responsible for their needs being met and setting rules and boundaries in the household, a lack of preparation can also impact their understanding of the situation. However, as Alexa touched on later in her interview, this could also be linked to the difficult experiences that have led to them coming to live with their siblings.

The children who were in kinship care had often experienced difficulties, bereavement, abuse and neglect, as detailed in Chapter 7, leading to them coming to live with their siblings. Carers were often managing very complex behaviours, which they had not been adequately prepared. Claire, Marcie and Stacey all described their siblings as exhibiting extreme mental health and behavioural issues, with all three carers talking about managing their sibling's repeated suicide attempts and self-harm. Seven of the carers talked about managing some form of difficult behaviour in adolescent years, including arguments, children going missing, alcohol and drug use. This reflects research that has consistently shown that children with experience of being in care have a higher prevalence of mental health issues, including those linked with trauma (Golding 2013; Luke and O'Higgins 2018; Sadler et al. 2018).

> *"He would just go missing. It was really difficult because, like with his dad, there was no boundaries. He could go out, not tell his dad where he was going. Could disappear and his dad wouldn't, wouldn't say anything,*

> *because he was just off doing his own thing anyway. So it was difficult, because he was like, "Oh, well, my dad loved me and let me do what I want. So if you loved me, you'd let me do what I want." And I'm like "no. He might have loved you but you needed these boundaries to keep you safe. And it's not safe for me not to know where you are." And so it was very difficult." (Claire)*

Not having a full understanding of the previous experiences of these children, and how this might impact on their behaviour was a particular challenge for these carers. In particular, the impact of trauma on children made it more difficult for carers to respond to and meet the needs of their siblings. Claire's quote highlights here how she struggled to put rules and boundaries in place for her brother. She went on to describe how his mental health and their relationship deteriorated. She had sought out support immediately when her brother came to live with her as she was aware to an extent of some of his experiences, this support was unavailable, leaving her unprepared to manage his complex needs. This reflects research that highlights gaps in mental health support for care-experienced young people (Evans et al. 2024).

Managing the complex needs of their siblings was heightened for many of the carers due to also going through their own experiences of grief and trauma. Often, older and younger siblings experienced many of the same challenges growing up, with older siblings not having had support to address their own trauma, as detailed in chapter 5, section 5.2.

> *"Many of them have experienced those same challenging environments and traumatic experiences that the siblings placed in their care had, you know, often not really that many years apart, as well. So as they are kind of dealing with their own trauma as well trying to be strong and supporting their siblings." (Allie, manager of peer support service)*

However, older and younger siblings discussed how this shared experience could be a strength and could support a shared understanding between siblings:

> *“I think that the experience like as a sibling, you've got an element of shared experience with that person that you're looking after. So I think that way that you care about them, not saying that someone would care any*

> *less, but you give that little bit more due care and attention because you've been there. I think having that shared experience helps the person that the young person that's taken in as well, because they know that they can relate to you. It's not another person where you've got to conform to their way of living and their way of thinking. It's somewhere where you can go and you've got something that's shared together, so you've got a connection there." (Sally)*

Many children in kinship care report appreciating the familiarity and continuity of living with relatives, which can provide a sense of connection and normality (Burgess et al. 2010, Shuttleworth 2023). Unlike foster care placements with strangers, kinship care often allows children to maintain connections with their family, culture, and community, which can mitigate the trauma of separation from their parents (Farmer 2009). Children often report feeling more comfortable with relatives and expressing trust in their carers, which enhances their sense of belonging (Messing 2006; Selwyn and Nandy 2014).

Some of the children also had additional needs that required specialist knowledge and support. For example, three of Kelly's four siblings had complex mental and physical health issues, Kara's brother had a physical disability, Jade's two siblings had learning difficulties and Marcie's brother was being assessed for ADHD and suspected bipolar disorder, which further made parenting difficult.

An additional skill needed by kinship carers is managing relationships across the family. There were different family make-ups within the participant groups. Where parents and wider family members remained involved in this child's life (as in nine of these families), managing these relationships while keeping the child safe could be challenging.

> *"... it's the difficulties with the family, I think are the hardest challenge. It's not the child. Like looking after, if it was just a case of looking after [my brother], it's just like being a normal parent. But being a kinship parent, is more like, there's always going to be someone that's gonna disagree with you and feels like their opinion is more important than yours. Em and that's the difficult part to manage…. But I would just say that it's just like being a parent, plus a lot of people with opinions." (Kara)*

This difficulty managing family relationships led Kara, Emma and Hasan to consider obtaining a legal permanency orders for their siblings. Kinship carers often have to protect children from people deemed to pose a danger, while also ensuring that these children are able to maintain a relationship with those same individuals. The impact of managing these complex family relationships, often with little support is documented elsewhere as causing stress and difficulties within families (Kiraly and Humphreys 2016; Rose et al. 2022).

Again, this was one of the main challenges highlighted by practitioners and significant actors.

> *“The relationship between them and their birth parent. You know, there's that challenge... I think someone in one of the groups said it was erm... re-parenting my parents. So they changed almost that role within the family. And they'd had to take that parenting role and be the strong one, the one in charge, the one that puts the boundaries down for their own parents.” (Allie)*

Allie described the complicated additional role that sibling carers might have in caring for and 're-parenting’ their own parents. This came across strongly in Jade, Kelly and Hasan's accounts, and other participants also discussed having to provide care to their parents at the same time as caring for their siblings.

7.3.2 How developing the skills needed to be a kinship carer could help siblings feel capable and confident

Support for developing the parenting skills required to be a kinship carer varied. Where there was no formal arrangement, preparation and skill-building opportunities were notably lacking. However, even in kinship fostering arrangements, many carers still felt unprepared for the realities of becoming a kinship family. Unlike other kinship grandparent carers, many sibling carers had not been parents themselves, and their peer group was less likely to have children. Additionally, the sibling carers in this study often had negative or inconsistent parenting role models. Consequently, they found opportunities to learn about parenting particularly valuable. Joanne, for example, gained insight into parenting by observing how her friends parented, which helped her develop her own ideas about positive, balanced parenting.

> *“When [my friend’s daughter] was born, I looked at their relationship and how they were bringing [her] up. I went, “Oh, this is an equal parenting relationship works.” It sounds really sad but I'd never seen it. I'd never seen what dad contributes and this is how you can both work and both have an input into like the child's life. It was a little bit mind blowing to me that that kind of standard family could work.” (Joanne)*

Reflective learning from trusted role models allowed sibling carers to shape their own parenting styles. Some also learned from professionals, but advice needed to be given in a non-judgmental, understanding way.

> *“I think for me, if I had someone there to offload to, that understood exactly what I felt and didn't go “Oh, well, you signed up for it”… I don't wanna say people are judgmental, but, that understanding of you know... someone with that shared experience and be supportive because some people are just not supportive even just like in general parenting like “Oh well, you've chose to have the child when it's having a tantrum on the floor of Asda.” It's like, yeah, I know. But I didn't sign up for this. Because you know when your child's having a tantrum in Asda, it's embarrassing, isn't it? And you don't want to feel like a bad parent or other people are judging you just want someone to come over and go “I've been there. I've done that. It's going to be okay”, sort of thing.” (Jade)*

Jade emphasised the importance of support from someone who understands kinship care and its challenges. However, learning about parenting may extend beyond general skills to include understanding the specific needs of their siblings, especially those with complex physical or mental health challenges. Kara, for instance, received hands-on support from her brother's foster carer, which helped her gain confidence in caring for his medical needs and establishing routines:

> *“The foster carer said that I could get in touch… She would drop him off for some contacts and stuff at the house. He was dropped off for four hours during the day. And then... she'd come pick him up again and take him away. And then I would go round to hers. We met at the soft play a couple of times and I'd go to the soft play with her and her own kids, some other foster kids she had with her and [my brother] just for us to build up,*

> *just an idea of who [my brother] was at that point in time because it'd been a while. I only really seen him for that one hour shared with mum and dad, so we couldn't really get much time with [him]. It gave me a chance to bond a wee bit more as well and make sure that he has settled and attached. Then the nighttime routines and stuff because [my brother] had [a disability], he has [medical equipment] to wear at night. And I was quite nervous about the [medical equipment], in case I didn't do it right or I wasn't using it properly. So I went round and kind of helped with the bath times and getting the [medical equipment] on at night. And the first night I went I think they did the whole routine. And then the second night I helped. And then the third night I went into the house and I did the full routine with him downstairs. That was just to build that confidence as well with the bedtime routines and just see how they normally would go to bed. And thank god I did because [my brother] has always slept seven till seven even now." (Kara)*

This personalised preparation with a transition period, tailored to the child and carer, proved crucial in building confidence and establishing routines. However, this was based on the discretion and the commitment of the foster carer, not something that was organised by children's services. Kara's experience was unique in this study, suggesting that this type of support would not be offered routinely to sibling carers.

Carers were mindful of the potential impact of trauma on their siblings' behaviour, often seeking advice from trusted sources. Joanne sought guidance from an aunt who worked with children with behaviour issues about how to address her siblings' trauma:

> *"I was panicking. So I thought, you know, once they're settled, like, they could just go, you know, I could have had so many, like behavioural issues, basically. As it was, I didn't. I manage to escape most of that. But it was partly on her advice that I think, you know, I always made sure that I spoke very openly about, you know, what was going on and, you know, talked about their dad, talked about their mum. You know, that that sort of thing? …When you when you're dealing with that sort of, you know, what they've gone through. That was probably one of the one of the really big*

> *things that I was really worried about. I was like I could do the day-to-day stuff, or I could learn how to do the day-to-day stuff. But that's kind of that specialist advice. If I hadn't had her..." (Joanne)*

Having the awareness of the impact of early life experiences could help carers to develop trauma-informed parenting styles that could support their siblings' development (Bath 2008). Trauma-informed parenting is a specialised approach within the broader scope of parenting skills. It acknowledges the impact that trauma (such as abuse, neglect, loss, or exposure to violence) can have on a child's behaviour, development, and well-being. This is not to say that all the children within these families exhibited behavioural issues or struggles related to their early life experiences. However, parenting practices that were mindful of this seem relevant to all kinship children.

Perhaps most specific to this group of kinship families was the shared experiences of trauma, separation, loss and bereavement between siblings. Many of the sibling carers drew on their experiences to try and build an understanding of the needs of their siblings. For example, Stacey reflected on how she developed an understanding of being a carer for teenagers through her own time in foster care:

> *"I'd seen a lot of teenagers come and go [when in foster care]. I think I had a bit of an idea from that what worked and didn't, and that it can be hard work. I guess that helped too, and my own stuff, because I wasn't shocked or surprised by it [brother's behaviour]… I remember she [foster carer] would never react in the moment, but would wait until the situation had calmed down the next day to talk about it…" (Stacey)*

Stacey's own lived experience of foster, and the strategies employed by her foster carer, set her expectations about potential issues her brother might face and meant that she could be realistic about the challenges of being his kinship carer. Stacey had retained contact with her foster carer, which meant she could offer her reassurance and guidance when Stacey was struggling. Stacey was open to listening to her foster carer because she knew from her own experience that she understood the situation. Emma and Sally had similar experiences and like Stacey, they were kinship foster carers. The assessment process for these kinship carers prompted them to reflect on their own trauma, which, while challenging, was viewed as necessary for their long-term success as carers. However, outside of this formal process, there was little support for carers to support their own mental health. The lack of therapeutic support for both children and their kinship carers was a notable gap, as highlighted by significant actors and practitioner participants, and recognised elsewhere in the literature (Selwyn et al. 2013).

The role of shared life story work was posed as one route through which some of this shared healing and understanding could be developed to work with sibling dyads. Life story work is a therapeutic tool that helps children understand their past, including difficult or traumatic experiences, to make sense of their identity and history (Rose et al. 2012). Life story work - therapeutic efforts to help children understand their past and make sense of their identity - was presented by some practitioner participants as a potential tool to address these shared experiences of trauma. However, this was rarely used with both carers and children, despite its potential benefits. Harriet, a significant actor, explained how different siblings may experience trauma differently based on their age and understanding:

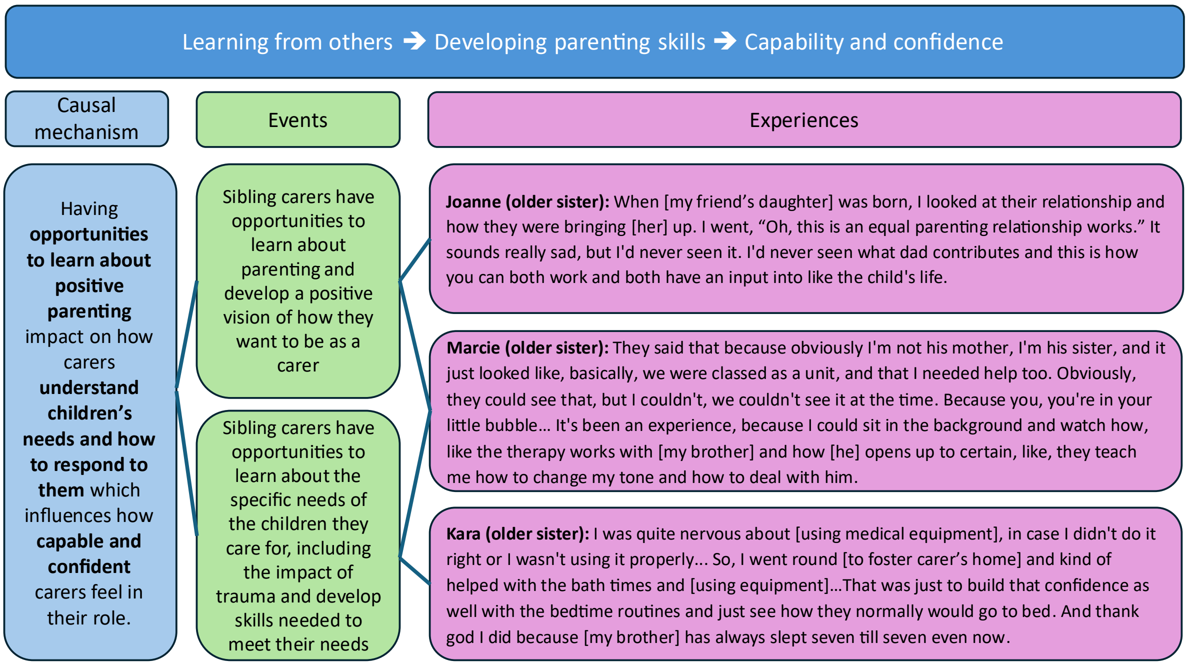
> *“I think story work around kinship can be…quite traumatic, because often there's a narrative that really fits the family and it's not always the truthful one. I mean, it's so linked with grief, isn't it? Because, you know, you're really into protecting each other, making it you know, not being truthful about a mother who may be abused her child, and that's why the child was removed from her care, you know, that their traumatic stories, and it's very difficult. And that's why you come together when you're doing narrative work, I think but developmental stages really come into this. Because obviously, if you've got like a four year old, an eight year old and a 12 year old, they're gonna experience some of that trauma quite differently, aren't they?” (Harriet, significant actor with lived and practice experience)*

As Harriet reflects, working together with siblings to address these complex narratives and intersecting trauma, could be valuable but complicated work (Ingham and Mikardo 2022). Only one carer, Marcie, talked about receiving specialist therapeutic support. Marcie attended joint therapy with her brother, and then she and her brother also had separate therapy to understand their experiences:

> *“We've been going [to therapy] together… I remember the first day go in there, they said that because obviously I'm not his mother, I'm his sister, and it just looked like, basically, we were classed as a unit, that I needed help too. Obviously, they could see that, but I couldn't, we couldn't see it at the time. And yeah, and it's been an experience, because I could sit in the background and watch how, like the therapy works in [my brother] and how [he] opens up to certain, like, they teach me how to change my tone and how to deal with them. And, and, and then I have therapy on my own going back to my childhood. And you understand how your repair and where you get it from? But then you realise, then I've come to terms where I've got completely opposite to what I had. Because like, if you've had a bad experiences with childhood, and you think, “Oh, why, why should I be a good parent, no one was good to me” sort of thing. But I've actually gone the other way. And actually, that's why I'm really good with [my brother] with school.” (Marcie)*

Marcie’s description of receiving specialist therapeutic support indicated that it had a profound impact on both her and her brother. The joint and individual therapy sessions helped Marcie understand her role as both a sibling and a caregiver, providing valuable insights into how to support her brother emotionally and practically. Therapy not only aided in her brother’s emotional development but also allowed Marcie to reflect on her own childhood experiences and how they shaped her caregiving approach. This highlights the potential benefits of therapeutic support for sibling kinship carers, offering them crucial tools for navigating the emotional complexities of their role.

Figure 7.2 illustrates how experiences of parenting skills development may support the role of kinship carers, especially in facilitating their understanding of the needs of their siblings. It is also important for sibling kinship carers to build their belief in themselves as carers, and their confidence and abilities to meet their sibling’s needs. Kinship carers needed opportunities to learn about parenting in general, and the specific needs of the children they were raising. They also required opportunities to understand the impact of prior experiences of trauma on themselves and their siblings, and how this might impact on parenting.



Having **opportunities to learn about positive parenting** impact on how carers **understand children's needs and how to respond to them** which influences how **capable and confident** carers feel in their role.

Sibling carers have opportunities to learn about parenting and develop a positive vision of how they want to be as a carer

Sibling carers have opportunities to learn about the specific needs of the children they care for, including the impact of trauma and develop skills needed to meet their needs

Joanne (older sister): When [my friend's daughter] was born, I looked at their relationship and how they were bringing [her] up. I went, "Oh, this is an equal parenting relationship works." It sounds really sad, but I'd never seen it. I'd never seen what dad contributes and this is how you can both work and both have an input into like the child's life.

Marcie (older sister): They said that because obviously I'm not his mother, I'm his sister, and it just looked like, basically, we were classed as a unit, and that I needed help too. Obviously, they could see that, but I couldn't, we couldn't see it at the time. Because you, you're in your little bubble… It's been an experience, because I could sit in the background and watch how, like the therapy works with [my brother] and how [he] opens up to certain, like, they teach me how to change my tone and how to deal with him.

Kara (older sister): I was quite nervous about [using medical equipment], in case I didn't do it right or I wasn't using it properly… So, I went round [to foster carer's home] and kind of helped with the bath times and [using equipment]…That was just to build that confidence as well with the bedtime routines and just see how they normally would go to bed. And thank god I did because [my brother] has always slept seven till seven even now.

Figure 7.2: How opportunities to develop relevant parenting skills can influence carer's abilities

In summary, where carers were able to learn about parenting in a positive way, understand the potentially complex needs of their siblings and respond to them, and also have the opportunity to recover from their own challenging childhood experiences, they could develop a clear picture of their sibling's needs, and how best to respond to these needs. This could help carers to develop as capable, and also confident carers, who sought advice and support when they identified a need.

7.3.3 Gaps in current practice that limit parenting support for sibling carers

Research indicates a significant gap in services specifically designed for kinship carers, despite their unique needs and challenges. Many support services are primarily developed for foster carers, failing to address the distinct circumstances of kinship care arrangements (Farmer and Moyers 2008). Furthermore, Selwyn et al. (2013) found that kinship carers often struggle to navigate existing services, which are not adapted to their specific situations, such as managing complex family dynamics or dealing with the sudden transition to a parental role. This was echoed by the experiences of sibling carers in this research. Three carers talked about parenting support and training that they had accessed. Two were kinship foster carers and one was accessing universal services. The two kinship foster carers highlighted that they did not feel the training they received was appropriate for kinship carers as they were in shared sessions with non-kin foster carers:

> *"They went around at the start and asked 'tell us why you decided to become a foster carer' and I was like, well, I didn't decide. Like, it wasn't my plan to be doing this. It made me feel really out of place." (Stacey)*

Similarly, Marcie, who was accessing universal services, discussed how the usefulness of attending a parenting group was limited due to a lack of understanding about her role as a sibling kinship carer and the challenges she was facing:

> *"The way they [the instructors] talk to people in that group… they don't show any empathy and they're very blunt and sharp. And they go, "you have to do it like this." And they don't actually... What I think is missing in that group is they don't actually ask, what this problem is. Because like with [my brother], he'll run round. He'll like... he'll break something the house in a temper, or he'll do something my car he'll just like, go berserk. And they're like, well have a conversation with him, do this, and play games. I'm like, I mean, we're not at that point." (Marcie)*

This experience mirrors some of the literature that critiques parenting courses. For example, Edwards and Gillies (2011) argue that many standardised parenting programs fail to account for diverse cultural contexts and socioeconomic realities, potentially alienating or stigmatising certain groups. Similarly, (Furedi 2009) and Widding (2015) contend that these courses can undermine parental confidence and autonomy by promoting a 'one-size-fits-all' approach to child-rearing based on middle-class norms. These critiques highlight the need for more nuanced, culturally sensitive, and context-specific approaches to supporting parents and caregivers.

Within the context of kinship care specific parenting courses, peer educators have offered unique benefits that complement professional services, playing a crucial role in enhancing the effectiveness of these courses (Lin 2014). Denby (2015) found that kinship carers often feel more comfortable learning from others who have shared similar experiences, leading to increased engagement and knowledge retention. This peer-to-peer approach creates a supportive learning environment where carers can openly discuss challenges and share practical strategies (Hunt et al. 2013).

Furthermore, Hegar and Scannapieco (2014) argue that peer educators can provide culturally sensitive guidance, which is particularly valuable given the diverse backgrounds of many kinship families. The inclusion of peer educators in parenting courses not only validates the experiences of kinship carers but also promotes the development of informal support networks that extend beyond the formal training setting (O'Brien 2012). This approach therefore can contribute to more positive outcomes for both carers and the children in their care.

In summary, the experiences of support for sibling kinship carers were diverse, with some receiving meaningful preparation and others left to navigate the challenges alone. Many sought to support themselves rather than being proactively offered help. Personalised, non-judgmental support and trauma-informed approaches proved to be particularly valuable in equipping carers for their roles. This service gap underscores the need for policymakers and social service providers to develop and implement targeted interventions that address the unique needs of kinship care families. Given the unique challenges faced by sibling carers, the need for more consistent and therapeutic support remains a critical issue.

7.4 Social support

Another major area of need was social support, which refers to the psychological and material resources provided by a social network to help individuals cope with stress, maintain psychological well-being, and achieve a higher quality of life. Social support plays a crucial role in mitigating the effects of life stressors and is considered a key factor in promoting overall well-being (Cohen and Wills 1985). Social support has also been recognised as an important resource for kinship families (Strozier 2012; Sharda et al. 2019).

7.4.1 Experiences of isolation and the need for social support

As discussed in Section 7.3, the majority of sibling carers (n=9) in this study did not have children of their own and were often not yet at a stage in life where they were considering parenthood, instead they were attending college, university, or starting their careers. As Selwyn et al. (2013) and Pinson-Millburn et al. (1996) contend, this accelerated transition into parenthood can create challenges for young carers having social support, as they can find it difficult to form new friendships or find a partner due to being out of sync with peers of the same age.

For some, the isolation they experienced was exacerbated by the responsibilities and expectations placed upon them as kinship carers. As highlighted in Section 7.2 and consistent with findings in earlier kinship care literature (Gautier and Wellard 2014), some sibling carers were required to leave their jobs to care for their siblings. This not only had financial implications but also prevented them from forming connections and networks, particularly in the workplace, which is a common social environment for young adults to make friends (Smith and Christakis 2008). Three carers - Jade, Marcie, Claire - talked explicitly about feeling isolated as a kinship carer. For example, Claire's experience involved moving to a new area to create a safe home for herself and her brother, but her caregiving duties prevented her from going out and meeting new people.

> *"Having a support network would have been good. There was no one that I could talk to at all. There was nobody. I would try and reach out to some of the parents of the kids that my brother used to hang out with, they were quite sympathetic. It was very isolating. Because I was, I was 22, 23 at that point in a brand new city I didn't know. Not able to have any kind of social life. I remember just feeling very lonely, very, very lonely. I didn't really have any friends there either. It was very difficult."*

Sibling kinship families might also have a lack of a wider family network. As documented in chapter 6, sections 6.2.1 and 6.3.2, sibling families in this research were generally formed due to a lack of other alternative suitable carers. This could in part be mitigated by carers having a partner as Marcie described when reflecting on advice she would give other potential kinship carers:

> *"I think if I'd give any advice anybody else, I'd make sure that they have got a partner when they take a teenager, because it's really difficult. Because you, I think you need someone there for you. If you've got no one at home and you're dealing with all this, it's really hard. I mean, we*

> *don't in my situation. He's with me because my mum passed away. So we've lost a mother and a grandmother. And they were both really supportive."* (Marcie)

However, the pressures of caring for children that might have complex needs could also put stress on carers' relationships. Some of those with partners when beginning the kinship care arrangements (n=4) talked about the stress and pressure being a kinship care put on their relationship:

> *"When me and my husband were in bed, we wouldn't speak to each other. We've always sat in bed and talked, but we just wouldn't. It was exhausting. I knew if we used to speak then we'd just argue. Our relationship really was strained." (Jade)*

Despite Jade having a partner, her experience indicates a need for wider social support networks. Social isolation can have a negative impact on the mental health of carers (Mistry and Wu 2010) and can also reduce the number of people within the network who are available and engaged in meeting the child's needs. As discussed in section 7.4.2, social support had key benefits for participants.

7.4.2 How social support can help increase caring capacity

Social support came from friends, family, workplaces and some professionals. Where siblings did have a support network, they were resourceful in seeking input, such as identifying people who could support their family and bridging gaps that carers felt they might have. Having an engaged network of people providing social support increased caring capacity in two main ways – through offering emotional support to the carer which could reduce stress, and through the network sharing some of the caring role by being actively engaged with the child. This reinforced the network of engaged people around the family, who could help meet the children's needs and provide a caring environment for them.

When asked who was in their family, eight older siblings and two of the younger siblings included their friends in this group, indicating the importance of friendship. For sibling carers, friends played a vital role in helping them to destress and talk through their emotions when caring for their sibling felt difficult. Even though some felt that their friends, often due to age or not being parents themselves, may not fully understand their situation, they were still supportive.

> *“…the support I got from my friends... They were… I mean, they knew. They really did…. They were just like, ‘Oh my God. Yeah, it must be so hard to be like your sister, you’re parenting your sister’. You know, like, they got it. Yeah, but also didn't get it. You know, like, because they didn't deal with the day to day. But I can moan at them.” (Anna)*

Friends were an important source of emotional support, providing an opportunity to talk through difficult situations. However, this informal support network was not necessarily sought for advice and guidance due to having other commitments or carers feeling their network did not have similar experiences. There may be a need for additional efforts to facilitate the social networks of sibling carers such as providing opportunities for them to meet other kinship carers. Claire talked about how events for care leavers and through her work gave her opportunities to meet some people, but only incidentally another kinship carer:

> *“… there was an event, and I met another kinship carer there. So that was nice to have that. I crossed paths with people coming to me in my role, asking for support, asking where they can get support and, so many siblings were made to take on their siblings, so they don't go into the care system. But in terms of support for me, nobody asked how I was doing, at all, within those support mechanisms that's meant to be there.” (Claire)*

Meeting other kinship carers can help families feel confident that if they ask for support, they can explain their situation, be taken seriously and get the help that they need.

> *Lorna: How might knowing someone else who has a similar experience make a difference for sibling kinship carers?*
>
> *Sally (older sister): You've got someone where you can talk to where they're not going to roll their eyes at your experience, and they're not going to make you think that you... There's a term that we say up here,*

> *like begging it, you know “you're begging it”, or “she's a care leaver, she wants the sympathy”.*

As Sally describes, and has been shown throughout this research, sibling carers may have had previous experiences of being dismissed or not taken seriously. Meeting other people with experience of kinship care can be an important source of social support for kinship carers. There were other routes that carers sought out this advice and guidance from peers, such as social media.

> *“I joined a carers Facebook group… I think I found that by accident. But that was honestly probably the best thing that I ever did. That was probably early in [year] that I joined that. And it was other kinship carers that knew everything inside out…and they were able to give me so much advice. That was a huge support.” (Kara)*

Even where these conversations were not with people who had experience of being an older sibling carer – i.e. with other kinship carers who had a different relationship to the child, with foster carers who understood kinship care, or with practitioners who worked with kinship families – these open and transparent conversations were seen as essential for carers and younger siblings to understand how to access the support they might need. This is resonant of Lin’s (2014) research with other groups of kinship carers, which found that peer-led interventions significantly improved kinship carers' self-efficacy and reduced feelings of isolation. The social support needs identified indicate that there is a role for more formal forms of peer support to put sibling carers in touch with other people with experience of fostering, being kinship carers or have a professional role supporting carers.

Sibling carers also valued the support of professionals or other people who had specific experience of fostering. Stacey felt she could turn to her former foster carer who had extensive experience of fostering teenagers:

> *“[My foster carer] was still, like she’s always been a part of my life. I don’t really remember her actively giving advice, but she was around, and I think I probably learned from her. We went and stayed a couple of times, and she reassured me I was doing an okay job… that it was normal for it to be tough. It helped me feel like I could keep doing it.”*

Having the input of her former foster carer helped Stacey to learn and develop her confidence being a carer herself, moving beyond her own experiences. While she had felt she was prepared, she still needed the experience of another person who had ‘successfully’ carried out a similar role – in this case a former foster carer – to reassure her. This role was also provided for some carers by their social worker or their support worker who provided necessary support and guidance. In particular, Emma and Joanne talked about how supportive and helpful their assessing social worker was, and how much reassurance they provided. However, this relationship was not always one that they could draw on once their siblings were then living with them due to the professional role ending after assessment.

Practical support was more likely to come from a family network, or a partner. The majority of the carers (12 out of 13) were older sisters, with six caring as a single carer. The role of (existing or imagined) male partners and influences for the children was a theme across three of these interviews; and Marcie, discussed what might be missing for her brother living just with her.

> *Lorna: “What change would make the biggest difference to you and [your brother]?”*
>
> *Marcie: “I think having someone extra at home…. And I feel like I know I'm given everything to [my brother]. And I know that I'm doing more than anybody else would have. But I do feel like he needs more. And I think it's important that... when you take a child on whatever the situation is, it's, it's really important to have two there, just for yourself and the child really… I feel like that's what's missing… Because when my [older] brother, say if he's had a bad time with his missus and they needed a break, he'd come and live with us. And it was great. Because I left them downstairs playing Xbox. And I made dinner and he'd deal with him. And it made [younger brother] so much better, like having that a male figure for him to talk about Xbox, to talk about men's stuff, to talk about... stuff that boys do like, and then I could get, have a break… It doesn't matter how much money you throw at anything or how much support you have. The problem is that he's lost parents. And it's just me and him, and we could just do with that... that person in the middle, really.”*

Managed well, having other people involved in family life could ensure children had a wider range of connections. This opportunity to reconnect with a family network for children who have been separated from their family either through estrangement or being in care with stranger is one of the most cited benefits of kinship care (Winokur et al. 2018). Charley highlighted this when considering what was different for him having lived with his sister rather than remaining in care:

> *"I also got to know [older brother]. Actually, I live with him now... Not that he was… he was more an older brother than like what my sister was, the role she took. And I don't think I would ever have known him, or anyone in my family if it wasn't for [my sister] doing that [becoming a kinship carer]. So, we got this chance to become a family."*

Having a wider network of people could also help children where carers felt they were not able to attend to certain needs potentially around gender, culture or sexuality due to having different experiences and characteristics to their siblings. This might be particularly important for single carers. The carers in this study were mainly young women when they became kinship carers (n=12), and they were conscious of gender dynamics and the importance of well-rounded social relationships for children.

> *"We are quite a female family. I realised that [my friend] was the male role model in [my brother's] life. So that relationship, finding those people, spending a lot of time with them was really important. He was really good at bringing them in and kind of getting them to make stuff. They were making lanterns, or he was teaching them how to make bread and doing kind of like practical man stuff whilst also showing what a dad can be. That was something that I obviously couldn't bring to the table." (Joanne)*

Where people did have a partner, they talked about the ways in which their involvement perhaps developed over time. While Kara was clear that becoming a kinship family was a joint decision between her and her partner, others, like Emma felt that deciding to become a kinship carer was more a decision for her than a joint one, as she felt it was her responsibility. However, her partner bonded with her siblings over time, providing an extra person who was engaged in her younger sisters' lives:

> *“He notices those little cute things, like he texts me [my sister]'s got the giggles… I can just picture his face whilst he's watching her. You can see he's really bonded with them. And the other day a boy knocks for [my other sister] and he was like at the door speaking to him. And then he was like, [my sister], who was it? Who is it? How old is he?” (Emma)*

Practical support was not emphasised by Emma here, rather her partner communicating an interest in her sisters happiness and showing concern and regard about their relationships was centralised.

However, having multiple people involved in trying to offer care and support could be difficult or confusing for younger siblings who may have had multiple changes in care giver. Alexa shared how she felt frustrated as a teenager with lots of adults having an input in her care:

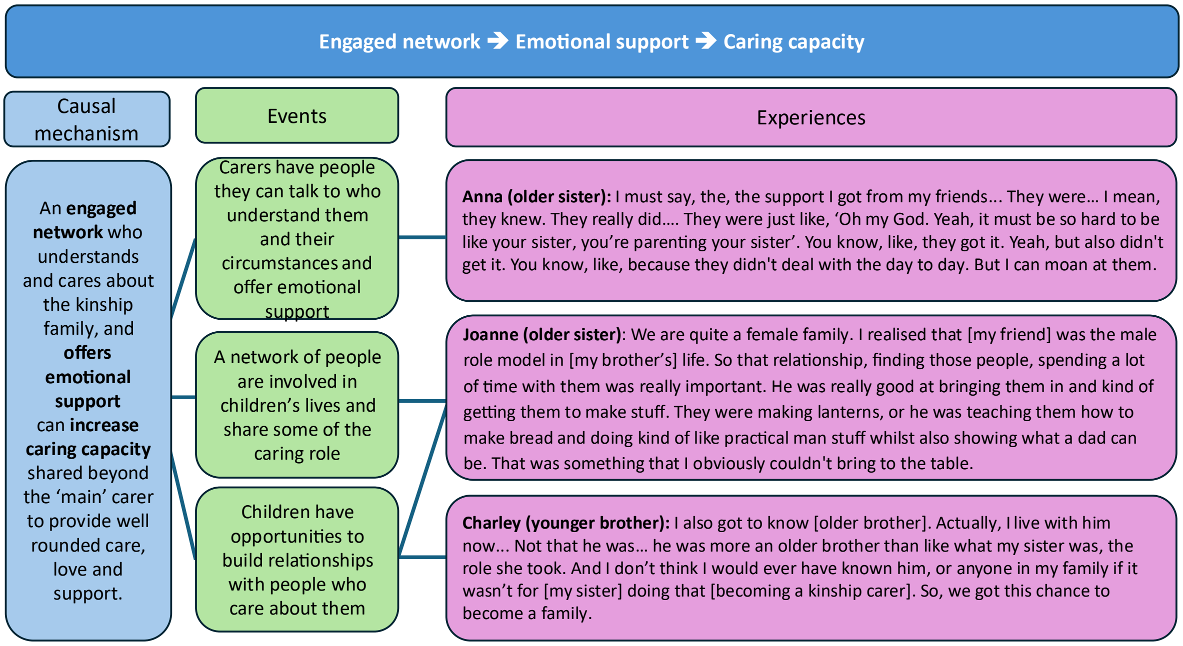
> *“I had all these people in my life. And I'm, like, telling me to do like trying to parent me. I wasn't deprived in the people that cared for me because I had my sister trying to be a mum. I had my nan trying to be a mum, I had a mum that had disappeared. And then I had a dad that was still very like controlling, wanted to know what I was doing all the time and was telling my sister how to parent me. And then I had [my sister’s parent] trying to be a parent. And then I also really had an issue with men trying to parent me because of this guy [mum’s new partner] that took control of my life.”*

This indicates a need for very careful consideration within families about how care can be shared, what children’s previous experiences might have been and how they might feel about the involvement of different people in their lives. This could involve facilitated conversations about what social support is useful and how that can be offered. This may be particularly important as support networks might drop off when kinship care becomes a reality:

> *“You know, some people might say ohh, I've got XY&Z that can help me and support me practically and emotionally. And sometimes then when it actually comes to it, they're the people that disappear and get on with their lives. So I think sometimes it's just about facilitating those conversations and sometimes difficult conversations about who we are actually is going*

> *to be there and be able to offer that support long term." James (social worker in focus group 3)*

Figure 7.3 illustrates how siblings drew on social support and how this helped increase the capacity of the network to care for the child, sharing caring roles and responsibilities across a group. It is important for sibling kinship carers to have people in their lives who also care for them. This can help them to feel supported in their role.



An **engaged network** who understands and cares about the kinship family, and **offers emotional support** can **increase caring capacity** shared beyond the 'main' carer to provide well rounded care, love and support.

Carers have people they can talk to who understand them and their circumstances and offer emotional support

A network of people are involved in children's lives and share some of the caring role

Children have opportunities to build relationships with people who care about them

Anna (older sister): I must say, the, the support I got from my friends… They were… I mean, they knew. They really did…. They were just like, 'Oh my God. Yeah, it must be so hard to be like your sister, you're parenting your sister'. You know, like, they got it. Yeah, but also didn't get it. You know, like, because they didn't deal with the day to day. But I can moan at them.

Joanne (older sister): We are quite a female family. I realised that [my friend] was the male role model in [my brother's] life. So that relationship, finding those people, spending a lot of time with them was really important. He was really good at bringing them in and kind of getting them to make stuff. They were making lanterns, or he was teaching them how to make bread and doing kind of like practical man stuff whilst also showing what a dad can be. That was something that I obviously couldn't bring to the table.

Charley (younger brother): I also got to know [older brother]. Actually, I live with him now… Not that he was… he was more an older brother than like what my sister was, the role she took. And I don't think I would ever have known him, or anyone in my family if it wasn't for [my sister] doing that [becoming a kinship carer]. So, we got this chance to become a family.

Figure 7.3: How social support can help to increase carer capacity and connections for siblings

In summary, *s*ocial support from friends, family, workplaces, and professionals can significantly enhance the caring capacity of sibling kinship carers. An engaged support network not only provides an emotional relief, reducing stress for the carer, but also actively shares caregiving responsibilities, creating a nurturing environment for the children. Many sibling carers identified friends as vital sources of emotional support, even if they lacked firsthand experience with caregiving. While informal networks often offered a space to vent frustrations, the absence of specialis*e*d advice highlighted the need for more structured peer support. Connections with professionals, such as former foster carers or supportive social workers, helped some carers gain confidence and reassurance in their roles. Additionally, having a broad family network enriched children’s lives, offering diverse connections and addressing specific needs. However, careful management of these relationships is crucial, as multiple caregivers can lead to confusion for younger siblings, emphasising the importance of facilitated discussions about support roles within the family. Ultimately, robust social support networks are essential for both the well-being of sibling kinship carers and the children they care for.

7.4.3 Gaps in current practice facilitating and increasing social support for sibling kinship families

Two main services were suggested by practitioners that could increase social support for sibling kinship families – Family Group Conferencing and peer support groups. These were only discussed regarding social support for carers, not children. Family Group Conferencing is a collaborative, family-driven process that has been used to support kinship arrangements by involving extended family members in decision-making and planning to ensure appropriate support is in place for children and their carers. This approach emphasises family responsibility and child-centred planning, and it is argued to lead to more stable and culturally appropriate solutions for families (Morris and Connolly 2012; Stabler et al. 2025). Family Group Conferencing has been found to increase social support for families (De Jong et al. 2015; Corwin et al. 2020), although their use with sibling kinship families has not been examined. Only one of the carers interviewed in this research mentioned participating in a Family Group Conference, but this seemed to be experienced more as part of the assessment of her suitability, than supportive:

> *Joanne: “Social services, and em [a charity] I think it was who held some of the workshops and like, I can't remember what the workshops were called, but yeah, where you had to get all of your family and friends together and prove you had some sort of support network and that sort of thing.”*
>
> *Lorna S: “Family group conference, maybe?”*

> *Joanne: “That's it. Yes. Yeah, I, that, whatever you call it, it's a rather awkward process.”*

Practitioners highlighted that this is a service that currently exists (all three local authorities included in the research offered Family Group Conferencing to some families) but that none targeted its use for kinship carers, and, reflective of Joanne’s experience, may not be focused on increasing social support for carers.

The other service – peer support groups – was discussed by older siblings, practitioners and significant actors. However, the support groups that do exist can be of limited use for sibling kinship families as they are often mainly populated by grandparents, which can limit how relevant they feel for sibling carers, as noted by Jade:

> *“There's a there's some support for grandparents and things, and a lot of the support groups are older people and you might not relate to that being in your early 20s or 30s. You might not feel able to share your experiences the same as, you know, those grandparents or those aunties and uncles are a bit older. It can feel quite a lonely place because you might think you're the only one and there's not many other sibling kinship carers that share your experience? So yeah, I think that having that peer support of younger people would be beneficial.” (Jade)*

Recognising that the peer support that is available for kinship carers may not always be appropriate for younger kinship carers, Glenda, a practitioner with experience of facilitating peer support for kinship carers, highlighted how it might be necessary for services to think differently about how they might support sibling kinship carers to maintain their social networks:

> *“I'm thinking of this young lad I was speaking to last week. He's the same age of my daughter. My daughter is, you know, doing what she wants, going where she wants, is saving up to go for gigs, and on holidays, and so on, while he is looking after his 15-year-old brother. And so his, you know, the usual thing you would expect a 25 year old to be doing, he's not able to because of his responsibilities. So, you know, I suppose that there should be an acknowledgement of that, and services and resources put in place to help. Because, you know, we're familiar now with carers having*

> *respite, perhaps in order to have time off. How would local authorities respond if a young person asked for, you know, child care for the child so that they can go to a festival, for example." (Glenda)*

Even where sibling kinship families are recognised and offered support, there can be a lack of appropriate services because they are a minority group of kinship carers, and their needs might not always be accommodated. Glenda talked about the experience of a sibling kinship carer coming along to a support group:

> *"We've have one older sister who's come along to at least two if not three of the face to face groups. But she was the only person there at that at the time, she was the only person there who was a sibling. And also, at one point, the only person there who was an informal carer as well. So in a way, although there was, again, lots that she could discuss with others, there was nobody else there quite did the same as she did." (Glenda)*

This indicated that support groups that do exist may be of limited use for sibling kinship families as they are often mainly populated by people whose experiences are different to those of sibling kinship families. More representation of sibling kinship carers in support groups could help sibling carers to be open about their experiences and their needs. However, this would need services to recognise this group and ensure that there are appropriate services in place, which is the subject of section 7.5.

7.5 Representation and recognition

The three areas explored so far in this chapter - practical resources, parenting skills and social support - were all underpinned by a need for recognition of sibling kinship care – both by families themselves, and by practitioners and policies. However, to increase recognition, there is a need for increased representation of these families, as highlighted across interviews with siblings, practitioners and significant actors. The first part of this section discusses the lack of representation and recognition felt by carers and identified by practitioner and significant actors. The following sections focus on how representation can increase recognition and lead to two specific positive outcomes for these families in times of difficulty – being able to ask for help when it is needed and being able to access appropriate services. These are not the only outcomes from this mechanism, but they were the ones most clearly articulated in the data.

7.5.1 A lack of recognition of sibling kinship carers

Kinship care itself is not a term that is necessarily overly familiar in the wider population, despite being the most common way that children are cared for outside of their parent's care. This means there are challenges in people recognising themselves as kinship families. Sibling kinship care is a minority of kinship care (Selwyn and Nandy 2013; ONS 2023). This could limit self-recognition in siblings seeing themselves as within this group. Many sibling carers and their younger siblings expressed that they had never encountered others in similar family situations and were unfamiliar with the term 'kinship care.' This included those who were kinship foster carers as the terms used were often 'family and friend's carer' or 'connected persons' carer'. This made it difficult for these carers to see themselves in a broader family type, and instead they located their role alongside fostering. Within fostering, this group felt they did not quite 'fit' as they did not see themselves as foster carers, and did not meet other kinship carers. Even those who knew the term often did not associate it with sibling carers as they had mainly seen representations of other kinship carers, such as grandparents or aunts. This could be driven also by sibling carers themselves not feeling able to share their experiences or claim the role of 'carer'.

> *"I didn't realise that my life was so extravagantly different. Because it looks so normal from the outside. My mum did just turn up to parents evening, sometimes. And to everyone else, they just saw like, Oh, my mum, she's so caring. She's got this son who's disabled, and she still looks after him. And he's so well kept. But I think kind of like that was a show. So no one ever saw anything different. I bought into that show. I didn't see any different." (Kelly)*

Kelly went on to reflect on the importance of other people recognising them as a sibling carer when they did not:

> *“I found [a paper] on sibling carers and they just they discussed… and they all said the same thing. They feel ashamed and sort of repressed so they can never speak about it. It's why I've never recognised myself until other people have pointed out to me. Yeah. Because you just so repressed from talking about that.” (Kelly)*

This could be accentuated by families actively trying to disguise difficulties that might be faced. This can make it hard for carers themselves to recognise when they need help, as Kelly now sees when looking back on her time caring for her siblings.

Additionally, those carers who have had limited involvement with children’s services in their childhoods and through the process of becoming a kinship family – Anna, Kelly, Laura and Izzy – may have limited understanding of the support that might be available.

> *“I’d never, I’d never met someone who was doing this as a sibling. Until I saw your research actually, I thought it was just me. I didn’t even know I was a kinship carer until I saw something on social media and though oh, that’s us. If I’d known, I would have known how to… like, explain our situation. Because we never had like social workers or anything in our lives.” (Izzy)*

In cases like Izzy's family where there had been no prior engagement with children's services, the lack of public awareness and representation of similar family situations could hinder their ability to articulate their role and seek necessary support. The absence of relatable examples in media or public discourse depicting families in comparable circumstances might prevent sibling kinship carers from identifying themselves as a group eligible for or in need of assistance. This lack of visibility could lead these carers to overlook their own potential need for support when they are struggling, as they may not see their unique family dynamics reflected in typical portrayals of families requiring help.

When sibling kinship carers did seek assistance, they often felt their role was undervalued. Many believed that services frequently downplayed the extent of their responsibilities.

> *"It seems they view sibling kinship care as mere babysitting. They think, 'Oh, you're just temporarily looking after your brother while your mum's unwell, and she'll be back soon.' But that's not our reality at all." (Laura)*

This dismissive attitude and lack of recognition described by Laura was not limited to children’s services. Some carers faced challenges within their own families. Marcie described the challenges she faced from her brother’s father’s family when she took over his care:

> *"Before my brother lived with me full-time, they told me to leave him alone. When he did move in, they called his dad behind my back, accusing me of taking the child from his parent. Even now, they ask, 'When will you realise you can't cope anymore? When are you going to stop?'" (Marcie)*

These attitudes made it challenging for carers to explain their circumstances and be recognised as their sibling's primary caregiver. This affected interactions with various institutions. While primary schools were generally felt to be helpful, secondary schools posed more challenges in recognising their status. Marcie described a situation where this caused confusion and unnecessary stress:

> *"I was in A&E with a suicidal child, feeling helpless. They contacted social services because I have no official title - I'm just a sister. I have no formal agreement, just child benefit and Universal Credit. Social services got involved, but they didn't understand why we were referred again since we're already under CAMHS." (Marcie)*

This referral added stress without providing additional support. There were many examples in carer interviews of a lack of recognition preventing them receiving necessary support for themselves or their siblings. Claire detailed an extremely difficult summer with her brother trying to get him access to support:

> *“He was booted out at 16 from CAHMs. The day after he was out, it might have even been the day, he went and drank two bottles of wine and tried to walk in front of cars to kill himself and they refused to take him back.*

> *They wouldn't take him back. I was like, "I can't keep him safe. I don't know. I can't. I can't do this, like I don't... I had to be on suicide watch. I had to request from work to work from home. I was like "I can't leave him because I don't know if he's going to try and kill himself again." The madness of that. He got kicked out in the June. So we had a summer of me doing that." (Claire)*

Her brother was not categorised as 'looked after' due to her having taken over care of him at the request of his father when he died. This meant that she struggled to get services to take her concerns about his mental health seriously or take responsibility for his care.

As detailed earlier in the chapter, these carers were often managing very complex situations, supporting their siblings through very difficult times in their lives. Furthermore, these older siblings often relinquished their own ambitions to take on this role, as detailed in Chapter 6. A lack of recognition of this sacrifice, and the diminishment of the role they had taken was therefore something that undermined their lived experience and made them feel unable to get the help that they and their sibling needed.

7.5.2 How increased representation of sibling kinship families could lead to families seeking help when it is needed

While most sibling kinship carers had not heard about sibling kinship care or met others who had similar experiences, they shared examples of either times when their experiences had been represented, or how recognition could have made a difference.

For example, Hasan highlighted how transformational it had been for him to see representations in the media of experiences that resonated with his lived experience as a sibling carer.

> *Hasan: "There's this amazing Korean drama tv show. And it was my friend that recommended, recommended it to me. And she obviously knows my situation, um, I go to university with her. And she recommended me*

> *purposefully because she knew my situation, and it's all about this guy who cares for his older brother, who's um autistic. And it is honestly, like, probably the most powerful TV show I've ever watch… And then also Top Boy… The latest season of that, and the way they portray sibling care in that. That is really powerful. And I think those two shows like really spoke to me… Both of those shows, like really resonated with me and like, like helped me explore my own, like sibling carer, like what I'm doing and, and yeah, shows were really, really great.”*
>
> *Lorna: “Yeah, just building on that then. So what difference does it make to you to see, to see the sibling care experience kind of reflected? Either in drama or the types of media?”*
>
> *Hasan: “Yeah, I think it's really amazing actually, I think for lots of reasons. One, to see yourself represented, to see that you're not alone, and it's not… an individual experience. It's not like an experience that you know, I'm only experiencing, like, you know, that there is a lot of people you know, experiencing sibling care and having to be in similar situations to me so it's that almost feeling like you know, a kind of collective sort of thing. And I think it's, it's really good to be able to see… someone else, kind of navigate it as well, because it almost like allows you to kind of reflect. Well, it allowed me to reflect on like, how I navigate things and like, yeah, see an outside perspective because like, obviously, there's no, no one's making a movie about me and my sister. I don't get to like, see me and my sister, like, how we are doing things, but like, you know, seeing someone else do it. It's like, yeah, it's interesting to see how they navigate and things like that.”*

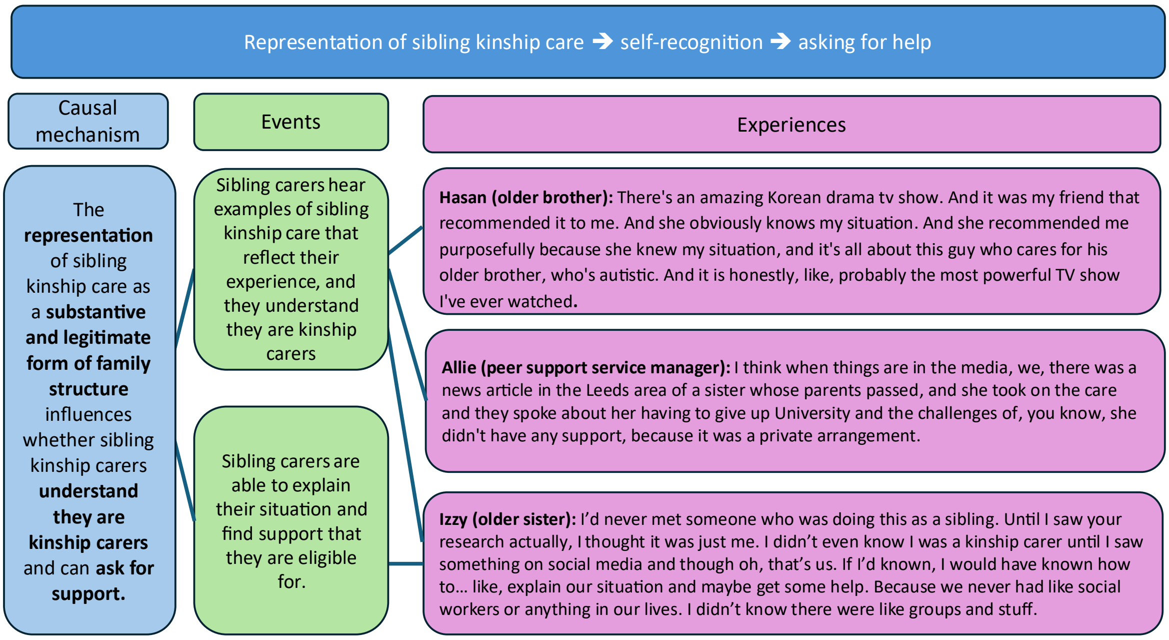
For Hasan, the impact of seeing oneself represented can helped him feel like he was ‘not alone’ and was part of a wider group of people who were experiencing something similar. Research with other groups (for example research with older adults who grew up in institutional care in Australia Smith et al. 2022) highlights how exclusion of people’s experiences from a wider social narrative can leave them to feel disconnected and isolated. Hasan’s joy at seeing himself and his sister represented speaks to the importance of these narratives in media. Seeing oneself represented fosters a sense of belonging and reduces feelings of isolation by connecting individuals to a broader community of people with shared experiences – even if this is not through actually meeting people.

Increased representation could help kinship carers to feel recognised and understood, and young people living with their siblings to feel more ‘normal’. This recognition is important in and of itself. However, Hasan also indicated that this representation could help them to think about different ways of navigating their situations. Beyond seeing themselves represented, seeing these examples of sibling kinship care could also lead to sibling kinship families reaching out for support. One significant actor talked about sibling carers having got in touch with the organisation she worked for following a media story about a sibling carer:

> *Lorna: Is there anything that people do talk about that they've seen that have made them realise what kinship care is or made them realise they were kinship carers?*
>
> *Allie: I think when things are in the media, we, there was a news article in the Leeds area of a sister whose parents passed, and she took on the care and they spoke about her having to give up University and the challenges of, you know, she didn't have any support, because it was a private arrangement.*

This article, and others within news media, often include links to support services that people in similar situations can contact. Reading or hearing an experience that resonates, and connecting this to ‘kinship care’ can help sibling kinship families to locate their circumstances with a wider phenomenon and area of policy and practice that has support services available.

Figure 7.4 summarises how seeing examples of sibling kinship care can help sibling kinship families to recognise themselves as kinship families. This recognition can lead to them feeling able to communicate their situation and ask for help when it is needed.



The **representation** of sibling kinship care as a **substantive and legitimate form of family structure** influences whether sibling kinship carers **understand they are kinship carers** and can **ask for support.**

Sibling carers hear examples of sibling kinship care that reflect their experience, and they understand they are kinship carers

Sibling carers are able to explain their situation and find support that they are eligible for.

Hasan (older brother): There's an amazing Korean drama tv show. And it was my friend that recommended it to me. And she obviously knows my situation. And she recommended me purposefully because she knew my situation, and it's all about this guy who cares for his older brother, who's autistic. And it is honestly, like, probably the most powerful TV show I've ever watched.

Allie (peer support service manager): I think when things are in the media, we, there was a news article in the Leeds area of a sister whose parents passed, and she took on the care and they spoke about her having to give up University and the challenges of, you know, she didn't have any support, because it was a private arrangement.

Izzy (older sister): I'd never met someone who was doing this as a sibling. Until I saw your research actually, I thought it was just me. I didn't even know I was a kinship carer until I saw something on social media and though oh, that's us. If I'd known, I would have known how to… like, explain our situation and maybe get some help. Because we never had like social workers or anything in our lives. I didn't know there were like groups and stuff.

Figure 7.4: How representation of sibling kinship care can help sibling kinship families to recognise themselves and seek support

Wider representation of sibling kinship care is seen to be essential for sibling carers to understand that they are kinship carers, explain their circumstances and access support. However, while self-recognition is important, if sibling kinship carers are not recognised by services, they will struggle to get appropriate support.

7.5.3 How increased representation of sibling kinship care can lead to access to appropriate services

It is not only important for sibling kinship families to see themselves represented, but also for practitioners and services to see these representations. Across the three focus groups carried out with practitioners, one service (focus group 1) had never had a sibling kinship carer approved, in another (focus group 2), two of the practitioners had worked with sibling carers, but not in the local authority they were now working in, and the other (focus group 3) had quite a few examples that they could draw on. For all, the focus group was the first time they had a specific discussion about sibling kinship care.

For those who had never considered sibling kinship carers before, taking part in the research gave an opportunity to hear about their experiences through the vignettes.

This allowed teams to reflect and think about how their practice might be inadvertently excluding this group of carers. This exchange in the first focus group gives an example of one of these realisations:

> *Lorna: So, how can we kind of collectively kind of and also as practitioners, recognise older siblings and the relationships that they have with their younger siblings in the kind of kinship assessment like identification, assessment and support process? If we don't do it at the minute, what needs to change?*
>
> *Emily: We need to be asking the children or identifying that and maybe doing some more work at beginning around the family network, because if we don't know, you know, if we did more family trees, extensive family trees as well, for sometimes we just do basic, you know, grandparents, but if you can do that extensive family tree and then you can say, you can identify that.*
>
> *[….]*
>
> *Lorna: So it's really reliant on that... asking the parent who would be the right person. Okay. That's really interesting. I think that feels like something that's, like manageable to work on.*
>
> *Emily: It's like a lightbulb moment for me. I can't believe we've done that.*
>
> *Julie: Yeah, yeah, yeah it is. I just think like, I've got a 22 year old, there would be no way in hells chance... I'd be thinking, "Oh my God, he could live with him".*
>
> *Anna: Mine couldn't look after a bag of crisps.*
>
> *Julie: But it is about different people's lifestyles I suppose and their capabilities as well. Yeah, yeah, rather than just generalising it. I'm going to need to have a talk with myself.*

In this exchange, Emily and Julie both had realisations about how their practices could shut down sibling kinship care. Emily was reflecting on how a reliance on only asking parents about their networks and not talking to children themselves about who was important to them might not identify an important sibling relationship. Julie highlighted how her assumptions about the abilities of young people more generally could be affecting how she viewed the potential of sibling kinship carers. These realisations came from the opportunity to hear examples of sibling kinship care and have a shared discussion. This indicates that a lack of awareness of sibling kinship care could be a barrier to these families getting the right input.

Having direct experience of working with sibling carers seemed important in developing an understanding of their needs. Examples of sibling kinship care working positively helped practitioners to change their views about the capabilities of sibling carers more generally, as Alison shared in focus group 2:

> *"Well, we haven't had many siblings, but there have been a few. And it really makes you think. I mean, we had this one young woman. She was I think 22, already had her own child. And my manager said (not here) that there is no way she could even be considered. But she really pushed, and I said we should assess her. And she was great. And she has been... It has been years now. So, I think that changed the mindset there." (Alison, kinship support worker)*

As Alison highlights, a positive example can go a long way to shift a wider mindset around sibling carers more generally. This indicates a need for more narratives of positive sibling carer families to be shared across services. The benefit of this was highlighted by some significant actors from the voluntary sector who talked about ways that they had adapted to share more stories about sibling kinship care including developing a webpage specifically about sibling kinship care, appointing a trustee of a kinship organisation who is a sibling kinship carer, and initiating a specific sibling kinship care support group.

Working with a range of sibling carers could help practitioners to consider what might be unique and different about this group. Carol, a significant actor with extensive social work experience, reflected on what she felt to be the main difference for sibling kinship carers that she had worked with compared with other carers:

> *"That is quite a unique, unique place to be in in terms of your own experience of a relationship with a parent, who then you're providing a essentially a safeguarding role, you know, for your young sibling, I think that's quite a, I think that's quite a unique kind of lived experience, it*

> *doesn't necessarily match up with then other types of kinship carers really that you're kind of navigating that your own journey potentially of harm that you've experienced, as you know, from a parent, or you had at least a relationship with that parent. I think it's very, I think that's uniquely complicated for people to be navigating that, that journey." (Carol)*

It is essential for services to consider the unique dynamics of sibling kinship families when determining the support they provide. This consideration may influence the type of assistance that siblings require, as noted by Lesley, who ran a helpline for kinship carers:

> *"I think with local authorities as well looking at assessment processes, and then the support package, so like the SGO support plans, acknowledgement that the needs might be very different. Kind of looking at family time and therapeutic support that might be different, like family therapeutic support, rather than just focusing on the child and things like that. Just having a wider vision and an acknowledgement of the different needs." (Lesley)*

As Lesley and Carol highlighted, these unique circumstances necessitate a change in provision. Meeting sibling kinship carers could raise awareness of how services might need to adapt to better provide for siblings. This can be small adaptations to existing services, not necessarily whole new services. For example, practitioner Glenda talked about her increasing understanding of why she felt one brother kinship carer chose not to attend a support group:

> *"As a young person, I realised, well, yes, you know, it may be more difficult for him to come, especially if he knows that the majority of people there are going to be older… What I would like to do when we have the next one is try and engineer it to where this young woman that has been before, she comes as well. At least then there's, they've got a lot in common, you know. But it made me realise that, well, groups, some older people perhaps are a bit more familiar with going to unfamiliar situations and meeting up with new people. But for a young person in his 20s, it just seemed a bit too daunting, I think." (Glenda)*

The recognition that sibling carers might be different to the grandparents who usually come along to support groups led to Glenda thinking of ways that she could make it more of a supportive space for the older brother who had yet to come to a group. This bespoke approach could help ensure that services could be more inclusive.

However, a challenge to this can be the circumstances of informal kinship carers, and siblings who are young carers. Not all the siblings included in this research would meet formal eligibility for support from social services. Donna acknowledged the wider barrier for these families in receiving support:

> *"I think it's just the reality of the situation that we need to do something for them if we recognise them, don't we?… It's that, it's about recognising, but also recognising that potentially, particularly for those that are under a certain age. We've almost, I don't mean, turning a blind eye, but there's an acknowledgement that, that's not right." (Donna, policy advisor)*

Definitions of kinship care that do not recognise some of the unique experiences of this group of families could lead to exclusion from services. For example, one carer reported being denied participation in a kinship advisory group because a parent still lived in the home, further isolating them from potential resources and peer support. Significant actors highlighted how definitions of kinship care that did not include some of the circumstances of these sibling carers could be a barrier to them receiving support:

> *"When we ran the first [sibling peer support group], we did have a lady attend who was caring for her sister and classed herself as a carer for her sibling, but lived at home with parents. But she, you know, she was the primary carer. Because, you know, the circumstances were so different. So we signposted her to a relevant support, but she couldn't remain within our support setting." (Allie, manager of peer support service)*

However, this was not the situation in all organisations.

> *"I can't imagine that we would ever turn anyone away. Because why would you really, people just want to talk, don't they? You know, yeah. But I understand that it's a luxury that we have here. That you know, because*

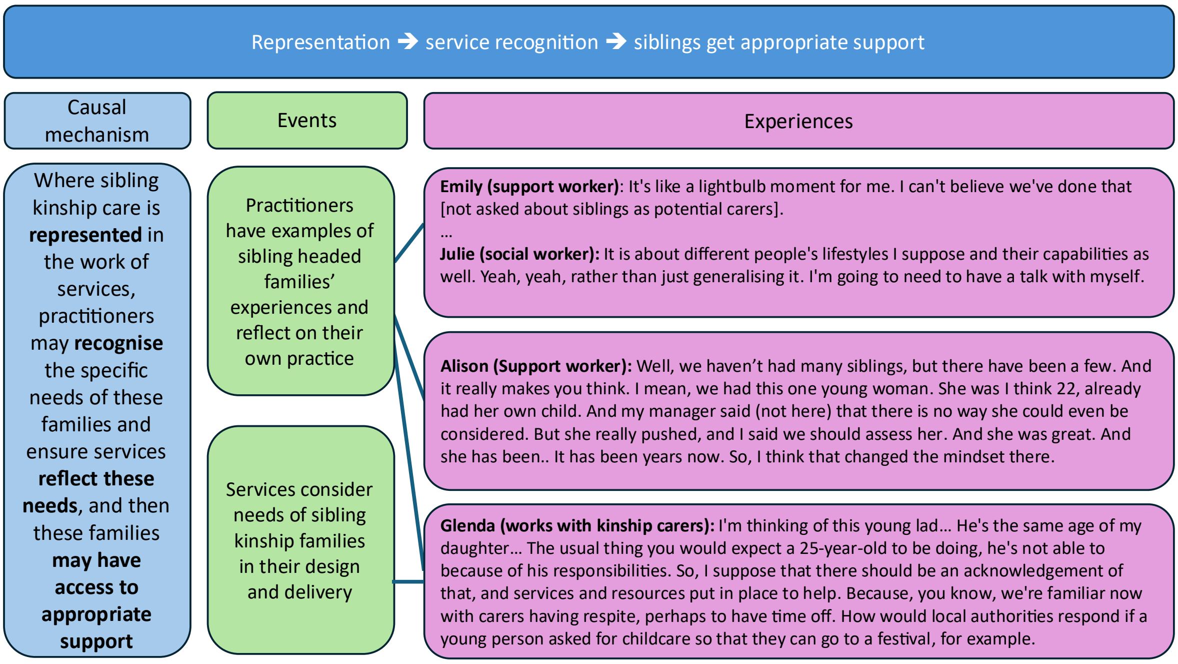
> *we're not constrained by just local authority people or whatever, you know, it is very nice." (Glenda)*

There might be more opportunities in the voluntary sector to be flexible with eligibility that may not be replicated in local authority contexts. However, this complexity in recognising and offering support to sibling kinship carers exists in the context of a lack of clarity around what constitutes kinship care more widely:

> *"[Our organisation] as you may have seen have been running a campaign to define kinship care in law. So we have given quite a bit of thought to how that is done. We favour as broad definition as possible, and so the one that we've proposed is that kinship care is any situation where a child is being raised in the care of a friend or family member who isn't their parent. And it can be a short term temporary thing or a longer term thing and we see of that as adding the whole range of different types of legal arrangement for kinship foster care and special guardianship through to those informal private arrangements where the state has had no role… I think where there is potentially divergence [with policy], it's when it comes to specific policies and who should be eligible for kind of certain things." (David, policy advisor)*

David reflects on the need for an inclusive definition of kinship care is important beyond social care. Many of the significant actors in the study highlighted a need for the experiences of sibling kinship families to be shared beyond statutory services – such as within schools and health. Most kinship carers will sit outside of social care, so a wider awareness is needed to ensure that this group of kinship carers can be recognised and supported more effectively. This resonates with some of the carers' experiences with attempting to access services and being turned away.

Figure 7.5 shows how practitioners learning more about sibling kinship care could support them to increase their understanding of this particular group and what their experiences and needs might be. This in turn could lead to the adaption or development of services and resource use in a way that is more appropriate for sibling kinship families.



Emily (support worker): It's like a lightbulb moment for me. I can't believe we've done that [not asked about siblings as potential carers].

…

Julie (social worker): It is about different people's lifestyles I suppose and their capabilities as well. Yeah, yeah, rather than just generalising it. I'm going to need to have a talk with myself.

Alison (Support worker): Well, we haven't had many siblings, but there have been a few. And it really makes you think. I mean, we had this one young woman. She was I think 22, already had her own child. And my manager said (not here) that there is no way she could even be considered. But she really pushed, and I said we should assess her. And she was great. And she has been.. It has been years now. So, I think that changed the mindset there.

Glenda (works with kinship carers): I'm thinking of this young lad… He's the same age of my daughter… The usual thing you would expect a 25-year-old to be doing, he's not able to because of his responsibilities. So, I suppose that there should be an acknowledgement of that, and services and resources put in place to help. Because, you know, we're familiar now with carers having respite, perhaps to have time off. How would local authorities respond if a young person asked for childcare so that they can go to a festival, for example.

Figure 7.5: How services learning about sibling kinship families can influence practice and service design

To summarise, recognising sibling kinship carers can lead to reflections on current practices and potential improvements. Understanding the unique circumstances of sibling kinship families can influence the type and nature of support provided. The data generated in this study suggests a need for more narratives of positive sibling carer families to be shared across services.

7.6 Conclusion

In conclusion, this chapter has highlighted the key mechanisms through which sibling kinship care can achieve positive outcomes for children and carers. Central to these outcomes are the availability of practical resources, the development of effective parenting skills, and the establishment of strong social support networks. The findings suggest that when sibling kinship carers have access to the financial, material, and emotional resources they need, they are better able to meet the physical, emotional, and developmental needs of the children in their care. Developing parenting skills - particularly trauma-informed approaches – may enable carers to navigate the complexities of family life, while access to social support reduces stress and fosters a sense of shared responsibility within families and communities. However, unlike other kinship carers, there is also a need for these resources to support sibling carers in their own right, not just to improve their ability to care for their siblings. The chapter, and the previous two chapters, have highlighted the complex needs and experiences of these young people who make many sacrifices in their own lives to step in for their siblings.

The chapter also underscores the critical role of representation and recognition. When sibling kinship families are seen, understood, and valued by both themselves and wider services, they are more likely to seek and receive appropriate support. This recognition is essential not only for ensuring access to the right services but also for fostering a sense of legitimacy, belonging, and self-efficacy among carers. For practitioners and policymakers, the findings point to the need for more proactive, tailored support for sibling carers, who may not always be visible within traditional definitions of kinship care. By prioritising early intervention, tailored guidance, and a commitment to improving the visibility of sibling kinship care in media, policy, and practice, services can better equip these families to thrive.

Ultimately, this chapter illustrates that with the right resources, skills, support, and recognition, sibling kinship care has the potential to offer children stability, belonging, and a nurturing family environment. Moving forward, policy and practice must focus on addressing gaps in support, breaking down barriers to recognition, and fostering a culture in which sibling kinship carers are empowered and valued. This will ensure that all families, regardless of their structure, have the opportunity to succeed.

8. Discussion and conclusions

8.1 Introduction

This study has provided significant new understandings of kinship care and sibling relationships. The study is novel, being the first to focus specifically on sibling kinship families. Using a combination of methods, the study surfaced these families' experiences while exploring what could contribute to positive outcomes. As such, the study has generated major empirical insights. The implications of these important findings are explored throughout this chapter. In particular, the chapter demonstrates how the detailed accounts of experiences of these families challenge current notions of kinship care, particularly the binary of 'formal' and 'informal' kinship care, the complex ways in which the childhood experiences of siblings intersect with the conditions and motivations leading to kinship care and the negative impacts of conflating 'grandparent care' and kinship care which has been prevalent in literature and service design.

The chapter initially frames a summary of the findings in relation to the research questions. It then reflects on the process of conducting the research, and the benefits and limitations of the methods used, with a particular focus on carrying out this research as someone with experiences that intersect with many of those who were participants in the study. The final section considers the impact of the research to date, policy and practice changes that have occurred during the conduct of the research, and further implications and recommendations for social work and policy. Through this, it seeks to direct attention towards the responsibilities of practitioners and policymakers to recognise the vital role of sibling relationships throughout their work with families.

This thesis aimed to address three key research questions:

1. What circumstances might lead to the formation of sibling-headed kinship families?

2. What are the perceived needs for sibling-headed kinship families before, during and once they become kinship families
3. What resources and interventions may help to meet these needs?

8.2 Main findings

8.2.1 What circumstances might lead to the formation of sibling-headed kinship families?

This study demonstrates that sibling-headed kinship families in the UK form under complex circumstances involving early caregiving roles, childhood adversity, and the blurring of traditional kinship definitions – and these routes to kinship care for siblings are qualitatively different from those of other kinship families.

Like other kinship families, the way siblings came together as kinship families included a mix of 'formal' arrangements, including fostering and SGO assessments. Practitioners acknowledged that, like other research has indicated (for example Roth et al. 2011), older siblings may not be seen by practitioners or other family members as a realistic option as a potential kinship carer. This was underpinned by assumptions made about the lack of abilities of younger people to be a carer, reliance on parents to identify potential carers rather than having conversations with children and older siblings, and a lack of precedent of siblings as kinship carers. Bias against considering siblings as potential carers was not necessarily intentional. Societally, children and younger people's voices often have less influence than those of adults. There are cultural stereotypes about the abilities of young people, and this understandably might influence who is seen as a potential carer. Added to this, older siblings have often been exposed to similar negative environments as their younger siblings, which could impact their caregiving. However, these biases and assumptions echo wider (and hopefully now less prevalent) stigma about young parenthood (Owens 2022) and kinship care (Coupet 2010) in general. Due to these biases, there may be proportionately more informal arrangements than formal arrangements with siblings as kinship carers than other kinship carers, meaning they may be formed differently from other kinship families in the population. The exploration of this should be a significant priority for future research, as previous studies using census data (Selwyn and Nandy 2012; Wijedasa 2017; Office for National Statistics 2023) show shifts in the proportion of sibling-headed households over the last three decades.

Key findings indicate that many sibling carers remain largely invisible in current policy and practice. Their journeys into kinship care stem from personal and familial disadvantages, often positioning them as caregivers long before formal kinship arrangements. This study highlights diverse sibling-headed kinship experiences, highlighting a subset of carers - those caring for a child despite a parent’s presence - who have been overlooked in kinship care literature, policy, and practice. Existing definitions of kinship care typically assume the absence of a parent, focusing instead on non-parental caregivers such as grandparents, aunts, uncles, or older siblings. However, this study challenges that assumption, showing that some sibling carers take on caregiving responsibilities even when parents are physically present but not fulfilling their role. Many of these young carers identified as kinship carers because they were the primary caregivers for their siblings during their own childhoods. Despite recognition from some practitioners and policy advisors, there is currently no policy or practice response that fully acknowledges the overlap between young carers and kinship care. Addressing this gap requires expanding definitions and support systems to reflect the realities of sibling kinship care.

This study also highlighted the intersection between children in adverse conditions, young carers, and sibling kinship carers. Participants described early experiences that they believed contributed to the eventual need for a kinship care arrangement at a later point. While previous studies on kinship care have often focused on crises that led to kinship arrangements (e.g. Gleeson et al. 2009; Ashley et al. 2015a; Granville 2018; Glynn 2019; Borenstein et al. 2025), sibling kinship carers in this study traced the path to kinship care back to their own - or even their parents’ - childhoods. This suggests a strong connection between the early experiences of older siblings and the circumstances that later necessitated kinship care for their younger siblings.

For some, childhoods were characterised by disadvantages and conditions such as parental drug and alcohol use, mental health issues, poverty and neglect, and sexual, emotional and physical abuse. These experiences resonate with many of the preceding conditions leading to children being removed from their families to be accommodated in local authority care (Warner et al. 2024). Indeed, a proportion of participants who experienced this form of adversity throughout their childhoods were removed from their parents. However, this was not the case for all of these young people. A proportion remained with their parents, either without social work involvement or with some social work involvement that did not lead to children being removed. Some participants reported that a crisis or change in circumstances – often a bereavement – lead to a decline in conditions at home, sometimes worsening issues that were already present. Other participants discussed how an event dramatically and completely shifted what was a happy and normal childhood. The narrative accounts from participants' early childhoods drew out these turning points in their lives and generated reflections on the links between these turning points and later caring responsibilities.

While siblings remained together in their family, older siblings often described taking on caregiving roles and responsibilities not only for their younger siblings but also for parents and, in some cases, other family members. This phenomenon, sometimes known as parentification, refers to a distortion or lack of boundaries within family subsystems, leading children to assume roles and responsibilities typically reserved for adults (Burke et al. 2015). When children experience sibling-focused parentification (i.e. taking on a parental role for their siblings), it is sometimes associated with heightened distress and greater family dysfunction (Levante et al. 2023). Many of the sibling carer participants within this research described caring responsibilities in their childhoods that are reflective of other research about young carers (e.g. Dearden and Becker 2005; Becker and Sempik 2019; Janes et al. 2022), however, what is new in this study is the focus on the role these young carers take on in parenting their siblings through adverse conditions. This indicates that there is likely a cross-over in those who are young carers – especially young people looking after siblings – and those siblings who later become kinship carers. For some, taking on these early caring roles for their siblings could have led to the development of caring expectations and identities, which later created a norm for turning to the older sibling when kinship care was needed. Identity theory is a useful lens for further exploring how these caring identities are formed and how they shape later kinship roles.

Caregiving responsibilities are also significantly influenced by gender (Aldridge 2018) and shaped by factors such as ethnicity, culture, and the availability of support systems within schools, communities, and professional services (Kavanaugh et al. 2016). Twelve out of thirteen of the sibling carers in this study were female, with not all of these being the oldest sibling in the family. This highlights the potentially increased expectation on female siblings to take on caregiving roles. Eleven out of the thirteen carers were white British, so it was not possible to explore how race and ethnicity influence sibling caregiver roles, but this would be an important area for future research as other literature highlights differences experienced by kinship carers from minoritised backgrounds in the UK (Tah and Selwyn 2024). More specifically, a focus on the intersections of gender, race, culture and experiences of childhood adversity and caregiving could inform rich theoretical insights into the sibling-headed kinship families.

The accounts of older and younger siblings highlighted the important roles they played in each other’s lives throughout childhood. However, siblings and practitioners alike indicated that these relationships were rarely prioritised by adults making key decisions about these children’s lives. Therefore, siblings were not treated as key partners in safeguarding planning. Despite policy and practice stressing the importance of sibling relationships, older siblings in this study were rarely included in decision-making. Even in cases where older siblings had undertaken a caregiving role in the family, and were instrumental in raising concerns about their younger siblings’ care, they did not feel that their views were taken seriously, or their relationships with their siblings prioritised. This indicates that, even if a sibling relationship is considered, older siblings might not routinely be recognised as important adults in their younger siblings’ lives. Practitioners highlighted that there may be a reticence on behalf of services to fully acknowledge or explore what is going on in terms of sibling caregiving. To acknowledge there may be an issue, or to attempt to minimise how much caregiving a child may be taking on would likely necessitate the offer of support or a service to fill the role that the sibling was providing within the family. The need to prioritise and support these relationships was a key theme across this study, as well as recognising and responding to families facing adversity.

Taking a wider family perspective to consider who is caring within the family, who has taken this role historically and what roles siblings play in each other's lives could help to identify challenges within the family, but also strengths within the sibling relationships for carer assessments. Some research indicates that where there are shortages in the main caregiver responding to the needs of an infant, and a sibling is responsive to those needs - as was the case for many of the siblings in this study - an attachment bond similar to one with a care giver may be formed between siblings (Whiteman et al. 2011; Davies et al. 2019). However, while the use of attachment theory in kinship assessments may be useful for some assessments, this theory may need to be applied differently for sibling kinship arrangements, as the sibling/caregiver roles are not a clearly delineated as family relationships where there are bigger age gaps and generational distance. Even where older siblings have been carers to their younger siblings, they have also been their peers, meaning sibling relationships are characterised by "both hierarchical and reciprocal elements, which change across place and time" (Whiteman et al. 2011, p. 3). Although siblings may form attachment relationships, particularly to siblings who are receptive to their needs in infancy, this might not be an appropriate focus of assessment. For some sibling carers, there may not have been a need for this type of dynamic between siblings until a later point in the lives, as highlighted by the 'turning points' that came up in this study. Attachment relationships may not form between siblings therefore in 'harmonious situations' (Whiteman et al. 2011), although the relationship may still be positive. Therefore, this study highlights how attachment is possibly not the only or main element to evaluate when carrying out a kinship assessment.

These journeys to kinship illustrated how sibling kinship carers may be coming to caregiving having suffered significant adversity in their own childhoods. This comes with its own challenges, which is addressed in 8.2.2 but also gives older siblings insights into the experiences and needs of their younger siblings, motivating them to provide a better life for their siblings.

8.2.2 What are the perceived needs for sibling-headed kinship families before, during and once they become kinship families?

Like other kinship families, sibling-headed families often lacked the financial resources, social support and trauma-informed parenting experience to fully respond to children's needs. However, while there were crossovers, there were differences and nuances in, for example, how these needs manifested, and at what stage, and some needs were unique to sibling kinship care – such as the complexity of parenting children with whom older siblings shared a parent and experiences of being parented.

The study evidenced that both older and younger siblings in kinship care arrangements may have significant psychological needs stemming from their adverse childhood experiences and the circumstances that led to kinship care. In many cases, participants described not having a secure or safe home environment, with their basic emotional and physical needs going unmet either consistently throughout childhood or at critical turning points when parental care was compromised. These unmet needs not only affect children's well-being at the time but can have long-term impacts on mental health, relationships, and overall development into adulthood (Schilling et al. 2007; Shonkoff et al. 2012). Unlike other kinship carers, sibling carers are often uniquely affected by the same crises that necessitate kinship care, including the death of a parent, abuse, or neglect. As a result, they may take on caregiving responsibilities while managing their own trauma and grief, potentially having to protect their siblings from a parent that they share while facilitating positive and safe family time. Recognising and addressing the psychological needs of both older and younger siblings at the outset of kinship care arrangements is essential to support the well-being of both the carer and the child and to promote the stability of the caregiving arrangement. This is particularly pertinent for the subset of sibling carers who are also care-experienced themselves and may warrant additional support to recover from their own experiences and to rebuild relationships with their siblings where they had experienced separation.

For older siblings who took on caregiving responsibilities as children, their childhood experiences were often significantly altered, with many missing out on key opportunities that are typically part of growing up. Research on young carers highlights that children with significant caring responsibilities frequently experience social isolation due to limited opportunities to engage in peer relationships and recreational activities (Dearden and Becker 2005). Their ability to focus on schoolwork can also be impacted, as caregiving demands may take precedence over studying and participation in extracurricular activities, leading to lower academic attainment and increased school absenteeism (Becker and Sempik 2019). Again, many young carers thrive, and the impact of caregiving is dependent on individual factors and the extent of the caring commitments (Janes et al. 2022). There can also be positive impacts of caregiving (Wepf et al. 2022). However, for siblings who later become kinship carers, the ongoing experience of caregiving for a sibling, and potentially other family members, can limit their opportunities into adulthood, and highlights a need for them to be able to fulfil their own ambitions, as well as supporting their younger siblings to do the same. This is sometimes overlooked when considering kinship care, as older kinship carers may already have had opportunities to go to university, start a career, their own family, go traveling or other pursuits that are important in young adulthood, unlike many sibling carers. Other kinship carers may also not be as likely to have been young carers as sibling kinship carers, as they did not share the same home environment as the children that they become carers for.

For many participants, there was also a need for more positive supporting relationships. There was sometimes little input from the wider family, or a small network around the children. This was exacerbated for some by children feeling that they had to cover up the extent of problems that they were facing at home from their parents or feeling they should protect their other family members from information they would find distressing. What this meant was that children often had few people that they could turn to for support when it was needed. As older siblings may not be the first choice of potential kinship carer ordinarily, it may be that siblings may be more likely to become kinship carers when a kinship care arrangement is needed in families with limited strong connections or few family network members. This has implications for the amount of support they and their younger siblings may have available to them when they do become a kinship family. The experiences of becoming a kinship family could further reduce the social support systems of sibling kinship carers. Sibling carers did not usually have many friends who had children or were in a similar situation to them. Also, the need to leave work or education to take on more caring responsibilities could disconnect young carers from the usual ways in which they would make social connections. Strong social support networks are important in mitigating the stress and challenges associated with kinship caregiving, enhancing caregiver resilience and child well-being (Hunt et al. 2010; Wellard et al. 2017). Therefore, this absence of support could have a significant impact on sibling-headed kinship families. Social networks and social capital theories can help to understand how this social support may influence the experience and outcomes from sibling kinship care.

Like other kinship families (Selwyn et al. 2013; Berrick and Hernandez 2016; Stobbs and Prowle 2016; Zuchowski et al. 2019; Taylor et al. 2020; Tah and Selwyn 2024), at the outset of a kinship arrangement, at the forefront of families' immediate needs were practical including financial need, inadequate housing, and limited access to necessary resources like transport and family visit support. Whether the kinship family came together as a gradual transition from young carers providing support to becoming the main carer for their sibling, through a crisis that led to a quick change in circumstances, and if through a formal arrangement or informally impacted on the practical needs of the family. For example, financial pressures were exacerbated by the legal status of the family arrangement, with some carers receiving insufficient allowances while others relied on personal income, savings or universal benefits. Financial challenges were also compounded when children came to live with their siblings suddenly, requiring carers to provide essentials such as clothing, toys, and school supplies. None of the sibling carers had children of a similar age or older than their siblings, and few had friends with children of a similar age, so sibling carers may be less likely than other carers to be able to reuse items already in the household or friend group. Furthermore, sibling carers may be less financially stable than older relatives, be less likely to have access to suitable accommodation, and need support to move to accommodate their siblings. These practical strains align with prior research highlighting the financial and housing barriers kinship carers face (e.g. Nandy and Selwyn 2013; Gautier and Wellard 2014; McCartan et al. 2018; Taylor et al. 2020) which may be especially acute for sibling and younger carers (e.g. Selwyn and Nandy 2012). This study builds on this earlier research to show some of the reasons, such as being care-experienced or having been young carers, that sibling kinship carers may be in proportionately more disadvantaged circumstances than other kinship carers.

Families faced considerable challenges in understanding what kinship care would entail, highlighting the need for more advice and guidance on the implications of different legal arrangements. Beyond legal considerations, there was a broader need for all family members to gain a clearer understanding of what transitioning into a kinship family would involve, particularly how the shift from a sibling relationship to a carer-child dynamic might be navigated. While kinship care is often seen as beneficial for children, as it helps them maintain a stable sense of identity (Farmer 2010; Wellard et al. 2017), this transition can be complex. Factors such as the impact of trauma on children's behaviour and the older sibling's parenting style can create additional challenges. Specifically, sibling carers required opportunities to develop both general parenting skills and a deeper understanding of the specific needs of the children in their care. This support was particularly valuable in helping them feel more confident and prepared for their caregiving role, ensuring a more stable and supportive environment for their younger siblings (Kiraly and Roff 2023). Theories of identity and role development could be useful here in designing interventions that support positive transitions for children and carers into becoming sibling kinship families.

Finally, this study highlighted an overarching need for representation and increased recognition of sibling kinship care. Sibling kinship care remains an underrepresented and under-researched area within kinship care studies and social work practice. Despite the prevalence of sibling kinship care, it is often overlooked in policy frameworks, leaving many sibling caregivers without the necessary financial, legal, and emotional support (Roth et al. 2011; Denby and Ayala 2013; Kiraly et al. 2021b). The need for increased visibility and policy recognition of sibling caregivers is critical because their experiences differ significantly from those of other kinship carers. Sibling caregivers often navigate unique challenges, including negotiating the care of their siblings and the relationship with their own parents, economic precarity related to their early career stage, and stigma limiting services from engaging with them. The shift from sibling to parental figure can cause strain, particularly when the caregiving sibling is still in adolescence or early adulthood, balancing personal development, education, and employment alongside caregiving duties. Without proper recognition, sibling caregivers remain vulnerable to economic hardship, educational disruptions, and emotional stress, ultimately impacting the long-term well-being of both the caregiver and the children in their care (Roth et al. 2011; Denby and Ayala 2013; Denby et al. 2015). Recognition theory could be drawn on to understand more about how different domains of recognition may impact sibling kinship families (Shuttleworth 2023).

8.2.3 What resources and interventions may help to meet these needs?

There were frequent missed opportunities for early intervention and proactive engagement from social services. However, when key individuals recognised the situations of sibling-headed families, and the motivations of sibling carers, this was felt to be significant in helping them to feel supported and connecting them to services that they needed.

As detailed in the previous section, some sibling-headed families had significant needs at different points during the journey to and through kinship care. There were many examples of their needs not being met. However, there were also examples of interventions that siblings and practitioners suggested could have a positive influence on achieving desired outcomes.

Participants emphasised the critical need for early intervention to prevent family breakdowns and crises. Some siblings attempted to conceal family difficulties to protect their parents and keep their siblings together, which is reflective of previous research on children's reluctance to engage with social services due to fear of separation (Cossar et al. 2019; Wilson et al. 2020). However, others actively sought help, often motivated by a desire to protect both themselves and their siblings, demonstrating the ‘protector’ role commonly seen in sibling relationships affected by abuse and neglect (Witte et al. 2020). Despite this, there were often missed opportunities for earlier intervention. Proactive engagement from social services with these children to understand their needs and experiences, as well as targeted family support, funded rehabilitation and domestic violence programmes could prevent the escalation of the causes of kinship care for this group. This resonates with broader research on early intervention's role in improving family outcomes (Evans et al. 2014; Cleaver et al. 2019; Burcher et al. 2021; Molloy et al. 2021). However, how early intervention and prevention could intersect with sibling caregiving has not been highlighted previously.

Research indicates that peer support, school-based support and mental health support are valued by young people who have caregiving responsibilities (Stevens et al. 2024) as many of these sibling carers did. However, there is no research that specifically explores what is helpful for young carers who are supporting their non-disabled younger siblings. For the older siblings in this study whose experiences were recognised, often by an engaged and trusted teacher, they were able to get support and to understand that their situation was challenging and unusual. Older siblings who had this experience still had strong memories of these interventions by teachers. These findings align with research on young carers, which highlights the role of schools in identifying and supporting children with caregiving responsibilities (Warhurst et al. 2022; Milldown 2023). This was echoed by the experiences of sibling carers seeking support for their younger siblings. Schools were vital in ensuring that children in the care of their siblings were given targeted support and referrals to other services when necessary. However, not all schools recognised the needs of these children, potentially not understanding the complex lives and often traumatic experiences that these children had been through, leading to the kinship arrangement. Greater coordination between schools and social services is necessary to ensure these young people receive timely support (Gherardi and Whittlesey-Jerome 2018; Westlake et al. 2024).

Opportunities to build positive sibling relationships were valued by those siblings who were separated through the care system. However, they reported a lack of effort to facilitate sibling contact, reflecting wider concerns in research about the prioritisation of sibling relationships in decisions about out-of-home care (Jones et al. 2019; Wojciak et al. 2023). Some participants eventually pursued kinship care arrangements as adults to reunite with their younger siblings. The lack of a maintained relationship while the children were in care can make reunions more difficult and could lead to issues within a kinship arrangement. Previous research indicates that maintaining sibling relationships is important and protective for children (Wojciak et al. 2018; McWey et al. 2023). Therefore, services could focus more on maintaining and building sibling relationships both during care and in the transition to kinship arrangements by providing opportunities for them to have shared ordinary experiences together. Where older siblings were shown recognition as significant people in their younger siblings' lives – by foster carers who were looking after their siblings, or by social workers – they were actively included in care planning and their siblings' lives. This supported the transition to sibling kinship care, especially where older siblings were able to learn from foster carers about parenting and their younger siblings' needs. While older siblings may not always be in the right position to be kinship carers for their younger sibling when they first go into care, they can be an important part of longer-term permanency planning and family network support for children.

Due to the challenging home lives many of these children had experienced, sibling carers often needed support in understanding how trauma affects both themselves and their younger siblings. Sibling carers and practitioners stressed the importance of therapeutic support for both carers and younger siblings during and after the transition to kinship care. Key moments, such as the younger sibling entering adolescence or the carer sibling starting a new relationship or having a child, were identified as potential triggers for trauma-related difficulties. At these times, additional therapeutic input could help families navigate changing dynamics and prevent relationship breakdowns. Family therapy may play a crucial role in supporting kinship families through these transitions, helping them address past trauma while fostering healthier relationships. Trauma-informed parenting interventions were also seen as particularly valuable in helping carers manage behaviours stemming from trauma and adjust their parenting approaches. Research indicates that carers' perceptions of trauma can significantly influence children's post-trauma adjustment (Hiller et al. 2018). This is especially relevant for sibling carers, as both siblings may have experienced the same traumatic events, and the older sibling's negative perceptions of the trauma may impact their ability to support their younger sibling effectively. Group-based parenting interventions have been found to benefit kinship carers (Rabassa and Fuentes-Pelaez 2023), however none have been specifically evaluated for sibling carers, highlighting a gap in available support. It is possible that these interventions may need to be adapted to the specific needs and circumstances of sibling kinship carers.

For many sibling carers, assuming a kinship role coincided with critical life milestones such as education, career development, or starting a family. Some had to pause these pursuits due to caregiving responsibilities, and in some cases, social services imposed explicit requirements preventing kinship carers from working while providing foster care. These sacrifices not only affected immediate household stability but also contributed to long-term financial insecurity. The financial support that was received by some was therefore crucial. However, participants highlighted hesitancy in requesting assistance, fearing they would be perceived as prioritising money over caring for their sibling. This suggests a need for both financial resources and a shift in how support is offered to ensure carers feel able to access necessary assistance. One carer gave the example of a foster carer giving her all the clothes and equipment that they had bought when they were caring for her brother, which met an essential need. Being able to have access to start-up funding to purchase the basic necessities would be beneficial for young sibling carers, including for those who do not have any legal order and are not eligible for a fostering allowance. Small amounts of funding to facilitate family outings or holidays could also give the opportunity for newly formed kinship families to build bonds and aid positive family experiences.

Beyond the financial implications of these disrupted life journeys, participants reported that caregiving responsibilities often led to social isolation. Leaving education or employment limited their ability to maintain peer relationships and support networks. This suggests a need for support programs that help sibling carers balance their caregiving roles while maintaining social connections, whether through education, employment, or peer support groups, and opportunities to return to education or employment. Providing structured opportunities for social engagement could enhance both the well-being of sibling carers and their ability to provide stable care.

The limitations of current kinship care support groups were highlighted, with sibling carers sometimes feeling that the groups were not relevant to them because the rest of the participants were all grandparents. Therefore, it is important that there is a specific provision for sibling carers. One practitioner participant discussed the offer of an online support group for sibling carers which was newly established but working well to engage sibling carers. Another practitioner suggested a more creative approach, such as providing funding to attend concerts or other events for sibling carers to connect with their friends. Family Group Conferencing was also suggested as a possible intervention to bring together the wider network of people around the siblings to provide social and practical support. However, while this model has been adapted for use with children and young people in care and has been found to support their important relationships (Holmes et al. 2020) the intervention has not been evaluated with sibling kinship carers. With the complex family dynamics involved within these families, introducing this intervention to this group would need to be approached carefully and sensitively. A combination of approaches could be effective, but a focus on facilitating opportunities for social connections that align with the lives of young people's peers (i.e. opportunities to be in further education or attend social events) may be as important as formal interventions such as support groups or Family Group Conferences for both older and younger siblings.

Much of the support identified as helpful could be facilitated through improved assessments and services that recognise the specific needs of sibling carers. Currently, sibling carers may not be as well understood as other kinship carers, making them less likely to be identified and supported appropriately. Social workers have a key role to play in recognising the caregiving responsibilities that siblings undertake, learning about their experiences, and intervening when necessary. Ensuring that sibling kinship carers receive tailored assessments and services could help address many of the challenges outlined in this study.

8.3 Strengths and limitations of the research

There are a number of considerations that should be taken into account when interpreting the findings of the study.

The methodological approach in this study enabled an in-depth exploration of a phenomenon – sibling kinship care – that was led by sibling carers themselves. This approach could not answer questions of effectiveness, whether or not kinship care with siblings is 'good' for children and their carers, or how outcomes for children differ from those brought up by other relatives. However, the study offered insights into the different routes to kinship care for these families. It highlighted similarities in the needs of kinship families to other kinship families, and also key differences. Starting from the point of the stories and experiences of these families helped shape the research to maintain this focus throughout and offered valuable insights to and from practitioners through their involvement. The focus on the themes within and across accounts allowed for the identification of three motivational drivers for older siblings to become kinship carers. This gives a different starting point to considering kinship carers beyond ‘attachment’. For many, their relationships had been disrupted with their siblings, but they were motivated by different reasons to become a carer. This approach highlighted the strengths and agency of these young people. It also, when presented back to kinship carers, helped them to be able to situate their experiences alongside others.

The narrative approach enabled an in-depth qualitative exploration of the lived experiences and journeys of sibling kinship carers. Drawing on creative ways of eliciting data – such as providing a pre-task to help participants organise their thinking and reflect ahead of the interview and giving participants opportunities to respond in different ways including bringing photos and objects to support their accounts – offered an opportunity for participants to tell their stories in new ways. While this process was emotional, the structure put in place by careful ethical design helped to create a framework for participants to have control over their contributions, and to make informed decisions about what to share. Participants were also engaged in the interpretation of their accounts, enabling them to update, remove or clarify what they had shared. The participants’ feedback indicated that this approach was empowering and gave them fresh perspectives on their own experiences. However, only six out of the sixteen participants who were eligible for these interviews took part. As the PhD was completed part-time, and the second interview could only be conducted after the narrative analysis was complete, there was a gap of 12 – 18 months between the first and second interviews, which may have led to drop-off. Three additional participants engaged in other ways of interpreting the research findings, including giving feedback on a paper and attending a webinar and providing feedback separately.

The sample of participants – thirteen older siblings, three kinship care-experienced young people, nine significant actors, and fifteen frontline practitioners in three kinship care teams – did not allow for a full exploration of characteristics such as age, gender, ethnicity, prior care experience, number of children cared for, and region in the UK on the experience of sibling kinship care. Although the research centred on siblings' lived experiences, it was important to include different perspectives, as practitioners and significant actors offer valuable insights into the broader kinship care landscape and bring vast experience working with carers. The approach of sharing vignettes based on the narrative analysis of the accounts of sibling carers was seen to prompt deep reflection, without criticising or challenging the practice of specific individuals, services or policies. In this way, sharing key messages from the data with practitioners and significant actors focused these conversations on meaningful and achievable ways to move forward.

Finally, situating the research within a critical realist framework felt as important as taking a qualitative approach. While eliciting the experiences of families, practitioners and significant actors within kinship care in the UK was essential, the critical realist approach enabled a focus on what creates positive outcomes for these families, and how these could be achieved. This is important because, while describing the experiences of these families was significant in and of itself, one of my motivations for conducting this research was to consider how change could be realised. The approach enabled the integration of different perspectives and ideas, which have led to meaningful and practical recommendations. By engaging these groups and using a critical realist method to focus on both individual experiences and underlying mechanisms, the research explored current operations and potential changes in kinship care, supporting policy and practice implications for sibling-headed families.

8.4 What difference has the research made so far?

One of the motivations for carrying out this study was to drive change in policy and practice around how sibling-headed families were considered and supported. Therefore, it feels important to reflect on the impact that the study has had so far on practice, policy, kinship families themselves, and also on me as a researcher.

The study has facilitated a critical reflection among practitioners, encouraging them to rethink their approaches and assumptions about sibling kinship care. Through the process of eliciting and sharing the experiences of sibling carers, practitioners and other significant actors have been able to reflect on their own practices and services, considering what more they could do to support these families. Practitioner data highlighted several 'light bulb moments' - instances where professionals reconsidered previously held biases. For example, in one focus group, a team recognised that they may have overlooked sibling carers due to assumptions about young people's capabilities. Hearing first-hand experiences enabled them to reassess their approach, potentially leading to improved decision-making around kinship care placements. The use of vignettes and structured discussions has proven to be an effective tool in reshaping professional perspectives and enhancing the recognition of sibling kinship carers as viable caregivers.

A core outcome of this study has been the amplification of the voices of sibling kinship families. Despite a general lack of societal recognition and formal support, the research highlighted the extraordinary efforts of sibling carers in providing safe, loving, and nurturing environments for their siblings. The accounts generated in this study illustrated the deep love and commitment that these sibling carers have for one another, providing a much-needed platform for their stories to be heard. Many siblings expressed concern over the lack of cultural representations of their family type. By documenting and sharing their experiences, the study has contributed to addressing this absence. Moreover, carers themselves found it meaningful to recognise their experiences as part of a broader phenomenon rather than an isolated situation. For some, hearing the themes that emerged across different families helped them feel seen, validated, and connected to a larger community of sibling carers.

The study has already begun to contribute to the increased recognition of sibling kinship care as an important area of research and practice. By presenting the findings to various audiences, the research has ensured that the lived experiences of sibling kinship carers remain at the centre of discussions. Through publications and blogs (Stabler 2022,2024b,a), conferences, and advisory roles, the study’s insights are being shared with academics, policymakers, and practitioners to influence ongoing research and policy development.

On a personal level, conducting this doctoral research has expanded my professional network and research profile, leading to several opportunities to influence kinship care policy and practice. I have been invited to join multiple research and policy advisory groups, including the kinship care research and practice advisory group at Coram BAAF. Additionally, I have contributed to the development of a new assessment and support plan framework for kinship carers with Coram BAAF and have been appointed as the Senior Kinship Fellow at Foundations, supporting the advancement of their kinship care research.

Beyond these roles, I was invited as a keynote speaker at the Adoption Fostering Kinship Association Cymru conference on kinship care and have successfully secured funding from the Nuffield Foundation to explore the experiences and needs of children and their carers with Special Guardianship Orders in Wales. These opportunities have allowed me to advocate for sibling kinship families, ensuring their perspectives are integrated into research, policy, and practice.

As a former sibling carer myself, my inclusion in these spaces represents a significant step toward increasing recognition of the need to hear from sibling carers when shaping policies and services. My personal experience enriches my professional contributions, reinforcing the necessity of integrating lived experiences into decision-making processes for kinship care support and reform.

8.5 Implications

The recommendations drawn from this research have been developed through presenting the interim findings throughout the study, gathering feedback, and also through working with organisations to address some of the gaps in support for sibling carers. They are presented as implications for policy, practice and research.

8.5.1 Implications for policy

During the timeline of this research, policy around kinship care has significantly shifted, specifically in England. These changes were influenced by the findings of the English Care Review (MacAlister 2022). The review focused on what reforms were needed across the social care system and reinforced that children may have better outcomes – and prefer – to remain within their own networks if they cannot live with their parents. It also emphasised that, while this was recognised in existing policy, these family networks are not being supported to carry out these roles for children, and that support is more contingent on the legal order under which a child lives with their kin, than the actual needs of that child and their family. In response, the UK government announced their Kinship Care Strategy in December 2023 (Department for Education 2023a). The commitments made in this strategy speak to a number of the findings of this research. However, there are ways in which the current strategy may not meet the specific needs of sibling kinship families as outlined in this thesis. Moreover, no policy changes have been made or are on the horizon in Wales. In Scotland, there are some far reaching changes that will address some of these recommendations, but not all. Therefore, the key recommendations for policy from this study are:

- *In line with the recommendations of the Kinship Strategy in England and the work of the Kinship Care Collaborative and Scottish Government in Scotland, a definition of kinship care which is conscious of sibling kinship families should be developed in all parts of the UK which can be used in legislation:* As sibling carers may be caring for children and their parents, they may not be represented in current definitions. Work to develop a unifying definition must have at its core the principle of identifying the person who is actually caring for the child, not assuming a parent in the household is fulfilling this role.
- *Financial allowances should be provided to kinship carers independent of the legal order under which they care for a child, and these should not be funded from existing local authority budgets:* Carers outlined the financial struggles that they had raising their siblings, and sibling carers may be more likely than others to be in financial need are potentially more likely to become kinship carers without having their own children, and without having a network of people with children to support them with getting the essentials in place (Selwyn and Nandy 2012). It is also possible that these carers will be more likely to be caring for children outside of ‘formal’ and supported routes due to potential biases within services about their ability to be carers and fear of separation from the children they care for. It is therefore important that these

families receive financial support that is not linked to local authority assessment or engagement, as this is likely to lead to those most in need not receiving the support they need. It would be particularly helpful for these carers to be provided access to a start-up fund that is automatically offered for carers who are formally assessed but also can be applied for by wider kinship carers in the population.

- *Following the publication of the Department for Education employers' guide to support kinship carers in the workplace (Department for Education 2023c), changes in employee leave should recognise kinship care and offer appropriate support. However, for sibling and younger kinship carers, there should be consideration of other areas such as bursaries for returning to education:* Many kinship carers in this study talked about having to interrupt their education or career to become a kinship carer. Some changed jobs to find a workplace that was better suited to their new caring responsibilities. However, many had to give up opportunities to further their education. Access to bursaries to return to education that are no limited to those under 25 or those who have never begun a higher education course previously would be very valuable to this group to build their opportunities for a stable career in the future.
- *Reflecting policy changes in Scotland, children across the UK should have a right to a relationship with their siblings:* Many of the participants in this research reflected wider research that indicates that children are often separated from their siblings through family separations and care entry (Jones et al. 2019; Children's Commissioner 2023). They also reported little effort for these relationships to be maintained, either by family members or social services. Sibling relationships can be protective for children (Davies et al. 2019; Barnea et al. 2023), and they are often the longest-lasting relationships in a person’s life. Policy should legislate for the protection of these relationships and give siblings the right to challenge services within family courts if they feel their sibling relationships are not being facilitated.

8.5.2 Implications and recommendations for social work practice

There has been an increasing focus on practice with kinship carers in recent years (Hunt 2021). Additionally, local authorities have been under increasing funding constraints and have struggled to recruit the number of non-kin foster carers needed to look after all the children that enter care (OFSTED 2024), necessitating a shift from traditional fostering to kinship foster care. However, there is recognition that the services and processes used for non-kin foster care are not always appropriate or helpful for kinship families. This is perhaps even more the case for sibling-headed kinship families as current practice has often not been designed with these families in mind. Therefore, the recommendations for social work practitioners from this research are:

- *Take a children's right's-based perspective to explore who a child should live with when they cannot live with their parents:* According to the UN Convention on the Rights of the Child, children have a right to be involved in decisions that will affect them. They will have significant insight into who they have a meaningful relationship with and who would be best placed to look after them. There were examples in this research of children being involved in these discussions, but also examples to the contrary. Children should be engaged in planning for kinship care where possible. Even where their preferences cannot be met, they should be incorporated into plans as much as possible, and decisions should be explained to children.
- *Social workers should ensure a focus on sibling relationships for children in care and when considering kinship care:* Where children are not able to live with their siblings, clear plans should be made for maintaining sibling relationships and spending meaningful family time together. Not all children who enter care will be able to remain with their siblings – for example, their siblings may not be in care. However, it is important, excluding situations with serious safety concerns, that siblings maintain ties and have opportunities to build their relationships as normally as possible. Some participants experienced limited efforts by social workers and other adults to facilitate meaningful ways of spending time together. In addition, even when older siblings are not the best-placed kinship carers, they should remain actively involved in the planning arrangements as they can offer valuable support to the child.

- *Service commissioners should ensure there are appropriate services for sibling-headed kinship families when developing support plans and commissioning services:* Many of the needs of sibling-headed kinship families intersect with those of other kinship families. However, often services and support have not been developed with these families in mind. Reviewing the current offer with consultation from sibling kinship carers could help to ensure that their needs are considered. Representation of sibling-headed kinship families in communications, stories, invitations for events can help these carers feel that they would be welcome and included. This includes the provision of grief and bereavement counselling for carers and children, as this study and previous studies (e.g. Selwyn et al. 2013) have noted this to be a significant gap in provision.
- *Services should provide opportunities to expand and strengthen the social support for sibling carers and preserve relationships with friends for children in kinship care:* Interventions to improve social support for kinship carers tend to rely on support groups or peer mentoring. While these opportunities are valuable, and some of the participants in the study highlighted their importance, they currently are not always appropriate for sibling kinship families as they are aimed towards older carers, and they rarely include children. Services should consider whether their current support groups are inclusive of sibling kinship carers, such as thinking about the times that they run and whether they include a range of kinship carers. It would also be helpful to consider other ways to support meaningful relationships and friendships for sibling carers and children in kinship care, such as offering financial support for activities that young people might be interested in, such as attending festivals, or the cinema.
- *Local authorities should improve data collection about the relationship of the child to their carer and the outcomes of kinship assessments for different family members:* It is difficult to get an accurate picture of whether siblings are considered to become kinship carers. In this research, there were examples of very inconsistent practices around how family members were identified to be considered as kinship carers. Without data, it is difficult to understand this variation and the impact it might have. More accurate data could help

organisations reflect on their practice and consider how best to be inclusive of sibling carers.

8.5.3 Implications for further research

In line with policy and practice changes, there has been an increased focus on research within kinship care (Hunt 2020b). However, many studies still compare kinship foster care with non-kin foster care, rather than exploring kinship care as a phenomenon in its own right. The evidence base for what helps children in kinship care to thrive is very limited, and few interventions have been specifically developed or evaluated for kinship families specifically. None have focused on sibling-headed kinship families. This leaves significant gaps in current research. Some priority areas that stem from the findings of this study include:

- *Explore how outcomes differ for children and carers depending on the relationship between carer and child(ren):* There is no readily available data that can tell us about outcomes for children living in kinship care with different family members. Linkage of data from multiple sources such as the census, social care, education and health data, or a longitudinal cohort study could provide an opportunity to look across different kinship care arrangements by family relationship and potentially identify outcomes over time. This could support practitioners and policy makers making decisions to support positive outcomes for children and their families.
- *Understand how current interventions operate for sibling kinship families:* There are many interventions that kinship carers may benefit from for example, family group conferences, financial support, peer support groups, legal advice, and therapy. Changes in legislation and support for kinship carers will hopefully make more available in the coming years, for example, expanding access to financial allowances. There is also variation across the UK in eligibility for support. It would be useful to evaluate how these interventions operate differently for sibling-headed kinship families compared with others.
- *Co-develop and evaluate specific interventions for sibling-headed kinship families that focus on supporting the development of positive trauma-informed

parenting and therapeutic models of trauma recovery: Many current interventions focus separately on the child or the carer (Rabassa and Fuentes-Pelaez 2023; Wills et al. 2024), but there could be benefit in interventions that work with siblings together in a kinship family. It would be useful to consider what models might be appropriate for this group in collaboration with sibling kinship families and to evaluate the impact of targeted support on outcomes for children and carers. Interventions should consider including peer trainers, which may enhance effectiveness.

- *Qualitative research with children in kinship care with their siblings:* The focus of this research was mainly on kinship carers, and adult care-experienced young people. It is also important to consider the experiences of children in kinship care with their siblings to better understand their needs. This research touched on some of those, for example the importance of other family members and a supportive network, and the potential that children in the care of their siblings might feel they need to be independent early. However, with carefully designed qualitative research, there is much more that children in kinship care with their siblings could tell us about their lives and how we can work better to meet their needs.

8.6 Conclusions

Sibling relationships can be some of the deepest, most complex, and meaningful in the lives of children and adults. They shape our sense of ourselves, our stories, and our feelings of safety and connection. These relationships are chronically undervalued in social work research and practice. But the experiences and stories of participants within this research show that these bonds can create much-needed safe loving environments for children, despite significant adversity and challenge.

I started this research seeking to explore the lives and experiences of sibling-headed kinship families in the UK – the first study of its kind. This is important in and of itself. The generosity of participants in sharing their own experiences of being sibling carers, being raised by their siblings, and working with sibling kinship families has provided invaluable insights that can better inform policy and practice. That I led this study, with my own experience of being a kinship carer for my brother, is significant too, as, highlighted in this study, there are many barriers to sibling carers making their voices heard. By carrying out this work, and raising the profile of sibling-headed kinship families, I am actively helping to create some of the change that families are calling for. This study provides a valuable contribution to our growing, but still very limited understanding of how all kinship families can be supported to thrive.

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Appendices

Appendix A:

Economic
and Social
Research Council

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

School of
Social Sciences
Ysgol y Gwyddorau
Cymdeithasol

Sibling kinship care research: ESRC funded PhD

Information Sheet for Carers

Introduction

Across the UK, an estimated 204,000 children live in the care of family members who are not their parents. Much of the research to date has focused on children living with their grandparents. I am interested in the experiences of families where the main carer is a sibling of the children and young people they care for. By sibling, I mean anyone who has a sibling-like relationship, which could be a brother / sister with the same or different parents, close cousins, step / foster siblings etc.

If you are 18+, live in the UK and are the main carer for one or more of your siblings (they can be over 18 if you would still class yourself as their main carer) I would like to invite you to take part in an interview.

What does taking part involve?

You will have received this information sheet because you have expressed an interest in learning more about the research or taking part.

- If, on reading this information sheet, you would like to take part or learn more, you can contact me (Lorna) at stablerl@cardiff.ac.uk.
- If you provide your phone number, I will contact you by phone to tell you more about the project, or I can do this by email.
- If you want to take part in the research after learning more about it, I will arrange an appropriate time and location for the interview to take place (this will be your choice and could be in person, on the phone, online).
- I will ask you to complete an optional task before the interview to help you think about what information you might want to share in the interview (see task sheet attached). This is not part of the interview, and you don't have to share it with me.
- Interviews will likely last about an hour, but could take longer if you have a lot you want to talk about. The interview will focus on your story of how you became a carer for your sibling, and your family life. It is up to you what parts of that story you want to share.
- If you are comfortable, interviews will be audio recorded.
- The services you receive are not affected by taking part in the interview. Please ask any questions if you are uncertain about anything, or if you would like more information.

I am also interested in interviewing children and young people who are in, or have been in the care of their siblings. I will ask you when we talk if you think your sibling would be interested in taking part and if so, we can discuss how that could happen.

Do I have to take part?

You do not have to take part if you don't want to. If you do take part, you can change your mind and stop at any time and you don't need to say why. Even after taking part in the interview, if you change your mind you can contact me before the end of the project (August 2023) to ask me to delete any notes made and/or not include the recording / parts of the recording in my final thesis.

Data protection

Recordings and interview notes will be kept safe and secure, on password protected devices. No one will know you took part because when I write and talk about the research, I won't use your name or anything that would identify you. I will keep the data for 10 years and it may be used for further related research. After 10 years, it will be securely destroyed.

Is the interview confidential?

The interviews are confidential, and I would not normally tell anyone what you say in the interview. The only time I may have to tell someone else is if I think you or another person might be at risk. If this happened, I might have to talk to a professional about it, but normally I would talk to you about this before I do this.

What will happen to the results of the research?

When the research is finished it will be published as my PhD thesis. This will be freely available through Cardiff University. If you have agreed to being contacted again, I will get back in touch and share a summary of the findings with you.

How can I contact the researcher?

If you have any questions about this study, you can contact Lorna Stabler who is the researcher you will meet:

Tel: (0)2922510937
Email: stablerl@cardiff.ac.uk
Twitter: @lorna_stabler

You can also contact the supervisors of this study:

Dawn Mannay MannayDI@cardiff.ac.uk
Rhiannon Evans EvansRE8@cardiff.ac.uk

If you would like to speak to an independent person at Cardiff University about the research, please contact:

Cardiff University's School of Social Science Research Ethics Committee
Cardiff University School of Social Sciences
Glamorgan Building
King Edward V11 Avenue
Cardiff
CF10 3WT
Email: socsi-ethics@cardiff.ac.uk

Appendix B: Overview of community engagement

When did session take place?	Which organisation?	Who attended?	What was the focus of consultation?
September 2021	Fostering Network in Wales	Advisory group whose members include kinship and non-relative foster carers	To explore recruitment materials, areas of focus for practitioners including potential sites that would be interesting to explore, and how to conduct narrative interviews with carers in an ethical way. Reflection on terminology around kinship care and how best to ensure materials resonate with families.
November 2021	Coram BAAF	Kinship-focused professional team	To explore recruitment, understanding policy changes in England.
January 2022	Kinship care forum in Scotland	Practitioners working with kinship carers	Boundaries of the research (including definitions of siblings and language around kinship care), explored recruitment strategies for different groups, discussed how to include a focus on different policies being introduced in Scotland, with a focus on The Promise.
April 2022	AFKA Cymru	Members of the Special Guardianship SIG with practitioners from Wales who work with kinship carers	Focus on potential sites for practitioner focus groups, recruitment strategies, and Wales specific policies and practice to note in the study.
May 2023	Coram BAAF	Practitioners and members with lived experience	Webinar with facilitated discussion with about the initial findings and interpretations from the narrative interviews. Helped to refine the three ‘types’ of narratives and explore areas of particular resonance for practitioners.

Appendix C: Interview Guides

Narrative interview guide for sibling carers

Pre interview phone conversation:

- Ask about information sheet, any further questions / information.
- Talk about my interest in the subject.
- Key information covering timing, confidentiality, planning

Pre interview task: I am really interested in your story, how you became a carer for your sibling, and what your life is like as a family and what you think are the most important events for you.

To help structure the interview, I have designed a prep task. This is the task sheet that I sent you. It asks you to have a think about what you would class as five ‘key chapters’ or events in your life. This could for example be from your childhood, your adolescence, a ‘turning point’, when your sibling came to live with you, when you moved to a new home. There are no right answers, and you don’t need to share this with me, but it might be helpful for you to just make some notes for yourself about what these key areas are, and the main parts you would like to tell me about in each of them. Start wherever you want. The point of this task is just to help you to think about what you might want to share.

If you are happy for me to do so, I will send a reminder text a few days before the main interview, to confirm our meeting.

Nb. In text remind them that they could make some notes or bring objects/photographs

Interview:

Consent

Check information from pre interview call. Are there any further questions? Check that they are comfortable with recording. Go through consent form if not send ahead of interview.

Settling in

Have you ever been involved in anything else like surveys etc. How are you feeling about doing the interview? If you got around to it, how did you find doing the pre-interview task?

Warm up question: Could you describe for me who is in your family?

Prompt: You can define family in any way that feels right to you, I am interested in your words not how others might describe your family structure.

I am now going to ask you about your life. I am not going to interrupt much as I want to hear about your life in your words. I may ask a couple of questions if I'd really like to hear a bit more about something specific you are talking about.

Narrative question: Now, I would like you to tell me the story of your life before and since you became a carer for your sibling. Where you like to start – this could be from when you were born, from when you went to school, when your sibling was born?

Prompts to guide narrative: What did you like best in school? What did you like doing outside of school? What is your first memory of your sibling? Who was your favourite person growing up? What do you remember most about the first day your sibling lived with you?

Prompts to explore more in depth – what do you think led to that change, how did that make you feel at the time, why do you think that stands out to you, do you think X experienced that the same way, what makes you say that? What role did X person play? Do you remember how that conversation took place?

How would you describe what it is like being a carer for your sibling?

Are there any media examples that you can think of that portray your experience as a sibling carer?

Prompt: This could be a character in a TV show, or a book, or a particular poem that resonated with you.

What could have been / was helpful for you and at which points?

End question: If you could suggest one change that would make life better for families like yours, what would it be?

Prompt: It could be a change that policy makers / the government could make, or other people, or families themselves, or anyone / anything else.

Narrative interview guide – people with experience of being in sibling kinship care

Pre interview phone conversation:

- Ask about information sheet, any further questions / information.
- Talk about my interest in the subject.
- Key information covering timing, confidentiality, planning

Pre interview task: I am really interested in your story, how you came to live with your sibling, and what your life is like as a family and what you think are the most important events for you.

To help structure the interview, I have designed a prep task. This is the task sheet that I sent you. It asks you to have a think about what you would class as five 'key chapters' or events in your life. This could for example be from your childhood, your adolescence, a 'turning point', when you went to live with you, when you moved to a new home. There are no right answers, and you don't need to share this with me, but it might be helpful for you to just make some notes for yourself about what these key areas are, and the main parts you would like to tell me about in each of them. Start wherever you want. The point of this task is just to help you to think about what you might want to share.

If you are happy for me to do so, I will send a reminder text a few days before the main interview, to confirm our meeting.

Nb. In text remind them that they could make some notes or bring objects/photographs

Interview:

Consent

Check information from pre interview call. Are there any further questions? Check that they are comfortable with recording. Go through consent form if not send ahead of interview.

Settling in

Have you ever been involved in anything else like surveys etc. How are you feeling about doing the interview? If you got around to it, how did you find doing the pre-interview task?

Warm up question: Could you describe for me who is in your family?

Prompt: You can define family in any way that feels right to you, I am interested in your words not how others might describe your family structure.

I am now going to ask you about your life. I am not going to interrupt much as I want to hear about your life in your words. I may ask a couple of questions if I'd really like to hear a bit more about something specific you are talking about.

Narrative question: Now, I would like you to tell me the story of your life before and since you started living full time with your sibling. Where you like to start – this could be from when you were born, from when you went to school, your first memory of your sibling?

Prompts to guide narrative: What did you like best in school? What did you like doing outside of school? What is your first memory of your sibling? Who was your favourite person growing up? What do you remember most about the first day you lived with your sibling?

Prompts to explore more in depth – what do you think led to that change, how did that make you feel at the time, why do you think that stands out to you, do you think X experienced that the same way, what makes you say that?

How would you describe what it is like brought up by your sibling?

Are there any media examples that you can think of that portray your experience being brought up by your sibling?

Prompt: This could be a character in a TV show, or a book, or a particular poem that resonated with you.

What could have been / was helpful for you and at which points?

End question: If you could suggest one change that would make life better for families like yours, what would it be?

Prompt: It could be a change that policy makers / the government could make, or other people, or families themselves, or anyone / anything else.

Key informant interviews: Interview guide

Purpose: to explore the policy context related to kinship care, the barriers and enablers that exist to providing relevant support to sibling kinship families, and the policy levers through which change to the policy and practice landscape of sibling kinship care could be impacted.

Introduction and Consent Process

- Introduce myself
- Explain the study and what has been done so far
- Answer any questions the participant may have
- Take consent

Professional Background and Role

- What is your current role?
- How does your work involve kinship care?

Defining kinship care

- In your role, how would you define kinship care?
- What are the challenges and positives associated with this definition (who does it cover and who might it not cover?)
- What main policies apply in your context to the provision of services to kinship families?

Services for kinship families

- What services are you aware of as being delivered in your area for kinship families? (Describe these)
- To what extent are these services accessed by sibling kinship families?
    - What might the barriers be to sibling kinship families accessing these services

The research so far with sibling kinship families has indicated that there are not specific services for this group of kinship families, and that the services that exist currently do not always meet their needs.

- What would need to happen to adapt current services to the needs of sibling kinship families?
- What would need to happen to develop and deliver new services for sibling kinship families?
- What at policy or practice level might support further representation of and services for sibling kinship families?

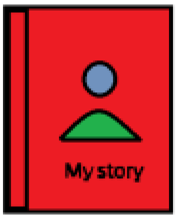
Ending the Interview

- Thank the participant
- Ask if there is anything else they would like to talk about
- Explain what will happen to the data and next steps for the study
- Ensure the participant has a contact for the team to follow up if they have further questions or want to withdraw consent

Appendix D: Task Sheets

Sibling kinship care research

Optional task sheet for carers



The interview that you will take part in centres around you telling me the story of your life, including before, during and since you became a kinship carer for your sibling. Everyone's story will be different and there is no 'right' answer.

This prep task is optional and is designed help you think about what you want to say in the interview. You don't need to share it with me (or anyone).

The task

1. Think about your life so far and important points that stand out to you.

2. Try to pick five key points or events in your story so far – these can be imagined as chapters if that helps.

3. Chapters can be anything, but as we are going to talk about your experience of being a kinship carer, you might want to think about your early life, when you became a kinship care, important points in your journey as a kinship carer so far.

4. Give each chapter a name if you can – this could be a picture instead, and emoji or even a colour.

5. Make some notes about that chapter, what were the key events, key people, and how did you feel at that time. You can use these notes to reflect on what you might want to share in the interview. If words don't feel right, you could take a photograph, or draw a picture to represent the chapter.

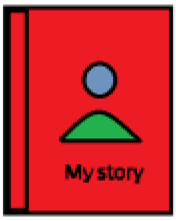
6. Don't worry if you don't get a chance to do this task, if you find it too difficult, or if it just isn't for you! And remember, it isn't a test, just an exercise that could be helpful for some people, and not for others.

Economic and Social Research Council

Cardiff University / Prifysgol Caerdydd
School of Social Sciences
Ysgol y Gwyddorau Cymdeithasol

Sibling kinship care research

Optional task sheet for younger siblings



The interview that you will take part in centres around you telling me the story of your life, including before, during and since you started living away from your parents with your brother or sister. Everyone's story will be different and there is no 'right' answer.

This prep task is optional and is designed help you think about what you want to say in the interview. You don't need to share it with me (or anyone).

The task

1. Think about your life so far and important points that stand out to you.

2. Try to pick five key points or events in your story so far – these can be imagined as chapters if that helps.

3. Chapters can be anything, but as we are going to talk about your experience of living with your brother or sister, you might want to think about your early life, when you started living with your brother or sister away from your parents, a change of school, a new, important relationship.

4. Give each chapter a name if you can – this could be a picture instead, and emoji or even a colour.

5. Make some notes about that chapter, what were the key events, key people, and how did you feel at that time. You can use these notes to reflect on what you might want to share in the interview. If words don't feel right, you could take a photograph, or draw a picture to represent the chapter.

6. Don't worry if you don't get a chance to do this task, if you find it too difficult, or if it just isn't for you! And remember, it isn't a test, just an exercise that could be helpful for some people, and not for others.

Appendix E: Focus Group Outline

Focus group guide

Introduce self and the research, give each person an information sheet and time to read over it and ask questions. Take consent – form filled out.

Ask group to introduce self.

Purpose of the focus group: The purpose of the focus group is to explore what services exist for sibling-headed kinship families, and what the barriers might be to these families accessing support.

Outline the session – three vignettes around different types of kinship carers coming into contact with children's services and needing support.

1. Assessment
2. Intervention
3. Co-ordination / signposting

Vignette 1 – Jennie

Background:

Jennie spent a lot of childhood caring for her younger siblings due to her mum often drinking a lot and not always being home. As the situation got worse the two younger brothers went to live with their grandparents. Jennie's youngest sister Jo was born when Jennie was 13. Jo got taken into care before she was 1, but until then Jennie did much of the caring for her. Jennie went into care at 14 but to a separate foster carer. There was a long period where Jennie and Jo had very limited contact with each other.

Current situation:

Jennie is now 25 and has a one year old son. Jo's long term foster carer got ill and Jo had to move to another foster carer. Jennie wants to apply to be a connected person carer. She has the support of her former PA and Jo's foster carer, and Jo (now 13) has regularly expressed a wish to live with Jennie in her reviews. Jennie is concerned that her behaviour in her teens when in and leaving care will make a positive assessment impossible, and is worried about managing contact with Jo and her mother who Jennie no longer speaks to.

Questions

1. What role would you / your team / your organisation play for Jennie and Jo?
2. What type of support do you think Jennie and Jo might need at this point in their journey?
    a. How do you think this could be provided?
    b. What barriers might there be to providing the right support?
3. Do you have any other reflections on Jennie and Jo's situation?

Vignette 2 - Sam

Background:

Sam is the middle brother of three boys. His parents separated not long after his younger brother was born, but the family maintained a good relationship. His father started a new relationship and had twin daughters with his new partner. When Sam was 12, his mother started a new relationship with a man who was very controlling of her and the boys. Sam moved in with his girlfriend's parents when he was 14, and rarely went home. At 17, Sam and his girlfriend managed to get a flat in the centre of town. His two brothers who were still living at home would come and stay most weekends, and the youngest often from Wednesday – Sunday. Peter was suddenly stopped from seeing his brothers and then left home and asked to move in with Sam. There has been no contact with the mother since.

Current situation:

Sam and his girlfriend have recently had a baby. Peter started staying out late and coming back drunk in the night. Just 18 himself, Sam wasn't sure that he could tell Peter not to, so avoided the subject, it only coming up in arguments between all three of them. The oldest brother Mike now has his own flat and Peter has said he is moving out to live with Mike. Sam knows his two brothers spent a lot of their time drinking together, and is concerned when he heard from one of Peter's friends that he wasn't going to school anymore. He gets a call from a social worker who has had a referral from the school and has been given his number by their mother.

Questions

1. What role would you / your team / your organisation play for Sam, Peter and Mike?
2. What type of support do you think they might need at this point in their journey?
    a. How do you think this could be provided?
    b. What barriers might there be to providing the right support?
3. Do you have any other reflections on Sam, Peter and Mike?

Vignette 3 - Maddie

Maddie is the fourth oldest of seven, and the oldest girl. Her mother had developed MS when Maddie was 12 and Maddie had been helping out caring for her and her siblings ever since. Her father worked abroad for the majority of the year and was rarely home. Maddie's two youngest sisters both have learning difficulties and take quite a lot of energy to look after. When Maddie was 16, her mum went into hospital for 4 weeks. Her dad was meant to come home and care for the children, but someone at work was ill and he had to cover for them. Maddie took the time off school and stayed home, keeping up with her GCSE revision when everyone had gone to bed. She wanted to go to university to study nursing. But her mum got very sick again when she was 17 and spent long periods of time in hospital. Maddie stayed home and cared for the younger children.

Current situation: Maddie is 20, and has spent the last 3 years caring almost full time for her mother and siblings. Maddie is finding it very hard to juggle working, studying part time and caring for her eight-and ten-year-old sisters, and caring for her mother.

Questions

1. What role would you / your team / your organisation play for Maddie and her family?
2. What type of support do you think they might need at this point in their journey?
    a. How do you think this could be provided?
    b. What barriers might there be to providing the right support?
3. Do you have any other reflections on Maddie and her family's situation?

What might need to be different in policy and practice to support these carers?

Thank the group for their time and ask if they would like to stay involved in the study.

Appendix F: Ethics application and approval

School of Social Sciences **Ysgol Gwyddorau Cymdeithasol** **Head of School, Pennaeth yr Ysgol** **Dr Tom Hall**	CARDIFF UNIVERSITY PRIFYSGOL CAERDYDD
SREC Ref No: 4093	
STUDENT PROJECTS - MASTERS PROGRAMMES/ MPhil/PhD & PROFESSIONAL DOCTORATE RESEARCH PROJECTS Ethical Approval Application Form Must be submitted by the due deadline to: socsi-ethics@cardiff.ac.uk	
Note: This form uses check boxes, select the appropriate box, double click and select 'checked' a cross will appear in the box which indicates your response.	

SECTION A: PERSONAL INFORMATION [all boxes can be expanded]			
Please tick relevant project type:	**Masters** Yes ☐	**MPhil/PHD** Yes ☒	**Professional Doctorate** Yes ☐
Student Name:	Lorna Stabler		Student Number: 1955129
Email Address:	stablerl@cardiff.ac.uk		
Supervisors:	**1 Dawn Mannay**	**2 Rhiannon Evans**	
Supervisors' Signatures:	**1.**	**2. Rhiannon Evans**	
Degree Programme:	PhD – Social Work Pathway		

Title of Project:	What are siblings' lived experiences of providing kinship care? Identifying pathways to improving kinship care outcomes	
Project Start Date:	April 2021	**Dissertation/Thesis Submission Date: 31/Dec/2024**
Student's Signature:		**Date: 25/11/2022**

Before completing, please now read the Application Guidance Notes

at the end of this form

Please consider your responses in your ethics application in light of the current Covid-19 guidance. If it **is not possible** to conduct research remotely, a risk assessment must be undertaken. Whilst SREC do not carry out the assessment we have provided, in Appendix 1, the flowchart to determine risk.

Are you intending to submit a risk assessment for face-to-face research?	Yes ☒ No ☐

If yes, following the flowchart in Appendix 1, what is your score: Low ☐ Medium ☐ High ☐

Should your score be 'High' please be aware it is likely to be rejected on risk assessment grounds.

Once your ethics application has been approved you will need to complete the full risk assessment, as outlined in the guidance issued by the Director of Research, for review and approval before conducting your research.

SECTION B: DISSERTATION SUMMARY

1. **Below,** please provide a **concise** general description of your dissertation project

Kinship care is a form of out of home care provided by friends or family of a child who cannot live with their parents. Social Care legislation in Wales - Social Services and Wellbeing (Wales) 2014 – stipulates that placement with a family member or related person should be the first option for a child who is removed from the care of their parents. This can include grandparents, aunt and uncles, siblings or other adults who have a relationship with the family, such as family friends or neighbours. Kinship care can be provided 'formally' under a care order with involvement of children's services, or informally either with or without children's services intervention.

There has been an increased recognition of this form of care that is prevalent in the UK, and the need for research and support for these families. However, different types of kinship care families are often invisible in governmental data and in research. This makes it difficult to build an understanding of the different experiences of different types of kinship families. Research to date on kinship care has tended to focus on grandmothers, as these are the most prevalent carers, and 'formal' kinship care arrangements, as these are more visible in official data.

This research aims to explore the experiences of a different group of kinship carers – siblings who care for their siblings in either formal or informal arrangements. While it has been estimated that sibling-headed kinship families may account for up to a third of kinship households, there is very little research that focused on this group to date. The small amount of research that there has been indicates that their circumstances and needs may be very different to other carers such as grandparents. The research will seek the views of sibling-headed kinship families

	through narrative interviews. It will also explore current provision for sibling kinship carers from the perspective of professionals who work with kinship carers through a survey and focus group.
2.	What are the research questions ? The aims of the PhD are to understand the experiences of sibling-headed kinship households and identify pathways to improving outcomes indicated as important by carers and children. It will address the following research questions 1. What are the experiences of sibling-headed kinship households of kinship care (formal and informal)? 2. What are important outcomes for sibling-headed kinship households (e.g. wellbeing)? 3. What are the mechanisms through which these outcomes can be addressed? 4. What is currently available to address the needs of sibling-headed kinship households?
3.	Who are the participants ? The data collection methods are detailed in section five. These will include a survey, interviews and focus groups. Participants will include: • professionals who work with kinship carers (online survey widely disseminated across the UK; online focus group with c. 6 professionals) • sibling kinship carers (interviews with 20/30 carers) • children aged 8+* in kinship care (paired interviews with c.10 children alongside their carers) *The lower end of the age range has been selected based on the ages of children who have taken part in similar research (i.e. Farmer, E., Selwyn, J. and Meakings, S., 2013. 'Other children say you're not normal because you don't live with your parents'. Children's views of living with informal kinship carers: social networks, stigma and attachment to carers. *Child & Family Social Work*, *18*(1), pp.25-34). Carers will be asked if their child/ren would be interested in taking part, and if they feel they would be able to meaningfully participate using an online platform. As children will have had extensive experience with carrying out school-work online in the last year, it is hoped that carers will have some insight into how well they would be able to engage. It is envisioned that the interviews will be more appropriate for older children (aged 13+) but it is possible that younger children will be able to participate so the inclusion age is younger. No upper age limit is added as it is possible for young people to remain in kinship care until adulthood which can be self-defined.
4.	How will the participants be recruited? • Organisations including local authorities, independent organisations who work with kinship carers such as the Fostering Network and Grandparents Plus, and carers organisations such as support groups will be asked to disseminate the survey to professionals who work with kinship carers. This can also include 'peer' workers (i.e. kinship carers who work with kinship carers in any form of support or advocacy role, whether paid or voluntary). The survey will also be disseminated online through social media platforms such as Twitter and Facebook. • Respondents of the survey will be purposefully sampled to select focus group participants to invite to an online focus group. These participants will be selected to represent practice across the UK. • Kinship carers will be recruited through the organisations interviewed above by asking professional participants to publicise the research in support networks. An information sheet will be provided to organisations to share with any carers they think might be interested in taking part which will cover the aims of the research and what participant will entail. In addition, social networking sites (Twitter and Facebook) will be used to try to recruit more widely to try to include carers who are not currently receiving support from an established group. For follow up interviews, participants who consented to be contacted

again in the first interview will be contacted by email to invite them to take part, with a new information sheet attached(see attached document).

- Children and young people (aged 8+) will be recruited by asking kinship carers who participate if they think the child/ren they look after would want to participate. Carers who think the child would like to take part will be provided with an age-appropriate information sheet with a link to a video in which the researcher will explain the research, who they are, and what participation would entail. Children/young people will then be able to contact the researcher to opt into the research. For follow up interviews, participants who consented to be contacted again in the first interview will be contacted by email if 16+. No participants have taken part who are under 16 so no under 16 year olds would be contacted for a follow up interview.

5. What sort of data will be collected and what methods will you use to do this?

Data will be collected using the following methods:

1) Audio recorded narrative interviews with (n=20/30) kinship carers, purposefully sampled from formal and informal kinship care arrangements.
2) Audio recorded creative participatory paired interviews with children (n=10) and their carers in sibling-headed kinship families, purposefully sampled from carer participants.
3) Audio recorded follow up interviews with kinship carers and young people who took part in narrative interviews.
4) A survey with quantitative and qualitative questions, carried out on Qualtrics.
5) A focus group with practitioners (n=c6), explore ways in which outcomes for sibling-headed kinship families are currently addressed. The focus group will be audio recorded.

The interviews may use creative and visual methods, including photo-elicitation and timelines. Ethical approval is being sought for a range of methods so that these can be evaluated as part of the research based on which are most acceptable to participants, and which generate the richest / most relevant data. For each method ethical protocols will be established with the participants to guide how the activities are undertaken. Any materials required for the activities (such as pens, paper, disposable cameras) will be provided by the researcher. Where a participant is recruited through an organisation, these materials will be sent via the organisation. Where the participant is recruited directly by the researcher, materials will be either online, or an online voucher will be sent to the carer to purchase materials such as pens and paper if necessary. It is thought that materials will not exceed the cost of £5, and this voucher will only be offered after a participant has consented to take part so as not to serve as an incentive to take part.

At the beginning of paired interviews, the researcher, child and carer will create a list of ‘guidelines’ for the interview which will aim to help the child feel empowered to fully participate in the interview. These will likely be slightly different for each interview, but will include ways of ensuring people are able to speak when they want to, and are respectful of what others say.

Participant-generated data will act as a point of discussion during interviews to enable participants to focus on points in their life that have been meaningful to them. Participant-generated data such as photos and writing may be emailed to the interviewer or captured in a screenshot from a shared on a video link so these can be referenced when analysing interview data. Participants will be asked not to include any identifiable images in their visual materials. However, if these are included by participants in any drawings, collages or photographs, copies of materials containing identifiable people or places will not be or featured in the study outputs.

In addition, interview participants will be given the option to send a video or a piece of writing to the researcher in place of talking to the researcher if they would like to participate, but do not feel able to talk to the researcher. This will likely be most applicable to children, and would be shared by the carer with the researcher.

For follow up interviews, participants will be asked via email if they are happy to take part. Interviews will be in two parts. The first part is a ‘member-checking’ activity based on the core story document developed from the initial interview. This is developed as part of the narrative analysis of the data following Petty et al.’s (2018)[11] steps. This will involve the participant reading a core story document based on the previous interview, and being asked if it fits their narrative, if they would like to add or remove any details. Questions asked during this process include:

1) Does the summary feel reflective of what you were hoping to communicate?

---

[11] Petty J, Jarvis J, Thomas R. Core story creation: analysing narratives to construct stories for learning. Nurse Res. 2018 Mar 16;25(4):47-51. doi: 10.7748/nr.2018.e1533. PMID: 29546968.

	2) Are there any important parts of your story that are not included that you would like to include (if yes, please tell me what else you would like to include)? 3) Are there any parts of summary that you would like to remove or reword (if yes, which parts / what would you like to include to replace those parts)? This part will be audio recorded for accuracy. The documents were updated immediately following this part of the interview, and the recording deleted. The second part will be a semi-structured qualitative interview based around the themes that have arisen in the analysis. For example: Early experiences of caring / developing a carer identity “Some people talked about how they had taken on caring roles early in life before becoming a sibling carer. From your experience, does this seem important? What role do you think early experiences of care giving could have on people becoming a sibling carer?” These questions are iterative and based on on-going analysis. These interviews will be audio recorded. The researcher has consulted the Fostering Network Digital Risk Assessment for children and young people when developing this project. This risk assessment will be used when planning and arranging interviews with children and young people.
6.	How and where (venue) are you undertaking your research? • The survey and focus group will be conducted online using Qualtrics (survey) and Zoom (focus group). • Interviews can be carried out on the telephone or an online platform supported by the university such as Zoom. Participants will be given an opportunity to practice using the platform before the interview to ensure that they feel comfortable using it. Ahead of the interview, the researcher will share an information sheet (via email) alongside tips for using the chosen platform, including thinking about privacy and the background of a video call. Participants will have the option to share their video, or not, or turn it off and on through the session depending on what they feel most comfortable with. • Alternatively. interviews can take place in person in a location of the participant’s choice, which will be subject to risk assessment when the interview is arranged. Potential spaces highlighted in the ethics application included: community spaces such as libraries, public spaces such as cafés, outdoor space such as parks, or private spaces such as their home or a private space at the university. • Further, paired interviews with carers and children are part of the research design. These could be carried out online, but participants may feel it could be difficult to engage children in tasks on a screen, especially if they only have access to a phone. What is the reason(s) for using this particular location? • The survey and focus group will be conducted online to enable participation of respondents from across the UK. In addition, holding the focus group online will enable professionals from a range of organisations and locations to take part. • Interviews will be offered remotely with a choice of remote options offered to ensure that the platform is accessible and appropriate for the participant. • Participants will also be given the option of face-to-face participation due to the potentially sensitive nature of the interview subject and caring responsibilities. Carers or young people may not want to discuss the topic of their family relationships while in a space that could be overheard by their family members. • The participants in this study are likely to have less access to technology that the general population as studies have shown that kinship carers are often poorer and have fewer resources. In addition, they are more likely to live in crowded accommodation. This means that it may be more difficult for them to arrange a time to talk online in a space where they are not likely to be overheard (for example, if they only have a smart phone, the child may be watching something during the interview so that the participant can talk without the child paying attention to the subject matter). In addition, some research has indicated that kinship carers maybe be less comfortable with using technology than other carers in the population due to less experience and training with technology. Also, as participants may not have taken part in research before, and may not have told their stories before in the format being asked of them (narrative interviews) some may find it easier and more comfortable in person to talk about their experiences and ask questions.

7.	(a) Will you be analysing secondary data? If YES, does approval already exist for its use in further projects such as yours?	Yes ☐	No ☒
	(b) Will you be using administrative data? If YES, how will you be using these data (e.g. sifting for suitable research participants or analysing the data)?	Yes ☐	No ☒
SECTION C: RECRUITMENT PROCEDURES			
8.	(c) Does your project involve children or young people under the age of 18? If **No**, go to 10	Yes ☒	No ☐
	(d) If so, have you consulted the University's guidance on child protection procedures, and do you know how to respond if you have concerns?	Yes ☒	No ☐
9.	(a) Does your project involve one-to-one or other *unsupervised* research with children and young people under the age of 18 ? If **No** go to 9(b) If **Yes**, go to 9(c)	Yes ☐	No ☒
	(b) If your project involves only *supervised* contact with children and young people under the age of 18, have you consulted the head of the institution where you are undertaking your research to establish if you need a Disclosure and Barring Service (DBS) Check? If **Yes**, and you do need a DBS check, then go to 9(c); if you do not need a DBS check, then go to Question 10.	Yes ☒	No ☐
	(c) Do you have an up-to-date Disclosure and Barring Service (DBS) Check ? If your application is **pending** please state the submission date: __ / __ / __ The SREC Office will require you to notify them when it is approved.	Yes ☒	No ☐
10.	Does your project include people with learning or communication difficulties?	Yes ☐	No ☒
11.	Does your project include people in custody?	Yes ☐	No ☒
12.	Is your project likely to include people involved in illegal activities?	Yes ☐	No ☒
13.	Does your project involve people belonging to a vulnerable group, other than those listed above?	Yes ☒	No ☐
14.	Does your project include people who are, or are likely to become your clients or clients of the department in which you work?	Yes ☐	No ☒
SECTION D: CONSENT PROCEDURES			
Please ensure you are familiar with the updated General Protection Data Regulation (GDPR) guidance when considering consent for your participants.			
15.	Will you obtain written consent for participation?	Yes ☒	No ☐

16.	What procedures will you use to obtain, record and maintain informed consent from participants? • A consent form will be used in Qualtrics detailing information about the project, its aims and what is involved for participants; confidentiality and anonymity; withdrawal; and contact details of the researcher if they have any questions about the project. No one will be able to progress to the survey without first completing the consent form. • Written opt-in consent will be sought from all participants involved in a focus group or interview, and from a parent/guardian for all participants under 16. Parents/guardians of children and young people taking part will also be taking part in an interview but a separate consent form will be used for their consent to children taking part. Assent will also be sought verbally by children and young people under 16, and the parental consent form will be designed to be completed with the child / young person. Only children whose kinship carers have parental rights will be able to take part, unless a person with parental rights is able to provide consent. • In addition to consent to participate in the project, participants will be asked to provide written consent for anonymised participant-generated data (e.g. photographs or timelines produced as part of the project) to be included in published work and dissemination activities. This will be filled out by the participant and emailed to the researcher. Where this is not possible, verbal consent will be recorded. • Before consent is sought, all participants will be provided with an information sheet containing written information about the project. This will include information about the project, its aims and what is involved for participants; confidentiality and anonymity; withdrawal; and contact details of the researcher if they have any questions about the project. The project information sheet will also be summarised verbally to participants and they will be given an opportunity to discuss the project with the researcher and ask any questions before the interviews take place. • Before recording the audio, participants will be given the chance to go through the information sheet with the researcher and can ask any questions. The researcher will then check that they are happy for consent to be recorded verbally via audio recorder. If they agree to this, an audio recording will be taken of the consent form. The recorder will then be stopped, and this file will be labelled with an identifier and saved in a password protected file on the S drive. Then, if the participant has agreed to the interview being recorded, the recorder will be restarted to record the interview. The information sheet and consent process will ensure that the participant is clear that only audio will be recorded, even if they choose to share their video in the interview. • Participants who consented in the initial interview to be contacted again will be contacted to take part in a second interview. At the beginning of the second interview, the same consent process as detailed above will be carried out with a new consent form and information sheet. The researcher will detail both parts of the interview, and gain consent for each, with the option to take part in either or both.			
17.	If the research is observational, will you ask participants for their consent to being observed?	N/A ☒	Yes ☐	No ☐
18.	Will you tell participants that their participation is voluntary?	N/A ☐	Yes ☒	No ☐
19.	Will you tell participants that they may withdraw from the research at any time and for any reasons?	N/A ☐	Yes ☒	No ☐
20.	Will you give potential participants appropriate time to consider participation?	N/A ☐	Yes ☒	No ☐
21.	Does your project provide for people for whom English / Welsh is not their first language?	N/A ☐	Yes ☒	No ☐
SECTION E: POTENTIAL HARMS ARISING FROM THE PROJECT				
22.	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?		Yes ☒	No ☐

23.	Is there any realistic risk of any participants experiencing a detriment to their interests as a result of participation?	Yes ☐	No ☒

24. **Below, please identify any potential for harm (to yourself or participants) that might arise from the way the research is conducted**

<u>PLEASE DO NOT LEAVE BOX BLANK</u>

- **Participants**

In focus groups with professionals, participants may raise issues within the organisations that they work for which could have a detrimental impact on their employment conditions. Participants will be informed of the need for anonymity and confidentiality, and will be reminded not to use names of people or organisations in the focus group. Any data that would allow for the identification of an individual or an organisation will be removed from the data prior to analysis and would not be published. In interviews with carers, participants may decide to discuss information about some of the reasons that a child has come into care, or their own childhood experiences which could include previous traumatic and/or distressing events, this could cause emotional distress to the participants. In addition, in paired interviews with children, discussion of difficult issues in the carer/child/ren's living arrangements may include highlighting difficult past or current experiences. When people read over the summary of their own narratives, it could bring up difficult emotions or trigger difficult memories.

- **Researcher**

There may be an emotional impact for the researcher of carrying out participatory research on this subject with young people and their families, particularly as the researcher has lived experience of being a kinship carer. There is also a risk of potential harm to the researcher arising from lone working with participants.

25. **Below, please set out the measures you will put in place to control possible harms to yourself or participants**

<u>PLEASE DO NOT LEAVE BOX BLANK</u>

- **Risk of distress to participants**

At the outset, before any data is generated, participants will be made aware both in writing and verbally of the nature of the project and its subject matter, at which point they have the option to decline participation. Participants will be reminded verbally before each interview of the subject matter, and their right to withdraw, not to answer any question, or to take a break at any time. Participants will also be provided at first contact with information on appropriate sources of support and relevant information, such as Child Line and Children in Wales. The researcher will also prompt and offer breaks where there are any signs of distress. In addition, participants will be able to bring someone with them to the interview for support if they would like. If participants do decide to bring someone else to the interview with them, the researcher will explain the impact that this will have on the confidentiality of the interview (i.e. that there are certain topics they may choose not to discuss in front of an additional person).

Children and young people will take part with their carers and carers will be advised to end the interview if they feel there are any signs of distress from the child / young person. In addition, children and young people will be talked through how to 'hang up' if they decide they do not want to take part anymore.

There are certain topics that carers may feel it is inappropriate to talk about in front of younger children. The areas that will be covered in the interview will be discussed with the carer before the interview takes place. In addition, the narrative nature of the interview means that children and young people can focus on areas that they feel are important, rather than being led by the researcher to discuss topics that they are not comfortable with.

Participants will be reminded that they do not have to take part in both parts of the interview, and do not have to look over their core story document if they would prefer not to. If they chose to take part in the 'member-checking' part of the interview, they will be asked if they would rather view the core story document before the interview, or with the researcher in the interview. If the participant opts to be sent the core story document ahead of the interview, they will be sent a word document no more than a day before the interview, through the Fastfile service. There will be a follow up email including the resource sheet for places to contact if they feel distressed reading the document, and informed that they can get in touch with the researcher to discuss ahead of the interview if they need to. If the participant would prefer to view the document with the researcher, this will either be at the start of the meeting, or a paper copy will be taken if the interview is in person. If at any point the participant seems uncomfortable, the researcher will stop and ask if the participant wants to end that part of the interview, or take a break.

- Identification of safeguarding concerns

If any safeguarding concerns are disclosed or identified, the researcher will consult with the project's supervisors and follow Cardiff University's Safeguarding Children and Vulnerable Adults Policy. The University's Designated Safeguarding Officer will be contacted if any additional advice is required.

Participants will be made aware from the outset that what they share with researchers will be confidential where possible, but that confidentiality cannot be guaranteed in all cases (e.g. where there is risk of serious harm to self or others).

- Lone-working researcher practices

Cardiff University guidance on safety in fieldwork for lone workers will be followed to minimise the risk of harm to the researcher when undertaking fieldwork alone.

- Risk of emotional harm to researcher

If any element of fieldwork is distressing, the researcher will undertake a de-briefing session with one or both of the project's supervisors, and access additional services if necessary.

SECTION F: SECURITY-SENSITIVE RESEARCH & PREVENT DUTY

Cardiff University has established a Security-sensitive research framework which aims to balance the commitment to academic freedom and scope against the need to safeguard researches from risk of radicalisation and/or risk that their research activity might result in a misinterpretation of intent by external authorities.

26.	Has due regard been given to the 'Prevent duty', in particular to prevent anyone being drawn into terrorism? For further guidance, see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445916/Prevent_Duty_Guidance_For_Higher_Education__England__Wales_.pdf and http://www.cardiff.ac.uk/public-information/policies-and-procedures/freedom-of-speech	Yes ☒	No ☐
27.	Does your research fall within the Security-Sensitive policy? This includes the following:- • Research concerning terrorist or extremist groups (in particular, those designated by the Home Office as a 'Proscribed Terrorist Organisation'); and	Yes ☐	No ☒

	- Research involving access to materials that may be considered extremist and/or materials that promote terrorism, extremism or radicalisation. For further guidance, see: https://intranet.cardiff.ac.uk/intranet/staff/documents/research-support/integrity-and-governance/Final-V1_Security-Sensitive-Research-Policy.docx If ‘**Yes**’ go to Question 28. If ‘**No**’ go to Question 29.		
28	Have you followed the registration procedure detailed within the policy? Please note this must be done before ethical approval can be given.	Yes ☐	No ☐
SECTION G: RESEARCH SAFETY			
Before completing this section, you should consult the document ‘Guidance for Applicants’ – and the information under ‘Managing the risks associated with SOCSI research’.			
29.	Are there any realistic safety risks associated with your fieldwork?	Yes ☐	No ☒
30.	Have you taken into account the Cardiff University guidance on safety in fieldwork / for lone workers?	Yes ☒	No ☐
SECTION H: DATA COLLECTION			
The SREC appreciates that these questions will not in general relate to research undertaken in SOCSI. However, for further University guidance and information please see the links below.			
31.	Does the study involve the collection or use of human tissue (including, but not limited to, blood, saliva and bodily waste fluids)?	Yes ☐	No ☒
	If **Yes**, a copy of the submitted application form and any supporting documentation must be emailed to the Human Tissue Act Compliance Team (**https://intranet.cardiff.ac.uk/staff/research-support/integrity-and-governance/human-tissue-research**). A decision will only be made once these documents have been received. For guidance on the Human Tissue Act: http://www.cardiff.ac.uk/govrn/cocom/humantissueact/index.html		
32.	Does the study include the use of a drug ? If **Yes**, you will need to contact Research Governance before submission (**resgov@cardiff.ac.uk**)	Yes ☐	No ☒
SECTION I: DATA PROTECTION			
33.	(a) Are you collecting sensitive data? [Defined as: the racial or ethnic origin, political opinions, religious beliefs (or similar), trade union membership, physical or mental health, sexual life, the commission or alleged commission any offence, or any	Yes ☒	No ☐

proceedings for any offence committed or alleged to have been committed the disposal of such proceedings or the sentence of any court in such proceedings.]

If **Yes**, how will you employ a more rigorous consent procedure?

Although this is not the focus of the study, participants may discuss sexuality and/or gender identity, physical/mental health, ethnic origin, political opinions or religious beliefs during data production due to the open nature of the qualitative activities. Participants will be provided with written and verbal information about the project. They will be given detailed information about the project so that they are aware of the subject matter, and given the opportunity to discuss the project with their parent/guardian/child and to raise any questions with the researcher before giving consent and before each interview takes place.

Participants will be reminded before their interview of their right to decline or withdraw from participation and/or not answer any questions. I will ensure participants only disclose what they are comfortable with sharing give them the opportunity at the end of the interview to retrospectively ask for certain data not to be included in analysis. I will also ensure their data is securely stored on the Cardiff University system.

(b) Are you collecting identifiable data? [Please note, this includes recordings of interviews/focus groups etc.] Yes ☒ No ☐

If **Yes**, how you will anonymise these data?

- Survey data

Surveys will be anonymous with no obligation for respondents to include their names. However, there will be an option for respondents to include their name and contact details if they wish to be contacted to take part in follow up data collection (such as a focus group). When the data is exported from Qualtrics, any included names and contact details will be held separately from the rest of the survey responses, with an anonymous identifier used to link the two data sets.

- Interview data

Consent forms will be kept separate to participants' interview data. All names and other identifying information, such as geographical location or school names, will be removed from interview data at the point of transcription and participants/recordings will be given a unique identifier. No identifying information from interview data will be included in any publication or dissemination activity (e.g. conference presentation) arising from this project. Participants will be referred to using pseudonyms in any publication or dissemination activity.

- Participant-generated data

Copies/photographs of participant-generated data will be kept separate from participants' consent forms. Any identifying information will be removed from participant-generated data (such as photographs) before publication or use in any other dissemination activity.

(c) Will any non-anonymised and/or personalised data be retained? Yes ☒ No ☐

(d) Data (i.e. actual interview recordings, not just transcripts) should be retained **for no less than 5 years or at least 2 years post-publication and then destroyed in accordance with GDPR.** Have you noted and included this information in your Information Sheet(s) ? [The University may request access to this data at any point in this year to confirm your marks. It is your responsibility to maintain it securely] Yes ☒ No ☐

34. **Below,** please detail how you will deal with data security. Please note, personal laptops (even password protected) stored in personal accommodation are not acceptable. Storage on University network, or use of encrypted laptops is required.

- Personal data will only be accessed by the researcher and PhD supervisors.
- Consent forms will be kept separate from their data. There will be no hard copies of consent forms or data. Digital consent forms, and recordings of verbal consent will be saved in a password protected folder on the university S drive.
- Electronic versions (digital photos) of non-anonymised participant-generated data, and audio files of interviews, will be given unique identifiers and saved in a password-protected folder on the university network, accessible only to the researcher. This folder will be separate to the folder containing consent documents.
- All identifying information will be removed from interview data at the point of transcription and replaced with pseudonyms.
- Anonymised transcripts will be stored on a password-protected folder on the university network, accessible only to the researcher. A document linking participants' names to pseudonyms will be stored in a password-protected folder on the university network, accessible only to the researcher.
- If a 'core story document' is shared with a participant for the purposes of the 'member-checking' part of the follow up interview, this will be shared as a paper copy or via FastFile. It will contain no identifying data.

A university laptop will be used off site to analyses the data, and all version will be saved to the university system rather than the desktop.

If there are any other potential ethical issues that you think the Committee should consider, please explain them on a separate sheet. It is your obligation to bring to the attention of the Committee any ethical issues not covered on this form

THE NEXT SECTION IS TO BE COMPLETED BY YOUR SUPERVISOR(S)

SECTION J: SUPERVISOR DECLARATION

The supervisor(s) must explain in the box below how any potential ethical issue(s) highlighted by the student above and via ticked shaded boxes on this form, will be handled. Please also consider if it is appropriate for the information sheet(s) and consent form(s) to be attached to this form.

PLEASE DO NOT LEAVE THIS BOX BLANK

Lorna has addressed the key ethical issues pertaining to the study, including voluntary consent, confidentiality, and data security and storage. We have discussed with Lorna the potential risk and requirements of conducting research virtually in response to the ongoing COVID-19 pandemic, and are satisfied that we have a robust plan that ensures the safety of data and the comfort of participants.

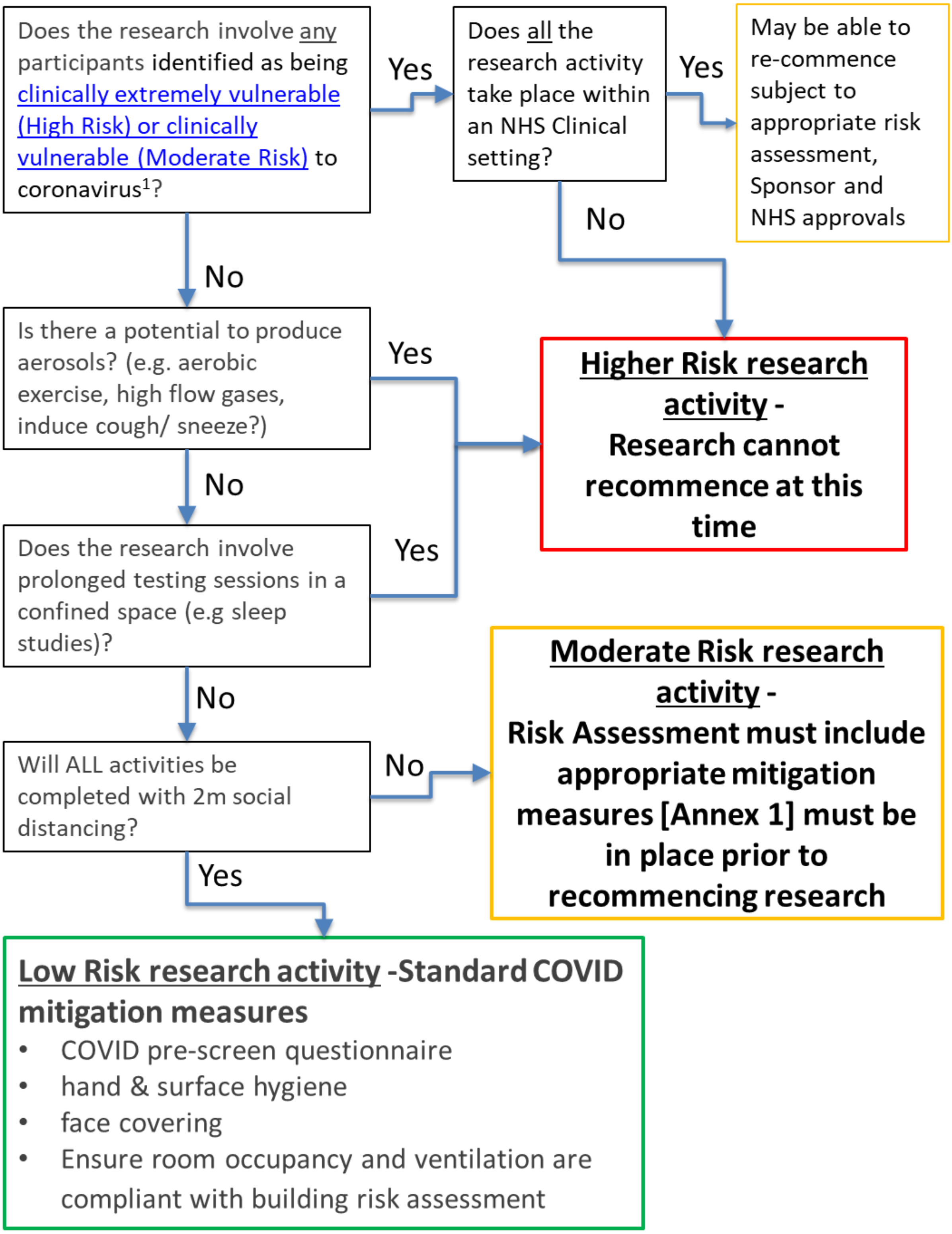
As the supervisor for this student project, I believe that all research ethical issues have been dealt with in accordance with University policy and the research ethics guidelines of the relevant professional organisation.

Supervisor(s) Signature:	**1.**	**2. Rhiannon Evans**
Date:	**25/11/2022**	**25/11/2022**

Appendix 1: COVID-19 risk categorisation flowchart – Face-to-face Human Participant Research (v1.0)

Should your score be ‘High’ please be aware it is likely to be rejected on risk assessment grounds.

Once your ethics application has been approved you will need to complete the full risk assessment, as outlined in the guidance issued by the Director of Research, for review and approval before conducting your research.



Does the research involve any participants identified as being [clinically extremely vulnerable (High Risk) or clinically vulnerable (Moderate Risk)] to coronavirus[1]?

Does all the research activity take place within an NHS Clinical setting?

May be able to re-commence subject to appropriate risk assessment, Sponsor and NHS approvals

Is there a potential to produce aerosols? (e.g. aerobic exercise, high flow gases, induce cough/ sneeze?)

Higher Risk research activity - Research cannot recommence at this time

Does the research involve prolonged testing sessions in a confined space (e.g sleep studies)?

Moderate Risk research activity - Risk Assessment must include appropriate mitigation measures [Annex 1] must be in place prior to recommencing research

Will ALL activities be completed with 2m social distancing?

Low Risk research activity -Standard COVID mitigation measures

- COVID pre-screen questionnaire
- hand & surface hygiene
- face covering
- Ensure room occupancy and ventilation are compliant with building risk assessment

[1] https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

Application Guidance Notes

Making an application to the School Research Ethics Committee if you are a Postgraduate student

There are five stages in preparing an application to the Research Ethics Committee. These are:

1. Consider the guidance provided in the **SOCSI RESEARCH ETHICS 'module' on the Learning Central.**
2. Discuss any ethical issues you have about the conduct of your research with your supervisor(s).
3. Complete this Student Projects application form.
4. Sign and date the form, and ask your supervisor(s) to complete and sign the Supervisor Declaration.
5. Submit one copy of your application to the secretary of the School Research Ethics Committee – see contact details on Page 1.

PLEASE NOTE THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION:

1. Illegible handwritten applications will not be processed so please type.
2. Some NHS-related projects will need NHS REC approval. The SREC reviews NHS-related projects that do not require NHS REC approval. See guidance provided in the **SOCSI RESEARCH ETHICS 'module' on the Learning Central**.
3. You should not submit an application to the SREC if your research involves adults who do not have capacity to consent. Such projects must be submitted to the NRES system.
4. Research with children and young people under the age of 18.
   - *i) One-to one research or other unsupervised research with this age group requires an up-to-date Disclosure and Barring Service (DBS) Check (formerly called Criminal Records Bureau (CRB) Check).*
   - *ii) If your research is in an institution or setting such as a school or youth club and all contact with the children and young people is supervised you will still need to check with the person in charge about whether you need a DBS check; many such organisations do require DBS checks for all those carrying out research on their premises, whether this includes unsupervised contact or not.*
   - *iii) You will need to have an awareness of how to respond if you have concerns about a child/young person in order that the child/young person is safeguarded.*
   - *iv) You will also need:*
     - *a) permission from the relevant institution*
     - *b) consent from the parent or guardian for children under 16*
     - *c) consent from the child/young person, after being provided with age-appropriate information.*

   See guidance provided in the **SOCSI RESEARCH ETHICS 'module' on the Learning Central**.
5. Information on data management, collecting personal data: data protection act requirements, can be accessed via: https://intranet.cardiff.ac.uk/students/study/postgraduate-research-support/integrity-and-governance
6. The collection or use of human tissue (including, but not limited to, blood, saliva and bodily waste fluids): The Committee appreciates that the question relating to this in this application form will not in general relate to research undertaken in SOCSI. However, for further University guidance and information on the Human Tissue Act, please see: https://intranet.cardiff.ac.uk/students/study/postgraduate-research-support/integrity-and-governance
7. Undergraduate Dissertation Research involving HM Prison Service Employees: students are advised to discuss with their supervisors the SREC guidance note 'Undergraduate Dissertation Research involving HM Prison Service Employees' which can be accessed in the **SOCSI RESEARCH ETHICS 'module' on the Learning Central**.
8. Supervisors are primarily responsible for the contents of information sheets and consent forms. Information Sheets and consent forms are not normally required as part of the SREC approval process, however, the Committee can find them helpful in cases where sensitive issues are involved or where the participants are children or vulnerable adults. Supervisors should consider whether their inclusion would assist the Committee.

   For interesting examples of information sheets and consent forms, please see the **SOCSI RESEARCH ETHICS 'module' on the Learning Central**.

11. If you tick a box in the shaded sections of the proforma you should address this in the Dissertation Summary and/or Supervisor's Declaration.

School of Social Sciences
Ysgol Gwyddorau Cymdeithasol
Head of School, Pennaeth yr Ysgol
Dr Tom Hall

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05 July 2021

Our ref: SREC/4093

Lorna Stabler
PhD Programme
SOCSI

Dear Lorna,

Many that for advising us of the changes to your project entitled *'What are siblings' lived experiences of providing kinship care? Identifying pathways to improving kinship care outcomes'*. This has now been approved by the School of Social Sciences Research Ethics Committee of Cardiff University and you can now commence the project should all necessary forms of approval been received.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored and you will be obliged periodically to complete and return a SREC monitoring form.

Please inform the SREC when the project has ended.

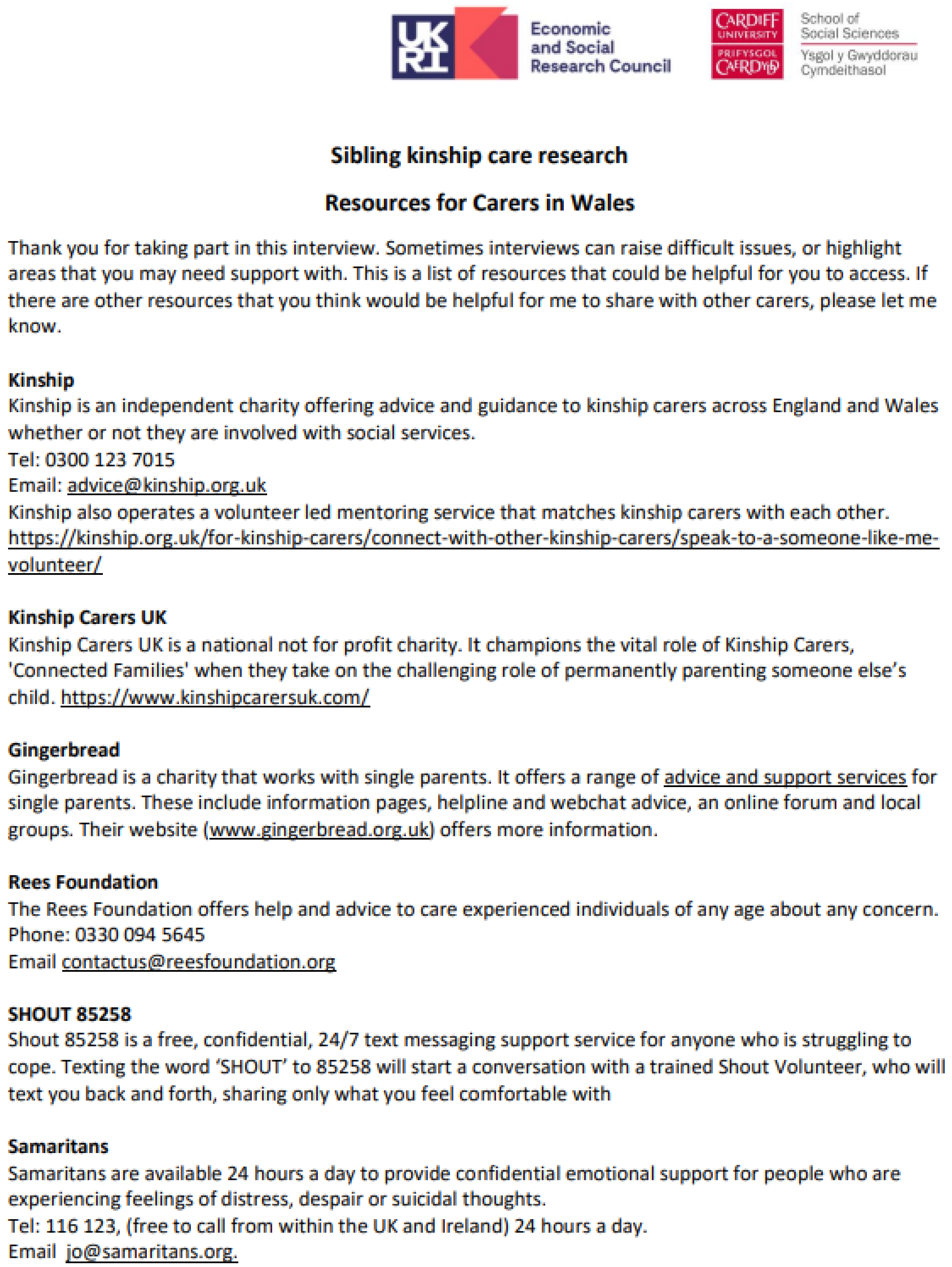
Please use the SREC's project reference number above in any future correspondence.

Yours sincerely

Dr Kirsty Hudson
Chair of School of Social Sciences Research Ethics Committee

cc: Dawn Mannay, Rhiannon Evans

Appendix G: Resources lists



UKRI Economic and Social Research Council

Cardiff University / Prifysgol Caerdydd — School of Social Sciences / Ysgol y Gwyddorau Cymdeithasol

Sibling kinship care research

Resources for Carers in Wales

Thank you for taking part in this interview. Sometimes interviews can raise difficult issues, or highlight areas that you may need support with. This is a list of resources that could be helpful for you to access. If there are other resources that you think would be helpful for me to share with other carers, please let me know.

Kinship
Kinship is an independent charity offering advice and guidance to kinship carers across England and Wales whether or not they are involved with social services.
Tel: 0300 123 7015
Email: advice@kinship.org.uk
Kinship also operates a volunteer led mentoring service that matches kinship carers with each other.
https://kinship.org.uk/for-kinship-carers/connect-with-other-kinship-carers/speak-to-a-someone-like-me-volunteer/

Kinship Carers UK
Kinship Carers UK is a national not for profit charity. It champions the vital role of Kinship Carers, 'Connected Families' when they take on the challenging role of permanently parenting someone else's child. https://www.kinshipcarersuk.com/

Gingerbread
Gingerbread is a charity that works with single parents. It offers a range of advice and support services for single parents. These include information pages, helpline and webchat advice, an online forum and local groups. Their website (www.gingerbread.org.uk) offers more information.

Rees Foundation
The Rees Foundation offers help and advice to care experienced individuals of any age about any concern.
Phone: 0330 094 5645
Email contactus@reesfoundation.org

SHOUT 85258
Shout 85258 is a free, confidential, 24/7 text messaging support service for anyone who is struggling to cope. Texting the word 'SHOUT' to 85258 will start a conversation with a trained Shout Volunteer, who will text you back and forth, sharing only what you feel comfortable with

Samaritans
Samaritans are available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts.
Tel: 116 123, (free to call from within the UK and Ireland) 24 hours a day.
Email jo@samaritans.org.

Citizen's Advice
Citizen's Advice is a national organisation offering a wide range of support and help on many topics. They give people the knowledge and confidence they need to find their way forward – whoever they are and whatever their problem.
Tel: 0800 702 2020
Access their website here.

CRUSE
Cruse is a charity that offers support to anyone who has suffered a bereavement at any time. They have a chat line that can be accessed and a phoneline.
Tel: 0808 808 1677
Web: www.cruse.org.uk

Mind Cymru
Mind offers advice, support and information to people experiencing a mental health difficulty, and to their family and friends. Mind also has a network of local associations throughout the UK. You can find information and support on their website.
There is information here on what mental wellbeing means and gives tips to help you take care of your mental wellbeing.
Tel: 0300 123 3393
Email: info@mind.org.uk

What Works Wellbeing
The What Works Centre for Wellbeing supports improving wellbeing.
Further information can be found on their website.
Email: info@whatworkswellbeing.org.

NHS 111
By dialling 111 you can get medical help near you or be contacted by a nurse if need be. There is plenty of information on their website

NHS / GP referral
You can talk to your GP about a referral to a counselling service. There are pages on the NHS website that specifically talk about mental health and wellbeing. As well as information you can find out where to get urgent help if need be. You can find local NHS urgent mental health helpline numbers.

How can I contact the researcher?

If you have any questions about this study, you can contact Lorna Stabler who is the researcher you will meet:

Tel: (0)2922510937
Email: stablerl@cardiff.ac.uk
Twitter: @lorna_stabler

You can also contact the supervisors of this study:
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If you would like to speak to an independent person at Cardiff University about the research, please contact:

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