

It is the natural
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In the framework of local governments, the term 'hard to reach' is used to describe those segments of the community that are difficult to involve in public participation (Jones and Newbum, 2001), for example, gays, lesbians and homeless people. In terms of services it refers to those slipping through the net and hidden groups such as gangs and drug users that actively seek to keep their identity hidden (Doherty et al, 2004). It could be argued that using this term implies similarity within distinct groups which does not necessarily exist. In doing so it defines the problem as one within the group itself not within the attitude towards them (Smith, 2006). The Department for Education (2012) in their case studies Reaching all Carers agree that Kinship carers are a hard to reach group and access to services can benefit them the most. Kinship care is generally defined as "the full-time nurturing and protection of children who must be separated from their parents, by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child (CWLA, 1994, p. 2; cited in Winokur, Holtan & Valentine, 2009, p. 8). Their study recognises the importance of kinship carers 'slipping' through the net, and as a consequence children are too. All children are born to parents, however wider family members are bringing up children due to family breakdowns for reasons such as alcohol abuse, drug abuse death of parents or failure to meet the needs or protect a child (Broad, 2001). The Children Act 1989 was the key theme for courts and local authorities to consider kin as a primary placement for children. Interestingly kinship care arrangements fall into three categories, informal, voluntary and formal kinship care. Distinguishing kinship care has increased over the years but not as much as other countries such as the United States of America who consider the 'deficit model' of

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parenting by supporting and reaching out to the poorest and worst (Waites, 2008). Their local government embeds kinship care into social work practice and results in improved community families. Within the United Kingdom (UK), the Government recognises kinship care and is clearly concerned about hidden children like Victoria Climbié (2000) who died at the hands of her relatives from abuse and is driving forward new guidance on how to assess and support kinship families. However, most research is committed to 'looked after children' who are placed with family that become formal foster carers by children's services. It is understood that informal arrangements make up the majority of kinship arrangements, however there remains a great deal of ambiguity about the extent to which kinship care is used (Nandy et al 2011). This arguably highlights that although the UK has endorsed protecting those children residing with relatives through policy it doesn't consider the many children that are not on anyone's agenda and risk of falling through the net. Having considered the many types of arrangements the fact remains that children living with relatives or friends regardless of status, experience more environmental hardships due to the demographic features of their caregivers such as being older, illness and poverty (Ehrel & Green, 2002). This can impact on a child in terms of a kinship carers ability to offer resources and or facilitate learning prospects. Kinship carers receive less services training and support provision compared to non-kinship placements (Cuddeback, 2004). Coakey et al, 2007 highlights that kinship carers acknowledge that to offer optimal kinship care it requires a strong commitment to the child, good parenting capacity, flexibility, adequate support and resources. Arguably this suggests that although kinship carers are environmentally disadvantaged and receive less

training to support themselves and their families, one would expect this group would become a priority in the Government's agenda. Subsequently the Every Child Matters green paper (2003) preceding the Children Act 2004 emphasised the government's commitment to expanding services and accommodating and supporting children being raised by relatives (Stein, 2009). Although it could be argued that kinship care remained on the Government periphery thinking around child welfare services and did achieve getting a few paragraphs in subsequent papers, it was not considered important to enough to make the executive summary which suggests a token gesture towards the children and their families. The policy shift towards grandparents as carers has been accompanied by a shift towards prevention and early intervention. Engagement and inclusion are particularly important as it usually relies on caregivers actively seeking help or voluntarily accepting help offered to them (Rowntree, 2007). The first six years of life, growth and development takes place in humans at a rate and by an amount which is faster and more significant than any other stage of life. This refers to all aspects of development, whether physical, emotional, social, linguistic or intellectual (Hutchin, 1999). Therefore, this identifies the importance of early intervention with children to ensure they feel loved and nurtured by their caregivers to offer them holistic development.

Interestingly, evidence from the Family Rights Group (ref) highlight the difficulties in supporting kinship families from an early stage, firstly if they are not known about as in informal arrangement and secondly the lengthy processes and importance for the ones that are in formal. To illustrate in 2011 the Government issued long awaited statutory guidance to local authorities on family and friends care which requires them to publish a policy

setting out their approach towards promoting the needs of all children living with kinship carers whatever their legal status. Nonetheless 45% of UK local authorities had not published a policy on family and friends care (FRG, 2012). This information was gathered 6 months of the deadline that guidance set. It could be argued that the areas where this policy has not been implemented offers unclear guidance to practitioners when an how to support those families. With no means to discover what local support there is, if any, and how they can access it. It could be as Broad (2001) proposed, those authorities may be fearful of being overwhelmed by demand if they were to publicise support services to kinship carers because of the lack of knowledge on how many children are being brought up by relatives in this country. It is however important to note the limitations of the families responding to support that is offered. According to the Department for Education's research Reaching All Carers, 2012, all clients of social services departments are hard to reach and there is a tense relationship between services and service providers in the child care world. An approach adopted to incorporate kinship families into programmes such as Encouraging Kinship Carers (2010) has found that the key is to access the enthusiastic relatives that attend programmes to communicate with their network of others and support them to attend these same groups. Many children's centres such as Sure Start are Government funded initiatives that offer support and advice along with providing services such as a contact room for these children to be reunited with biological and extended family. The services offered allows carers to discuss concerns regarding general parenting techniques considering for most carers it has been in excess of 30 years since they have had to a parent a child. The focus of Sure Start is to provide better outcomes

for children, parents and carers and the community (Einsteadt, 2012).

However it could be argued that family dynamics and negative issues raised by the nature of how these children became cared for may prevent kinship carers seeing it as a place to learn, train and meet others to achieve positive outcomes for all. Another point to consider is that the Coalition Government (2010) decided for financial reasons to reduce the amount of Sure Start centres and to return to its initial objective. This is to meet the needs of disadvantaged families through greater targeting of services however the closures have been limited to date (4Children, 2012). It is uncertain what the future holds for these centres, however if this is the only government contribution in terms of reaching out to kinship carers and their families then it could be argued that kinship families are supported in policy but there is very little provision in practice. Additionally the significance of including all disadvantaged families could also be argued as outlined above, shows kinship families are included in disadvantaged groups. While such failures to include kinship carers must not be discounted, other funded Initiatives such as The Grandparents Project (2004 - 2007) has paid considerable attention to the issue of kinship care. The project was developed in collaboration with other leading charities in the field such as Adfam and Grandparents Plus and worked collaboratively with grandparents and was funded by the Department of Health (Mind the Gap, 2007). The aim was to inform future practice and policy makers in order to support kinship families and reduce the risks of children turning to drugs and alcohol. However despite investments of at least an £7. 2 million of public money over this period there has been little visible improvement in the day to day situation of kinship children (ref). Another initiative is The Keep project which has only

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been piloted in 5 local authorities and arguably attempts to close the divisions between the statuses of kinship care. It is a programme for mainstream foster carers and kinship carers who care for children between 5 and 12 years (MTFCE, 2011). Interestingly it appears to not accommodate carers on a national level and for those it does reach provides criteria in age ranges which further disadvantages those carers taking on babies. Moreover for those with young children according to Allen in his report *Early Intervention: The Next Steps* (2011) identified the effect of neglect on a child's development, it suggests that early intervention must happen within the first 3 years of life in order for children to be 'emotionally wired' and will influence their future responses to events and their empathy for others. He argues if this doesn't happen these children are likely to rely on the national economy. It could be contended that with more children being placed with family members, the lack of reaching out could actually put a larger drain on resources than meeting the needs of these families at an earlier stage. Given the issues of reaching out to carers it is quite predictable that the carer and service relationships may prevent those seemingly 'hard to reach' families from accessing services that are actually in place to help. However by using initiatives to explore these relationships between the carer and services, could make significant steps towards addressing key issues, with a view to overcoming the problems and improving the performance of the carers, professionals and children which could offer a solution for local authorities to engage with kinship carers. On the other hand charities such as Grandparents Plus would argue that it is not the kinship families that are hard to hard to reach it is the services that do not reach out to them (Grandparents plus, 2011). For example their research highlights support

offered to foster carers in contrast to kinship carers in formal fostering, however it far outweighs accommodating all kinship carers. A majority of kinship carers come from the most impoverished with an estimated 75% of kinship carers living in poverty. The economic encounters faced by kinship families are aggravated by insufficient social protection systems which are hard for kinship carers to access backgrounds (Nandy and Selwyn, 2011). For example an older carer who cannot work because of young children may need pensions to survive and is too little to support households with a large number of children. With this in mind similar aged carers who do not have pensions rely on other benefits such as jobseekers allowance. This is arguably an attempt to force people back to work or to appear to be looking for work, however it does not consider how kinship carers are meant to do this when they care for children permanently living with them, It could be seen as punitive (Percy-Smith, 2000) with no option to opt out and carers may lose their benefit, through lack of trying (Baldock et al, 1999). However the Family Rights Group (2012) evidences that a majority of carers have more than one child often on which virtually makes it impossible to seek work and afford their childcare. Another issue for kinship carers regarding benefits is that they may not have the necessary documents to make claims on working tax credits, child benefits or other grants for the children. With approximately 300, 000 children being raised by other family members and increasing, Bottom of Form the importance of keeping the child within the family, Government intervention is imperative for kinship families to be given realistic access to resources. Save the children (2007) identified the importance of multi agency family support services to achieve this. For example they suggest services such as social welfare practice and funding

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advice but also educational, peer and support group and access to health services. Indeed there are statutory guidelines that require local authorities to ensure that policies contain information about how family and friends carers can access local universal services, independent sources of advice, Child and Adolescent Mental Health Services (CAMHS) and special educational needs (SEN) services. However it could be argued that the lack of support to this particular group from the authorities does not provide the knowledge, leaving families to muddle their way problems and ultimately placement breakdowns. Additionally it could also be argued that the Government are diminishing this group into further disadvantage by not considering their issues with access to funding. Furthermore this is in contrast to the Every Child matters Agenda (2003) which set 5 goals for all children to be healthy, enjoy and achieve, stay safe, make a positive contribution and achieve economic wellbeing which does include kinship children irrespective of their circumstances, but one could question how this could be possible with these barriers for carers. A contrary explanation could be that 56% of local authority family and friends policies failed to signpost families to local universal support services, 63% failed to mention SEN services and 65% failed to mention CAMHS. These figures suggest that it may not necessarily be the kinship families are hard to reach but actually the services themselves are hard to reach. If the powers that be fail to communicate information to the groups of kinship carers that are known it is unlikely the current stance will change. It may be the every child placed with a family member is recorded as a formal arrangement, become known to the local authority and provisions are put in place from the onset. Although local authorities do not appear to signpost carers to support groups there is also

the issue that some carers may choose not to attend (like they would a mental health or drug issues). This in turn questions how they are supposed to find each other and ultimately how a support agency would find them. Services such as support groups that are offered could assume that because a ' foster carers group' meeting is offered and carers do not attend, it could be assumed they do not need support. However as (ref) notes, kinship carers do not find these groups meet their emotional needs and foster carers do not understand the family dynamics and their failing support networks from other family members. Therefore this could promote conflict between the authorities and carers which in terms of understanding these barriers to accessing services and could be argued that the vast majority of barriers are not of the carers making. Successful engagement refers to the process by which services reach out once they have made contact and statutory guidance states that every local authority should identify a senior manager with overall responsibility for the policy, which will ensure the policy is responsive to the identified needs of children and carers and is implemented. Although it is encouraging that 88% of authorities provided contact details for their lead officer (as outlined above), four out of five policies do not mention this manager's specific duties regarding staff training and awareness raising, publicising the policy or ensuring its implementation (ref). There is therefore a danger that this person does not have the time, influence or resources at their disposal to really implement an effective family and friends care policy. This is potentially to the detriment of children and carers in their area. While most carers would welcome access to services and financial support, undertaking an assessment or on-going monitoring of placement may be seen as intrusive and undermining of the placement. It is

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therefore vital to consider not only what services are needed and when but also the manner in which it is carried out. Parents, foster carers and kinship carers should be entitled to services that are required for the well-being of the child irrespective of their circumstances (Save the Children, 2007). In conclusion there is no one size fits all in kinship care, but it is crucial that all kinship care arrangements are based on one clear principle and that is that children are entitled to be protected and have their welfare safeguarded. Policies and legislation should offer guidance on how this can be best practiced to give kinship carers and their children the best opportunities in life. Although the status of kinship care is not recognised clearly by local authorities in the issues outlined above could continue. What is evident is that there are many barriers and issues that prevent kinship families from accessing services but equally with issues in status, practice such as poor intervention from the onset only adds to the carers finding the services are hard to reach. It requires the Government to continue acknowledging Kinship throughout policies and for there to be more guidance for frontline workers in allowing kinship families to access funding and resources to support the all. Increase investments in social; protection for families, to research and monitor schemes and ensure that they adequately support both parents and kinship carers, and the children in their care. It therefore requires an overarching framework that recognises the value and limits of kinship care and promotes a full package of support from the beginning. Problems currently experienced by kinship carers and professionals will not be resolved unless kinship carers are directly involved in the conception and development of policies.