

Outcomes for children and young people in kinship care

An issues paper



NSW Department of
Community Services



New South Wales Government

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Author

Marina Paxman

Produced by

Centre for Parenting & Research
Research, Funding & Business Analysis Division

NSW Department of Community Services
4-6 Cavill Avenue
Ashfield NSW 2131
Phone (02) 9716 2222

December 2006

Acknowledgements

Many thanks to Dr Judy Cashmore, Leonie Gibbons, Dr Jan Mason, Dr Stephanie Taplin, Peter Walsh and Dr Johanna Watson who provided valuable comments on a previous draft of this paper.

ISBN 1 74190 0255

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Executive summary

The increase in the use of kinship care as an out-of-home care placement is an international phenomena that commenced in the late 1980s. The literature suggests this trend is likely to continue and perhaps increase. Despite this, the growth in kinship care is not underpinned by strong outcomes-focused evidence. The recent *Audit of Australian Out-of-Home Care Research* (Cashmore & Ainsworth, 2004) found there is little substantial research on kinship care in Australia. Furthermore, there is no concrete evidence that this type of care produces better outcomes for children¹. It is strongly argued in the international literature that research on kinship care is still in its infancy and limited due to the nature of the research methodology and narrow focus of the studies (Scannapieco, 1999; Cuddeback, 2004).

The aim of this issues paper is to outline what the literature tells us about kinship care, how these placements work and how they compare with unrelated foster care placements². The focus of this paper is the research evidence on outcomes for children in statutory care, in particular the child welfare goals of well-being, permanency and safety. The purpose of this paper is to inform future directions in research, policy and practice in out-of-home care. Issues relating to non-statutory kinship care are not examined in this paper. The issues covered are:

- factors that lead to the growth in kinship care
- data about who is in kinship care in Australia, with a focus on NSW
- the outcomes for children in kinship care in comparison to foster care
- the factors that may influence outcomes of kinship care
- directions for future research in kinship care.

What has influenced the growth of kinship care?

The literature outlines a number of factors that have contributed to the growth in kinship care including the belief that being cared for by family members helps to maintain family ties and culture and avoids the trauma associated with being placed in unfamiliar environments. Despite these beliefs, there is only limited evidence that suggests kinship care holds advantages over foster care (Strijker, Zandberg & van der Meulen, 2003).

Other factors that underlie the growth in kinship care are the increasing pressure on foster care with increasing numbers of children entering care coupled with the shortage of foster carers and the potential cost savings to government.

Who is in kinship care?

The Australian Institute of Health and Welfare (2006) data show that in Australia, the number of children in out-of-home care has increased each year since the mid 1990s. The vast majority are in home-based placements (95%) with 54 per cent in foster care and 40 per cent in kinship care. In NSW, kinship care is more common than foster care. It is the only state where there are more children in kinship care (57%) than in foster care (39%) (as at 30 June 2005). A higher proportion of Indigenous than non-Indigenous children are placed in kinship care.

¹ 'Children' refers to both children and young people i.e. all children under the age of 18.

² 'Foster care' refers to placements with unrelated foster carers.

What are the differences in outcomes from kinship and foster care?

As mentioned, the research on kinship care is still in its infancy. The research literature is limited by methodological problems such as small samples or the sample being part of larger investigations of other topics, and a lack of baseline measures from which progress comparisons can be drawn (Connolly, 2003; Farmer & Moyers, 2005). Policy makers and practitioners need to be cautious in implying cause and effect between placement type (i.e. foster care and kinship care) and outcomes given the research does not adequately differentiate the impacts of kinship care itself from the children's pre-existing difficulties. This research gap is starting to be addressed with large scale prospective studies with out-of-home care populations³.

Well-being

The research literature on kinship care provides no conclusive evidence that children in kinship care are more or less well-adjusted than those in foster placements. Where differences in child functioning are reported they tend to be slightly in favour of children in kinship care (Cuddeback, 2004). However, the differences between children going into kinship care and foster care suggests that there are various selection processes and this complicates the interpretation of outcomes of child protection services (Barth, Green, Guo, McCrae, in press).

Placement stability

Research studies have shown that being placed in kinship care decreases the risk of placement disruption (James, 2004 in Chamberlain; Price, Reid, Landsverk, Fisher & Stoolmiller, 2006). However, recent longer-term studies indicate that stability in kinship care may diminish over time (Terling-Watt, 2001). The assumption that placements in kinship care are generally more successful than other placements, because placement with relatives is supposed to be more secure, has not been supported by a recent review and meta analysis of disruptions in foster care (Oosterman, Schuengel, Slot, Bullens & Doreleijers, in press). Their analysis found kinship care did not show a significant association with placement breakdown. Their analysis found potential protective factors of placement breakdown referred to the quality of foster caregiving and other foster care related aspects. More rigorous research is required to examine stability and continuity in care. The evidence indicates that placement instability may be prevented by interventions including more in-depth assessment and screening for known risk factors and appropriate placement support.

Permanency planning

Research shows that children placed in kinship care, in comparison with those placed in foster care, tend to remain in care longer, are reunified with their birth families at slower rates, and are adopted at lower rates (Cuddeback, 2004). It is unclear from the evidence what factors or combination of factors can be attributed to slower restoration rates; again it could be due to methodological limitations. There is some evidence that children in kinship care are less likely to re-enter care after restoration compared with children in foster care. Several authors discuss the need to redefine some of the concepts traditionally applied to foster care, such as permanency planning (Connolly, 2003).

Contact and safety

There is evidence that children placed with relatives are more likely to have contact with birth parents and siblings than children in foster care (Harden, Clyman, Kriebel & Lyons, 2004). While continued contact with the birth family is reportedly a benefit of kinship care, if it is not well managed, it may also provide an unfit parent with access to continue their abuse of the child (Dubowitz & Feigelman, 1993). To date, few studies have directly assessed the safety of children in kinship care (Geen, 2003).

³ For example, in the US: the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN); and the National Survey of Child and Adolescent Wellbeing (NSCAW); and in Australia: the NSW Longitudinal Study of Children and Young People in Out-of-Home Care

Children's experiences

To gain a greater understanding of kinship care, there is a need to listen to children about their experiences and needs. Few studies have included children as participants (Cuddeback, 2004; Messing, 2006). Knowledge about the successful and less successful experiences of children can provide a broader perspective on the dynamics of kinship care (Altshuler, 1999). Recent evidence from children living in kinship care suggests that some of its greatest strengths are the reduced stigma compared with foster care, the reduced trauma associated with separation from parents and the broad sense of familial relationships (Messing, 2006).

What factors affect outcomes of kinship care?

Again, comparing outcomes of kinship care and foster care are problematic given the characteristics of carers and children in these placement types significantly differ. Several studies have identified differences between children in kinship care and foster care in terms of age and cultural background. Some studies found that children placed in kinship care are younger, a higher proportion are from black and minority ethnic groups, and the reason for placement is most often either neglect or substance abusing parents.

While there is little research in Australia on the characteristics of kinship carers, studies overseas indicate that kinship carers are more likely than foster parents to be single older women, and to be poorer and less educated. Factors that may impact on effective caring include economic disadvantage, stress, health issues and parenting skills. Conflict with birth family is a feature of many kinship care placements (Sykes, Sinclair, Gibbs & Wilson, 2002) and this adds to the stress kinship carers face (Dunne & Kettler, 2006). Further research is needed to understand the impact of kinship care on the lives of carers and the outcomes for children.

In addition, the level of services and support provided to kinship and foster placements differ. There is strong evidence that kinship carers receive less training, fewer services and less support than foster carers (Cuddeback, 2004). There is general agreement in the literature that kin are less likely to enrol children in additional services (Barth et. al., in press) and are less likely to be supervised by a statutory agency (Spence, 2004; Cashmore, 2001). Some research shows kinship carers are keen to receive services to help them care for these children. There is some evidence that caseworkers do not feel the same level of services are necessary for kinship placements as for foster placements (Cuddeback, 2004).

In line with findings in the general population, several studies have documented the association between poor parenting behaviours of caregivers and the social-emotional maladjustment of children in foster care (Harden et. al., 2004). The extent to which parenting and the quality of care differs between kinship and foster carers is unclear because of the methodological limitations of studies (Harden et. al., 2004; Cuddeback, 2004).

Directions for future research

Kinship care is the fastest growing placement type in out-of-home care in Australia and overseas and yet kinship care is under-researched and not well understood.

There is no conclusive evidence that kinship care is a better placement option than foster care. The research literature is limited by small samples, methodological problems and a lack of baseline measures from which progress comparisons can be drawn (Connolly, 2003). The differences between children going into kinship care and foster care suggests that there are various selection processes and this complicates the interpretation of outcomes of child protection services (Barth et al., in press). Policy makers and practitioners need to be cautious in implying cause and effect between placement types (i.e. kinship care and foster care) and outcomes given the research does not adequately differentiate the impacts of kinship care itself from the children's pre-existing difficulties.

The literature consistently states that more research is needed to fully understand kinship families, the issues they face, the outcomes for children and what interventions will make a difference to optimise the futures of children. It is unclear how the disadvantages attributed to kinship care impact on outcomes for children. At the same time, it is also unclear how the advantages attributed to kinship care mitigate some of the disadvantages (Broad, 2004; Bromfield, Higgins, Osborn, Panozzo & Richardson, 2005; Holtan, Ronning, Handegard & Sourander, 2005; Dunne & Kettler, 2006). A key author in this area says 'Further research is needed to determine what it takes to improve these caregiving environments – the required strategies are likely to require addressing the foster care rate, training and support' (Barth et. al., in press).

A greater understanding of kinship care requires more methodologically rigorous research that could include longitudinal studies; baseline data on entry to care to measure pre-existing differences between foster care and kinship care; use of standardised measures across a number of domains (such as behaviour, child development, school performance, child and family functioning and outcomes); well designed controlled studies; and a multiple informant approach (children, carers, workers, parents, case files). Given the over-representation of Indigenous children in kinship care placements, studies should also include appropriate and culturally sensitive research methods.

1. Introduction

1.1 Aim and scope of this paper

The aim of this issues paper is to highlight the issues in the literature in relation to kinship care with a particular focus on the research evidence on outcomes for children focusing on the child welfare goals of well-being, permanency and safety. The purpose of this paper is to inform future directions in research, policy and practice. For the purposes of this review kinship care refers to statutory or formal kinship care; non-statutory kinship care is not a focus of this paper⁴.

This paper covers the following issues:

- factors that lead to the growth in kinship care
- data about who is in kinship care in Australia, with a focus on NSW
- the outcomes for children in kinship care in comparison to foster care
- the factors that may influence outcomes of kinship care
- directions for future research in kinship care.

1.2 Rationale for this paper

The term kinship care has different meanings for different cultural groups but in broad terms, 'kinship care is any living arrangement in which children live with neither of their parents but instead are cared for by a relative or someone with whom they have had a prior relationship' (Geen, 2003: 1). Many child welfare systems define kinship care to include persons beyond blood relatives, for example godparents, family friends and others with a strong emotional bond to a child (Jantz et. al., 2002; Geen, 2003). This may particularly apply to Indigenous communities where 'family' and 'kin' networks extend well into the local community making Indigenous family and community care difficult to define⁵.

Overall, there are few studies that focus exclusively on kinship care and the subject is usually located within wider studies of foster care (Flynn, 2002a). The existing research tends to focus on the demographic characteristics of children in kinship care, the characteristics of kinship carers and the provision of services. There is limited research examining the effectiveness and outcomes of kinship care for children (Scannapieco, 1999; Geen, 2003; Harden et. al., 2004; Cuddeback, 2004; Dunne & Kettler, 2006).

The recent audit of Australian research (Cashmore & Ainsworth, 2004) concurred that there was little substantial research on kinship care in Australia as well as concluding there was no concrete evidence that this type of care produces better outcomes for children. A research study undertaken in NSW by Mason and colleagues (2002), *Understanding Kinship Care*, was the first study in Australia to specifically research kinship care⁶. A recent paper (Bromfield et. al., 2005) cites only one published paper that examines the strengths and weaknesses of kinship care in Indigenous communities (McHugh, 2003) and no research investigating the outcomes for Indigenous children in kinship care compared with those in other forms of out-of-home care in Australia. This is particularly important because Indigenous children are heavily over-represented in out-of-home care. No research has been conducted in Australia that addresses the needs or outcomes of ethnic minority groups in kinship care⁷.

⁴ From this point on 'kinship care' refers to statutory or formal kinship care.

⁵ Aboriginal Child Family Community State Secretariat (AbSec) is currently undertaking a project on kinship care which will address definitions (ACWA Better Futures Conference 2006).

⁶ The aim of the project was to quantify the extent of kinship care in NSW and to explore the experiences of kinship care. The qualitative research included interviews with 11 carers, 9 children aged 5-12 years and 9 DoCS caseworkers.

⁷ The only research conducted in this area is a small qualitative study, *Children and young people of culturally and linguistically diverse backgrounds in out-of-home care in NSW: support, strategies, challenges and issues*, published by the NSW Association of Children's Welfare Agencies.

1.3 Approach used in preparing this paper

This issues paper draws on literature sourced from electronic searches using EBSOC Host, Informit and key research organisations websites such as the Cochrane Library, Chapin Hall and the Urban Institute. A search on websites of key Australian research organisations was undertaken in early 2006 to establish what current research was being conducted on kinship care in Australia.

The literature on kinship care is dominated by research conducted in the United States. To a lesser extent, research has also been conducted in Europe, United Kingdom, New Zealand and Australia.

This issues paper does not attempt to provide a comprehensive review of the literature but draws on reviews and recent publications in the area. In particular, it draws on work undertaken by Cuddeback (2004) and Scannapieco (1999). Scannapieco (1999) conducted a systemic review of all peer reviewed studies on kinship care in the public child welfare system in the United States from 1980 to 1997. Twelve relevant studies were identified for this systematic review. More recently, Cuddeback (2004) conducted a substantive synthesis of over 100 empirical studies on formal kinship family foster care, evaluating the strengths and limitations of the methodology, with relatively strong methodologies given greater weight.

1.4 Quality of research

The literature consistently reports that our knowledge of kinship care is restricted due to methodological limitations and/or the narrow focus of the research studies. The limitations outlined in the literature include:

- The majority of research studies on kinship care have been conducted in the United States (with large African American populations) and the findings may not be generalisable to other countries (Scannapieco, 1999; Geen, 2003; Holtan et. al., 2005).
- Few studies have control groups to compare the outcomes for children in kinship care placements with those in other types of out-of-home care placements and informal kinship care (Scannapieco, 1999; Holtan et. al., 2005; Dunne & Kettler, 2006).
- Many studies do not use standardised measurement tools with known reliability and validity to allow for a more reliable comparison across studies (Cuddeback, 2004).
- Few studies minimise selection bias or take into account the differences between children who enter kinship care and those who enter foster care. Few take into account selection effects on service outcomes (See Grogan-Kaylor, 2000; 2001 cited in Barth et. al., in press).
- Few studies have measured the quality of the home environment and parenting but these are needed (Barth et. al., in press).
- Few studies use multiple informants (i.e. carer, teacher, child) thus 'rater bias' may skew the data (Shore, Sim, Le Prohn & Keller, in press).
- Few studies have obtained the views of children about their experiences of living in kinship care although children are a crucial source of information (Cuddeback, 2004; Messing, 2006).
- Prospective longitudinal studies are lacking. Many studies have been cross-sectional in design, collecting data at a single point in time. Base-line data on children's wellbeing on entering care is needed to measure changes in outcomes once they are placed in kinship care. Longitudinal studies also allow the 'durability' of outcomes to be measured (Dubowitz, 1994; Barber & Delfabbro, 2000; Cuddeback, 2004; Dunne & Kettler, 2006).

2. Overview of kinship care

2.1 The use of kinship care

The provision of care by extended family members or kin to raise children is a common practice across cultures. The use of kinship care by child welfare agencies has emerged from a long-standing tradition of private arrangements amongst kin (Geen, 2003). Today, some kinship carers are involved in the child welfare system and some are not. Kinship care can be a private arrangement made by family members independent of the legal system and are not under the auspices of the child welfare system (often referred to as informal kinship care). Alternatively, kinship care can be a court-ordered arrangement made through a statutory child welfare agency (often referred to as formal kinship care). Formal kinship care refers to children who have been reported to child protection services, are removed from the care of their legal parent or guardian, and have been placed in the care of a relative by a child welfare agency (Strozier & Krisman, in press)⁸.

Statutory out-of-home care services provide placement and support to children and their families where children have been assessed as being at risk of harm due to child abuse or neglect or where their birth parents are unable or unwilling to care for them. In recent decades there has been an increase in the use of kinship and foster care placements, and a decrease in the use of placements in residential care (Hegar & Scannapieco, 1999; Australian Institute of Health and Welfare, 2006).

The literature reveals that the increase in the use of formal kinship care is an international phenomenon that commenced in the late 1980s in many developed countries including the United States (Geen, 2003), the United Kingdom (Broad, 2004), Western Europe (Holtan et. al., 2005) and New Zealand (Worrall, 2001). The number of children in kinship care varies amongst these countries with a lower rate of use in the United Kingdom and Western European countries in comparison with the USA⁹. In addition, there may be variations within countries in the rates of children placed in kinship care between states or jurisdictions (Messing, 2006).

In Australia data from the Australian Institute of Health and Welfare (2006) shows that the number of children in out-of-home care has increased each year since the mid 1990s and the majority of children are now in home-based placements (95 per cent as at 30 June 2005). Nationally, as of June 2005, most children in out-of-home care are in foster care (54%) and kinship care (40%). Compared with other jurisdictions, NSW has a relatively high proportion of children placed in kinship care, and is the only state where the proportion of children in kinship care exceeds that in foster care (57%).

Despite the tendency for child welfare agencies in Australia to place children in kinship care, the recent *Audit of Australian Out-of-Home Care Research* (Cashmore & Ainsworth, 2004) found there is little substantial research on kinship care in Australia and there is no concrete evidence that this type of care produces better outcomes for children. It is strongly argued in the international literature that research on kinship care is limited and still in its infancy (Scannapieco, 1999; Cuddeback, 2004).

This section of the paper provides an overview of kinship care. First, it identifies the main reasons given in the literature for the growth in kinship care over the past decade or more. It then goes on to examine the basic data on kinship care for Australia and New South Wales.

⁸ In NSW formal kinship care is a placement made under an order 'placing a child under the parental responsibility of the Minister' in the *Children and Young Persons (Care and Protection) Act 1998*. The provision of statutory out-of-home relative and kinship care must comply with requirements of the *Children and Young Persons (Care and Protection) Act 1998*, in the same way as for foster care. A definition of statutory and non-statutory care in NSW is outlined in Appendix 1.

⁹ The varying rates of children in statutory kinship care reported in the literature are as follows:

- UK: 12% of all children looked after were in kinship care (2002 data) (Broad, 2004).
- Norway: 13% of children in state custody were in kinship care (2000 data) (Holtan et al., 2005).
- USA: 32% of children who had been in foster care for one year were placed in kinship care (National Survey of Child & Adolescent Well-being, NSCAW, 2003, cited in Messing, 2006).
- NZ: 32% of children are in kinship care (2002 data) (cited in Connolly, 2003).

2.2 What has influenced the growth in kinship care?

At a theoretical and practical level, the literature documents a range of reasons for the growth in kinship care. While there is limited evidence that kinship care results in better outcomes for children (Strijker et. al., 2003), there are various assumptions that being placed with family members rather than 'strangers' is less stressful and will help to maintain family ties and culture and make it more likely that children will be placed with their siblings. The importance of relationships and connections for positive wellbeing are well documented. For example, Bowlby's attachment theory reasoned that grief, anger, and distress as the result of temporary or permanent loss of access to existing attachment figures can only be resolved by children, if they are able to develop attachment relationships with their alternative caregivers (cited in (Oosterman et. al., in press). For these reasons alone, the general preference for placing children with relatives is likely to continue. Other reasons for the growth in kinship care are the increasing pressure on foster care with increasing numbers of children entering care and a worsening shortage of foster carers, and likely cost savings to government. The literature suggests the growth in kinship care is likely to continue and perhaps increase (Hegar & Scannapieco, 1999).

Kinship care maintains family ties and culture

Kinship care enables children to live in a familiar environment and there is a growing recognition of the importance of children in care maintaining contact with their families, community and culture (Strijker et. al., 2003). It is assumed that kinship care can reduce adjustment problems by maintaining family continuity through retaining links with the birth family, increasing the chance that siblings can remain together, and building on existing family attachments (Geen, 2003; Cuddeback, 2004; Harden et. al., 2004). Relatives also offer the opportunity for having continuing support beyond the age of 18 years (Barth et. al., in press).

Cultural continuity may also be enhanced by kinship care (Shlonsky & Berrick, 2001) as cultural and religious ties are more likely to be preserved (Strijker et. al., 2003). Kinship care is increasingly becoming the most common form of placement for Indigenous children across Australia (Australian Institute of Health and Welfare, 2006; NSW Department of Community Services, 2006). Past practices of separating Indigenous children from their families and culture have been criticised for their very poor outcomes (Human Rights and Equal Opportunity Commission, 1997). It is now a common belief that Indigenous children should be placed with their extended family (which includes Indigenous and non-Indigenous relatives/kin), their Indigenous community, or with other Indigenous people whenever possible (NSW Law Reform Commission, 1997).

Kinship care fits with a belief that children belong with their biological family and that family is the best place to raise children. There is also a belief that kin carers have an extra level of commitment to the child because of the biological and emotional connection – 'blood is thicker than water' (Dubowitz, 1994).

Arguments against kinship care are based on beliefs about intergenerational abuse, dysfunctional families and parenting capacity – the concern that members of the extended family might be as dysfunctional and as incapable of caring for the child as the parents were (Terling-Watt, 2001; Cashmore, 2001; Geen, 2003). Another argument against kinship care is that it may be difficult to determine and maintain the boundaries and roles in relation to the birth family (Strikjer et. al., 2003; Hotlan et. al., 2005). However, during the 1980s and 1990s changing beliefs and ideologies concerning family preservation and family ties have influenced the use of statutory kinship care (Leslie, Landsverk, Horton, Ganger & Newton, 2000). Kinship care placements are described as having catapulted from 'last resort to first choice' among out-of-home care placement options (Ingram, 1996 in Terling-Watt, 2001).

Kinship care can reduce children's separation trauma

Being separated from a parent for care reasons can be very stressful for children and it is hoped that placing children within their kinship group that they know and trust will minimise this stress (Patton, 2003; Geen, 2003; Cuddeback, 2004). A recent qualitative study conducted in NSW found that the perceived psychological benefit of kinship care came from the familiarity between carers and children, and that this familiarity was seen as minimising the trauma of being placed in care and provided a sense of comfort to the child (Mason, Falloon, Gibbons, Spence & Scott, 2002). Children's own views tend to support this view (Messing, 2006).

Shortage of foster carers

The increasing numbers of children in out-of-home care coupled with the shortage of foster placements is contributing to the growth in kinship care (Geen, 2003; McHugh, McNab, Smyth, Siminiski & Saunders, 2004). The shortage of foster carers is a characteristic of child welfare systems in the United Kingdom (Broad, 2004), the United States (Geen, 2003) and Australia (McHugh et. al., 2004). Generally, it is believed that the availability of kinship carers is encouraged by a strong sense of family obligation to raise one's own children (Spence, 2004).

A recent report by McHugh and colleagues (2004) examined the insufficient supply of foster carers in NSW. This study found two factors contributing to the short supply of foster carers were the number of people volunteering to be foster carers, and the difficulty of retaining experienced carers once they have been recruited. The number of foster carers is projected to increase at a lower rate than the growth of the overall population of adult women mainly because of women's increased participation in the labour force; women in the labour force are less likely to foster.

With the Indigenous population increasing there is a concern that there will not be enough kinship carers for Indigenous children requiring out-of-home care¹⁰.

Political and economic perspectives

Literature from New Zealand (Worrall, 1999), United Kingdom (Broad, 2004) and the United States (Gleeson, 1996) identifies cost savings as a factor contributing to the growth in kinship care. Lower costs to government through comparatively fewer financial and human resources expended to support kinship placements over other forms of out-of-home care is another factor that may be contributing to the increase in kinship care (Bromfield et. al., 2005). While kinship carers may receive carer payments, as do foster carers, they are less likely to receive casework interventions in comparison with foster carers. The inequitable funding of kinship care has been a source of ongoing debate and recommendations to address the anomalies are beginning to emerge (Connolly, 2003)^{11 12 13}.

In Australia, the large proportion of Indigenous children in kinship care raises the issue of an inequitable distribution of resources on racial grounds – in effect if not in intention (Thorpe, 2002).

¹⁰ The National Child Protection Clearinghouse was commissioned by the Australian Council on Children and Parenting to undertake a literature review on the recruitment, retention and support of Aboriginal and Torres Strait Islander foster carers (Richardson, Bromfield & Higgins, 2005).

¹¹ In the UK, Munby found the policy and practice of a local authority to pay foster carers who are relatives and friends of the children at a lower rate than that paid to non-relative foster carers was ruled to be in breach of the European Convention of Human Rights (Broad, 2004).

¹² In NSW in October 2006 a new age-based carer payments for authorised foster carers, relative and kinship carers was introduced (relative and kinship carers in non statutory arrangements may be eligible for the Supported Care Allowance until the young person's 18th birthday).

¹³ A Report prepared by Chapin Hall Centre for Children University of Chicago for the New York Office of Children and Family Services: *Relative Caregivers, Kinship Foster Care, and Subsidised Guardianship: Policy and Programmatic Options* (2002) provides helpful discussion regarding carer payments.

2.3 Who is in kinship care?

Recent data on out-of-home care in Australia and NSW are available from the Australian Institute of Health and Welfare (2006) and the Department of Community Services' Annual Statistical Report (May 2006) although there are some differences in their figures because the Australian Institute of Health and Welfare adjusts DoCS' data to meet their national reporting guidelines (or 'counting rules')¹⁴. The data published by both organisations are presented below.

Number of children and young people in out-of-home care in Australia

The Australian Institute of Health and Welfare (2006) data shows that the number of children in out-of-home care in Australia has increased each year since 1996. One explanatory factor reported by several states and territories is the increasingly complex family situations of children associated with parental substance abuse, mental health and family violence. As at 30 June 2005, there were 23,695 children in out-of-home care in Australia, 95 per cent of whom were in home-based care. Of these, 54 per cent were in foster care, 40 per cent kinship care, and one per cent other home based care (see Table 1).

Table 1 shows that NSW had a relatively high proportion of children placed in kinship care (57%) compared with other jurisdictions; Queensland and South Australia had a relatively high proportion of children in foster care (72% and 73% respectively). In addition, NSW is the only state with a higher percentage of children in kinship care (57%) than foster care (39%) (Australian Institute of Health and Welfare, 2006). The reasons for variations are unclear but are likely to include differences in the policies and practices of relevant departments in relation to out-of-home care, as well as variations in the availability of appropriate out-of-home care options (Australian Institute of Health and Welfare, 2006). The increasing use of kinship care for Indigenous children is in line with the Aboriginal Child Placement Principle. While there is no similar placement principle for non-Indigenous children in Australia (Eardley & Smyth, 2006), the number of non-Indigenous children in kinship care is also increasing. Spence (2004) suggests that caseworkers in NSW may be interpreting the 'least intrusive' principle outlined in the *NSW Children and Young Persons (Care and Protection) Act 1998* as placement with kin.

¹⁴ The AIHW reporting is based on a subset of the Department of Community Services' data as additional counting rules are applied to the Department of Community Services' data to produce the NSW information for the Australian Institute of Health and Welfare report. For example, compared to the Department of Community Services' counts, the Australian Institute of Health and Welfare counts exclude placements made in disability service, medical or psychiatric services, juvenile justice facilities, supported community housing and placements with one parent or both parents. The Australian Institute of Health and Welfare counts also exclude placements which do not have an allowance payment or certain contingency payments (i.e. fee for service payments etc) (personal correspondence).

Table 1: Children in out-of-home care: type of placement, by state and territory, at 30 June 2005

| Type of placement | NSW | Vic | Qld | WA ^(a) | SA | Tas | ACT | NT | Total |
|------------------------------|--------------|--------------|--------------|-------------------|--------------|------------|------------|------------|---------------|
| Number | | | | | | | | | |
| Foster care | 3,620 | 2,448 | 4,085 | 882 | 967 | 278 | 170 | 230 | 12,680 |
| Relatives/kin | 5,292 | 1,335 | 1,511 | 737 | 264 | 126 | 113 | 57 | 9,435 |
| Other home-based care | – | 238 | – | – | 4 | 70 | – | – | 312 |
| Total home-based care | 8,912 | 4,021 | 5,596 | 1,619 | 1,235 | 474 | 283 | 287 | 22,427 |
| | | | | | | | | | |
| Family group homes | – | – | – | 43 ^(b) | 54 | 58 | – | – | 155 |
| Residential care | 268 | 365 | 61 | 124 | 40 | – | 56 | 25 | 939 |
| Independent living | 50 | 22 | – | 26 | – | 25 | 1 | 1 | 125 |
| Other ^(c) | – | – | – | 17 | – | 19 | 2 | 11 | 49 |
| Total | 9,230 | 4,408 | 5,657 | 1,829 | 1,329 | 576 | 342 | 324 | 23,695 |
| | | | | | | | | | |
| Per cent | | | | | | | | | |
| Foster care | 39 | 56 | 72 | 48 | 73 | 48 | 50 | 71 | 54 |
| Relatives/kin | 57 | 30 | 27 | 40 | 20 | 22 | 33 | 18 | 40 |
| Other home-based care | – | 5 | – | – | – | 12 | – | – | 1 |
| Total home-based care | 97 | 91 | 99 | 89 | 93 | 82 | 83 | 89 | 95 |
| | | | | | | | | | |
| Family group homes | .. | .. | .. | 2 (b) | 4 | 10 | .. | .. | 1 |
| Residential care | 3 | 8 | 1 | 7 | 3 | – | 16 | 8 | 4 |
| Independent living | 1 | – | – | 1 | – | 4 | – | – | 1 |
| Other(c) | – | – | – | 1 | – | 3 | 1 | 3 | – |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Source: The Australian Institute of Health and Welfare, 2006

(a) Western Australia data include a small number of children who were placed with relatives who were not reimbursed.

(b) Western Australia reported children in family group homes separately to residential care for the first time in 2004-05.

(c) 'Other' includes unknown living arrangements.

Number of Indigenous and non-Indigenous children and young people in out-of-home care in NSW

The NSW Department of Community Services' data reveal that over the last five years the number of children in out-of-home care in NSW has increased by 10 per cent. The total number of children was 10,041 as at June 2005 (see Table 2).

Indigenous children are over-represented in care and make up nearly a quarter of all children in out-of-home care. The rate of Indigenous children in out-of-home care was 42 per 1,000 population compared with 5 per 1,000 population for non-Indigenous children (at 30 June 2005).

Table 2 shows most children are placed with relatives, kin or in foster care. Half of all children in out-of-home care were placed in relative and kinship care (as at 30 June 2005). More Indigenous children in out-of-home care were placed with relatives or kin (64%) compared with non Indigenous children (45%) as at 30 June 2006.

As at 30 June 2005, a total of 84 per cent (2,262) of Indigenous children were placed in accordance with the Aboriginal Child Placement Principle that is, placed with the child's extended family (which includes Indigenous and non-Indigenous relatives/kin), the child's Indigenous community, or other Indigenous people whenever possible.

Table 2: Children in out-of-home care by placement type and Indigenous status, at 30 June 2005, NSW

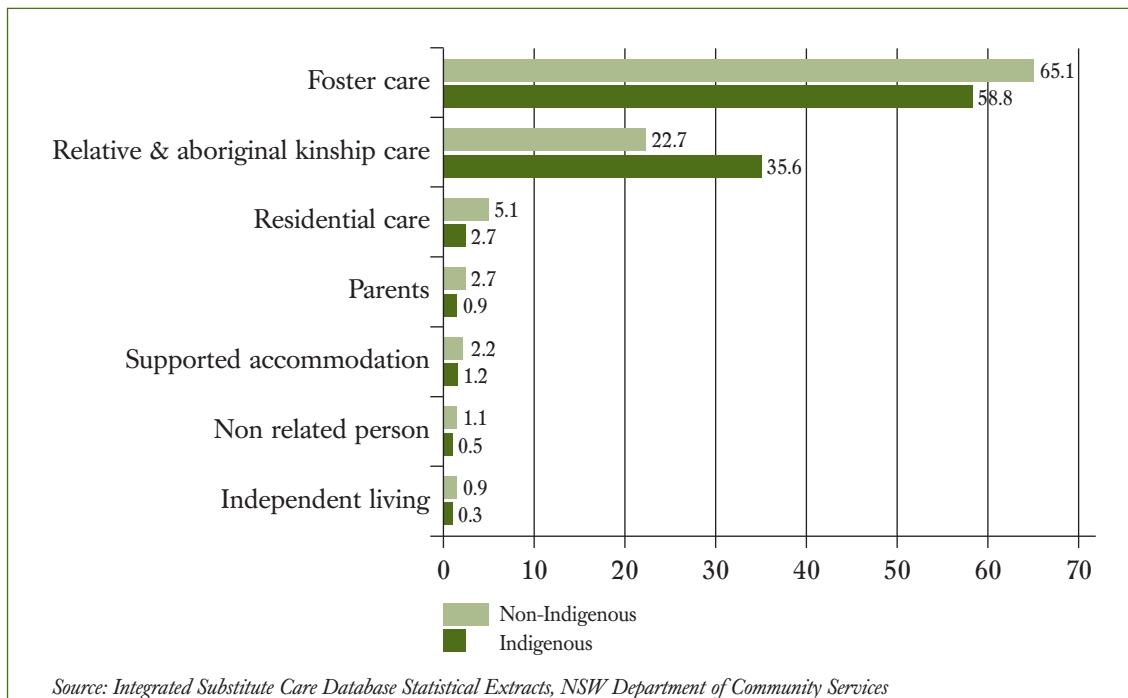
| Placement | Non-Indigenous children | | Indigenous children | |
|------------------------------------|-------------------------|--------------|---------------------|--------------|
| | No. | % | No. | % |
| Relative & aboriginal kinship care | 3,323 | 45.2 | 1,708 | 63.6 |
| Foster care | 2,941 | 40.0 | 751 | 28.0 |
| Non related person | 459 | 6.2 | 103 | 3.8 |
| Parents | 266 | 3.6 | 54 | 2.0 |
| Residential care | 249 | 3.4 | 51 | 1.9 |
| Independent living | 57 | 0.8 | 11 | 0.4 |
| Supported accommodation | 59 | 0.8 | 8 | 0.3 |
| Not specified | 1 | 0.0 | | 0.0 |
| TOTAL | 7,355 | 100.0 | 2,686 | 100.0 |

Source: Integrated Substitute Care Database Statistical Extracts, NSW Department of Community Services

Placement type on entering out-of-home care

The NSW Department of Community Services' data shows that nearly one in four (23%) of all the children who entered care were placed in relative and kinship care arrangements (see Figure 1). One in three (36%) Indigenous children who entered care during 2004/05 were placed with relatives or Aboriginal kin. This percentage increases as Indigenous children enter this type of arrangement in subsequent placements during their period in out-of-home care. Almost the same proportion of Indigenous and non Indigenous children who entered care were placed in foster care (65% and 59% respectively).

Figure 1: Children and young people ENTERING CARE during 2004/05 by placement type and Indigenous status in NSW



Other characteristics of children and young people in kinship care

Nationally there is a research gap relating to kinship care thus little is known about the characteristics of children living in kinship care in NSW or Australia. A study of kinship care in NSW by Mason and colleagues (2002), based on data provided by the NSW Department of Community Services, reports that kinship care was the most likely placement option for both boys and girls and for all age groups (child's age at June 30, not the age at the start of the placement) except 16-17 year olds. Younger children were more likely to be in kinship care than older children. Between 1997 and 2000 kinship care was increasingly used for all reasons for entering care and for all placement lengths. The authors found it difficult to get information about clients from non English speaking backgrounds because of data collection issues. Kinship care was least likely used as a placement option for wards of the state.

The Victorian audit of kinship care (2000) provides an overview of the kinship care population as at 30 June 2000. Overall, metropolitan regions had more kinship care clients than rural regions. No other client characteristics were reported from the population data. The audit provides more detailed data for a sample of 537 clients collected from client records. This sample data indicates there are similar proportions of boys and girls in kinship care but girls were more prevalent in rural regions. About half of the kinship clients were aged between 0 and 7 years. Emotional abuse, neglect and physical abuse were the primary abuse types experienced by the clients in their current placement. Kinship care appears to be used less often when sexual abuse is the primary abuse type. The total number of notifications received prior to the placement with kin were: one notification (26%), two and three notifications (39%), four to six notifications (19%), seven to ten notifications (12%), and eleven or more notifications (3%).

Section 4 outlines the international research literature on the demographic characteristics and child protection backgrounds of children in kinship care.

Key issues

Nationally, most children in out-of-home care are in home-based placements, with 54 per cent in foster care placements and 40 per cent in kinship care placements. Overall, the data shows that kinship care is the most common placement type in NSW with more children in kinship care placements than in foster care placements. In comparison with other jurisdictions, NSW is the only state with the percentage of children in kinship care (57%) above the national average. A higher proportion of Indigenous children are placed in kinship care than non-Indigenous children in NSW (both on entry to care and while in care). There is little understanding about the characteristics of children in kinship care in Australia.

3. Does kinship care increase the likelihood of more positive outcomes for children and young people?

On the evidence available, it appears that children in kinship care have worse outcomes than children in the general population, but do at least as well, if not slightly better, than children in foster care (Cuddeback, 2004; Dunne & Kettler, 2006). However, it is difficult to compare outcomes for children in kinship care and foster care given the methodological limitations of the studies (unrepresentative samples, over-representation of ethnic groups; cross-sectional design, no base line measures, lack of multiple informants), and the fact that there are pre-care differences between children in kinship care and foster care.

The review of the literature found that the bulk of the research comparing outcomes of kinship care and foster care does not adequately differentiate the impacts of kinship care itself from the children's pre-existing difficulties. There is some evidence that children placed in kinship care differ from children placed in foster care. For example, an earlier study by Benedict, Zuravin & Stallings (1996) found children in kinship care tend to have fewer developmental or behavioural problems reported in the social services record as present before out-of-home care placement than those placed in foster care.

The recent US National Survey of Child and Adolescent Well-being (NSCAW) explains that differences between children going into kinship care and foster care suggests that there are various selection processes and this complicates the interpretation of outcomes of child protection services (Barth et. al., in press). The differences between children entering kinship care and foster care may suggest that kinship carers are choosing to take children who are less compromised; or it may suggest that the statutory authority might be more likely to intervene earlier where children are moving into kinship care because it is seen as a less intrusive intervention. If this is the case, recognising the inherent value of early and stable placements is important, regardless of placement type (Brooks & Barth, 1998).

Another explanation for the differences between children in kinship and foster care may be 'rater bias' with kinship carers less inclined to report negative behaviours than foster carers. Alternatively, foster carers may be better at identifying problem behaviours and reporting them to secure services for the child (Shore et. al., 2002).

This section will look at the key research findings comparing outcomes of kinship care to foster care in the following areas: wellbeing, permanency planning and placement stability, family contact and the safety of children, and children's perspectives of care. However, policy makers and practitioners need to be cautious in implying cause and effect between placement type and outcomes when comparisons in the literature are only based on correlations.

The following section (Section 4) examines the factors that may affect the outcomes for children in care.

3.1 Well-being

Children in care are generally vulnerable because of the abuse and neglect experienced by many prior to entering care and are at increased risk of social and emotional problems (Chamberlain et. al., 2006) including conduct problems and defiance, attachment insecurity and disturbance, attention deficit/hyperactivity, trauma-related anxiety and sexual behaviour (Tarren-Sweeney in Bromfield et. al., 2005). However, the literature on behavioural and emotional problems of children in kinship care is scarce (Holtan et. al., 2005).

Studies comparing children and young people in kinship care with those in foster care

There is no methodologically rigorous research demonstrating that children in kinship care have better wellbeing outcomes than children in foster placements (Geen, 2003; Carpenter & Clyman, 2004). As outlined above, the main difficulty is that there appear to be differences between the children who enter kinship and foster care when they enter care and these are not adequately taken into account in most of the research.

The synthesis of the research literature by Cuddeback (2004) found that the evidence is limited and inconclusive as to whether children in kinship care have greater or lesser number of developmental, emotional or behavioural problems compared with children in foster placements. However, there appears to be a trend that children in kinship care are functioning slightly better in some areas.

Positive differences in favour of kinship care

- Children in kinship care had fewer emotional and learning disabilities and fewer emotional disturbances and school problems than children in foster care (Franck, 2001).
- Children in foster care were more likely to have run away, to have drug and alcohol problems, and truancy and delinquency problems compared to children in kinship care (Franck, 2001).
- Children in foster care were more likely to have repeated a grade in school (Benedict et. al., 1996; Berrick, Barth & Needell, 1994; Landsverk, Davis, Ganger, Newton & Johnson, 1996; Brooks & Barth, 1998) or be enrolled in special education classes (Goerge, Voorhis, Grant, Casey & Robinson, 1992; Berrick, Barth & Needell, 1994) compared to children in kinship care (however the factors influencing this finding are not clear).
- No differences in behavioural functioning between children in kinship care and foster care although children in foster care were more likely to have a serious mental health problem and more likely to have problems in overall functioning (Iglehart, 1994; Scannapieco, Hegar & McAlpine, 1997).

Positive differences in favour of foster care

- Children in kinship care have more behaviour problems (Berrick, Barth & Needell, 1994; Keller, Wetherbee, LeProhn, Payne, Sim & Lamont, 2001) and more health problems due to prenatal drug exposure (US Accounting Office, 1995; Keller, Wetherbee, Le Prohn, Payne, Sim & Lamont, 2001) compared with children in foster care.

No differences or mixed findings

- Children in foster care had higher internalising, externalising, and total scores on the Child Behaviour Checklist (CBCL: Achenbach 1991) and children in kinship care had higher scores on measures of communication skills but there were no differences between kinship and foster children on other standard measures of behaviour and intelligence (Jones, 1998).
- No differences reported in the educational performance of children in kinship and foster care (Iglehart, 1994; Scannapieco et. al., 1997).
- Few differences were found between children in kinship care and foster care in their vision for the future and preparedness for independent living (Iglehart, 1995) (small non probability sample).

Holtan and colleagues (2005) refer to five studies, mostly conducted in the US, that directly compare children in kinship and foster care. These studies reveal less problematic behaviour in children placed with kin, however this study is limited by cross sectional design. Holtan and colleagues (2005) published the first study based in a European country comparing child psychiatric problems and placement characteristics of children living in kinship and foster care in Norway (based on previous research findings in the United States). Consistent with previous research, children in kinship care had fewer emotional and behavioural problems than those in foster care. The kinship group had fewer previous placements, were more often fostered in their local community and had more contact with their birth parents. Positive outcome was significantly associated with placement within the child's own community, which may maintain children's links with their family, culture, educational and social networks. The researchers note that further research is needed to explain why children in care within their local community fare better than those placed outside their local community (Holtan et. al., 2005).

Research on the general developmental outcomes of drug exposed children is sparse. In a study that looked at the outcomes of drug-exposed children and non drug-exposed children in kinship care and foster care, Brooks and Barth (1998) note little difference between the groups in terms of educational outcomes, however, there were differences in emotional and behavioural outcomes. Non-drug exposed children living in kinship care were less likely to display behavioural problems than all other groups. Drug exposed children in kinship care had poorer outcomes than children from the other groups. The study suggests that placement in kinship care may have different implications for drug exposed and non drug exposed children, that is, kinship care appears to pose special challenges for drug exposed children and that this placement type may not be meeting their needs. This finding may be related to the fact that kinship carers receive and/or use fewer services and supports than foster carers (see Section 4). The research suggests that drug exposed children in kinship care could have better outcomes if more assistance was provided.

Keeping siblings together may be important for child health and well-being outcomes. A study by Wheal & Waldeman (1999) found the presence of siblings reduces anxiety about separation and kin carers are more likely to care for sibling groups (Sellick, Thoburn & Philpot, 2004). Tarren-Sweeney and Hazell (2005) reporting on the first stage of their study on the psychological health of siblings in care in NSW found that girls separated from their siblings had poorer psychological health and socialisation than those living with at least one sibling (Dunne & Kettler, 2006). Studies have shown that kinship carers are more likely to care for larger sibling groups compared to foster carers (Geen, 2004; Dubowitz, 1994) and this has been viewed as one advantage of kinship care. A recent study in the UK found in practice similar proportions of children were placed with siblings in kinship care and foster care (Farmer & Moyers, 2005).

Studies of children and young people in kinship care and adult outcomes

Very few studies have been conducted on the long-term social and emotional outcomes of adults who have lived in kinship care (Carpenter & Clyman, 2004; Barth et. al., in press). In one of the few longitudinal studies of children in kinship care, Benedict and colleagues (1996) used various measures of adult functioning to compare 214 young adults formerly in care (40 per cent kinship care; 60 per cent foster care). The findings suggest that those who had been placed with kin do just as well as children placed with foster carers in relation to education, employment, income and housing. No significant differences were found between the two groups. In relation to physical and mental health, life stresses, social support, drug use and violence, the only statistically significant difference was that the kin group had higher heroin usage (28 per cent compared with the non-kin group 11 per cent).

Similar findings on adult outcomes for children who experienced out-of-home care were found in a small longitudinal study (sample size 20) conducted by Andersson (1999) in Sweden (cited in Dunne & Kettler, 2006).

Conversely, a study in San Diego by Taussig and Clyman (2002) found that children raised in long-term out-of-home care who spent more time in kinship care than foster care had worse outcomes than children raised with more time in foster care. The outcome measures included delinquency, sexual behaviours, substance abuse, total risk behaviours, tickets/arrests, and grades after adjusting for age, gender and initial level of behaviour problems factors (cited in Barth et. al., in press).

Positive aspects for children and young people in kinship care

Perceived or 'felt' security in care, the development of meaningful and trusting relationships, continuity and social support are important in achieving positive mental health outcomes for children in care (Cashmore & Paxman, 2006). Dunne and Kettler's (2006) review of the research on social and emotional issues of children in kinship care refers to studies that have found positive aspects of kinship care (for example: placement stability, attachment to carers, positive identity, a sense of belonging, feeling safe and secure). They argue that these positive aspects of kinship placements may have a positive impact on children's social and emotional wellbeing and require further research. Identity may be a particularly important outcome indicator for Indigenous kinship care.

Key issues

The research literature on kinship care documents that there is no conclusive evidence that children in kinship care have a greater or lesser number of social and emotional problems compared with children in foster placements. However, it appears that outcomes for children in kinship care are slightly better in some areas of child functioning.

Research findings and conclusions tend to be limited by small samples, methodological problems and a lack of baseline measures from which progress comparisons can be drawn (Connolly, 2003). The differences between children going into kinship care and foster care suggests that there are various selection processes and this complicates the interpretation of outcomes of child protection services.

Given the current lack of methodological rigorous research it is not useful to compare outcomes for children in kinship care and foster care. Policy makers and practitioners need to be cautious in implying cause and effect between placement type and outcomes when the research does not adequately differentiate the impacts of kinship care itself from the children's pre-existing difficulties.

3.2 Placement stability

One of the main challenges in out-of-home care is stability and prevention of placement breakdown (Holtan et. al., 2005). Some studies have linked multiple placements of children in foster care with poor attachment and poor educational, emotional and behavioural outcomes (Shlonsky & Berrick, 2001). Given that children in care are at an increased risk of behavioural and emotional problems, improving placement stability is a key component of adequate care (Chamberlain et. al., 2006). Jackson and Thomas (1999) found that 'placement with relatives' and 'placement with siblings' were among 'several factors' that were strongly associated with stability in placements (Sellick et. al., 2004). However, they concluded that there is a lack of high quality research on stability in care and continuity in care. Overall, research on the stability of kinship care placements provides conflicting evidence.

Research studies have shown that being placed in kinship care has been found to decrease the risk of placement disruption (James, 2004 in Chamberlain et. al., 2006). Zinn and colleagues (2006) found that placement with relatives almost halves the likelihood that a child will experience a placement change. Also, children in kinship care generally have fewer prior placements (Cuddeback, 2004) and as noted earlier, studies have shown that more larger sibling groups are placed together in kinship care than in foster care (Geen, 2004; Dubowitz, 1994). Most studies examining outcomes in care suggest that joint sibling placements are as stable as, or more stable than, placements of single children or separated siblings and that children do as well or better when placed with siblings (Hegar, 2005; Oosterman et. al., in press). Farmer and Moyers (2005) note that placements of lone children in kinship care were significantly more likely to end than those where there were other children in the household and their interviews revealed some loneliness amongst lone children living with elderly relatives with few other children in the locality.

However, the assumption that placements in kinship care are generally more successful than other placements, because placement with relatives is supposed to be more secure, has not been supported by a recent review and meta analysis of disruptions in foster care by Oosterman and colleagues (in press). Their examination of protective factors for placement breakdown revealed no significant effect of kinship care on placement breakdown. Placement breakdown was associated with older age at placement, behaviour problems, a history of residential care and previous placement. Their analysis found potential protective factors of placement breakdown referred to the quality of foster caregiving and other foster care related aspects.

Evidence that the longer a child stays in kinship care the more likely that child is to have a disrupted placement has been found in two studies (Testa, 2001; Terling-Watt, 2001). These researchers examined placement stability in kinship care over a three-year period and found stability diminishes over time. Prior to the three year mark, kinship care was more stable than foster care. However, at about the three year mark, kinship care and foster care placements have the same chance of disruption (Testa, 2001). Terling-Watt's (2001) study on potentially permanent kinship placements among 875 children found that nearly half the placements (49%) had broken down by the end of the third year despite the fact that the majority of relatives wanted to keep the children and did not pose a threat of maltreatment. This study examined the factors that may influenced placement disruption (these are included in the list below).

Significant emotional costs are associated with placement changes for both children and their carers. Despite this fact, there has been relatively little research focusing on what specific factors that may result in placement breakdown in kinship care (Chamberlain et. al., 2006). The evidence regarding specific factors that may lead to placement breakdown in kinship care include:

- **Contact with parents.** The level of contact with birth parents was a main predictor of disruption. Reduced or no contact with birth parents during placement was associated with reduced placement breakdown. Contact may be a positive benefit for children in care of relatives but it may undermine the stability of the placement in other cases, especially where the carer has little or no outside support. In one study, intact placements tended to have birth parents who were located far away, or in jail, or not seeking contact (Terling-Watt, 2001). Two other studies (Fanshel & Shinn, 1978; Walsh & Walsh, 1990) have confirmed the relationship between placement breakdown and continual contact between child and birth parents (cited in Oosterman et. al., in press).
- **Closeness of the caregiver relationship.** The closeness of a relative was a factor that affected stability; for example, placements with grandmothers were 16 per cent more stable than placements with more distant relatives (Testa, 2001).
- **Characteristics of children.** Children moving from unstructured to structured environments (in particular, teenagers from substance-abusing families, or those who had a history of looking after themselves) did not take well to disciplinary environments (Terling-Watt, 2001). Another study by Webster, Barth & Needell (2000) found that males, children aged 3 to 5 years, and children removed for reasons other than neglect were more likely to experience instability (cited in Fernandez, 2006). Research findings show placement disruption has been found to be more likely to occur for the older child (Hunt, 2003 cited in Connolly, 2003).
- **Behavioural problems.** Children with behavioural problems are at an increased risk of placement breakdown. Chamberlain and colleagues (2006) study on placement disruption found that children reported to have six or less problem behaviours per day were at low risk of subsequent placement breakdown. Interventions that focus on reducing behavioural problems and increasing carers' parenting skills may reduce placement disruption; and possibly limiting the number of children in the same placement if a child has high behaviour problem rates.
- **Characteristics of carers.** Old age and health problems of kinship carers, particularly grandparents, were predictors of disruption. Many carers were uninformed and unrealistic about their ability to address the problems of the children in their care (Terling-Watt, 2001).
- **Services and support.** Efforts to identify, recruit, train and support appropriate kinship placements may reduce disruptions (Chamberlain et. al., 2006). Placements where relatives were not equipped and supported to deal with children with special needs and difficult behaviour are more likely to breakdown. The difficulties that kinship carers may have in coping with children's behaviour may be the result of a lack of training and information (Terling-Watt, 2001).

Key issues

Research studies have shown that being placed in kinship care decreases the risk of placement disruption. However, recent longer-term studies indicate that stability in kinship care may diminish over time. A recent review and meta analysis found kinship care did not show a significant association with placement breakdown. More research is required to examine stability and continuity in care. The evidence indicates that placement instability may be prevented by interventions including more in-depth assessment and screening for known risk factors and appropriate placement support.

3.3 Permanency planning

The principles of permanency planning address the issue of placement stability and continuity of relationships through adoption or legal guardianship (Geen & Berrick, 2002; Bromfield et. al., 2005). Research has shown that children placed in kinship care tend to remain in care longer than children in foster care (Cuddeback, 2004). This may indicate either a more satisfactory placement or reflect 'case drift' as the lower level of services and monitoring also reduces permanency planning. There is also limited evidence that children in kinship care are less likely to re-enter care once they have been restored than children in foster care (Cuddeback, 2004; Harden et. al., 2004).

The literature notes rates of reunification are similar for children placed with kin and non-kin; however the evidence appears to show that children in kinship care are reunified with their birth families at slower rates (Dubowitz, 1994; Scannapieco, 1999; Geen & Berrick, 2002; Cuddeback, 2004; Fernandez, 2006), although Cuddeback (2004) points out that this evidence is not entirely conclusive. The reasons for apparent slower reunification rates in kinship care are not yet known. This tendency could be attributed to features of the child welfare agency, birth family, child, carer, financial obstacles, inadequate case planning, other factors or a combination of factors (Leslie et. al., 2000; Cuddeback, 2004). Scannapieco (1999) has offered some explanations including parents' being comfortable with relatives raising their children and not actively pursuing their return as well as agencies putting less effort into permanency planning for kinship care placements or having a long-term placement as the plan.

Some studies have examined the factors that impact on restoration rates in kinship care placements. Cuddeback's (2004) review of the research evidence highlighted the following factors:

- **Service provision to birth families:** Birth families active efforts toward reunification, and those who received family preservation services are reunified more quickly.
- **Family contact:** Children in kinship care who receive regular visits from birth parents were more likely to return home or have other successful discharge outcomes.
- **Placement history:** Children who spent all their time in kinship care were more likely to be reunified than children who spent some time in restrictive placements (such as group homes).
- **Characteristics of the children:** Children in kinship care were less likely to be reunified if they had emotional and behavioural problems.
- **Characteristics of the parents:** Children in kinship care were more often restored if their birth mothers were employed and had higher incomes although this evidence has some methodological limitations.

There is some evidence that children in kinship care are adopted at lower rates than children in foster care (Scannapieco, 1999; Geen, 2003; Cuddeback, 2004; Fernandez, 2006). The factors that motivate families to adopt their kin are not clear but several explanations regarding the reluctance to adopt kin have been documented in the literature (Testa & Shook, 1996; Link, 1996; Messing, 2006):

- the difficulty of asking carers to terminate parental rights of the carer's own children or siblings
- children 12 years or older were seen as too old to adopt
- adoption being interpreted as 'giving up hope'
- grandparents' concern about changing their role from grandparent to parent
- many relatives felt they could not afford to adopt (without adoption subsidies)
- concern by some carers that adoption may cause confusion for the child
- concern about conflict with the birth parents
- a feeling that existing blood ties make legal bonds unnecessary.

However, recent work by Testa (2002) suggests that many kin can and will adopt if they are provided with accurate information and if they are reassured about ongoing payment subsidies, the continued role of birth parents in the lives of children, and the option to leave children's birth names intact (cited in Geen & Berrick, 2002).

A continuum of services and permanency options for children in kinship care requires further exploration (Link, 1996). Several authors discuss the need to redefine some of the concepts traditionally applied to foster care, such as permanency planning, when applying them to kinship care. Geen (2004: 140) notes that 'Kinship care arrangements question long-standing principles regarding what constitutes a permanent placement, thus kinship foster care present both opportunities and challenges for expediting children to permanency'. Similarly, Connolly (2003: 15) in her review of the literature notes, 'Although the US offers a range of permanency options for kinship placements: adoption, guardianship and long term foster care, Leos-Urbel et al (1999) argue that the unique nature of kinship care can make these options problematic. By its very nature, kinship care is a method of family preservation'. Perceiving kinship care as a model of family preservation, rather than a placement option that disrupts the family, may create more positive ways of examining the strengths of kinship care and its position with the systems of care (Connolly, 2003).

Key issues

Research shows that children placed in kinship care, in comparison with those placed in foster care, tend to remain in care longer, are reunified with their birth families at slower rates, and are adopted at lower rates. However, the research evidence is not entirely conclusive. It is unclear from the evidence what factors or combination of factors are associated with slower restoration rates. There is limited evidence that children in kinship care are less likely to re-enter care after restoration compared with children in foster care. Authors discuss the need to redefine concepts traditionally applied to foster care, such as permanency planning, when applying them to kinship care.

3.4 Contact and safety

There is evidence that children placed with relatives are more likely to have contact with birth parents and siblings than children in foster care (Harden et. al., 2004). While continued contact with the birth family is reportedly a benefit of kinship care, it may also provide an unfit parent with access to continue their abuse of the child (Dubowitz & Feigelman, 1993). Contact with birth parents in kinship care placements is less likely to be monitored by the child welfare system and more likely to be arranged between the kinship carer and birth parents (Messing, 2006). Continued contact could be synonymous with continued abuse or lead to conflict between the relative and birth parents regarding boundaries (Terling-Watt, 2001). The literature shows that kinship carers may be more inclined to allow birth parents unauthorised, unsupervised or inappropriate contact and access to children they have abused or neglected (Shlonsky & Berrick, 2001; Geen, 2003; Strikjer et. al., 2003; Dunne & Kettler, 2006).

To date, few studies have directly assessed the safety of children in kinship care (Geen, 2003). However, the literature notes that the vast majority of children in kinship and foster care are not the subject of risk of harm reports (Dubowitz & Feigelman, 1993). There is some evidence that children in kinship care experience lower rates of abuse and neglect than children in foster care (Cuddeback, 2004). Analyses of data from the recent National Survey of Child and Adolescent Well-Being (NSCAW) found that when reports of children in out-of-home care are examined by placement type at baseline, children in kinship care are less likely than children in foster care to have an additional child abuse report by 18 months (unsubstantiated reports: 10 per cent compared with 26 per cent respectively; and substantiated reports: 3 per cent compared with 11 per cent respectively) (Barth et. al., in press).

Shlonsky and Berrick (2001) reviewed the literature on child safety in kinship and foster care. Their review documents possible reasons for the higher rates of abuse and neglect in foster care. It may be that children are less likely to report harm when they are placed with kin; and kinship care is less likely to be monitored by the child welfare agency than foster care resulting in less detection. Another possibility is that caseworkers are more lenient with kinship carers than foster carers in terms of discipline and environmental conditions. The literature also notes that children in foster care may have more behaviour problems than children in kinship care and this may result in adolescents making false allegations against foster carers, or foster carers using unsanctioned disciplinary practices. In addition, Farmer and Moyers (2005) found in their research that many unsubstantiated allegations appeared to have been made by parents who were intent on undermining the placement.

Key issues

While continued contact with the birth family is reportedly a benefit of kinship care, it may also provide an unfit parent with access to continue their abuse of the child. To date, few studies have directly assessed the safety of children kinship care placements.

3.5 Children's experiences

Few studies have included children as participants (Cuddeback, 2004; Messing, 2006). Knowledge about the successful and less successful experiences of children can provide a broader perspective on the dynamics of kinship care (Altshuler, 1999). For example, a child's interpretation of family contact (as happy, stressful, etc) may be more important than the physical presence of a birth parent, yet children's perceptions of family contact have not been regularly taken into account (Messing, 2006).

Recent evidence from children living in kinship care suggests that some of its greatest strengths are the reduced stigma compared with foster care, the reduced trauma associated with separation from parents, and the broad sense of familial relationships (Messing, 2006). Crumbley and Little (1997: 2) found children within kinship families '... feel a sense of belonging, worth, history and value to others' (Patton, 2003: 5). Similarly, a qualitative study conducted by Altshuler (1999) found kinship care provided the children in the study with a sense of belonging and permanence. On a larger scale, Wilson and Conroy's (1999) study interviewing 1,100 children found more children 'always felt loved' in kinship care (94%) compared with foster care (82%) and residential care (46%); and equal numbers of children 'always felt safe' in kin and foster care (92%) compared with residential care (64%) (Tomison & Stanley, 2001).

Another study (Broad, Hayes & Rushford, 2001) found children in kinship care felt 'emotional permanence' (feeling safe and secure) living with their extended family. According to the children in this study the main advantages of kinship care were:

- feeling loved, valued and cared for
- belonging and feeling settled – not being moved around and subject to disruption
- wanting to be with people they know
- sustaining a sense of who they are (identity) through maintaining contact with family, siblings and friends
- feeling safe from harm or threatening behaviour of adults (including in residential and foster care)
- being rescued from or not being sent into stranger local authority care
- being listened to.

While research gathering the voices of children in kinship care has revealed children's positive experiences of being in care, it has also shown they felt guilty, for example, about not living with their parents/siblings, or about being taken into care (Broad, 2004). How children react to kinship care placements is likely to depend on several factors including prior relationships with their carers, the age of the carer's children, the circumstances they were living in before entering care and whether they are placed with siblings or not (Sellick et. al., 2004).

Key issues

To gain a greater understanding of kinship care, there is a need to listen to children about their experiences and needs. Few studies have included children as participants.

4. What factors affect outcomes of kinship care?

Given the strong current preference for kinship care and the shortage of nonrelative family foster homes ... kinship care is likely to remain an important resource for children in need of out-of-home care. It seems clear that kinship care is an appropriate option for some children and families, but not others. Therefore, rather than asking whether kinship care is good or bad, the important policy-relevant question is what factors influence the success or failure of kinship care placements (Dubowitz, 1994: 561).

As Geen and Berrick (2002: 10) explain, 'while the affective experience of placement with kin may provide special comforts to children and youth, some of the circumstances surrounding kinship care may compromise other areas of child wellbeing'. This section describes some of the key factors identified in the literature that may affect outcomes for children placed in kinship care compared with foster care. These include the characteristics of the children and carers, the impact of caring on kinship carers, the kinship carer's capacity to care for their relatives, the quality of the care environment and the services and support offered to kinship placements. There is clearly a need for more research on the factors that affect outcomes.

4.1 Characteristics of the children

Demographic characteristics

Children in kinship carers are not a homogenous group having a range of demographic characteristics and a wide range of familial backgrounds and experiences. Several international studies have identified differences between children in kinship care and foster care in terms of age and cultural background. Gender has been found not to be significant. Some studies found that children placed in kinship care are younger (on average 7-8 years old in most studies) (Scannapieco et. al., 1997; 1999). Kinship care placements involve a higher proportion of children from black and minority ethnic groups (Geen, 2003; Cuddeback, 2004; Broad, 2004).

Few studies have explored the differences between the characteristics of birth families of children in kinship care and foster care with methodological rigour (Cuddeback, 2004). Some studies have found that the birth parents of children in kinship care are more likely to be young and sole parents than birth parents of children in foster care (Landsverk et. al., 1996; Geen, 2003).

Child protection backgrounds

The reason for children's placement in kinship care is most often either neglect or parental substance misuse (Scannapieco et. al., 1997). Similarly, several small-scale studies have found that children in kinship care are more likely to be removed due to neglect as opposed to other forms of maltreatment (Geen, 2003). Cuddeback's (2004) review found strong evidence that children in kinship care are more likely to be removed from their birth homes due to parental substance misuse compared with children in foster care who are more likely to be removed due to birth parents' mental health problems. Other authors reviewing the research evidence have made similar observations (McFadden, 1998; Spence, 2004, Maluccio, Ainsworth & Thoburn, 2000; Geen, 2003). African American children were significantly overrepresented amongst the drug exposed kin group (Brooks & Barth 1998). Children prenatally exposed to drugs and alcohol may lead to educational, developmental and behavioural difficulties (cited in Shlonsky & Berrick, 2001).

Conversely, a recent study in the UK found parental difficulties that had led to children being cared for away from home were very similar for children in kinship and foster care (including death, domestic violence, mental health difficulties, drug and alcohol misuse). However, children who had a parent who had been in care themselves were more likely to be placed in foster care than kinship care (Farmer & Moyers, 2005).

The literature suggests that children in kinship care tend to have fewer developmental, behavioural and mental health problems present before out-of-home care placement than those placed in foster care (Benedict et. al., 1996). A study by Franck (2001) found that children in kinship care were less likely to have behavioural or developmental problems noted in their records before the placement started, compared with children in foster care who were more likely to have run away, to have misused drugs and alcohol, truancy and delinquency noted in their records (Vimpani, 2004). In contrast, a UK study (Farmer & Moyers, 2005) found the children in kinship and foster care were very similar in terms of their characteristics and the kinds of adversities they had experienced prior to placement. They also had similar levels of emotional and behavioural difficulties, although children in foster care were significantly more likely to have experienced emotional difficulties such as anxiety and depression prior to placement. Also children with multiple health problems were more often placed in foster care.

Some studies, although they have some methodological limitations, indicate birth fathers of children in kinship care seldom participated in case planning, were difficult to contact, and had multiple problems including substance misuse, repeated incarcerations and domestic violence issues (Cuddeback, 2004).

It is unclear from the evidence how these differences between children in kinship care and foster care affect child outcomes (Cuddeback, 2004).

4.2 Characteristics of the carers

Kinship carers are not a homogenous group, for example they may be grandparents, aunts/uncles, members of the extended kinship group or family friends, and they may be prepared to take on the care of children on a long-term basis as the next most appropriate person in the hierarchy of transferred responsibility or they may have been expecting it to be a short-term stopgap measure. A recent review of the literature found several studies that show many kinship carers accept their caregiving role because there is no alternative placement option and some end up caring for longer than originally planned (Eardley & Smyth, 2006).

International studies provide strong evidence that kinship carers are more likely to be single older women, poorer, less educated and lower socio-economic status than foster parents. While there is little research in Australia on the characteristics of kinship carers, the 2000 Victorian audit of kinship care found kinship carers had similar characteristics (Department of Human Services Victoria, 2000). Generally, grandparents form the largest group of relative carers. Factors that may impact on effective caring include economic disadvantage, stress, health issues and parenting skills (McFadden, 1998; Scannepieco, 1999; Geen, 2003; Cuddeback, 2004; Broad, 2004; Harden et. al., 2004; Dunne & Kettler, 2006). However, some studies have found contrary evidence.

Health

Little research has looked at the health status of kinship carers (Harden et. al., 2004). However, some studies have shown that kinship carers are more likely to report being in poorer physical and mental health and to use health services more frequently than foster parents (Geen, 2003; Harden et. al., 2004). Kinship carers' health issues may be associated with aging (McFadden, 1998) or they may be due to the economic and other psychosocial stressors found in this cohort (Harden et. al., 2004). Such findings may suggest that kin carers may not have the physical ability to meet the challenges of caring for their relative's children over time (Harden et. al., 2004).

Economic standing

The literature consistently reports that kinship carers usually have fewer financial resources (excluding carer payments) than foster carers (McFadden, 1998). The majority of studies that collected income data found kinship carers had lower incomes and less financial resources than foster parents (Harden et. al., 2004). This is consistent with the finding that kinship carers are generally single women and older people. A study of kinship care placements by Dubowitz and colleagues (1993) cite skimpy family dwellings, minimal social and financial support. It has been observed that many kinship homes are in neighbourhoods that may not be optimal for raising vulnerable children (cited in Shlonsky & Berrick, 2001). For example, economically depressed neighbourhoods are generally characterised by increased crime rates, poor housing, poor schools, decreased social mobility and high unemployment rates (Danziger & Gottschalk 1995; Korbin & Coupon 1996 cited in Shlonsky & Berrick, 2001).

Education

The few studies that address education mostly suggest that kinship carers have less formal education (Harden et. al., 2004) which may explain their lower economic status. Ehrle and Geen (2002b) found that approximately a third of children in kinship care had carers with less than high school education compared with 9 per cent in foster care (Geen, 2003). Studies on the employment status of kinship carers provide no clear evidence of the differences (Geen, 2003; Harden et. al., 2004).

Indigenous status

In Australia, Indigenous carers tend to have higher rates of poverty and disadvantage and are more likely to be experiencing poorer health than their non-Indigenous counterparts. In 2001, 43 percent of children living with a grandparent only were of Aboriginal or Torres Strait Islander descent. This household type also had the second lowest gross household income after lone mother households, had proportionately much higher rates of poor dwelling conditions than other household types and had generally high levels of socio-economic disadvantage (Brandon, 2004 cited in Eardley & Smyth, 2006). A crucial concern for grandparent Indigenous carers is overcrowding and birth parents living in the same house (Council on the Ageing, 2003). Indigenous carers are also often reluctant to request assistance from statutory agencies (Cashmore & Ainsworth, 2004; Bromfield et. al., 2005). Given the over-representation of Indigenous children in kinship care placements, it is particularly important that future research investigates the outcomes for Indigenous children in kinship care compared with those in other forms of out-of-home care in Australia.

4.3 Impact on carers

Kinship carers report tiredness, poor physical health, financial pressures, physical and emotional strain and mental health issues (including depression and anxiety) (Sellick et. al., 2004; Dunne & Kettler, 2006). The literature provides strong evidence that grandparents caring for grandchildren, when compared with grandparents not caring for grandchildren, have reported more limitations on their daily activities, increased depression, lower levels of marital satisfaction and poorer health (Cuddeback, 2004). The NSW Council on the Ageing (COTA) (2005) surveyed 499 grandparents caring for children in kinship placements across Australia and found many faced problems, particularly financial strain. The children often require educational or health services to address past abuse and neglect. The health of carers often deteriorates because of the demands of caring and the emotional stress associated with caring for traumatised children who have suffered abuse and neglect. Kinship carers often lose friends, support networks, jobs and participate in fewer recreational activities because they become immersed in caring for their grandchildren. International studies have reported similar findings (Broad, 2004).

Conflict with birth family is also a feature of many kinship care placements (Skyes, Sinclair, Gibbs & Wilson, 2002). Conflict with birth family adds to the stress kinship carers face (Dunne & Kettler, 2006). Kinship caregivers are generally more emotionally involved in the issues of the birth parents than are foster parents. The events leading up to the child's placement are often distressing to the kinship carers

(Crumbley & Little, 1997 in Patton, 2003). Commonly the reason for grandparents having to take on the caring is drug abuse by the child's parent(s). Many kinship carers experience significant adjustments in their lives because taking on the carer role is unplanned and often occurs in a crisis (Gordon, McKinley, Satterfield & Curtis, 2003). A study by Sykes and colleagues (2002) found twice as many kinship carers reported receiving no support from their immediate families and complained of a significant degree of conflict with the child's parents, with the change of caring roles. Farmer & Moyers (2005) noted that more active management of contact by child welfare workers was needed so that placements were not undermined by children receiving confusing messages from their parents about their parent's ability to care for them.

Some researchers have examined the positive effects of caring for kinship carers including providing a meaningful role, feeling useful and productive, and finding the job of caring intrinsically rewarding (Geen, 2003). Broad's (2004) research study of 120 kinship care placements found that carers were committed to the care of their relatives and believed the family was the best place to raise children. Similarly, Gordon and colleagues (2003) found that caregivers were loyal to the tradition of keeping children within the kin group; and although they are committed to providing safe, stable, permanent living environments for the children in their care, the demands of caring may be a significant adjustment for them.

Further research is needed to understand kinship care from the carers perspective and how this effects outcomes for children.

4.4 Caregiving environment

Reviews of the research examining the quality of parenting and the home environment of foster care and kinship care placements point out that the evidence is inconclusive because of methodological limitations (Harden et. al., 2004; Cuddeback, 2004). Very little is known about kin and foster parents' perceptions of factors that promote or inhibit effective fostering (Coakley, Cuddeback, Buehler & Cox, in press). Some of the key issues identified in the literature are outlined below.

Quality of parenting

A review of the research on parenting among foster and kinship carers, conducted by Harden and colleagues (2004), found several studies documented the association between parenting behaviours and the social-emotional maladjustment of foster children. The literature on parental attitudes and resources of foster and kinship carers found some positive aspects of kinship parenting. These include: kinship carers had more positive perceptions of the wellbeing of children in their care; kinship carers felt that they had more responsibility for the general parenting of their relative's children and for promoting the children's social and emotional development (Harden et. al., 2004). Oosterman and colleagues (in press) review of the literature and meta analysis found the quality of the caregiving a protective factor against placement breakdown, in particular the motivation of the carer, family resources, support from relatives or caseworkers.

However, the literature also reveals less positive parenting practices by kinship carers in comparison with foster carers. Some studies looked at how carers address the needs of children in their care and found that kinship carers are less likely to have referred children in their care for services or provide less extensive services to the children; had less empathy towards children's needs; had less appropriate developmental expectations and attitudes towards parent-child roles; and provide less attention to activities that encourage intellectual and social development of pre-school aged children (Harden et. al., 2004; Cuddeback, 2004; Fernandez, 2006).

A recent study on placement stability by Zinn, DeCoursey, George & Courtney (2006) conducted in Illinois found caseworkers' assessments of foster placements rated higher than kinship placements on some dimensions including: foster parents' ability to meet the children's emotional, behavioural and mental health needs, to provide children with a safe and secure environment, and to promote children's educational needs. An earlier study by Berrick (1997) found no differences between the two groups in

relation to how supportive carers were of the children's health, educational and extra curricular needs (Harden et. al., 2004).

Recent qualitative work on kin and foster parents' perceptions of factors that promote or inhibit effective fostering by Buehler and colleagues (2003) with 22 foster parents, and Coakley and colleagues (in press) with nine kinship carers, found similar themes emerged from both groups, but kinship carers described more complex issues with their families-of-origin. Characteristics that promote successful fostering of kin include support of family, commitment to children, faith, good parenting abilities, church involvement, flexibility, and adequate resources. Characteristics that inhibit successful fostering of kin include strained relations with birth family, poor discipline strategies, inability to deal with 'the system', lack of resources, and inability to deal with children's emotional, behavioural, physical problems (Coakley et. al., in press).

Behaviour management

There is evidence that kinship and foster carers' attitudes and approach to behaviour management differs. For example, some studies have found that kinship carers use less appropriate discipline, offer less physical affection, verbal and behavioural attending, and praising; are less likely to use time-out or points system to manage behaviour; and had more favourable attitudes towards physical discipline (Harden et. al., 2004; Cuddeback, 2004; Barth et. al., in press). A study by Harden and colleagues (2004) found kinship carers endorsed more problematic parental attitudes; for example, less warmth and respect, more parent-child conflict and anger and more strictness and over-protectiveness, although this study found the difference disappeared when controlling for caregiver's age suggesting some generational differences in beliefs about parenting (Harden et. al., 2004). The US National Survey of Child and Adolescent Well-being one year in foster care survey found that foster and kinship carers were statistically undistinguishable on scores regarding punitiveness but found that households with higher incomes (i.e. more than \$50,000) received more positive overall scores (cited in Barth et. al. in press).

Home environment

The literature also describes some differences between kinship and foster placements in terms of the care environment. Some studies have found kinship carers' homes are more crowded and in worse structural condition, not as clean, safe or pleasant, with past violence, and other adults in the house using drugs or alcohol; the neighbourhoods were also rated less highly (Cuddeback, 2004). The US National Survey of Child and Adolescent Well-being one year in foster care survey found that foster and kinship carers were statistically indistinguishable on scores from a measure of the Home Environment (cited in Barth et. al. in press). As Barth and colleagues (in press) point out, this is inconsistent with the claims that kinship carers have fewer resources and riskier home environments. They argue that the difference between these findings and earlier findings may signal a general convergence, over time, in the quality of care for kinship and foster care caregivers. Farmer & Moyers (2005) study also found no significant difference between rates of poor placements in kinship care and foster care. However, the very unsatisfactory kinship placements lasted significantly longer than the foster care placements. Two explanations for this trend include poor monitoring by caseworkers or caseworkers allowing standards to fall below those accepted for foster care.

Assessment

One study in the UK found two thirds of the kinship carers were assessed after the child was placed with them (Farmer & Moyers, 2005). The authors point out this allows the child's progress and attachment to the carers to be assessed, however, it could make it difficult to deal with the placement shortcomings or to withhold approval of an ongoing placement. Farmer & Moyers (2005) also point out carers who would not have been approved as foster carers because of age, health, accommodation or past offences were nonetheless able to provide a good standard of care. They argue it is important that the quality of the relationships between the child and the carers is carefully considered so that lower standards are not accepted for kin placements.

4.5 Services and support

Cuddeback's (2004: 623-4) synthesis of the research found that:

Some research suggests that kinship caregivers might foster less effectively ..., and that kinship caregivers receive less support, services and training and have fewer resources than non kinship caregivers Such findings are of particular concern given the increasing numbers of children entering kinship care placements. Also, with fewer resources, and less training, services and support, it maybe more difficult for kinship care families to foster effectively.

Utilisation of services and support

There is strong evidence that kinship carers receive less training, fewer services and less support than foster carers (Cuddeback, 2004). Oosterman and colleagues (in press) review and meta analysis on disruptions in foster care confirmed that placements were more likely to succeed if carers were able to respond to children's needs and problems. Children in care have a wide range of needs from their past experience of abuse and neglect and require a variety of services for their behavioural and emotional difficulties (Mills & Usher, 1996 cited in McFadden, 1998; Farmer & Moyers, 2005). For example, Berrick (1994) showed that children in kinship care were less likely to receive mental health treatment than children in other care settings despite having similar needs (Gordon et. al., 2003). There is general agreement in the literature that kin are less likely to respond to children's needs and to access additional services (Barth et. al., in press) and are less likely to be supervised by a statutory agency (Spence, 2004).

The characteristics of kinship carers and the likelihood that they will be caring for sibling groups indicate that they would benefit from casework intervention and resources. In addition, carers also require adequate financial payments to cover the costs of caring for the children – as mentioned earlier, some carers are in situations of financial hardship (Farmer & Moyers, 2005). A consequence of low intervention is that kinship carers may be less informed about permanency planning, children's well-being and child safety (Gordon et. al., 2003). The literature shows there is a clear need for carer training and information (Oosterman et. al., in press).

The literature identifies a range of services that would assist kinship carers including:

- respite care
- assistance with contact issues when there is a high level of conflict between the parents and relatives
- counselling for carers around unresolved issues of loss and guilt
- assistance or training on how to manage children's behaviour
- access to support groups and training
- foster care rate/payment
- carers with health problems, or who had caring responsibilities for their elderly relatives, sometimes need help from adult services (Gordon et. al., 2003; Farmer and Moyers, 2005; Barth et. al., in press).

Further research is needed to determine what will improve the outcomes of kinship care placements. Given the characteristics of kinship carers (outlined above) different evidence based interventions than used for foster care will be required to enhance the quality of kinship care. For example, short-term parent training interventions are unlikely to improve the quality of kinship care to a rehabilitative level.

The literature also examines services and support to birth families. One study by Gleeson and colleagues (1997) found that, although 81 per cent of birth mothers of children in kinship care were unable to care for their children due to substance abuse, only 24 per cent had participated in appropriate services. The factors influencing the lack of uptake are unknown, for example, whether the services were not offered to the birth parents or the services were not used by the birth parents (Cuddeback, 2004).

Carer perceptions of services and support

Dubowitz and colleagues (1993) point out the reasons why kinship carers are less likely to use services and supports are unclear. For example, some reasons may include that the carers do not request it, do not need it, refuse it or possibly it is because of practices of child welfare workers. Gordon and colleagues (2003) conducted focus groups with carers and found a level of mistrust, anguish and frustration toward the child welfare system. Kinship carers often experience stress from the bureaucratic nature of child welfare agencies, high turnover of caseworkers, late payments and inaccurate information (Gordon et. al., 2003). Richards (2001) documents that grandparents who experience physical and financial stress may be deterred from seeking support through fear of losing their grandchildren into foster care (Thorpe, 2002). O'Brien and colleagues (2001) found many carers felt they had insufficient information and inadequate resources to take on the role of caring for challenging children (Patton, 2003).

On the other hand, some research shows that kinship carers appear keen to receive services to help them care for these children; many are grandmothers on low incomes caring for high needs children (Dubowitz, 1994). Berrick and colleagues (1994) also found kin carers eager to receive services to help them raise the children. Some studies found kinship carers appreciate support and the presence of orders and agency supervision to help manage contact with the child's birth family (Sellick et. al., 2004). Carers valued caseworker's support and wanted more contact to talk through family issues especially internal family relationship matters (Broad, 2004). Bridge (2001) emphasises that Aboriginal kinship carers when consulted generally want information, support, help in relation to access and contact, and financial assistance.¹⁵

More research is needed to explore the differences that exist between kinship and foster care in regards to placement interventions and to clarify whether kinship carers are resistant to services, or mistrusting of child welfare agencies, and how to approach such attitudes (Terling-Watt, 2001). Coakley and colleagues (in press) suggest there is a need to focus on special training and support services for kinship carers, as well as assessments specific to kinship fostering.

Caseworker level of involvement in kinship placements

An important issue for kinship care is the lower level of professional intervention in comparison to foster care. As Scannapieco & Hegar (1999) argue,

Despite its [kinship care] significant growth, no clear consensus exists in the child welfare field regarding the conceptual framework for formal kinship care. Some practitioners believe it is a form of family preservation; others view it as out-of-home care placement (Gordon et. al., 2003: 78).

The lack of consensus has led to differences between kinship care and foster care policies and practices despite both placement types having the same out-of-home care legal status.

There is some evidence that practitioners do not feel the same level of services is necessary for kinship placements as for foster placements (Cuddeback, 2004). The literature reports that some caseworkers take the view that they have less control and/or influence over a kinship placement than a foster care placement (Broad, 2004).

¹⁵ The National Child Protection Clearinghouse was commissioned by the Australian Government Department of Family and Community services to produce a report on enhancing OOHC for Aboriginal and Torres Strait Islander young people. See Richardson, Bromfield & Higgins (2005).

Key issues

While there is little research in Australia on the characteristics of kinship carers, international studies provide strong evidence that kinship carers are more likely to be single older women, poorer and less educated than foster parents. Factors that may impact on effective caring include economic disadvantage, stress, health issues and parenting skills. The literature provides strong evidence that grandparents caring for grandchildren have reported more limitations of daily activities, increased depression, lower levels of marital satisfaction and poorer health. Conflict with birth family is a feature of many kinship care placement and this adds to the stress kinship carers face. Further research is needed to understand the impact of kinship care on the lives of carers and the outcomes for children.

Parenting differences and differences in the quality of care between kinship and foster carers is unclear because of methodological limitations. However, several studies have documented the association between poor parenting behaviours of carers and the social-emotional maladjustment of foster children.

There is strong evidence that kinship carers receive less training, fewer services and less support than foster carers; and are less likely to be supervised by a statutory agency. There is some evidence that practitioners do not feel the same level of services is necessary for kinship placements as for foster placements. And there is some limited evidence that kinship carers are less likely to have referred children in their care for services. On the other hand, some research shows kinship carers appear keen to receive services to help them care for these children.

Further research is needed to determine what will improve kinship care. Barth and colleagues (in press), and Coakley and colleagues (in press), suggest strategies need to address the foster care rate, special training and support services for kinship carers, as well as assessments specific to kinship fostering.

5. Conclusions and directions for future research

Kinship care emerged as a child welfare issue in the late 1980s. It is the fastest growing placement type in out-of-home care in Australia and overseas and yet kinship care is under-researched and not well understood. There is no conclusive evidence that kinship care is a better placement option than foster care.

Children are not a homogenous group and have different backgrounds and experiences prior to care and in care (Leslie et. al., 2000). Similarly, kinship carers are not a homogenous group and may have different capacities and resources. Kinship care may therefore not always be the most appropriate placement. Children in care should have access to timely and appropriate assessments and interventions to address their needs regardless of the placement type (Cashmore, 2001; Broad, 2004; Dunne & Kettler, 2006).

Studies have shown that kinship carers are more likely to be grandmothers with low incomes and less education compared with foster parents. While relatives may be committed to the care of their children, the research shows that many are doing it with less support, training and interventions than foster carers. The research suggests that kinship carers may therefore foster less effectively. However, it is unclear how the disadvantages attributed to kinship care impact on outcomes for children. At the same time, it is also unclear how the advantages attributed to kinship care mitigate some of the disadvantages (Broad, 2004; Bromfield et. al., 2005; Holtan et. al., 2005; Dunne & Kettler, 2006).

The literature consistently states that more research is needed to better understand who is in kinship care, the issues they face and what factors influence outcomes for children¹⁶. The differences between children going into kinship care and foster care suggests that there are various selection processes and this complicates the interpretation of outcomes of child protection services (Barth, Green, Guo, McCrae, in press). Policy makers and practitioners need to be cautious in implying cause and effect between placement types (i.e. kinship care and foster care) and outcomes given the research does not adequately differentiate the impacts of kinship care itself from the children's pre-existing difficulties. The research literature is limited by small samples, methodological problems and a lack of baseline measures from which progress comparisons can be drawn (Connolly, 2003).

A greater understanding of kinship care requires more methodologically rigorous research that could include longitudinal studies; baseline data on entry to care to measure pre-existing differences between placement types; use of standardised measures across a number of domains (such as behaviour, child development, school performance, child and family functioning and outcomes); well designed controlled studies; and a multiple informant approach (children, carers, workers, parents, case files). Given the over-representation of Indigenous children in kinship care placements, studies should also include appropriate and culturally sensitive research methods.

Broad research questions have been identified in the literature as important areas to examine in future research studies concerned with outcomes of kinship care (see Appendix 3). Ideally, studies would compare children in kinship care with those in the general population¹⁷ and in other out-of-home placements – of particular interest, are the comparisons of kinship care and foster care and formal kinship care and informal kinship care.

¹⁶ Proposed and current studies on kinship care are listed in Appendix 2.

¹⁷ In Australia, the Longitudinal Study of Australian Children (LSAC) and the Longitudinal Study of Indigenous Children (LSIC) would provide valuable comparative data.

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Appendix 1

Definition of statutory care

In NSW statutory care is referred to as an order ‘placing a child under the parental responsibility of the Minister’ in the *Children and Young Persons (Care and Protection) Act 1998*. The provision of statutory out-of-home relative and kinship care must comply with requirements of the *Children and Young Persons (Care and Protection) Act 1998*, in the same way as for foster care.

About two-thirds of children in out of home care (including all placement types) are in statutory care and a third are in supported or voluntary care (DoCS Integrated Substitute Care Database Annual Statistical Extract 2004/05).

Statutory kinship care in NSW

Statutory Care (or parental responsibility of the Minister) is the care of a child or young person who is residing at a place other than their usual home for more than 14 days, and the Minister or non-related person has parental responsibility for residency because of an order of the Children’s Court or they are a protected person.

Non statutory kinship care in NSW

Non statutory kinship care (or supported care) refers to the care of a child or young person in:

- kinship care where the Minister does not hold any aspects of parental responsibility
- temporary care in the care responsibility of the Director-General and placed with an authorised carer, where no Court Order had been made and parental responsibility remains with the parents
- Court Orders of less than 14 days duration
- other Voluntary Care Arrangements – care arrangements voluntarily made by the parents or guardian of a child or young person with a placement provider.

Appendix 2

Current and proposed research projects on kinship care

The ARACY national out-of-home care research forum (2006) collated a list of current or future research projects:

| Project title | Purpose or objective | Contact details |
|---|--|--|
| Projects being undertaken or now in progress | | |
| Regulation and support for Aboriginal and Torres Strait Islander kinshipcarers | - | Clare Tilbury Griffith University |
| An Examination of Issues Around Support and Supervision of Kinship Carers, with a Particular Focus on NSW | Funded by a three year ARC Linkage Grant between UWS and ACWA. This is the first study to examine in detail the characteristics and experiences of kinship carers in NSW and the first in-depth Australian exploration of issues of support and supervision as they relate to care of children placed with kin or relatives. The study will be completed by December 2007. | Jan Mason, Nigel Spence, Elizabeth Watson and Leonie Gibbons. University of Western Sydney. |
| Projects being considered for implementation | | |
| Nil | - | - |
| Priority areas of research you would like to see undertaken | | |
| Indigenous kinship and foster carers | To examine to experiences of Indigenous foster and kinship carers with a view to developing appropriate support models | Neil Harwood. Office for Children, Youth and Family Support (ACT) |
| Kinship care | - | Ros Thorpe. James Cook University, Townsville |
| Kinship Care | The adequate provision of placement support services (assessment, training & support) to relative/kinship carers | Health & Community Services Northern Territory |
| Kinship Care | Clarifying specific challenges and best practice approaches | Ray Carroll. Office of Child Safety Commissioner, Victoria |
| Impact of increased use of kinship care | Explore the effects of the trend to use kinship care | University of Western Sydney – McArthur |

The *Face to Face Extended Family & Kinship Care Forum* held in Melbourne in 2004 developed an outline of a proposed series of research projects on kinship care to address the policy issues, the outcomes, the dynamics, and support needed for those providing care for children in their extended families or kinship group (Cashmore & Ainsworth, 2004). The list of proposed studies is presented in the table:

Proposed studies on kinship care

1. A national social survey to determine the prevalence of kinship care in Australia

This would provide information on the demography, extent and duration of kinship care and needs to be related to or added to future rounds of the two large Commonwealth surveys: Growing up in Australia (Longitudinal Study of Australian Children (LSAC)) and the Household, Income and Labour Dynamics in Australia (HILDA).

2. Australian children and young people's perceptions and opinions of kinship care

In view of the mixed opinions of the young people at the forum, this is very important. It could start with small state based qualitative studies with the assistance of CREATE and/or it could be part of a parallel longitudinal study of vulnerable children and young people and those in out-of-home care.

3.1 Social policy audit of kinship care

A research analysis of the way that kinship care impinges on the boundaries of all the federal and state social policy sub systems: eg. income support, housing, employment, child protection, foster care, family support, education, health, mental health, career policies. This should include an international literature review of the way other societies/jurisdictions handle kinship care and a search for best practice in this field.

3.2 Kinship care and the regulatory or supervisory environment

A set of principles for the use of kinship care needs to be developed from a review of the underlying principles of child welfare and the best interests of the child. The argument for not regulating (or paying) kin care rests on the private nature of family decisions about children. In practice, however, most environments which care for children away from their parents are highly regulated: for example, child care, school. What is the special element of kinship care which justifies its detachment from regulation or supervision? Is this justifiable? These studies are needed to inform careful consideration of the moral, legal and ideological arguments in positioning kinship care within the service system: allied with foster care as a statutory protective service, or some at least regarded as a voluntary family support service, as respite care?

4. Indigenous kinship care

Indigenous scholars have recently suggested that the Aboriginal child placement principle is being traded off against child protection principles of the safety and wellbeing of children, leaving Indigenous children in unsafe kin placements.

5. The outcomes of kinship care

This could be part of a longitudinal study of vulnerable children.

6. The networks supporting kinship care

A study of the actual and ideal social networks supporting kin care to determine the informal supports that kinship carers use and what the 'make or break' factors in community support are.

Appendix 3

Future research questions

The following list of broad research questions could be addressed by a prospective longitudinal design allowing for in-depth interviews with children, caseworkers, carers and birth parents.

Children

- What are the characteristics of children?
- How do children's outcomes vary as a function of their characteristics and child protection history?
- Do the positive attributes of kinship care (i.e. maintaining family relationships, cultural identity and community connections) outweigh some of the disadvantages characteristic of kinship care (i.e. lower socio economic status or carers, poorer health, fewer resources, less training and support)?
- What are the main factors that impact on outcomes?
- What impact does placement with siblings have on outcomes?
- What are the outcomes for those who leave kinship care compared with those in other forms of care?
- What are the experiences of children who are reunited with their birth family, adopted or independent living (i.e. further abuse, re-entry into care, post-care services & support)?

Birth parents

- What are the characteristics of birth parents?
- What are the experiences of birth parents when their children are placed with a relative compared with those placed with strangers (i.e. advantages, disadvantages, access to services and support, attitudes to permanency planning/adoption)?

Carers

- What are the characteristics of birth parents?
- What are the experience of carers (i.e. advantages, disadvantages, access to services and support, attitudes to permanency planning/adoption, what do caregivers see as their role, what is the impact of care on caregivers and their families)?
- How do they come to take on the care of children in their family? To what extent is it an obligation? What are their expectations about the length of this role?
- How do the characteristics of carers affect child outcomes?

Practice

Placement decisions

- How are placements made? What organisational arrangements best initiate and sustain kinship placements (caseworkers, family placement workers or specialist kin workers)?
- When do caseworkers use kinship care? What are appropriate screening/assessments of kinship care placements, timing of assessments, placement criteria and decision-making, thresholds to be used for approving kin carers?
- To what extent does a common cultural background with the child in kinship care affect the child's functioning?
- Do children in kinship care within their local community fare better than those placed outside their local community?
- How does attachment and caregiving decrease or increase risk factors.

Ongoing casework

- What is an appropriate level of supervision of kinship homes with safety a key concern?
- How effective is contact support for maintaining a child's identity and relationship with their parents (including implications for restoration)?
- How useful is family decision-making conferencing for kinship care arrangements and outcomes for children?
- What are the barriers to permanency planning? What are the permanency outcomes? Does the concept of permanency planning require defining?
- Case loads and supervision of caseworkers?
- How useful are the assessment and case management systems utilised, i.e. LAC and other systems implemented?

Services and support

- What services and supports are helpful to children, kin carers and their family, and birth parents? (are kinship caregivers and birth parents are resistant to services and support, why?)
- What are useful mediating process between behaviour problems and placement breakdown?
- How effective is respite care as a placement maintenance strategy?
- What families would fare better with time-limited placement support, and what are the critical support events/times (eg. early in placement or at critical times such as adolescence)?
- What carer payments are carers receiving? Is it adequate?

Other

- Why do rates of children placed in kinship care differ across the states and territories in Australia?
- What are the differences and similarities between:
 - Indigenous, non-Indigenous and CALD kinship care?
 - informal and formal kinship care?
 - kinship care and foster care?
 - Non-government organisations (NGOs) and DoCS providers?

