



Outcomes for children and young people in kinship care



NSW Department of
Community Services

Introduction

This Research to Practice Note provides a summary of *Outcomes for Children and Young People in Kinship Care: An Issues Paper* (NSW Department of Community Services, December 2006). The aim of this paper is to outline what the research literature tells us about kinship care, how these placements work and how they compare with unrelated foster care placements.¹ The focus is on outcomes for children in statutory care, in particular the child welfare goals of well-being, permanency and safety.^{2, 3} The purpose is to inform future directions in research, policy and practice in out-of-home care. 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.

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* found there is little substantial research on kinship care in Australia.⁴ There is 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 outcomes of ethnic minority groups in kinship care.

Furthermore, 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 still in its infancy and limited due to the nature of the research methodology and narrow focus of the studies.

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.

The increasing use of kinship care for Indigenous children is in line with the NSW *Children and Young Persons (Care and Protection) Act 1998* Aboriginal Child Placement Principle. While there is no similar placement principle for non-Indigenous children in Australia, the number of non-Indigenous children in kinship care is also increasing. It has been suggested that caseworkers in NSW may be interpreting the 'least intrusive' principle outlined in the Act as placement with kin.

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 (AIHW, 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.

What are the differences in outcomes from kinship care 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. 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 populations.

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.⁵ 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.⁶

Keeping siblings together may be important for child health and well-being outcomes and studies have shown that the presence of siblings reduces anxiety about separation. Kinship carers are more likely to care for larger sibling groups compared to foster carers.

Placement stability

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.⁷ 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.⁸ 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. 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.

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. 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. To date, few studies have directly assessed the safety of children in kinship 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. Knowledge about the successful and less successful experiences of children can provide a broader perspective on the dynamics of kinship care. 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.⁹

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.

Characteristics of the carers

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 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.

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. A key concern for Indigenous grandparents as carers is overcrowding and birth parents living in the same house.¹⁰

Services and support

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. There is evidence that the assessment of kinship carers often occurs after the child has been placed. There is general agreement in the literature that kin are less likely to enrol children in additional services and are less likely to be supervised by a statutory agency. Some research shows kinship carers are keen to receive services to help them care for these children but often they are reluctant to request assistance from statutory agencies. There is some evidence that caseworkers do not feel the same level of services are necessary for kinship placements as for foster placements.

Parenting capacity

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. 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.

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. 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. 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. 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.¹¹

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, 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. Future research will need to include appropriate and culturally sensitive research methods.

The Department's Centre for Parenting and Research and Economics and Statistics Branch are currently undertaking a research project on kinship care in NSW. The aim of this study is to describe the characteristics of children in kinship care (supported and statutory) and compare these with the characteristics of children in foster care by analysing KiDS administrative data and reviewing a sample of case files. This project will start to fill a gap in our knowledge.

References

- 1 'Foster care' refers to placements with unrelated foster carers.
- 2 'Children' refers to both children and young people i.e. all children under the age of 18.
- 3 Issues relating to non-statutory kinship care are not examined in this paper.
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- 6 Barth, R. P., Green, R., Guo, S., & McCrae, J. S. (2006 in press). Kinship care and nonkinship foster care: informing the new debate. In R. Haskins, F. Wulczyn & M. Webb (Eds.), *Findings from the national survey of child and adolescent well-being*. In Press. Washington, DC, USA: Brookings.
- 7 Terling-Watt, T. (2001). Permanency in kinship care: An exploration of disruption rates and factors associated with placement disruption. *Children & Youth Services Review*, 23(2), 111-116.
- 8 Oosterman, M. Schuengel, C. Slot, N. Bullens, R. and Doreleijers, T. (2006 in press). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review*, xx.
- 9 Messing, J. T. (2006). From the child's perspective: A qualitative analysis of kinship care placements. *Children and Youth Services Review*, 28, 1415-1434.
- 10 Council of the Ageing (COTA). (2003). *Grandparents raising grandchildren*. Sydney, NSW: Council of the Ageing.
- 11 Barth, R. op. cit.

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