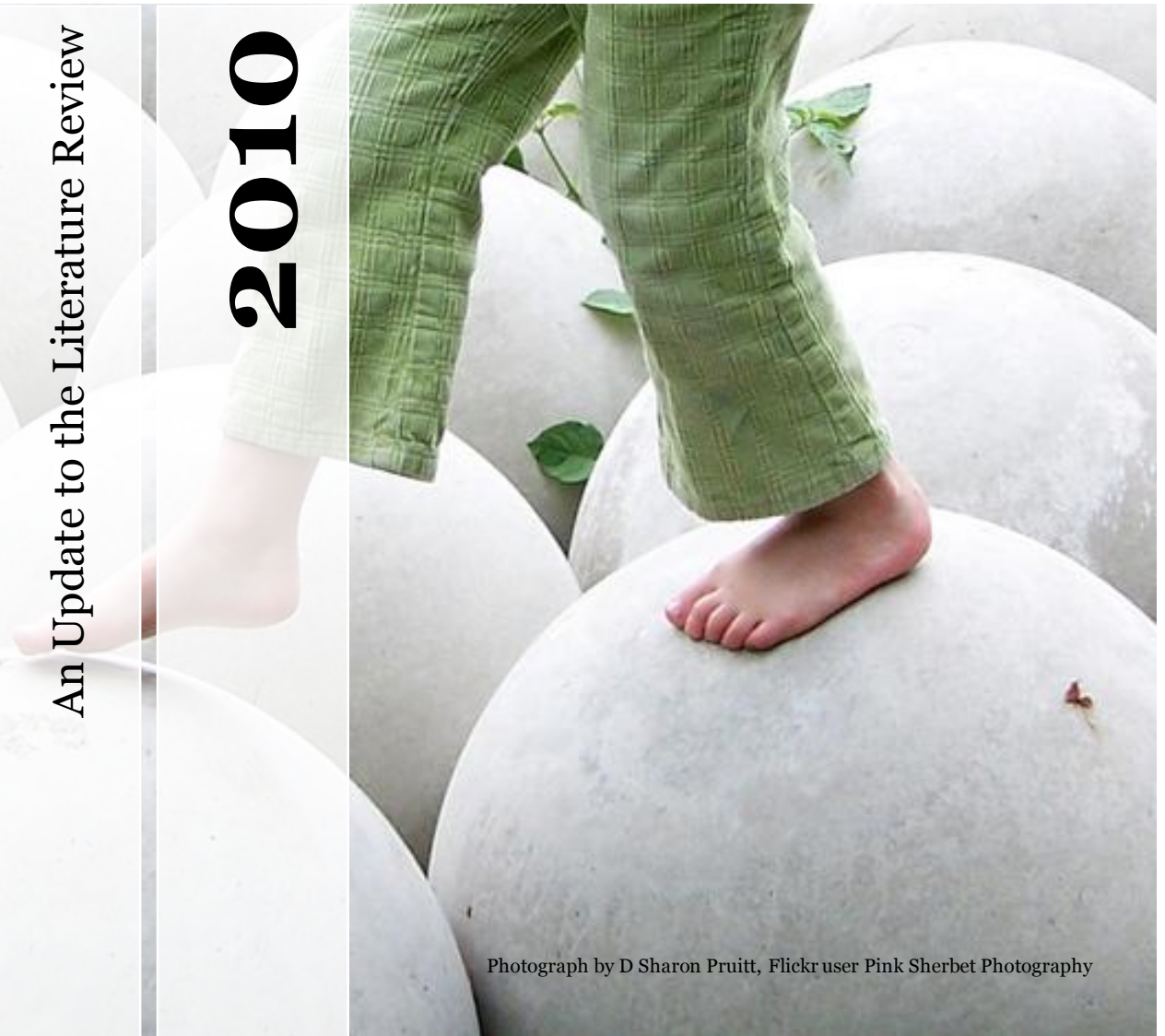


UNDERSTANDING THE NEEDS OF KINSHIP CARERS

An Update to the Literature Review

2010



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This paper provides a short update to the literature review undertaken for the project and published on our website in January 2009.

The paper is structured in six parts. The first offers an overview of the scale of kinship care. The second deals with the motivation of kinship care providers. The third looks to compare kinship care with other placement types. The fourth explores findings about what happens when parents are incarcerated. The fifth is a section on removing children from maltreatment and the final section looks at meeting the needs of kinship carers and the children they look after.

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Kinship Care Literature Review: An Update

Background

This review provides an update of a previous review conducted from September 1998 to September 2008 for the “EU Kinship Cares Project: Sharing Good Practice in Supporting Kinship Carers to Prevent Substance Related Harm to Young People-Kinship Carers and Prevention”.

This review is available on the project website – www.eukinshipcarers.eu.

Methods

We searched MEDLINE and PsycINFO databases published from September 2008 to May 2010, using a search strategy that included both truncated free text and exploded MeSH terms. MeSH headings and subheadings included “family”, “foster home care”, “kinship”, “parenting”, “education”, “child”, “teen”, “adolescent”, “young”, “drug”, “alcohol”, “risk”, or “prevention” and their variants.

We also used the search engine of Google Scholar to carry out a search across many disciplines and sources including articles, theses, books, abstracts and court opinions, from academic publishers, professional societies, online repositories, universities and other web sites.

The search strategy had an English language restriction and we focused on the countries of Western Europe, South Africa, North, Central, & South America, Australia and New Zealand. We also consulted references from the extracted articles and reviews and authors contacted to complete the data bank.

We assessed the relevance of studies by using a hierarchical approach based on title, abstract, and the full manuscript.

Results

Recent Data about the Magnitude of Kinship Care

Whilst there is some research into the health risks for children in foster care the same is not true for children in kinship care. Recently, data from the US 2007 National Survey of Children's Health has been used to help us understand the numbers of children living in kinship care, along with their health and family characteristics and some analysis has been done to compare them to children living with at least one birth parent. The results show:

- a high prevalence of kinship care across the US (3.8%, that is, 2.8 million children in kinship care, in comparison to 800,000 in foster care).
- children in this kind of placement are more likely than those living with ≥ 1 parent to be black (48% vs 17%),
- older than 9 years (59% vs 48%),
- live at or below 100% of the poverty level (31% vs 18%), and

- have public health insurance (72% vs 30%).

Children in kinship care are also more likely to have special healthcare needs and mental health problems (anxiety, depression, attention deficit hyperactivity disorder, or conduct disorder).

Kinship care caregivers are more likely to self-report their own overall health and/or mental health as fair or poor. Children in kinship care are considered as a newly recognised special needs population who are likely to benefit from increased oversight and support (8).

Kinship Care Caregivers Motivations for Providing Kinship Care

The motivation of kinship care carers for assuming responsibility for the child has been studied in a piece of research that interviewed 207 US carers (living in Cook County and the Collar Counties surrounding Chicago). The study describes the dynamic process in which kinship carers became responsible for the care of a relative's child which the authors identify three simultaneously occurring influences (9):

- The reasons that the child's biological parents were unable to care for the child.
- The caregiver's motivations for providing kinship care.
- Various pathways that children took to get to the current kinship caregiver's home.

There were five primary reasons that motivated kinship carers to assume the responsibility to become involved in raising a relative's child (9):

- To keep the children with family and out of the foster care system.
- To keep the children safe, ensure their well-being and provide them with a sense of belonging.
- A sense of obligation, family legacy or by default.
- Love.
- Spiritual influence.

Carers gave the following reasons why the children needed to be taken out of the care of the biological parent/s (9):

- Parental substance abuse/addiction.
- Parental neglect, abandonment or abuse.
- Parental incarceration.
- Young and inexperienced parents.
- Unstable home life/homelessness.
- Lack of resources and general inability.
- Parental mental illness.
- Parental physical illness or death.

A further piece of research from New South Wales (Australia), tries to answer three main questions (2):

- What are the attitudes of kinship carers to the task of caring for their relatives?
- What needs, if any, do kinship carers identify in relation to support and/or supervision?
- In what ways do kinship carers differ from foster carers?

They used quantitative (a survey) and qualitative methods (focus group) and the six main findings were (2):

- Kinship care differs from foster care at functional and emotional levels: Kinship carers typically took on the task of caring for their relative children for reasons associated with feelings of familial obligation, whereas foster cares have a vocational-like motivation.
- It was not possible to distinguish between formal and informal kinship carers in terms of characteristics and experiences.
- Kinship carers need support and services for material conditions and the emotional and behavioural problems the children in their care experience. Kinship carers said they would like staffed, locally run support networks, respite care, camps for children with other carers and kin children, information about services, rights and obligations and specialist officers in relevant agencies, including health and legal services.
- Kinship carers want a partnership approach with professionals based on respect.
- The current system that connects support and supervision is not working to further the wellbeing of carers or children.
- Kinship carers value the support, information, social interaction and other initiatives provided by local community organisations and groups.

The authors of the research drew up the following list of recommendations:

- Kinship care be regarded as separate from foster care and resourced and supported by a distinct framework of equal status to foster care.
- Partnership approaches be established that place families centrally and includes the voices of children, repositioning practitioners in relation to families and children; building collaborative relationship with equal exchanges of information and insights.
- Supervision and assessment be redefined as working with family members and children towards safeguarding and promoting the wellbeing of children.
- Support services be separated from risk-based regulatory supervision.
- Financial and other support services be provided through a whole-of-family multi-modal specialist intervention from the time that kinship care comes into consideration.
- Services in the whole-of-family model should be connected with families at any point when asked for by the carers or the child.
- Integrated support team of trained professionals be coordinated by locally based agencies.
- Funded support for community based kinship care support agencies and groups, grandparent support groups and agencies be provided; with ongoing support for interaction, information sharing and engagement between these agencies and groups.

Kinship Care versus Other Types of Out-Of-Home Placement

Using interview data from 18 African American adolescents in kinship and non-kinship placements, Schwartz evaluated the differences in relational and locational disruptions and in perceptions of those disruptions. The findings showed that adolescents in kinship placements experienced fewer disruptions in relationships and location and also experienced the restoration of losses as well as outright relational gains in entering their relative placements, compared to non-kinship adolescents Schwartz (7).

The particular type of out-of-home placement is associated with disparities in the rate of mental health and substance use disorder. **Keller et al.** studied the rates of specific diagnosis varied according to type of child welfare placement (kinship foster care, non-relative foster care, group care, supported independent living arrangements) as well as gender, race, and state of residence (13). Type of out-of-home placement was associated with differential rates of alcohol use disorders,

major depression, and substance use disorders. However, post-traumatic stress disorder did not show meaningful variation across placement type. The authors observed that across each diagnostic category, youth in kinship care were the least likely to meet diagnostic criteria, and their rates of major depression and substance use disorders were significantly lower than expected relative to base rates to the sample. Youth in kinship foster care had considerably lower rates than other groups for post-entry onset of depression and substance use disorders (table 2).

Table 2. Percentages with onset of alcohol-related and substance related disorder after entry into care according to the type of out-of-home placement (Adapted from Keller et al. (13)).

	Alcohol-related disorder (%)	Substance-related disorder (%)
Placement		
Non-relative foster care	4.5	3.6
Kinship foster care	7.3	1.1
Residential treatment	11.9	5.6
Independent living	19.0	6.1

Hegar et al. have evaluated the hypothesis that shared placement with siblings may convey some of the same benefits as placement in kinship foster care. The authors observed differences between the perceptions of foster parents, youth and teachers when assessing behaviours of children. Teachers suggested that children placed in foster homes were more likely to exhibit problematic behaviour than non-kinship foster. However, kinship foster parents identified internalizing or externalizing problems in children significantly less often than non-kinship foster parents. The research found that placing young people with a sibling was significantly related to lower levels of internalising problems (depression, self-blame). According to the findings of this study, children and youth who are placed with one of more siblings are significantly more likely than others to feel emotionally supported, feel close to a primary caregiver, and to like living with people in the home. While children placed in non-kinship foster homes may benefit the most from sibling placement there may also be benefits for children placed with kin when they are accompanied by a sibling (11).

Fechter et al. studied whether placement in kinship foster care serves as a long-term protective factor against the development of mental health issues (10). The research found that it is not a predictive variable of less mental health issues. However, the authors suggested some aspects of the study that could explain their null results. For example, the high quality care provided by the agency to the children they serve could eliminate some of the differences between support services that kin are given and may have diminished group differences. Another reason that kinship care may not have influenced mental health outcomes is that the multiple causes of mental health problems often occur prior to placement and may not be mediated by the child's foster care experience enough to show significant differences. The third reason suggested by the authors is that kinship care variable may not have been refined enough to show differences across the groups.

The range of benefits that kinship care provides has been highlighted in a further study (children remain connected to their roots, maintain a sense of belonging and identity, and have the opportunity to stay with their carers into adulthood...) (4). One of the key differences between the

placement with kinship carers and foster carers is the perseverance of kinship carers in looking after children with high levels of difficulty above and beyond the point at which foster cares would request a move. While this is a characteristic that could be considered beneficial it needs to be recognised that strains on kinship carers could lead to a reduction of the placement quality. Thus, it is important to provide services to kinship carers and children when placements are in difficulty (3,4) so as to ensure that good outcomes for children in kinship care are not achieved at the expense of the kinship carers themselves (4).

Kinship Care When a Parent Is Incarcerated

The report written and updated by Professor Hairston about kinship care when parents are incarcerated offers a range of recommendations for action (12). The magnitude of the problem seems relevant: for example more than 1.7 million children in the United States have a parent who is incarcerated, and most of these children are cared for by relatives while their parents are in prison (12). The author highlighted the fact that when a parent is incarcerated, it affects their children, their extended family and the wider community. Many families are overwhelmed by this experience, and the support that could help them cope is often not available or is inaccessible. Some of the characteristics of kinship care givers and children in kinship care are shown in table 1.

Table 1. Main characteristics of and facts about children in kinship care and their caregivers (Adapted from (12))

Children in kinship care	Kinship caregivers
20% face 3 or more developmental risk factors	Primarily female
28% have a mental or physical disability	Predominantly poor and African American
41% live below the poverty level	Mostly unemployed
55% live with a caregiver who doesn't have a spouse	Often burdened with health issues (arthritis, diabetes or high blood pressure)
19% live in households with more than 4 children	Likely to have mental health issues
70% live with a caregiver over the age of 50	Have usually not completed high school

Thus, the following recommendations have been suggested in order to ensure the well-being of these vulnerable children and their caregivers:

- Develop a research agenda to address gaps in the knowledge of the problem, enhance the understanding and shape future program and policy directions.
- Improve data collection to provide a base on which to build a more detailed picture of the situation.
- Identify and document promising practices to prevent groups from wasting limited resources and help agencies with similar needs and objectives to identify potential partners and establish learning collectives.
- Consider the impact of federal and state policies on children whose parents are incarcerated and their kinship providers

- Engage in cross-system collaboration
- Improve parent/child access
- Build infrastructure
- Convene a second national institute on incarcerated parents

Kinship Care When Children Are Removed From Maltreatment

Winocur et al. published a paper in 2009 evaluating the effect of kinship care placement on the safety, permanency, and well-being of children removed from the home as a result of maltreatment. They carried out a literature review to February 2007 including 62 quasi-experimental studies comparing children removed from the home for maltreatment and subsequently placed in kinship foster care with children placed in non-kinship foster care on child welfare outcomes (well-being, permanency, or safety). The authors found children in kinship foster care experienced better behavioural development, mental health functioning, and placement stability than do children in non-kinship foster care. Children in non-kinship foster care were more likely to be adopted while children in kinship foster care were more likely to be in guardianship. Children in non-kinship foster care were more likely to utilize mental health services. According to author's conclusions, this work supports the practice of treating kinship care as a viable out-of-home placement option for children removed from the home for maltreatment (1).

The Need for Programs and Services for Kinship Caregivers and Children

We had access to an abstract of the a thesis carried out in the University of Birmingham in 2010, that explored the experiences and meanings that are attributed to kinship care by caregivers, young people of African descent, and social workers. They concluded that kinship care is a *survival strategy that has historical significance for people of African descent, because it is linked to a tradition of help and a broad base of support* and, although kinship care is a key factor that led to family preservation and placement stability, the absence of policy development to support kinship care as a welfare service, could increase the risk factors for children who are placed in kinship care (6).

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