



**Kinship Care
Ireland**

treoir

From Isolation to Connection: *What Works* for Kinship Care Peer Support

**Review completed on behalf of Kinship Care Ireland
by Helen Lowry.**

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Executive Summary – Kinship Care Peer Support Review

Kinship care involves relatives or close family friends stepping in to care for children when parents are unable to do so, often following crisis, trauma, or sudden family breakdown. Kinship carers commonly experience isolation, financial strain, and complex emotional and practical challenges, which are often exacerbated by systemic inequities and socioeconomic marginalisation that restrict access to support.

Kinship Care Ireland (KCI), hosted by Treoir, has developed a range of **peer support initiatives to respond to these realities**. These include seven in-person peer support groups delivered in partnership with Family Resource Centres (FRCs), alongside a fortnightly online support space. Funded by the Department of Children Disability & Equality's *What Works* initiative, this review examined the effectiveness, accessibility, and learning from these peer support models to inform future development.

The review drew on lived experience and practitioner insight, including engagement with kinship carers participating in established in-person groups, carers currently not accessing physical groups, Family Resource Centre staff and facilitators, and Kinship Care Ireland staff involved in national coordination. Overall this review engaged twenty kinship carers directly. The focus was not an evaluation but a review of how peer support is established, sustained, and experienced in different community contexts.

Findings show that peer support is most effective when it is sustained, relational, and flexible. Well-established in-person groups provide depth, trust, and emotional safety, particularly when peer connection is combined with access to professional expertise and advocacy. These spaces also help mitigate the impact of structural and financial inequities, giving carers time and capacity to engage meaningfully in support despite competing pressures. These spaces enable carers to move from crisis management towards confidence, shared learning, and collective voice. Online peer support offers important accessibility and immediacy, reducing isolation for carers facing barriers such as geography, time, or childcare, but cannot fully substitute for the depth of in-person engagement.

Key barriers include low awareness of kinship care, systemic pressures that limit carers' time and ability to engage, privacy concerns (particularly in rural areas), and the resource demands placed on local facilitators. Learning from Family Resource Centres highlights that peer support cannot be imposed or standardised; it must grow through trust-building, one-to-one engagement, and approaches adapted to local realities.

Overall, the review confirms that peer support is a critical and valued intervention for kinship carers, but that what works is context-specific, relational, and dependent on sustained resourcing and partnership. **The recommendations** provide practical, evidence-informed guidance to support Kinship Care Ireland and its partners to strengthen, refine, and scale peer support initiatives in ways that are accessible, responsive, and grounded in lived experience.

The learning captured here provides a strong evidence base to guide Kinship Care Ireland's future investment in peer support, in partnership with community-based organisations.

Background

Kinship care is the full-time care of a child by a relative or close family friend when the child cannot be cared for by their parent. This situation can arise due to various circumstances such as the death of a parent, significant substance misuse, illness, imprisonment, abuse or parental capacity. Often, kinship care is needed suddenly in response to a crisis, leaving no time for preparation. Kinship Care Ireland (KCI) is a national program hosted by the charity Treoir. KCI has been providing support and guidance to families raising children in kinship care arrangements since 2020 and has developed an informed analysis of the issues facing kinship carers along with an overview of the policy landscape and important stakeholder relationships.

Introduction

Recognising the unique challenges faced by these families, KCI has developed peer support initiatives to offer carers opportunities to connect, share experiences, and access practical advice. Using Tusla's Participation Seed funding, Kinship Care Ireland established a Kinship Care Peer Support Group in Dublin's North Inner City in August 2023. The goal was to provide kinship carers with resources, information, connection and support and the efforts yielded great results.

Building on this learning and impact KCI secured funding through the Katherine Howard Foundation's Children's Promise Grant in collaboration with Community Foundation Ireland, Rethink Ireland and Pobal supporting parents fund to establish six additional in-person peer groups in partnership with Family Resource Centres (FRC's). The in-person groups were created following a call for expressions of interest from FRCs to develop and host peer support spaces for kinship carers, ensuring that local organisations and communities were directly involved in the design and delivery. To support this work, a temporary coordinator provides ongoing guidance to FRC workers and managers, hosting monthly online meetings to share learning, troubleshoot challenges, and reflect on practice. Insights from this work are being used to develop a kinship-specific peer support toolkit, which will support future projects establishing kinship care peer support groups. The development of this toolkit is supported by funding from the Katherine Howard Foundation's Children's Promise Grant.

In late 2024, KCI successfully secured funding from 'What Works' DCDE, with the purpose of reviewing existing peer supports available to kinship carers. This review was undertaken to explore the effectiveness of these peer support spaces and to capture learning from their implementation. The aim is to identify what works well, understand the barriers and challenges carers and facilitators face in accessing and providing peer support, and generate practical recommendations to inform the ongoing development and potential scaling up of support. KCI is committed to ensuring that future initiatives are accessible, responsive, and meaningful for carers, children, and families. Essentially KCI along with funders want to discern "what works" in providing kinship care support, specifically peer support. *"We know there is a need for so much more, across communities and groups- but before we respond to that more, we want to ensure we approach it right the first time around"*.

Existing kinship care peer supports - a brief overview

Peer support groups in place or development

- Seven in-person peer support groups are in various stages of development across locations including Hillstreet Dublin, Longford, Kells, Waterford, Croom Limerick, Kerry, and Athlone
- The Hillstreet peer group was established in August 2023, facilitated by Kinship Care Ireland and served as a successful model for expanding to additional locations

Online community engagement

- A private peer-led Facebook group exists for kinship carers, supported by KCI, managed by kinship carers providing an online support platform
- Fortnightly online peer support sessions are facilitated by an external facilitator/counsellor to "bridge gaps" and provide support. These sessions alternate between morning and evening times
- FRC peer group facilitators have the option of joining monthly online session with a temporary Peer Group Coordinator to trouble shoot and reflect on kinship care peer support efforts in their project

Support access and onboarding

- New service users and kinship carers in contact with KCI receive information emails about local peer groups and online support options after initial contact
- KCI aims to grow access to peer supports while recognising different formats work for different people (online, in-person, group text)

Method / Approach

The review adopted a participatory, people-centred approach to understand the impact and learning from existing peer support spaces. The perspectives of those directly involved were centred: kinship carers participating in peer groups, carers unable to access support, facilitators establishing and resourcing groups including Family Resource Centre staff and managers. Additional insight was gathered from a focus group with Kinship Care Ireland staff and Peer Group Coordinator who combined are directly involved in supporting FRC's establishing peer support groups and working across service provision, policy engagement and communications relating to kinship care in Ireland. Participation at KCI's Kinship Care Week flagship event in Wood Quay in October 2025 (which included the perspective and voices of kinship carers, those being cared for and policy makers) grounded the review. This inclusive approach ensures that recommendations reflect both lived experience and the broader context in which peer supports operate, reinforcing KCI's commitment to empowering carers and embedding learning into future programme development.

Key components of the review included:

- **Peer group focus:** In person session with an established urban kinship care peer support group along with in-depth interviews with two FRC workers in an earlier phase of peer group establishment (midlands and north west). These informal qualitative interviews explored the practical and emotional value of participation, and to identify the barriers and challenges in establishing groups and what is working well.

- **Facilitator and FRC workshop:** A reflective workshop with Peer Group Coordinator, KCI and FRC peer group facilitators to share learning, discuss challenges, and consider strategies for developing future peer supports, including attention to rural and urban access differences.
- **Engagement with kinship carers outside peer groups:** An in-depth online focus group enabled kinship carers not currently accessing in person peer support to share their experiences, needs and hopes with critical insights around the usefulness of online platforms (private Facebook group administered by kinship carers).
- **Analysis and synthesis:** Feedback from all sessions was reviewed to identify key themes, highlight effective practices, and develop draft recommendations reviewed by KCI and included for future programme planning.

The methodology of this review balanced practical insight including lived experience, critical reflection, and partnership learning to inform KCI's ongoing development of accessible, empowering, and impactful peer support initiatives.

Kinship Care - realities and issues

In speaking directly with kinship carers and those supporting them the profound isolation experienced by kinship carers emerges as a critical theme, with many feeling alone in their role and disconnected from mainstream parental support. Kinship carers often struggle to access traditional parenting programs due to age differences and practical policy barriers, leading to increased feelings of isolation. For many there is a direct and very challenging impact of addiction and complex family dynamics that accompany. A substantial portion of kinship care arrangements stem from addiction issues, creating unique support needs. Kinship carers managing these situations face complex emotional challenges while balancing support for their adult children and for some now prioritising their grandchildren's needs.

Across the discussion, kinship carers repeatedly described feeling invisible and unrecognised, despite *"doing the same job"* as foster carers. Many are feeling the stress of financial strain, with kinship carers *"expected to manage"* without adequate payments or supports. Policy and procedures relating to kinship care were described as bureaucratic systems that are confusing, inconsistent, and often dismissive. The theme of trauma ran throughout lived experiences and for some the emotion and shock of *"becoming parents again"* in some cases overnight. Kinship carers spoke of the relief at finding others who understand: *"You realise you're not the only one"*. Input balances practical insight, critical reflection, and partnership learning to inform KCI's ongoing development of accessible, empowering, and impactful peer support initiatives and the empowerment of shared knowledge: *"Someone can break ten steps down into two"*.

Alongside challenges and frustrations the commitment, love and determination of kinship carers emerges. One relatively new kinship carer spoke of "the privilege of looking after another's child". At a national event organised by KCI to mark the second ever celebration of Kinship Care Week in October 2025, another kinship carer was very clear that "every child deserves a champion - an adult that will not give up on them". Their voices underline a central tension running through the review: kinship care is sustained by love and instinct, but without

recognition, adequate resourcing, and systemic reform, carers are pushed into unnecessary hardship – a reality made visible, and bearable, through peer connection.

What's working well

In terms of establishing kinship care peer support groups one of the first questions asked of KCI staff, external facilitators and in particular Family Resource Centre workers working on the ground was, what was working well? A rich account of approaches and methods emerged which could be replicated or scaled up in deepening kinship care peer support in Ireland.

Personalised, one-to-one engagement: Early one to one coffee meetings or just 'chats' with kinship carers were key to building trust and relationships, especially in a sensitive, private space. These one-to-one interactions helped overcome initial hesitations and build relationships and trust with kinship carers.

Safe, informal spaces: Despite varying levels of success with 'turnout', small, consistent drop-in (coffee mornings) provided a low-pressure environment where kinship carers could feel comfortable, share experiences, and start forming connections.

Peer-to-peer support: Once workers succeeded in getting a number of kinship carers together in one space the mutual support emerged organically and quickly – carers checking in on each other, offering practical help, sharing advice, and creating social bonds sustained outside of the group.

Flexibility and creativity: Across all of the established kinship care peer groups the capacity to use adaptive, bespoke and creative methods has proved very successful (e.g. workshops with KCI providing crucial information on kinship care or holistic self care, art projects, events, WhatsApp groups, partnering with a neighbouring FRC), catering to diverse needs and schedules. The community development approach of meeting people where they are at and responding accordingly resonates here.

Connection with wider community resources as key: Linking to local FRC staff, schools, community services, Tusla's Community & Family Support Network (CFSN) and Prevention Partnership & Family Support (PPFS) networks, GPs, public health nurses locally, and KCI nationally, increased awareness and participation. And importantly resulted in wider deeper impact in terms of getting kinship care realities and support needs on their agenda.

Targeting awareness raising and advertising focusing on locations and services that kinship carers would find themselves in was identified as an approach that worked well. For example GP clinics, schools and the local primary healthcare facility.

Raising awareness and terminology adoption: Success was measured not just by attendance but by the wider community recognising and using "kinship care" terminology. National and local awareness has created a foundation for growth.

In an analysis of both in-depth interviews with FRC workers in the midlands and north west the establishment of kinship care peer support **has strengthened awareness and connections**

in the community. Both centres reported **increased engagement with kinship carers**, even where attendance at formal groups was low. **One-to-one support has been particularly valuable**, providing carers with guidance, emotional support, and signposting to other services within and outside the centre.

Collaboration with Kinship Care Ireland has been a key strength, offering guidance, support, referrals, resources, and credibility. The FRCs have also **raised awareness among local agencies** – public health nurses, home school community liaison officers, and family support networks – ensuring kinship carers are recognised and supported in the wider service system. **Creative approaches such as themed workshops**, soft skill sessions (e.g., self-care, hand massage, essential oils), and targeted “closed” coffee mornings have made engagement more appealing, allowing carers to participate at their own pace and reducing the pressure of forming a formal peer group immediately. **Sharing of stories** between kinship carers in a safe and supported way worked very well in terms of building relationships, starting group formation and surfacing shared struggles and experiences.

The **knowledge skills and experience of FRC staff and facilitators** emerged also a potential strength; those who had personal experience of kinship care had firsthand knowledge of the challenging circumstance carers can find themselves in. Another peer group facilitator had a background in community development which meant she had resilience and experience of the developmental nature of establishing peer led supports and a group locally.

On peer support and shared experience: *“It’s brilliant when someone in the room has gone through it before – they can break ten steps down into two. You actually know what you’re doing because you’ve seen it done.”*

On the emotional relief of connection: *“You leave here and feel lighter. You realise you’re not the only one going through it.”*

On the value of peer support: *“It’s like when you’re running around the house looking for a charger for your phone when it’s on 3%, and coming to her peer group is plugging into the charger again for another week.”*

Case study - Hillstreet FRC- an established Kinship Care Peer Support Group

This inner-city Dublin kinship care peer support group is well established and rooted in regular, in-person connection facilitated by Kinship Care Ireland in partnership with their local Hillstreet FRC. Most members are grandparents who found themselves unexpectedly parenting again, often in crisis, and with little initial guidance or recognition. Many first encountered Kinship Care Ireland through moments of acute distress – searching online late at night, making a phone call, and finding, as one carer put it, *“somebody actually answered the phone.”*

The group meets consistently in a familiar local venue, creating a safe, predictable space where carers feel understood and accepted. What works particularly well is the combination of peer solidarity and expertise. Members repeatedly emphasised the value of learning directly

from other carers who have “*walked the walk*” – hearing practical advice about payments, housing, schooling, passports, and court processes from people who have already navigated the system.

The high prevalence of kinship care locally and lack of stigma and shame associated with this family arrangement were also contributing factors to helping this group get off the ground. The predevelopment work done here; preparing the ground for the establishment of a peer led space proved key as did the presence and expertise of Kinship Care Ireland staff. Kinship Care Ireland’s engagement in local professional networks evidencing that having a kinship champion within a community embeds local area awareness and supports engagement. Alongside peer support, carers have access to reliable information, advocacy, and hands-on help – from form filling and support letters to strategic advice on dealing with state systems, or community based support service referrals (early years, counselling, play therapy). This blend of emotional support, practical problem-solving, and advocacy has allowed the group to move beyond crisis response towards confidence, mutual learning, and collective voice.

Challenges remain. Kinship carers spoke powerfully about financial insecurity, unequal treatment compared to foster carers, stigma, and the exhausting reality of parenting children with trauma while navigating complex bureaucracy. Through the peer group process, many carers were supported to access the Guardians Payment, helping to reduce poverty and provide critical financial relief. However, financial support remains inequitable compared to foster care (almost half the rate), and significant financial pressures continue. Despite these challenges, the group has become a space where carers feel lighter when they leave- a place to vent, laugh, cry, and feel less alone.

Over time, the group has evolved into more than a support space. It has become a site of confidence, shared expertise, and emerging advocacy, with carers clear about what needs to change. As one participant noted, “*We know what we’re talking about – because we’ve been in it.*” The group’s journey shows what is possible when kinship care peer support is well-resourced, consistent, and rooted in lived experience.

Challenges and barriers encountered

In terms of establishing a kinship care peer support group a significant barrier emerging is **the low awareness of kinship care** – an internationally recognised concept – among both carers and service providers. Many carers do not yet identify with the term, which can make engagement and access to support more challenging. The need for sustained awareness-building within communities and among service providers is essential for improving support access. **Time and capacity constraints** represent a significant challenge for both FRC staff and kinship carers. FRC staff frequently manage competing priorities that make sustained engagement difficult, while kinship carers are often “time poor,” balancing new caregiving responsibilities with existing work and family commitments. Many are caring for multiple children, appointments, and administrative processes such as rigorous appeals for kinship payments, which can consume both time and emotional energy. These pressures often make participation in peer support a lower priority, despite its importance for long-term resilience and the sustainability of care.

The context and local reality in which FRCs are established, and the nature of small, interconnected communities, intersect with socioeconomic and cultural factors. Concerns about privacy, stigma, and social scrutiny, particularly in rural or economically marginalised

areas, further influence carers' willingness and ability to participate. **Concerns about privacy** were articulated to facilitators and 'people in the community knowing your business'.

Shame and stigma associated with stepping in to take care of children in the family was not experienced by all kinship carers but did emerge as a theme. And in general **complex family dynamics, and overlapping kinship relations** can discourage participation in very local and interconnected communities. Another challenge (although not insurmountable) that emerged is the slow nature of building trusting relationships and active participation; people need to feel ready and trusting before engaging; **you cannot "force" participation.**

For some FRC's there were **physical space limitations**; shared or busy FRC spaces sometimes constrained the group, requiring flexibility and advanced planning. **Outreach and advertising was not always successful and proved challenging** in the context of kinship care being less known as a term. Awareness-raising had to be patient and persistent. **Sustainability of engagement and attendance could fluctuate** across all groups particularly in the earlier dates. For both FRC's in the midlands and north west; peer support groups may appear "empty" at times with no shows at advertised meetings, though support can continue in other ways (WhatsApp, one-to-ones, events). The capacity to seed and build a consistent kinship care peer support space and group is very dependent on key staff. **Success relies heavily on the skills, capacities, and networks of FRC staff and community workers.** And as is the case across all sectors this experience and capacity exists on a continuum. One worker spoke about "well intended efforts" that essentially failed to result in any kinship carers showing up because the complexities of kinship carers lives and concerns were perhaps not fully understood. Another described the movement from providing support and information to kinship carers locally to establishing a peer support group as "*a big jump*" highlighting the need for consistent training, guidance, and organisational support rather than reflecting individual competence or confidence. Facilitators also faced familiar challenges in community-based work, such as disappointment when attendance was lower than expected, underscoring the importance of planning, support, and realistic expectations. Concerns were also raised about inclusivity; ensuring the group reaches diverse ethnic, socioeconomic, and geographic segments of the town requires intentional strategies and ongoing effort.

The FRCs interviewed in the midlands and north west of Ireland faced significant barriers in establishing open peer groups, **particularly in rural or less densely populated areas.** Low attendance was often due to the **carers' complex daily realities:** multiple caring responsibilities, appointments, legal and school logistics, and limited personal time. Carers often did not **perceive a direct benefit from attending open group sessions,** especially if they were already established in their kinship role and did not require financial or legal support. Other barriers included **geographical spread, transport, and awareness of kinship care terminology,** which is not widely understood outside social work due to awareness gaps. Unlike urban areas with a history of visible community development or drug-related peer networks, **rural settings lacked a critical mass of engaged carers, making group formation more challenging.** Early assumptions that templates or approaches from other centres could be replicated directly proved unrealistic.

Learning

Key learnings from both FRCs highlight that peer support is not “one size fits all”. Success depends on meeting carers where they are – literally and figuratively – and **providing flexible, tangible support that responds to immediate needs. One-to-one engagement** often precedes group formation, building trust and awareness before carers are comfortable meeting together. **Closed, themed sessions offering practical value** (workshops, self-care, discussion) are more effective than traditional coffee mornings.

Partnerships and awareness-raising with local agencies and wider networks are critical for identifying kinship carers who may otherwise remain hidden. Additionally, **context matters**: approaches that work in urban, high-density communities cannot simply be transferred to rural or semi-rural areas without adaptation. Finally, **carers’ emotional, logistical, and legal pressures must be acknowledged in the design and timing** of interventions, ensuring the FRC’s support is accessible, relevant, and sensitive.

- **Trust-building is essential**: Start with individual engagement, then scale to collective peer support.
- **Progress is incremental**: It is measured more by recognition, awareness, and connection than by immediate high attendance.
- **Consistency is key**: regardless of numbers showing up, keeping kinship care supports on the agenda and regularly touching base with people and keeping efforts going is essential in building momentum.
- **Diverse bespoke approaches work best**: Combining physical meetings, online spaces (WhatsApp/Facebook), and thematic events provides multiple entry points. Being responsive if one method isn't working e.g. an open coffee morning turning into a closed group session that felt safer and more inviting for kinship carers in a rural setting
- **Be adaptable to community context**: Group structure must reflect local realities – small town, diverse population, and changing demographics.
- **National-local partnerships are important**: Coordination between national kinship support organisations and local services strengthens the reach, credibility, and impact of peer support initiatives.
- **Participant leadership strengthens sustainability**: Allowing carers to guide workshops, events, and discussion topics fosters ownership and engagement.
- **Innovation is key**: Peer support does not have to be rigidly structured – creativity in approach, timing, and activities improves relevance.
- **Ongoing reflection**: Regularly revisiting approaches, engaging new carers, and adapting to community changes ensures continued relevance.
- **Building local capacity and champions**. The development of local champions within Family Resource Centers (FRCs) through the support of Kinship Care Ireland has emerged as a crucial strategy for sustainable support. These champions serve as knowledgeable points of contact who can provide immediate support while maintaining awareness of kinship care needs within their communities

Key learnings from an established Kinship Care Peer Support Group

Joining a very established kinship care peer support group in person was hugely insightful and did reveal some insights worth highlighting.

- **Depth comes with time and consistency:** This group works because it is established, regular, and predictable. Trust has built slowly, allowing kinship carers to speak openly without fear or obligation.
- Peer support as a space is not enough: What makes this group effective is the **combination of peer support and access to expertise and advocacy**. Kinship carers were clear that early-stage crises require more than a cup of tea. Many cited the group as their access point to referrals for early years, social welfare payments, guardianship, CAMH's, children's play therapy and counselling, as well as information on addiction support and homelessness support for their adult child (birth parent).
- **In-person matters:** Participants strongly favoured face-to-face meetings over online options, describing the physical space as grounding, safe, and relational.
- **From survival to voice:** Over time, the group has moved from coping and information-sharing to confidence and collective clarity about systemic failures. The developmental process here is empowering and has the potential to inform policy and root cause change efforts with KCI.
- **Participation builds power:** Being part of a group connected to Kinship Care Ireland has strengthened kinship carers' confidence to speak out, engage with systems, and potentially contribute to advocacy and policy conversations.

Key Learnings from the perspective of kinship care facilitators & Peer Group Coordinator

1. The importance of holding a space, even with low numbers

- Initial concerns about low attendance or small numbers are normal, but the learning is that even small consistent engagement matters.
- A single family can validate the work and demonstrate the need for the service.
- Persistence and commitment are essential; support from Kinship Care Ireland helped maintain momentum.

2. Integration with existing services adds value

- Combining kinship care support with existing family support services allows practitioners to work holistically.
- Families benefit from the integration, as the support meets multiple needs rather than existing as a standalone service.

3. Peer support for facilitators is crucial

- Regular meetings among facilitators create a peer space for sharing learning, challenges, and strategies, reinforcing confidence and practice.
- Practitioners described this as a critical "space to let it out" and feel supported in their roles.

- Facilitator support meetings provide a continued point of contact with Kinship Care Ireland to inform about ongoing developments and advocacy work, which facilitators can then bring to their group members

4. Building trust through listening and empathy

- A consistent theme: listening and providing empathetic, non-judgmental support is more important than providing direct solutions.
- Families often face acute pressures (housing, cost of living, health), and simply being heard is a powerful support mechanism.
- Practitioners' ability to follow up and provide information from trusted sources builds trust with families and an access point to support and services for child, carer, wider family and birth parent.

5. Awareness and targeted engagement are key

- General advertising (social media, flyers) is less effective than targeted awareness via local schools, partner agencies, and community networks. This awareness can be done by in-person outreach, phonecalls, information emails, as well as awareness workshops, local radio and media platforms. Multiple forms and efforts yield better outcomes.
- Learning: start with awareness and information dissemination before setting up groups.
- Peer support groups may develop more effectively after families are aware of the service and understand its purpose.

6. Practical considerations matter

- Childcare, timing, location, and informal spaces all influence engagement:
 - Flexible timing (evenings vs. mornings) and play spaces for young children help families attend.
 - Informal "hooks" like community cafés encourage attendance and social interaction.
 - Facilities already in use (e.g., cafés) can be leveraged creatively to host informal peer connections.

7. Facilitator knowledge and confidence grow over time

- Initial engagement often involves learning on the job, feeling "blindfolded" at first.
- Reflection: having expert input early on (from Kinship Care Ireland or experienced staff) make the setup process smoother.
- Practitioners gain lasting skills and awareness, which inform their broader practice beyond the kinship care work.
- Overly comparing own efforts with other kinship care peer support groups can undermine confidence as not all approaches and methods are directly transferable.

8. Barriers and challenges

- Complexity of families' lives: sudden, traumatic kinship placements, multiple children, employment, appointments, and emergencies.

- Uncertainty about entitlements: guardianship, payments, rights create hesitation about engagement.
- Childcare and practical support needs can prevent participation in groups.
- Emotional barriers: grief, stress, and relational strain within families affect willingness to engage.

9. Importance of small wins and collaboration

- Success isn't measured in numbers but in moving forward with families, providing support, and building trust.
- Collaboration among facilitators, staff, and partner agencies amplifies capacity and learning.
- Strength in unity and shared learning: practitioners gain confidence, families gain trust and holistic support for carer and their family.

10. Adapting for the future

- Early learning suggests start with awareness, create informal spaces, and build up to structured peer groups.
- Flexibility in delivery (including timing, location, and child-friendly settings) is essential. However, once optimal times are agreed with the group, a calendar should be developed for the quarter or year ahead. This calendar can be shared with carers, local services, and KCI, enabling carers to drop-in on dates that suit them and strengthening direct and stream-lined referral information from external services.
- Continuous reflection, knowledge-sharing, and support networks for facilitators are critical for sustaining growth.

Case Study: Establishing kinship care peer supports in the midlands

Origins and establishment

The peer support initiative emerged organically through existing expertise and connections in the town. The Family Resource Centre coordinator and a researcher with a background in kinship care collaborated to establish the program, driven by identified local needs. This peer support initiative grew from recognising that family members caring for children—whose parents are unable to do so—often face isolation and limited local support.

Purpose and approach

The initiative aimed to create an inclusive space for kinship carers to share experiences and access support. The approach emphasised patience, relationship-building, and avoiding prescriptive programming to allow organic development led by participants' needs. The project began with one-to-one coffees to build trust and gradually evolved into a casual drop-in group hosted by the Family Resource Centre. The aim was simple: create a safe, inclusive space where kinship carers could share experiences and connect. The project utilised multiple engagement approaches including one-on-one meetings, WhatsApp groups, and monthly gatherings at the Family Resource Centre. Raising awareness involved extensive community outreach through social media, word-of-mouth, and interagency collaboration.

What's working well

Building trust through individual meetings before group sessions and a flexible, informal drop-in model allows carers to engage as they can on their terms. The experience and expertise of local workers emerged as a strength in this case study; personal experience of kinship care and background in community development which grounded and sustained the work. Peer support extends beyond the physical group via WhatsApp and small projects and maintaining ongoing consistent contact. This FRC was very clear that increasing awareness of “kinship care” terminology among local professionals was strengthening referral pathways; itself an important and positive development and something that was working well. Diversity within the group and catering for it was a challenge but also was working well; diverse ethnic, socioeconomic, and life experiences—enriches discussions.

Challenges and barriers

Key challenges included scheduling constraints for busy carers, privacy concerns in a small town context, and the need to reach diverse populations. The location of services and socioeconomic divisions within the town required careful consideration for accessibility. Kinship carers came from families that could be connected so discernment and discretion was really important. Time constraints for both organisers and participants was a challenge in terms of attendance. Reliance on the Family Resource Centre staff's capacity and local networks was a challenge; someone needed to keep driving the effort consistently. Limited understanding of kinship-specific terminology and the challenges faced by kinship families among key stakeholders and service providers was identified as a significant barrier. Additionally, reaching new or younger kinship carers- particularly in a rapidly changing town- was also identified as an ongoing challenge.

Future development opportunities

Future priorities include expanding engagement with younger carers, adapting to the town's changing demographics, and developing more diverse programming options like seasonal projects or workshops. Strengthening connections between Family Resource Centres was identified as valuable for sharing practice. Hearing the terminology around kinship care being used by service providers now locally is seen as a real success from outreach efforts in the FRC here.

Looking Ahead:

The initiative aims to expand awareness, integrate creative and skill-building activities, and remain adaptive to the evolving community profile. Patience, flexibility, and listening to carers' needs remain central to growth.

Engaging Online vs In-Person Kinship Care Support Groups: Benefits and Limitations

Carers' experiences of peer support differ significantly depending on how they engage. Those participating in online spaces, such as private Facebook groups and fortnightly Zoom meetings, value the **accessibility and immediacy** these platforms provide. For carers unable

to attend physical groups due to work, childcare, or transport constraints, online engagement offers rapid emotional reassurance, practical advice, and a sense of connection. However, these interactions are generally **more transient**, offering limited opportunity for sustained trust, deep relational support, or professional guidance on complex legal, welfare, or child protection issues. Kinship Care Ireland noted that online supports were less accessible for some kinship carers, particularly older carers and those experiencing socioeconomic marginalisation, due to limited access to technology, connectivity issues, or lower confidence using digital platforms. While many carers reported that online spaces helped reduce feelings of isolation, they emphasised that these supports could not fully substitute for structured, in-person support.

In contrast, the Hillstreet FRC in-person group illustrates the benefits of **sustained, facilitated peer support**. Regular attendance enables carers to build **strong, trusting relationships** over time, providing a sense of community, continuity, and emotional safety. Structured facilitation and access to knowledgeable staff ensure reliable guidance on complex issues while complementing peer learning. Participation requires commitment and may be limited by practical barriers, but the **depth of support, learning, and advocacy potential** is consistently richer than online-only engagement.

FRC staff interviews provide an essential organisational perspective, highlighting the **resources, planning, and capacity** required to establish and maintain successful in-person groups. Staff emphasised the need for dedicated facilitators, clear group structures, and sustainable resourcing, reinforcing that relational benefits observed in groups like Hillstreet depend on **intentional design and ongoing professional input**, not just informal peer connection.

Taken together, these insights suggest that online and in-person approaches are **complementary rather than interchangeable**. Online platforms provide flexibility, immediacy, and reach, while in-person groups deliver relational depth, sustained peer learning, and professional guidance. Analysis points to the value of **hybrid models** that combine accessible online engagement with structured in-person sessions. Such approaches can maximise participation, reduce isolation, and ensure peer support is trauma-informed, flexible, and responsive to the diverse circumstances of kinship carers, while also being feasible for service providers to deliver and sustain.

Case Study: A South West Family Resource Centre – Adapting Peer Support to Lived Realities

This Family Resource Centre in the South West became aware of kinship care through its wider family support work, noticing grandparents and relatives caring for children outside formal care arrangements. Many carers were not connected to social work services and were largely invisible within local systems. Engagement with Kinship Care Ireland helped strengthen understanding of kinship care, clarify carers' rights and challenges, and prompted the FRC to explore peer support as a possible response.

What worked well was relationship-based, one-to-one engagement. The FRC developed strong links with Kinship Care Ireland and other local services, improving identification of kinship

carers and increasing access to practical supports, information, and signposting. Awareness among professionals gradually improved following three information workshops, in-person service outreach, email follow-up and local radio interviews over a year-long process, then carers began to engage on their own terms.

Establishing a peer support group, however, proved difficult. Kinship carers were often overstretched and exhausted, supporting children with trauma, frequent appointments, school issues, legal uncertainty, and financial pressure. Open coffee mornings had limited appeal, and the idea of group participation sometimes felt like an added burden rather than a support. Low numbers, geography, and the absence of a long-standing community development infrastructure further limited momentum.

Through this experience, the FRC learned that peer support cannot be rushed or imposed. Approaches that work in urban, high-density contexts cannot simply be replicated elsewhere. Early efforts, including one-to-one engagement and small local sessions helped build trust and address immediate needs; for example; one family was supported to access respite hours, another to access play therapy. However, while individual support increased, group engagement remained limited.

To respond to this, the FRC has more recently begun partnering with Northside FRC to co-facilitate a peer support group, alternating locations between the two sites. This collaboration combines resources, expands catchment reach, and provides practical solutions, such as transport support to reduce barriers and bring a larger, more diverse group of carers together.

In parallel, the FRC adapted its model internally shifting towards closed, low-pressure sessions that offered something tangible, such as self-care workshops or guest speakers, allowing carers to attend without expectation or exposure. One-to-one work remained central, building trust and meeting immediate needs. A notable strength emerging from this case study was the team's resilience and willingness to keep refining methods and approaches, which has contributed to more consistent turnout at closed sessions and strengthened overall engagement.

Looking ahead, the FRC recognises the importance of creating conditions for connection. Continued awareness-raising with schools and agencies, strong partnership with Kinship Care Ireland, and flexible engagement options are viewed as the most realistic and respectful way to engage kinship carers locally, acknowledging that peer support emerges slowly and in different forms, according to when carers are ready. Progress with key agencies and stakeholders, including primary care teams, local schools, and youth clubs, highlights the value of coordinated, locally embedded approaches.

Recommendations

1. Support early, accessible points of contact for kinship carers

Tusla and key stakeholders should ensure that kinship carers are proactively provided with clear, accessible information on how to contact Kinship Care Ireland (KCI) and local Family Resource Centres (FRCs) at the earliest possible point of engagement, including through direct referral, phone-based contact, and online options. This should be embedded as a standard step when kinship care arrangements are identified or being considered. Early guidance, clear information, reassurance, and signposting reduce isolation at a critical point and help prevent carers from becoming overwhelmed before supports are in place.

Rationale: Analysis indicates that early, accessible contact plays a preventative role for all the family, reducing stress and helping carers navigate complex systems before crises escalate.

2. Invest in sustained, well-resourced peer support groups

The Department of Children Disability & Equality should provide and promote funding that supports continuity in kinship care peer support, including consistent venues, coordination, access to informed and knowledgeable staff, and facilitation over time. Established groups demonstrate that predictable, long-term support builds confidence, reduces isolation, and enables carers to move beyond crisis support.

Rationale: Peer support is most effective when it is sustained and relational; short-term or one-off interventions do not allow sufficient time for trust, learning, or mutual support to develop. Kinship care often requires a return point-of-contact throughout the caring journey.

3. Embed professional expertise alongside peer support

Ensure peer support groups have access to knowledgeable staff or professionals who can provide guidance on legal, financial, welfare, and child-related issues specific to kinship care. While peer mentoring is highly valued, it is not sufficient for navigating complex or high-stakes situations. Professional input should be integrated in ways that support carers' decision-making, reduce financial strain, and strengthen early intervention for children.

Rationale:

Interviews highlight the limits of peer-only models when carers face legal uncertainty, financial insecurity, or care for children with trauma-related needs. Access to informed professionals within peer support settings helps carers navigate these challenges, reduces childhood poverty by supporting families to access financial and welfare entitlements, and ensures children benefit from timely and appropriate early interventions. Embedding

professional guidance alongside peer support strengthens both carer capacity and child outcomes.

4. Ensure flexibility in peer support models to reflect diverse needs

Clearly define peer support for kinship carers as a range of relationship-based, information-sharing, and mutual support approaches, and design provision that is flexible enough to accommodate different life stages, levels of readiness, and access needs. This should include options suitable for carers who are young/older, rural-based, or less confident using technology. Flexible formats such as drop-in sessions, modular supports, informal information sessions, and blended online and in-person approaches should be prioritised over rigid or standardised programmes.

Rationale: Carers' circumstances vary widely, and rigid or digital-only models risk excluding those most isolated or least able to engage at times of crisis.

5. Build and resource local kinship care capacity within communities

Support the development of a dedicated kinship care "champion" within each Tusla team, Family Resource Centre or local organisations, with capacity for both individual support and group facilitation. These roles help sustain peer networks and embed kinship care knowledge locally.

Rationale: Consistent local capacity strengthens trust, improves continuity of support, and enhances links between carers and wider community services at the earliest possible time.

6. Champion kinship care at a statutory and national level

Ensure the Department of Children, Disability, Equality (DCDE) acts as a consistent statutory partner in kinship care. This includes embedding awareness of kinship care into every relevant policy discussion, such as alternative care, family support, child welfare, prevention and early intervention, and community development. DCDE should actively support awareness-raising initiatives led by Kinship Care Ireland and promote kinship care as a recognised, integral part of family and child welfare systems.

Rationale: National leadership and consistent statutory support are essential to build awareness, recognition and value of kinship care, improve inter-agency collaboration, and ensure carers' needs are systematically recognised and addressed.

7. Invest in awareness-raising and relationship-building

Resource proactive Statutory national outreach and sustained engagement with schools, social workers, healthcare providers, youth services, and community organisations to increase understanding of kinship care and available supports.

Rationale: Despite kinship care being an internationally recognised concept, low awareness among both carers and professionals remains a key barrier to access; analysis shows that engagement must be actively built rather than assumed.

8. Improve consistency and fairness in financial and practical supports

Review eligibility criteria and administrative processes for kinship-related payments and supports to ensure greater national consistency, transparency, and accessibility.

Rationale: Persistent inequities, particularly compared with foster care, create financial hardship and administrative burden. Rigorous or delayed appeal processes can consume carers' time and energy, reducing their availability to participate in supports such as peer groups. While day-to-day survival often takes priority, consistent and accessible financial supports are imperative for carers' long-term capacity to sustain care and engage in networks that promote emotional wellbeing, skill-sharing, and resilience for them and their family.

9. Strengthen national infrastructure to sustain and scale peer support

Resource Kinship Care Ireland to provide ongoing national coordination, practice development, and support for kinship care peer support initiatives. This should include a dedicated coordination function to support facilitators, share learning, maintain quality, and enable expansion across communities. Importantly, this role should also allow space for creative, locally driven approaches, such as collaborating with other local services to broaden reach or co-facilitate groups while ensuring guidance and consistency in practice.

Rationale: This review shows that sustained peer support relies on consistent national leadership and practice expertise. Kinship Care Ireland's role in guidance, relationship-building, and translating learning across sites is critical to embedding and sustaining effective models. Without this support, peer initiatives risk fragmentation and reliance on uneven local capacity.

Quotes on the Potential of Peer Supports

On the **transformative potential of peer support:**

"These carers come in carrying a lifetime of worry and fear – but when they meet others who understand, everything changes. You can see their shoulders drop, their confidence grow."

On the **ripple effect and sustainability:**

"One well-supported carer can influence a dozen families. Peer support doesn't just help them, it strengthens the whole community around the child."

On the **need for flexible models:**

"Some carers can't commit to a 12-week course – but if you offer short sessions, drop-ins, or a mix of online and in-person, you suddenly reach so many more people."

On **valuing lived experience as expertise:**

"Kinship carers are the experts on what works for their families. Our job is to connect them so they can learn from each other."

On the **potential impact at scale:** *"Imagine a network of peer groups across the country – carers won't feel alone, social workers have better links, and children get more stable, supported homes. That's the long-term vision."*

On the **important role Kinship Ireland** plays from a Family Resource Centre manager and a kinship care peer group facilitator *"Without sustained national support from Kinship Care Ireland, the consistency, reach and quality of peer support provision would be significantly compromised."*

"Sustained investment in Kinship Care Ireland is essential, as the peer support groups rely on the national coordination, skilled facilitation and ongoing infrastructure that the organisation provides."

Conclusion

The review demonstrates that kinship care peer support is vital, providing carers with emotional relief, practical guidance, and increased confidence to navigate complex family, legal, and statutory systems. Importantly, well-designed peer support also builds carers' capacity over time enabling them not only to access services more effectively, but to share best practice in parenting supports, manage parental and family conflict, and engage with professional inputs such as training, information sessions, and specialist advice, strengthening outcomes for the whole kinship family.

Established in-person groups, such as Hillstreet FRC, illustrate how regular, facilitated, and professionally supported peer spaces allow carers to build trust, exchange lived experience, and learn from one another in structured yet relational environments. These trusted spaces support carers to raise concerns early, reflect on challenges, and seek guidance in ways that reduce escalation. This has a knock-on effect for children in kinship care, as early

identification of worries and timely intervention are more likely when carers feel supported, informed, and confident to act.

Online support complements in-person provision by offering accessible, immediate connection for carers who cannot attend locally or who require support outside scheduled sessions. However, it works best as part of a blended model rather than a replacement for face-to-face engagement.

While barriers such as low awareness, logistical challenges, and systemic inequities persist, implementation learning consistently shows that flexible, relational, and locally embedded approaches are most effective. Building local champions, integrating professional guidance into peer settings, and sustaining consistent engagement are critical to strengthening both carer capacity and child outcomes.

The learning captured through this review provides a strong foundation for Kinship Care Ireland and its partners to refine, strengthen, and scale peer support in ways that are realistic, relational, and rooted in what carers themselves identify as meaningful and effective, provided the recommendations listed are resourced. By embedding these insights into future programme development, KCI can ensure that peer support continues to reduce isolation, enhance carer capability, and contribute to earlier intervention and improved outcomes for children and families in kinship care across Ireland.

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Kinship Care peer groups facilitated by Family Resource Centres in Croom, Buds, Waterford, Athlone, Kells, Longford and Hillstreet in partnership with Kinship Care Ireland



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