

what works
centre for

**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

Kinship Care

November 2018



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The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

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EMMIE summary: the effects of Kinship Care on safety, permanency and wellbeing outcomes

This evidence summary is based on the following systematic review

Winokur, M.A., Holtan, A. and Batchelder, K.E. 2018. Systematic review of kinship care effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice*. 28(1), pp.19-32

What is the intervention?

Kinship care is a care arrangement in which a child lives with a family member, or sometimes a very close friend. It is an alternative to foster or residential care, and in the UK can come about either as a formal kinship care arrangement made through the courts, or as an informal arrangement.

Kinship care is considered to have several potential benefits for children. These include enabling them to live with someone they know and trust, and increasing their feelings of identity (Wilson and Chipungu 1996).

There is a growing body of research exploring different aspects of kinship care, including studies looking at how the outcomes for children in kinship care differ from those with other care arrangements. This narrative is based on the review carried out by Winokur and colleagues (2018) on the relationship between kinship care and safety, permanency and well-being outcomes.

Which outcomes were studied?

The review considered the effects of kinship care on 23 individual outcomes. Some of these concerned the child's care outcomes, focusing on issues relating to placement stability and permanency. For example, number of placements, length of stay, disruption, reunification, and adoption. The others focus on other child outcomes, including their behavioural development, mental health, educational attainment, family relations, service utilisation and re-abuse.

Effectiveness: how effective are the interventions examined?

The review pooled the results from a number of studies to show how these outcomes differ among children who have received kinship care and those who were placed in foster care. However, it is important to remember that differences in outcomes between these groups cannot necessarily be taken to reflect the effectiveness of kinship care.

For obvious reasons, the studies included in the review did not assign children to receive kinship care randomly. Decisions to place children in kinship care were made because of the availability of family or close friends to look after children. The outcomes can therefore only show how those who receive kinship care differ from those who do not.

The review reported several statistically significant differences in outcomes between those who received kinship care and those who received foster care. These included a relationship between being placed in kinship care and having fewer placements and less placement disruption. The odds of having three or more placement settings were 2.6 times higher for those in foster care as compared to those in kinship care. This would mean that if, for example, 50% of the population in foster care had three or more placements, this would apply to only about 25% of those placed in kinship care.

The review also showed a statistically significant relationship between placement in kinship care and the likelihood of placements being disrupted. Those in foster care had 1.9 times greater odds of having a placement disruption. The relationship between being placed in kinship care and the length of both individual placements, and the overall time spent in out-of-home care were also considered. However, with respect to both of these issues the analysis was not able to provide any definite evidence of an effect.

When considering permanency outcomes the review found a statistically significant relationship between placement in kinship care and the likelihood of being adopted, and of having a change in their guardianship. The odds of those placed in foster care being adopted were 2.52 greater than those placed in kinship care. Conversely the odds of having a relative assume legal custody were 3.8 higher among children in kinship care. There was, however, very little difference between in the likelihood of reunification between those in foster care and those in kinship care.

In addition to comparing the care outcomes of those in kinship care with those in foster care, the review highlighted statistically significant differences in outcomes relating to other aspects of their lives. Several outcomes relating to child behaviour and mental health were considered. Children in foster care had 1.6 times greater odds of reporting internalizing and externalising problems than those in kinship care. Children in kinship care also reported higher levels of adaptive behaviours. Children in foster care were also found to have 3.7 times higher odds of experiencing re-abuse.

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The odds of children placed in foster care experiencing a psychiatric disorder were two times that of those in kinship care. Children in foster care had 2.4 times the odds of receiving mental health services. Conversely, the odds of those in kinship care reporting positive emotional health were also two times greater than those in foster care. The review did not find significant differences in educational attainment, attachment and the used of developmental services and physicians.

Mechanism and Moderators: when, where and how does it work, and who does it work for?

The review focused on the overall relationship between kinship care and outcomes and did not consider the mechanisms through which the child's outcomes may be affected. There was also very little consideration of the circumstances in which kinship care can be more effective. The reviewers acknowledged that kinship care would not always be in the best interest of children and families, and this arguably suggests that some of these outcomes may vary depending on the circumstances. Moreover, the vast majority of studies (89 of 102) were conducted in the USA, so further research is necessary to understand how kinship care works in the UK.

Additionally, the discussion at the end of the review suggested that qualitative research investigating the factors associated with positive outcomes would be a natural next step for research. This would allow a more nuanced analysis of factors associated with kinship care. For example, the children who enter kinship care, compared to those who enter foster care, may differ in their characteristics and needs. It is important to understand these differences when evaluating different care pathways.

Implementation: how do you do it?

Similarly, the review does not consider ways of implementing kinship care. This may also benefit from more qualitative research on how kinship care works and how it might best be delivered.

Economics: what are the costs and benefits?

No economic analysis is included in the review, though the authors highlight the need for research on the financial implications of licensing kinship care.

What are the strengths and limitations of the review by Winokur et al (2018)

This review provides a comprehensive meta-analysis of how the outcomes for children placed in kinship care differ from those in foster care. It is based on the evidence provided through 102 studies, and updates a previous review registered with the Cochrane Collaboration and Campbell Collaboration (Winokur et al 2009).

The meta-analyses are based on large samples and the review provides good evidence of the overall differences in outcomes for children who receive kinship care compared to those in foster care. However, the review is limited by the research designs of the studies included within it. For ethical reasons, children could not be randomly assigned to receive kinship care. Decisions to use kinship care were instead based on the availability of kinship carers, and therefore the studies tended to use quasi-experimental designs. The differences in outcomes cannot therefore be attributed to the kinship care alone. There may be other differences between families that result in both appropriate kinship carers being available, and in differences in outcomes.

Another limitation is the lack of evidence in relation to the mechanisms and mediators of the relationship between the provision of kinship care and outcomes.

Summary of key points

- Clear differences can be seen in several outcomes of children placed in kinship care as opposed to those placed in foster care
- Those in kinship care have improved behaviour problems, adaptive behaviour, psychiatric disorders and well-being. They are also less likely to use mental health services and be the victims of further abuse
- Those placed in foster care were more likely to achieve adoption than those in kinship care, while those in kinship care were more likely to have relatives assume legal custody for them
- There were no clear differences with respect to other outcomes including reunification, length of stay in placement or in out-of-home care altogether, educational attainment, family relations and use of both developmental services and physicians

References

- Wilson, D.B., and Chipungu, S.S. 1996. Introduction. *Child Welfare*, 75 pp.387-395
- Winokur, M., Holtan, A., and Valentine, D. 2009. Kinship care for the safety, permanency and well-being of children removed from the home for maltreatment. *Cochrane Database of Systematic Reviews*: CD00654

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