A kinship care literature review

***Marie Connolly** reviews the international research on kinship care and considers its implications for New Zealand*

In the past two decades kinship care – the practice of extended family looking after children in state care – has become an internationally favoured system for children who are unable to be looked after by their parents. Not only has kinship care emerged as a significant contribution to the range of family foster care services, there has been a palpable shift in state preference toward kin as first option when an alternative to parental care is needed (Geen, 2000; Gleeson, 1999; McFadden, 1998; Colton and Williams, 1997; Ingram, 1996). However, the growth in kinship care placements, both in this country and internationally, has not been matched by research into this form of care, its outcomes for children and the issues it raises for caregivers and state agencies. The following paper briefly summarises available research findings and their implications for kinship caregiver development in New Zealand.[1]

International patterns of prevalence

Although writers note exponential increases in kinship care, in fact its development internationally varies considerably. In the UK, Hunt (2003) reports that the incidence of children being looked after by relatives has not changed significantly since the introduction of the Children Act 1989. In 1992, 9% of all children were looked after by relatives, a figure that rose to 11% by 2000. The Department of Health (2003) statistics indicate that this figure has remained constant. Interestingly, UK local authority placement of children with parents equals that of kinship care at 11% of the total number of children in care. The numbers of children in the UK statistics relate to children in state custody. However, a hidden number of children placed with kin and being supported by the state through allowances, if added to the kinship care statistics, would inevitably affect the overall figures (Hunt, 2003). Little is know about these children, or how many there may be overall, but local studies indicate that the figures may be significant, possibly equalling the kinship care numbers (Tan, 2000 and Waterhouse, 2001, cited in Hunt, 2003).

Based on the figures of children in state custody, the UK figures represent a very different picture from other western countries. In Australia kinship care accounts for 24% of care placements (Hunt, 2003), more than double the

1 This article is an edited summary of a much longer paper, *Kinship Care – a selected Literature Review*, commissioned by Child, Youth and Family and submitted by Dr Marie Connolly in May 2003. The full paper is available from the Department of Child, Youth and Family.

UK figure. In the US figures indicate that kinship care has grown dramatically from 18% of placements in 1986 to 31% in 1990 (Clark, 1995).

Along with the US, New Zealand has followed a rapid development pattern with respect to kinship care. Kinship care (or in-family as opposed to out-of-family care) in New Zealand accounts for 32% of placements (Statistics New Zealand, 2002), a figure more closely approximating US figures (35%). According to Hunt (2003), in the absence of compelling evidence that it is, in fact, harmful to children, the heavy reliance on kinship care in the US would make it unfeasible to reverse the trend in that country. While Hunt suggests that the same could be said for New Zealand, the small numbers of children in care mediate against this argument. It would be possible to return to a heavier reliance on out-of-home care. However, given the pro-family commitment reflected in the principles of the Children, Young Persons, and Their Families Act 1989, the strong practice commitment to developing care partnerships with family/whānau and the negative consequences of foster care practice for children (Connolly, 1994), it is unlikely that New Zealand would want to return to a greater reliance on foster care. Inevitably both systems of care have a role to play in child welfare, since children need families but not all children can always be accommodated within their family of origin.

Rather than benchmarking numbers on the basis of experiences elsewhere, it may be more desirable for kinship care or foster care numbers to find their own levels based on whether the system of care effectively meets the child's needs and whether it is relevant to the particular family circumstances.

Kinship care standards

In general, minimal attention has been paid to the issue of quality within kinship care placements. The notion of "better" care has not been advanced; in fact the standards for care are often less rigorously applied than in other areas where the state has care responsibility for the child, for example in foster care or residential care (Hunt, 2003; Chipman, Wells and Johnson, 2002).

Indeed, Hannah and Pitman (2000, cited in Hunt, 2003:26) note: *Kin placement is recognised as having many benefits. But placements are made which would not have been approved had the carers been assessed within the foster care system. They may have been deemed unsuitable because of parenting capacity and style; age; physical capacity; accommodation; family configuration or relationships.*

Overall in the area of quality of care, research is limited and findings are mixed. It is also difficult to arrive at appropriate standards for kinship care given its essentially different nature from foster care. However, in the light of the rapid development of kinship care internationally, calls for proactive kinship care practice and policy development have been made (Hunt, 2003; Berrick, 1997; Danzy, 1996). Incorporating appropriate standards and guidelines based on the best interests of the child and the needs and goals of kinship care would seem a good place to start.

In general, children move into care placements because their parents are unable to meet their care and safety needs. When taken into the care of the state, it is not unreasonable to assume that the state will then provide safe care and the nurturing that is required for them to thrive and

grow. It has been argued that at least the same investigative scrutiny of parental care should be applied to alternative caregiving situations, whether the care is provided by family or by people unknown to the child (Shlonsky and Berrick, 2001). However, approaches to the assessment and monitoring of kinship care can be seen to vary considerably.

We do not know whether children who move around within family experience the same negative effects as those experiencing drift in foster care

Briefly, the main question emerging from the international literature with respect to kinship care assessment and monitoring policy is whether kinship care is fundamentally different from foster care, requiring different processes of assessment and monitoring, or whether the processes should be the same for both care types but with flexibility to accommodate the particular issues relating to kinship care.

Children's wellbeing

Using three types of continuity measures; the child's previous familiarity with the caregiver, the child's contact with parents while in care, and the child's continued involvement with a known community, the GAO (1999) study found significantly more continuity in the lives of children in kinship care compared with children in foster care.

We do not know whether children who move around within family experience the same negative effects as those experiencing drift in foster care. Critics of kinship care have argued that not enough attention is paid to the processes of permanency planning for children within the kinship system. This view is supported by studies that suggest a slower reunification rate of kinship care children to their parents (McLean and Thomas, 1996). However, research is contradictory. Many studies indicate that children in kinship care are more likely to remain in care longer (Hunt, 2003). However, more recent studies suggest that there may be no differences in length of stay; in fact the GAO (1999) study found that children in their study spent less time in care.

By its very nature, kinship care is a method of family preservation. It preserves the family by maintaining the child within the family group and by facilitating the maintenance of family connections. Perceiving kinship care in this way rather than as a placement option that disrupts the family may create more positive ways of examining the strengths of kinship care and its position within the systems of care.

Health and wellbeing outcomes

Most children taken into the care of the state are likely to have experienced abuse, neglect, or separation from their parent. These traumatic experiences may also place them at greater risk of emotional or behavioural difficulties (Kortenkamp and Ehrle, 2002). It has been suggested that when a child is separated from a parent, living with a relative may ameliorate this trauma by providing a sense of family support (Billing, Ehrle and Kortenkamp, 2002). Nevertheless, US research has also found that children placed in kinship care are significantly exposed to levels of poverty (Ehrle, Geen and Clark, 2001), an influence that can also negatively affect a child's development. According to examination of the research by Billing et al (2002:1), children in kinship care "face significant barriers to well-being compared

with children living with their parents", and this is likely to be associated with living in poverty. Because of this possible association with poverty, Billing et al compared children in low-income relative and parent care households, finding that: *children living with low-income relatives fare worse on some measures of wellbeing compared with children living with low-income parents, but on others they are doing just as well* (Billing et al, 2001:1).

Like the research into kinship safety, child wellbeing outcome research is underdeveloped, sometimes contradictory and not fully reliable. Nevertheless, on the basis of available research, Hunt (2003:14) concludes: *findings are broadly positive and while it cannot be said for certain that children in kinship care do better than those in non-related care it seems at least that, on balance, they do no worse. And while there may be little enough positive evidence ..., the absence of recent negative evidence is also not without significance.*

Clearly creating or developing child wellbeing measures is a challenge for researchers. Nevertheless, it is critical that we begin to more clearly conceptualise, research and evaluate the essential dimensions of childhood wellbeing and investigate them from a variety of perspectives including the child's (Altshuler and Gleeson, 1999). For example, using length of placement as a measure of stability may in fact tell us little about the child's sense of stability and belonging. Exploring the dimensions of wellbeing from a child's perspective is likely to provide richer understanding of the ways in which kinship care is meeting children's needs.

Who does kinship care work best for?

Overall, the lack of research in this area provides little assistance to a practitioner who needs to consider what type of care may be more appropriate for a child, and in what circumstances. Sound professional judgement, high quality assessments, capacity to work with family to find solutions, and a system that provides guidelines, training and support for people involved in the triangle of care are perhaps more likely to result in good placement outcomes.

Kinship carers are more likely to be older than foster caregivers, and more likely to be single parents

Caregiver issues

Most research suggests that kinship carers are more likely to be older than foster caregivers, and more likely to be single parents. Foster parents tend to complete higher educational qualifications than kinship carers, but nevertheless the majority of carers complete secondary school. Up to 48% of the kinship carers work outside the home but have lower levels of income than foster carers. More than 50% of the kinship carers own their own home, but a greater percentage of foster parents do. Between 6% and 20% of caregivers assess their own health as poor. In general kinship carers tend to express greater feelings of responsibility toward the child, particularly with regard to facilitating other kinship relationships, strengthening the child's social/emotional development, parenting and being in partnership with the agency.

Unlike foster caregivers, kinship carers are likely to be entering the caregiving role when the family is in crisis, family relationships are

conflicted, and caregivers unprepared for the task. They may not have adequate space or the necessary child-related resources (Geen, 2000). They may not have been in a parenting role for some time and may feel apprehensive about the new role. This may be particularly significant for grandparents taking on the care of grandchildren. The carer's existing relationships may be subjected to strain and risk breakdown (Hunt, 2003; Cimmarusti, 1999), and relationships with the child's parent may also be strained and negatively affected by the placement. The behaviour of the child who may have been traumatised by previous experience may also test the coping skills of the kinship parent. Hence the burdens of care can be considerable and risk overwhelming the carer's capacity to respond. Strained finances further exacerbate the situation.

The caregivers who are most in need are least likely to receive adequate financial support

Nevertheless, workers believe that kinship carers are motivated to provide care, not because of money but because of familial obligation and an interest in family preservation (Beeman and Boisen, 1999). Workers have been found to be generally positive about their experiences in working with kinship caregivers and have noted that they are more likely to be active in the management of familial negotiations – negotiating access with parents, talking to the parent more about the child's transitional issues, and helping the child to deal with family relationships and dynamics. Notwithstanding this, the workers also identified the relationship between the kinship carer and the parent as being the most difficult to work with. Overall, the majority of workers found kinship carers to be competent in parenting and saw the placements as being beneficial to the children.

Kinship carers have been found to be strongly in favour of kinship care, citing their deep affection for the child and support for the parent, the belief that the best place for a child is with family, and a strong interest in preventing the child from entering stranger care. With regard to those carers from ethnic minority backgrounds, their interest in kinship care was also associated with the desire to maintain cultural continuity and religious and cultural heritage.

Significantly, kinship carers have also described feelings of isolation and a need for increased financial and social work support (Broad, Hayes and Rushforth, 2001). Having to contend with high caseworker turnover and inadequate information about their entitlements increases their need for support in accessing services, negotiating welfare systems, and providing training for the complex role they undertake (Cimmarusti, 1999).

Support for kinship care

As noted earlier, international research suggests that most kinship families live in situations of financial hardship. Many are likely to be retired and living on fixed income, and the additional care of another person (or persons) can place increased strain on an already low income (Ehrle and Geen, 2002). The dire financial circumstances of kinship carers are further complicated by a significant disparity in the reimbursement rates for both foster carers and kinship carers. According to Scannapieco and Hegar (1999:7): *the conclusion is clear that the caregivers who are most in need are least likely to receive adequate financial support when they open their homes to the children of kin.*

Overwhelmingly the literature talks of kinship carers being disadvantaged financially, with many children described as living in "state-sanctioned poverty" (Hegar and Scannapieco, 1995, cited in Hunt, 2003). Further exacerbating the situation is the fact that despite the increased needs of kinship caregivers and their children, families frequently do not receive the services and financial benefits they are entitled to (Ehrle and Geen, 2002).

Emerging from this debate is a fundamental question – does a familial connection mean that a kinship caregiver, because of their connection to the child, requires less financial support than a foster parent undertaking the same role? In fact it could be argued that kinship carers need additional support given that the carer may be entirely unprepared for the placement and without the resources to undertake the role. Writers have also suggested that good kinship placements may be lost because carers may be unwilling to assume care of a child for financial reasons (Clark, 1995).

Addressing the financial hardship incurred by kinship caring has become one of the most pressing issues confronting welfare systems internationally, and it is clearly evident that there is a need to provide an adequate and fair system of financial support for kinship caregivers (Hunt, 2003).

Implications for kinship care development in New Zealand

Kinship care standards

Like many other countries, until relatively recently New Zealand has relied on foster care as the traditional system of care for children at risk. The policies and processes of assessment, monitoring, maintenance and support of out-of-home care for children have been modelled on the foster care system. However, kinship care is essentially different from foster care and it simply may not be appropriate to try and fit kinship care into a foster care paradigm. Internationally, considerable effort has gone into trying to apply foster care processes and standards to kinship care. The challenge for New Zealand will be to work toward the development of appropriate processes that are more relevant to the realities of kinship care. Kin-specific processes of assessment, monitoring and management are necessary.

Children's wellbeing

In general, children are removed from their parents because of concerns for their ongoing safety and wellbeing. Logically it is incumbent on the state to then place the child in a care environment that promotes the child's care and safety needs. However, little research has been undertaken to evaluate kinship care and to better understand whether the systems of care are meeting children's needs. It is important that this be urgently addressed so that policy is not developed in an information vacuum.

Kinship care support

The literature strongly indicates that, despite their level of need, kinship caregivers receive fewer services and supports than non-related caregivers. Currently there is insufficient information to know whether this is inhibiting the potential utilisation of kinship care as a valuable system of care for children at risk, although some research indicates that this may be the case. What we do know is that, overall, kinship carers differ socio-economically from traditional foster carers, are more likely to be marginally employed, and face very real economic challenges. The placement of an additional child may be sufficient to destabilise

an already fragile system. The family preservation and family strengthening role reinforces the need for the state to appropriately resource kinship care so it is able to support the state in the care and protection of vulnerable children. In many ways, this involves crafting a fair and equitable system of care that recognises the contributions of stakeholders in the system and also the state's responsibility to work in partnership with families.

Crafting a fair and equitable policy for kinship care that creates a context of support, protection, stability, and cultural and familial continuity for children is a challenge for child welfare internationally. Experience has shown that child welfare systems are unable to meet the challenges of child care and safety alone. State systems need to harness the strengths of safety support networks that surround the child. While our knowledge about kinship care is underdeveloped – indeed there are massive knowledge gaps – its potential contribution, when appropriately supported and implemented, is already indicated to be considerable. As a system of care it is also most sympathetic to the ideal of family preservation. ▫

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Note – to save space, references have not been included in the published version of this article, but are available on the Child, Youth and Family website www.cyfs.govt.nz or from the editor on request.

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