



**Report focus**  
Summary of learning from international research on kinship care.

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# Special guardianship: international research on kinship care



# About this review

This review was commissioned by the Nuffield Family Justice Observatory and has been co-produced by CoramBAAF, led by John Simmonds, OBE, working in partnership with Professor Judith Harwin and her team at Lancaster University. The issues for consideration were scoped by family justice practitioners, policy leads and academics.

As the work has progressed, the issues have been discussed by members of the Family Justice Board, led by HHJ Jane Probyn and David Williams and a sub-group of the President's Public Law Working Group, led by Mr Justice Keehan.

The review has been published in four parts:

- Special guardianship: a review of the evidence. Summary report
- Special guardianship: practitioner perspectives
- Special guardianship: a review of the English research studies
- Special guardianship: international research on kinship care

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## About the review's co-producers

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## About the Nuffield Family Justice Observatory

The Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, the Nuffield FJO will provide accessible analysis and research for professionals working in the family courts.

The Nuffield FJO has been established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-founder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

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## Introduction

This paper summarises key learning from the broader international research on kinship care. Kinship care refers to care for children who are unable to live with their birth parents and who instead are cared for by a grandparent, a relative or a close friend of the birth family, typically on a full-time basis. International trends show that greater use is being made of kinship care, with growing recognition of the value of maintaining children's connections with, and sense of belonging to, extended birth family networks (Connolly et al., 2017). Kinship care can be arranged on an informal or formal basis, with the latter formalised through a court order.

This review was commissioned to support the review and development of special guardianship in England and Wales following a series of challenging issues raised by a judgment handed down by the Court of Appeal (*Re P-S (Children)* [2018] EWCA Civ 1407). In 2019, the President of the Family Division and the national Family Justice Council were prompted to respond to those issues, which reflected national concerns about both the social work and family court processes regarding the assessment and approval of special guardians. A request was made to the Nuffield Family Justice Observatory to provide a supporting summary review of the relevant research evidence. Most special guardianship orders are made to kin, therefore this paper brings together key messages from the wealth of international literature on kinship care, so that it can be applied by social care and family justice professionals.

## Approach to summary of the literature and quality

Given the short timescales for the review, a decision was taken to base it on recent, high-quality systematic reviews and meta-syntheses<sup>1</sup> that were already published, rather than start afresh to review the evidence. In addition, by drawing on reviews already published, a *broader range* of pertinent questions could be addressed which would not have been possible through a new single systematic review. The following questions have underpinned this summary review:

1. Is kinship care a stable permanency option for children? What risk and protective factors are associated with placement stability/instability?
2. How do the outcomes (mental health, behavioural and educational) for children in kinship care compare to those for children living in foster care or with adoptive parents?
3. What kinds of service interventions might support kinship care permanency placements?

A systematic search of published evidence (see Appendix 2 for our search strategy) identified a number of high-quality reviews, published between 2013 and 2019 (13 in total). These reviews subsume much of the older literature, where older literature meets quality thresholds.

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<sup>1</sup> Systematic reviews differ from more general literature reviews of research by involving a particularly structured and rigorous review process. Conducting a systematic review involves formulating specific review questions, defining the inclusion criteria for studies, developing search strategies and terms to identify all eligible studies, reviewing those studies, extracting and analysing the relevant data and assessing study quality. Systematic reviews often incorporate a meta-analysis, which uses statistical analysis of quantitative research methodologies to combine findings. The evidence provided by systematic review and meta-analysis is therefore particularly robust.

Two members of the team reviewed the published reviews and meta-syntheses (Rebecca Brown and Karen Broadhurst). Reviews of meta-syntheses were only included in our own summary of the evidence if they met the following inclusion criteria:

- a) A systematic and transparent search methodology was used and described, conforming to formal recognised standards.
- b) The approach to quality appraisal of the underlying evidence was stated and followed.
- c) The review was published in a journal with formal peer review processes in place.

## Communicating findings to frontline practitioners

This summary review is divided into three sections. The first and main section of the report provides integrated, accessible findings against each of the questions above that aim to speak to frontline practitioners. Methodological detail where it provides essential information is included but kept to a minimum. Appendix 1 provides further essential methodological detail *against each individual* systematic review and meta-synthesis included in this summary report, regarding the number of studies underpinning each review in terms of:

- The approach taken to quality appraisal.
- Inclusion and exclusion criteria.
- Limitations reported by authors.

Our approach aims to meet the need for accessible and succinct messages for frontline practitioners, while heeding the potential pitfalls of producing 'science to go'.<sup>2</sup> Simplification without supplementary detail that enables readers to appraise the rigour of the underlying evidence undermines the trustworthiness of research.

## Consistent findings and gaps in the international research evidence – summary statement

Reading across the published literature, it has been possible to draw out several consistent findings that are of considerable relevance for practitioners in England and Wales. The findings will inform assessment, decision-making, support and intervention regarding special guardianship placements (children and carers). However, the limitations of the literature and gaps in the evidence against each question are also stated. Although there are some highly consistent messages regarding question (1), there are major gaps in our knowledge regarding questions (2) and (3). In particular, there is insufficient evidence about the broader outcomes (mental health, behavioural, educational) in both the short and longer terms for children living in kinship care compared to children in the general population, children in foster care or adopted children. In addition, much of the research (particularly regarding interventions) does not distinguish between non-kinship and kinship foster care, which means that it is difficult to differentiate the findings according to specific types of carers/child permanency placements. Although studies have identified the particular challenges that children and carers in kinship care families may encounter, there is little published evidence that indicates that services or interventions are specifically addressing the challenges of kinship care. The greatest strides forward in the development of practice interventions to

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<sup>2</sup> This expression was used by Sue White and Dave Wastell who cautioned against the over-simplification of research for policy and practice.

support kinship care have been developed in the US, but robust evaluative evidence has not kept pace with this.

There is also limited attention to diversity in terms of racial, ethnic or cultural differences among either children or kinship carers.

## Findings

### Q1. Is kinship care a stable permanency option for children? What risk and protective factors are associated with placement stability/instability?

**Summary findings are based on the following systematic reviews and meta-syntheses published between 2015 and 2019:**

Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G.-J., Colonna, C., and Assink, M. (2019). 'Foster care placement instability: A meta-analytic review', *Children and Youth Services Review*, 96: 483–99.

Liao, M. (2016). 'Factors affecting post-permanency adjustment for children in adoption or guardianship placements: An ecological systems analysis', *Children and Youth Services Review*, 66: 131–43.

Rock, S., Michelson, D., Thomson, S. and Day, C. (2015). 'Understanding foster placement instability for looked after children: a systematic review and narrative synthesis of quantitative and qualitative evidence', *British Journal of Social Work*, 45(1): 177–203.

White, K. (2016). 'Placement Discontinuity for Older Children and Adolescents Who Exit Foster Care Through Adoption or Guardianship: A Systematic Review', *Child and Adolescent Social Work Journal*, 33(4): 377–94.

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): 19–32.

Questions of whether kinship care offers children the sustainability of caring and protective relationships over time have been investigated internationally. It is important to note that although the reviews do consider the sustainability of kinship care *as a discrete question*, they also draw out risk and protective factors for placement stability that are *common* across different permanency options. For example, older children with histories of maltreatment are at risk of increased placement instability whether placed with kin, with non-relative foster carers or with adopters.

#### The stability of kinship foster care compared to non-kinship foster care

- The balance of current international evidence indicates that kinship care offers **greater levels of stability for children** than non-kinship foster care.
- The **unconditional commitment of kinship carers and the child's sense of family belonging** are the factors that typically account for the potential of kinship care to offer greater stability for children than non-kinship foster care.
- However, for any placement type, the quality of the placement relies on **a sufficient fit between the emotional capacity, sensitivity and skills of carers and the needs of the child** and their developmental challenges.
- A methodological weakness of many studies is that researchers do not pay sufficient or specific attention to the characteristics of children placed in kinship care compared

to foster care **at point of first entry (pre-care characteristics)**. For example, are children with the most significant difficulties most likely to be placed in non-kinship foster care?

## Risk and protective factors for placement instability that are common to kinship and non-kinship foster care and adoption

### *Child-level factors:*

- Children **who are older at first placement**<sup>3</sup> are more at risk of placement instability than younger children. This is particularly so for older children with a history of maltreatment.
- A **history of placement instability** is associated with further placement breakdown.
- There is a **strong positive relationship between child mental health and externalising behaviours** (aggression and conduct disorders) and placement breakdown. Child behavioural problems can be a cause as well as a consequence of placement instability.
- **The separation of siblings** can be associated with placement instability.

### *The kinship or foster care environment:*

- Evidence is inconsistent regarding the impact of, or presence of the carers' own children and placement instability, but **poor integration** into the foster family (whether kinship or non-kinship) is associated with foster care breakdown.
- Evidence regarding **the impact of birth parent contact on placement breakdown is inconsistent**. However, difficulties with birth parent contact contribute to carer strain. Being placed at a significant distance from the child's birth family (out of area) is consistently reported as associated with placement instability.
- There is a positive association between **carer qualities** and placement stability. Carers whose parenting qualities are informed by sensitivity towards the child's needs, the development of a child-focused relationship that creates a sense of security and stability and carers who are actively engaged in helping the child with any developmental challenges, mitigate the risk of placement breakdown. Carers who are **better prepared** regarding the child's needs are more able to support the child, which reduces the risk of placement instability.
- **Frequent changes in the child's social worker** is reported in some studies as having a negative impact on placement stability. Conversely, carers and children respond positively where there is a consistent and strong relationship with a social worker.

## Implications

The balance of international evidence indicates that kinship care can provide placements for children that are durable, with children experiencing lower rates of placement breakdown than those in foster care.

Although analyses of risk and protective factors have typically been based on all children in foster care, as stated above, current evidence is sufficient to encourage *a far more differentiated approach* to children in kinship care. Children who are older at entry to kinship care, who have histories of maltreatment, behavioural difficulties and placement instability, are at heightened risk of placement instability across a number of placement types, including kinship care. As a number of authors have suggested, the considerable interest in young children in public care and adoption ought to be matched by a parallel interest in the impact

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<sup>3</sup> Not all studies were specific about age; where there was specific reference to age, older age was defined as children over ten years, or those entering adolescence.

of trauma histories on older children, including the impact of child welfare system involvement. This is particularly salient given that this population of children (aged 10 to 15) are the largest in a number of international contexts.

Although there is considerable emphasis on attachment processes in infancy and early childhood, this is not matched by a focus on the evolution of the needs of the child through middle childhood and adolescence.

Across the reviews, the timely provision of appropriate support to families or carers whatever type of placement is vital, particularly where there are identified risk factors that need to be explored and mitigated.

## **Q2. How do the outcomes (mental health, behavioural and educational) for children in kinship care compare to those for children living in unrelated/mainstream foster care or with adoptive parents?**

**Summary findings are based on the following systematic reviews published between 2017 and 2019:**

O' Higgins, A., Sebba, J., and Gardner, F. (2017). 'What are the factors associated with educational achievement for children in kinship or foster care: A systematic review', *Children and Youth Services Review*, 79: 198–220.

Washington, T., Wrenn, A., Kaye, H., Priester, M. A., Colombo, G., Carter, K. and Coakley, T. (2018). 'Psychosocial factors and behavioral health outcomes among children in Foster and Kinship care: A systematic review', *Children and Youth Services Review*, 90: 118–33.

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): 19–32.

Xu, Y. and Bright, C. L. (2018). 'Children's mental health and its predictors in kinship and non-kinship foster care: A systematic review', *Children and Youth Services Review*, 89: 243–62.

Over and above questions of placement stability, it is important to probe questions about the broader range of educational, health and well-being outcomes for children brought up in kinship care in the short and longer terms. Placement stability is hugely important for children, but evidence against this measure needs to be combined with further evidence of outcomes to gain a fuller picture of the impact of kinship care on children's lives (Hunt et al., 2008). Poor outcomes for children in care are the subject of international concern. For example, children in foster care have been found to have lower educational attainment and a higher level of special educational need (Harker, 2009; Rees, 2013; O'Higgins et al., 2015). Four systematic reviews were identified which have explored outcomes for children in kinship care, compared to non-relative foster care.

All the reviews report methodological weaknesses in the measurement of children's outcomes. Many studies do not sufficiently analyse the potential impact of pre-care characteristics on children's short- and longer-term outcomes. A further important limitation is that there has been scant analysis of the impact of contextual factors (variables) on children's outcomes in kinship care. The majority of research considers context only in terms of child and carer demographics; however, the family socio-economic climate together with neighbourhood factors are also thought to be important (Xu and Bright, 2018). The likely positive value of continuity and unconditional commitment to the child may be reduced in the context of considerable financial, housing, relationship or neighbourhood strain. It is also important to note that there are no robust studies of the broader outcomes for children that compare outcomes for children in kinship care and those adopted.



## Mental health

Overall, current evidence is mixed regarding the mental health of children in kinship care compared to foster care. The majority of studies report that children in kinship care are more likely to report *positive* emotional health and are *less likely* to be using formal mental health services than children in non-kinship foster care. Authors account for better mental health in terms of the stability of kinship care, established attachment and cultural connections between relatives and children which support mental health functioning. Children in kinship care are also less likely to suffer institutional abuse. However, results vary depending on the design of studies, with many demonstrating some significant methodological weaknesses (Xu and Bright, 2018). More recently, and using more sophisticated statistical methodology, Xu and Bright argued that a simple conclusion cannot be drawn that kinship care leads to better mental health outcomes for children than non-kinship foster care. The quality of care and children's baseline well-being should also be taken into consideration (ibid.). This indicates the need for further longitudinal follow-up of children in kinship care and better estimates of the prevalence of mental health across different permanency options. Research needs to consider a broader range of contextual variables, including which children are 'selected into' kinship care and with what results.

## Behavioural problems

Overall, the balance of evidence indicates that children in kinship care record *fewer* externalising behavioural problems than children in mainstream foster care. However, it is worth noting that, without structured support in place, kinship carers may well be coping with issues that for foster carers would come to the attention of services. The majority of studies that examine factors associated with better behavioural outcomes do not differentiate between children in kin and non-kinship foster care. It is therefore difficult to draw firm conclusions *specific* to kinship care regarding the reasons that account for this difference. Overall, a conclusion can be drawn that the quality of parenting (among the carers) and support for parenting is associated with better behavioural outcomes for children across different placement types.

## Educational attainment

Overall, educational attainment for children in care is poorer than in the general population of children. No significant differences have been found between children in kinship care or foster care in terms of improvements in educational attainment during their kinship or foster placement.

## Implications

A clear conclusion is that further research is needed that examines the shorter- and longer-term mental health and well-being outcomes for children in kinship care, over and above placement stability, based on large-scale and representative samples. The use of administrative data on full-service populations is under-exploited for outcome research, as an international trend. The longer-term life chances of children in kinship care are also important, when compared to other children in foster care or who are adopted.

### Q3. What kinds of service interventions might support kinship care permanency placements?

**This section draws on findings from five systematic reviews and a meta-analysis published between 2013 and 2018:**

Coleman, K. L., and Wu, Q. (2016). 'Kinship care and service utilization: A review of predisposing, enabling, and need factors', *Children and Youth Services Review*, 61: 201–10.

Kemmis-Riggs, J., Dickes, A., and McAloon, J. (2018). 'Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review', *Clinical Child and Family Psychology Review*, 21(1): 13–40.

Kinsey, D. and Schlösser, A. (2013). 'Interventions in foster and kinship care: A systematic review', *Clinical Child Psychology and Psychiatry*, 18(3): 429–63.

Lin, C.-H. (2014). 'Evaluating Services for Kinship Care Families: A Systematic Review', *Children and Youth Services Review*, 36: 32–41.

Uretsky, M. C. and Hoffman, J. A. (2017). 'Evidence for Group-Based Foster Parent Training Programs in Reducing Externalizing Child Behaviors: A Systematic Review and Meta-Analysis', *Journal of Public Child Welfare*, 11(4-5): 464–86.

For children to thrive in kinship care, children and their carers need to receive effective and tailored support, which is timely and of sufficient duration. This is particularly so, given the important roles that carers play in supporting children's developmental recovery and supporting children's continued connection with birth parents (Hunt et al., 2008). Kinship families may also need help to access universal services and welfare benefits. However, unmet need is widely documented regarding kinship carers and the children they care for. Kinship families tend to be less well served by professional services (Harwin et al., 2019; Hunt and Waterhouse, 2012).

Regarding interventions, there has been substantial development and testing of practice interventions designed to improve the quality and stability of placements for children in care. However, the majority of evaluative studies do not consider intervention effects *separately* for kinship and non-kinship foster carers, hence it is difficult to ascertain the impact on different types of carers or placements. Where interventions specific to kinship care have been developed, evaluative evidence is far less well advanced than for foster care. In addition, more interventions have been evaluated regarding younger children than for children aged 10 to 15, despite the fact that this latter group comprises the largest proportion of children who stay in care in many international contexts. The quality of the evaluative research is highly variable, not least due to problems of small treatment populations or the practical and ethical considerations regarding random assignment of children to interventions and difficulties in quantitatively measuring therapeutic change. Synthesis of evaluative evidence is also challenging due to the wide range of outcomes or objectives specified by individual interventions such as: improving child development; reducing child traumatic stress; reducing carer strain; improving carer effectiveness or carer burden.

It is beyond the scope of this review to detail the full range of interventions that have been tested; rather our purpose is to make a number of general points about the kinds of interventions and components that have been positively evaluated. We would refer readers to the systematic reviews listed above, for the detail of individual interventions.

The following categorical framework developed by Kinsey and Schlosser (2013) helps to capture the types of interventions that have been designed and tested: wrap-around services, relational interventions, non-relational interventions for carer and child, carer

training programmes and interventions for the foster child. This framework is used to structure the general points we make regarding the effectiveness of interventions below.

### Service use and unmet need among kinship carers and children in their care

- A consistent finding concerns **important unmet service needs and low service use** among kinship carers and children in their care. Although children in kinship care can evidence externalising and internalising behaviour problems, a consistent finding is that they receive **fewer or no services** when compared to children in non-kinship care placements.
- Factors that **contribute to service use** among kinship care families include: ongoing involvement with the child welfare system, positive prior experiences of social service and mental health providers, fear of child removal, personal resources and accessibility of services to families.
- The only intervention aimed at improving **access to services** is the Kinship Care Navigator in the US. However, evaluation data are limited, and not published in peer-reviewed journals (Lin, 2014).

### Interventions specific to kinship care

- There is some evidence that kinship carers value support from other carers and former carers with similar caring experiences. Peer-based approaches and support groups were found to be the **most effective services meeting carers' emotional needs**.
- Only two training and educational programmes developed particularly for kinship families were identified (both in the US)<sup>4</sup> but with limited evidence of efficacy. Support services were effective at helping kinship care families to improve their support system; and training/education services were effective in helping carers to gain knowledge and increased self-efficacy. Overall there is insufficient evaluative evidence regarding interventions specific to kinship care.

### Evidence of effective interventions (non-kinship and kinship foster care not differentiated)

#### *Carer-specific training interventions*

**General foster carer group training** programmes have not been found to deliver positive results. Although group-based education programmes may be seen as cost-effective, there is insufficient evidence to suggest that on its own, this form of intervention is an effective option. The only particular intervention subject to large-scale randomised controlled trials (RCT) with evidence of effectiveness is KEEP<sup>5</sup>:

**Conventional parenting management** training programmes developed for parents of children who have developmental trauma, with little adaptation for foster carers or children who have experienced maltreatment, again have not shown consistent evidence of effectiveness.

Interventions focused solely on behaviour management have not shown consistent evidence of effectiveness, but may be effective as part of 'wrap-around' services as described below.

#### *Wrap-around services*

Wrap-around interventions are multi-faceted and tailored to the needs of child, carer and family. The content and aims of wrap-around approaches are highly varied, but the

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<sup>4</sup> Kinship Care Navigator Program and Kinship Care Connection.

<sup>5</sup> KEEP: Keeping foster and kinship carers supported

intervention is far more comprehensive in scope than other forms of intervention. Intervention aims to provide both intensive carer supports as well as to reduce child difficulties. Intervention is delivered by multi-disciplinary teams via a combination of home visits, phone calls, training and support groups. 'Early Intervention Foster Care (EIFC)' has been subject to both RCT and non-randomised evaluation (in the USA) which found that it reduced placement breakdown and promoted carer capacity – overall, evidence is not significant across all domains. Many interventions that can be characterised as 'wrap-around' report positive outcomes, although some evaluation designs lack control groups. It can also be difficult to pinpoint the effectiveness of specific aspects of multi-faceted interventions.

### *Relational interventions*

Relational interventions use the relationship between either the carer and child, or the foster carer and biological parent as their focus. Interventions that are most effective in improving parent–child relationship quality (e.g. attachment behaviours, parental sensitivity) have the following components:

- They develop relational skills and focus on developing carers' responses that are attuned to the needs of the child and are aimed at enhancing empathic and sensitive parenting.
- They provide opportunities for carers to enhance their parenting skills, through practice, feedback and coaching.
- They have a focus on helping carers to manage their own emotional reactions to parenting.

Regarding interventions underpinned by attachment theory, some positive evaluative evidence was produced by tailored and individualised approaches that attend to the carers' own attachment styles and adapt treatment to meet the carers' needs, and the needs of the specific and unique interactions between carers and children (Kinsey and Schlösser, 2013). Overall, attachment-focused interventions are more successful if they:

- Are developed specifically to meet the needs of foster and kinship families with children who had experienced maltreatment and relationship disruption.
- Have clearly defined aims targeted towards specific domains and developmental stages and included content components that specifically target this domain.

Common components across the studies that were effective in addressing behaviour problems included:

- Content specifically designed to address these problems (i.e. specific discipline strategies and a focus on contingent positive reinforcement for desirable behaviour) and to increase positive family interactions by building parental engagement skills.
- Trauma psycho-education, problem-solving and social skill development, and parent-related factors (i.e. parental self-regulation, stress management and self-reflection).

### **Implications**

Children in care frequently receive interventions with questionable effectiveness that are not targeted to meet their specific needs. Further work is needed to build on US developments that demonstrate promising or emerging evidence regarding interventions *specifically aimed* at kinship care (Lin, 2014). Although kinship carers will face many of the same challenges in caring for children as non-kinship carers, there are particular challenges for kinship carers in navigating relationships with their own family. The relationship complexities are equally challenging for children (Kiraly and Humphries, 2013).

## Conclusion

Kinship carers are in a unique position in terms of being able to provide reparative permanent care for children, while at the same time supporting the continuity of birth parent and extended family relationships. There is consistent international evidence that kinship care can provide a durable solution for children, with low rates of breakdown. The unconditional commitment of kinship carers and the child's sense of family belonging are the factors that are typically cited in research as accounting for the child's positive experience and stability outcomes in kinship care, compared to non-kinship foster care. However, not all children will do well in kinship care – as child welfare services become more reliant on kin resources as an alternative to foster care or adoption, we need to analyse outcomes more closely and get far better at providing services attuned to the *specific* needs of kinship carers and children. In particular, kinship carers require support to manage birth parent contact over time and in the context of overlapping family networks and relationships.

This review has revealed that, to date, the international research community has not paid sufficient attention to kinship care as a *distinct permanency experience* for children, based on large-scale representative samples. The largest proportion of published evidence tends to treat children in kinship and non-kinship foster care as a single category. That said, given that there are consistent findings regarding risk and protective factors for placement stability based on study populations that include both groups of children, it would *not* make sense to set aside this evidence. Indeed, regarding risk and protective factors for placement instability, findings are sufficiently consistent to immediately inform current assessment and support practice. Closer attention to risk and protective factors encourages a *differentiated* approach to children in kinship care, particularly older children, who have histories of placement moves and maltreatment.

Evidence about the longer-term broader well-being outcomes for children in kinship care is limited. Indeed, we know little about how this population of children fare over time compared to children in foster care or those who are adopted. Where there are published outcome studies, conclusions are rather undermined by methodological weaknesses. Placement stability is hugely important for children; however, the quality of the child's experience warrants further attention.

Given significant concerns regarding unmet need in kinship care placements, relating to children as well as their carers, it is important that the evidence base relating to support and intervention is further developed for this particular group of children. On the basis of evidence that is currently available, wrap-around approaches combined with relational approaches are promising, particularly for older children who may have experienced trauma and who demonstrate behavioural problems.

## Appendix 1: Overview of systematic reviews and meta-analyses

<b>Coleman, K. L., and Wu, Q. (2016). 'Kinship care and service utilization: A review of predisposing, enabling, and need factors', <i>Children and Youth Services Review</i>, 61: 201–10.</b>	
Scope	Identify predictors or correlations of service use among kinship care providers; examine kinship carers' perceptions and experiences of caregiving and service use; and provide recommendations for practice and research with kinship carers and the children in their care.
Methodology	Systematic review
Quality protocol	Littell et al. (2008); <sup>6</sup> Cooper (2010); <sup>7</sup> PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement (Liberati et al., 2009) <sup>8</sup>
Search parameters	Up to 2014
Number of included studies	13
Geographical coverage	12 USA; 1 Canada
Exclusion/inclusion criteria	Peer-reviewed articles that included any qualitative or quantitative research that examined factors related to formal service utilisation among kinship foster carers and/or otherwise relevant from grey literature.
Limitations (stated by review authors)	Weak research designs of studies did not allow for strong inferences for causal relationships between predictors and service use; reviewed studies did not assess effectiveness of services received or whether they addressed specific needs; the way services were conceptualised varied; quantitative studies focused only on practical barriers and did not examine cultural barriers, or system-level barriers.

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<sup>6</sup> Littell, J., Corcoran, J. and Pillai, V. (2008). *Systematic Reviews and Meta-Analysis*. Oxford: Oxford University Press,

<https://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780195326543.001.0001/acprof-9780195326543>

<sup>7</sup> Cooper, H. M. (2010). *Research synthesis and meta-analysis: A step-by-step approach*. (4<sup>th</sup> Ed). Los Angeles: Sage.

<sup>8</sup> Liberati, A., Altman, D.G., Tetzlaff, J., Mulrow, C., Gøtzsche, P.C., et al. (2009). 'The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration', *PLoS Medicine* 6(7): e1000100. <https://doi.org/10.1371/journal.pmed.1000100>

<b>Kemmis-Riggs, J., Dickes, A., and McAloon, J. (2018). 'Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review', <i>Clinical Child and Family Psychology Review</i>, 21(1): 13–40.</b>	
Scope	<ol style="list-style-type: none"> <li>1. What psychosocial interventions have been delivered to improve the well-being of foster children and their carers?</li> <li>2. What are the different components in these interventions?</li> <li>3. What is the comparative effectiveness of the identified interventions?</li> <li>4. Is there any evidence that certain components are associated with more effective outcomes in the target population?</li> </ol> <p>To provide recommendations for future research and programme development.</p>
Methodology	Systematic review
Quality protocol	PRISMA guidelines. <sup>9</sup> The review protocol was registered with PROSPERO [CRD42016048411] and developed based on the recommendations outlined in the Cochrane Handbook for systematic reviews. <sup>10</sup>
Search parameters	1990 – 2016
Number of included studies	17
Geographical coverage	11 US; 3 UK; 1 Romania; 2 Netherlands
Exclusion/inclusion criteria	Studies excluded: children living in residential/group care; targeted for biological or adoptive parents; children referred to foster care from the juvenile justice system; studies that examined outcomes from institutional care from birth (such as Romanian orphanage studies); interventions delivered during transition from foster care to independence; and wrap-around interventions.
Limitations (stated by review authors)	Quality of studies reviewed varied; outcome measurement varied; many studies did not clearly articulate the rationale between the aim of the study and the outcomes used to assess its efficacy; most outcomes reported were short-term (less than six months post-intervention); longer-term follow-up was limited.
Added information	None of the interventions that were reviewed were developed for or delivered solely to kinship carers and children in their care.

<sup>9</sup> Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G. and Prisma Group (2009). 'Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement', *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>; Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., et al. (2015). 'Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement', *Systematic Reviews*, 4(1): 1.

<sup>10</sup> Higgins, J. P. T., and Green, S. (2011). *Cochrane handbook for systematic reviews of interventions Version 5.1.0* [updated March 2011]. London: The Cochrane Collaboration.

<b>Kinsey, D., and Schlösser, A. (2013). 'Interventions in foster and kinship care: A systematic review', <i>Clinical Child Psychology and Psychiatry</i>, 18(3): 429–63.</b>	
Scope	1. What empirically tested interventions exist for the foster care population? 2. Are these interventions effective? Studies examined from a UK perspective.
Methodology	Systematic review
Quality protocol	Quality of studies assessed using Downs and Black (1998) checklist <sup>11</sup>
Search parameters	1995 – 2009
Number of included studies	30
Geographical coverage	25 US; 5 UK
Exclusion/inclusion criteria	Inclusion criteria: (a) published between 1995 and 2009; (b) published in a peer-reviewed journal; (c) included either foster carers or foster children as participants; (d) empirically evaluated an intervention using a quantitative design. Exclusion criteria: (a) participants were from 'institutional' backgrounds, such as Romanian orphanages; (b) interventions were only directed towards the biological parents; (c) interventions within short-term respite foster care; and (d) interventions targeted at 'therapeutic foster care' where the child has been remanded from the justice system (i.e. not in foster care due to maltreatment).
Limitations (stated by review authors)	One researcher carried out the study, therefore could be bias in study selection. Included quantitative studies only, qualitative studies which may have identified good clinical practice have been omitted.
Additional information	One intervention identified as developed and delivered specifically for kinship carers and children.

<b>Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G.-J., Colonna, C., and Assink, M. (2019). 'Foster care placement instability: A meta-analytic review', <i>Children and Youth Services Review</i>, 96: 483–99.</b>	
Scope	To update the current knowledge of factors that relate to foster placement instability and their effects by performing a meta-analysis in which the three-level approach was used. A second aim was to examine variables that may moderate the association between putative predictors of placement instability,

<sup>11</sup> Downs, S. H. and Black, N. (1998). 'The feasibility of creating a checklist for the assessment of the methodological quality of both randomised and non-randomised studies of health care interventions', *Journal of Epidemiology and Community Health*, 52: 377–84.



	including child and study characteristics (e.g., age of the child and the child's ethnicity).
Methodology	Systematic review and meta-analysis
Quality protocol	PRISMA; Lipsey and Wilson (2001) <sup>12</sup>
Search parameters	1990 – 2017
Number of included studies	42
Geographical coverage	US/Canada 24; Europe 16 (of which UK 5); Australia 2
Exclusion/inclusion criteria	Inclusion criteria included: studies that examined long-term foster care and factors associated with instability of foster care placements; to contain empirical data; to be published from 1990; to be published in peer-reviewed scientific journals; to be written in English and conducted in Western countries. Only publications from Western countries (US, Canada, Australia, Europe) were included. Studies on short-term foster care and permanency of placements in terms of (post-foster care) adoption and guardianship were not included in our analysis.
Limitations (stated by review authors)	Indications of publication bias. Some relevant moderators could not be investigated because of a lack of information. These include: history of residential care; quality of relationship between foster parents, birth parents and social workers; quality of contact between child and birth parents; the expectations and motivations of the foster carers for foster care; and the presence of biological children of the foster parents in the foster family.

<b>Liao, M. (2016). 'Factors affecting post-permanency adjustment for children in adoption or guardianship placements: An ecological systems analysis', <i>Children and Youth Services Review</i>, 66: 131–43.</b>	
Scope	Empirical studies investigating post-permanency outcomes using an ecological systems analysis.
Methodology	Systematic review and ecological systems analysis
Quality protocol	Systematic review methodology; stated methodology search criteria; inclusion/exclusion criteria. Based on ecological systems analysis with family theories.
Search parameters	1988 – 2014
Number of included studies	35
Geographical coverage	All US

<sup>12</sup> Lipsey, M.W. and Wilson, D.B. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage.

Exclusion/inclusion criteria	Inclusion criteria: empirical studies examining post-adoption or guardianship adjustment with quantitative, qualitative or mixed method; classified as special needs adoptions or guardianships; involved children or youth and their adoptive or guardianship families.
Limitations (stated by review authors)	Review could not calculate effect size predictors because adequate information was not available. Different types of special needs were not differentiated. Guardianship and adoption were not differentiated in the reporting of the review.

<b>Lin, C.-H. (2014). 'Evaluating Services for Kinship Care Families: A Systematic Review', <i>Children and Youth Services Review</i>, 36: 32–41.</b>	
Scope	To evaluate whether services for kinship families effectively address their needs and lead to child welfare outcomes.
Methodology	Systematic review
Quality protocol	Systematic review methodology; stated methodology search criteria; inclusion/exclusion criteria. Levels of Evidence-Base Intervention Effectiveness (LEBIE) applied.
Search parameters	Not specified
Number of included studies	13
Geographical coverage	All US
Exclusion/inclusion criteria	Included studies: specifying programme/services for kinship families; and that evaluated outcomes regarding well-being of kinship carers or children and children's permanency. Excluded studies: only providing descriptions of the service; only focused on policy impact; only focused on process evaluation.
Limitations (stated by review authors)	Publication bias may exist. Conducted by a sole researcher, therefore selection bias may exist. Timing of review may be too early to draw conclusions about the effectiveness of programmes that were developed within five years prior to the review being conducted.

<b>O' Higgins, A., Sebba, J., and Gardner, F. (2017). 'What are the factors associated with educational achievement for children in kinship or foster care: A systematic review', <i>Children and Youth Services Review</i>, 79: 198–220.</b>	
Scope	What are the factors associated with educational outcomes for school-age children in care?
Methodology	Systematic review
Quality protocol	PRISMA; stated inclusion/exclusion criterion
Search parameters	1990 – 2016

Number of included studies	36
Geographical coverage	24 US; 5 Canada; 5 UK; 4 Australia; 1 Sweden
Exclusion/inclusion criteria	Studies were included if they tested the statistical association between any given variable and educational outcomes, including test scores, grades or marks, exam results, academic competency scores, cognitive abilities, attendance, grade retention and exclusions, of children in foster or kinship care in high-income countries. Children in all other placement types, including residential care were excluded. The review focused on school-age children, so only studies in which the outcome was measured between the ages of 5 and 19 were included.
Limitations (stated by review authors)	Likely that review did not identify all relevant studies; search strategy filtered out studies where children in care may have been a subsample of wider research; review did not examine genetic or biological factors; small number of countries represented, the majority from the US; children in residential care were not included; qualitative studies were out of scope.

<b>Rock, S., Michelson, D., Thomson, S. and Day, C. (2015). 'Understanding foster placement instability for looked after children: a systematic review and narrative synthesis of quantitative and qualitative evidence', <i>British Journal of Social Work</i>, 45(1): 177–203.</b>	
Scope	To identify a comprehensive set of vulnerability and protective factors for foster placement instability and to supplement quantitative findings with qualitative evidence in order to develop inferences about how different factors may operate to undermine and promote stable placements.
Methodology	Systematic review and narrative synthesis
Quality protocol	This study adhered to recommended procedures for a systematic review, as specified by the NHS Centre for Reviews and Dissemination (2008)
Search parameters	1960 – 2009
Number of included studies	58
Geographical coverage	15 UK; 15 US; 4 Australia; 3 Canada; 2 Holland; 1 Sweden
Exclusion/inclusion criteria	Eligible quantitative studies included: the study population included a majority of children in foster care; placement instability was measured as a dependent variable and operationalised in terms of incidence of placement breakdown or frequency of placement moves; and a prospective cohort, retrospective cohort or cross-sectional design was used to test relationships between placement instability and independent variables. Selection criteria for qualitative studies: study participants included looked after children foster carers, foster carers' children or social workers involved with foster

	placements; the study investigated views about experiences and outcomes of foster placements; the study used an explicit method of qualitative analysis.
Limitations (stated by review authors)	Studies varied in quality and used heterogeneous measures for independent and dependent variables.

<b>Uretsky, M. C. and Hoffman, J. A. (2017). 'Evidence for Group-Based Foster Parent Training Programs in Reducing Externalizing Child Behaviors: A Systematic Review and Meta-Analysis', <i>Journal of Public Child Welfare</i>, 11(4-5): 464–86.</b>	
Scope	Systematic literature review and meta-analysis of the current evidence base for manualised, multi-session foster and kinship carer training interventions targeting improvements in externalising child behaviours.
Methodology	Systematic review and meta-analysis
Quality protocol	PRISMA; stated inclusion/exclusion criteria.
Search parameters	2007 – 2016
Number of included studies	11
Geographical coverage	7 US; 3 UK; 1 Romania
Exclusion/inclusion criteria	Studies included: evaluated a group-format foster or kin carer training programme that met on a regular basis for a minimum of three sessions; used quantitative methods and included at least one standardised measure of child behaviour as an outcome measure. Adult participants were the primary carer for the focal child at the time of the intervention. Studies were published in a peer-reviewed journal, available in English, and did not appear in previous reviews evaluating the effectiveness of carer training programmes. Participants were not in treatment foster care placements. There was no age requirement for the children in the studies.
Limitations (stated by review authors)	Publication bias; review focused on child outcomes, other indicators of programme success such as caregiving behaviours were not investigated. Some studies reported insufficient information to calculate effect size.

<b>Washington, T., Wrenn, A., Kaye, H., Priester, M. A., Colombo, G., Carter, K. and Coakley, T. (2018). 'Psychosocial factors and behavioral health outcomes among children in Foster and Kinship care: A systematic review', <i>Children and Youth Services Review</i>, 90: 118–33.</b>	
Scope	To examine the reported relationships between various psychosocial factors and behavioural health outcomes among children in foster and kinship care.
Methodology	Systematic review

Quality protocol	PRISMA; stated exclusion/inclusion criteria.
Search parameters	2010 – 2016
Number of included studies	40
Geographical coverage	All US
Exclusion/inclusion criteria	Inclusion criteria: sample population residing in foster or kinship care; scholarly, empirical literature published between 2010 and 2016; focused on behavioural health outcomes, including Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) and problem behaviours. Predictor variables were psychosocial factors related to the family and social support. Studies excluded from this review included non-English studies and study samples of children outside the US.
Limitations (stated by review authors)	Possible that some studies were overlooked; several studies used the same NSCAW data (longitudinal survey of children and families who have been the subjects of investigation by child protective services); Multi-dimensional Treatment Foster Care and KEEP interventions not included.

<b>White, K. (2016). 'Placement Discontinuity for Older Children and Adolescents Who Exit Foster Care Through Adoption or Guardianship: A Systematic Review', <i>Child and Adolescent Social Work Journal</i>, 33(4): 377–94.</b>	
Scope	To identify the risk and protective factors associated with discontinuity for former foster youth who are school-age or older, as well as assess the quality of the research evidence.
Methodology	Systematic review
Quality protocol	PRISMA; stated inclusion/exclusion criterion
Search parameters	Not specified
Number of included studies	18
Geographical coverage	17 US; 1 unstated
Exclusion/inclusion criteria	Studies were excluded from the sample if they were qualitative literature reviews, or if they primarily examined outcomes for families prior to legal finalisation of an adoption or guardianship. Studies that exclusively examined outcomes for infants and/or children aged five or younger only were not selected for the sample. Studies that employed bivariate analyses were also excluded from the review. Proximal outcomes to discontinuity were defined as short-term outcomes that may signal child or family adjustment problems after adoption or guardianship (e.g. child behaviour problems, family adjustment or parental stress).
Limitations (stated by review authors)	Only one study rigorously examined guardianship families, all other included studies examined adoption. Research was

	identified that examined guardianship; however, it was not of sufficient quality to be included in the review. The review was also limited to peer-reviewed journals and did not include grey literature.
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<b>Winokur, M. A., Holtan, A. and Batchelder, K. E. (2018). 'Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes', <i>Research on Social Work Practice</i>, 28(1): 19–32.</b>	
Scope	What is the effect of kinship care placement for children removed from the home for maltreatment on behavioural development, mental health, placement stability, permanency, educational attainment, family relations, service utilisation, and re-abuse outcomes as compared to foster care placement?
Methodology	Systematic review and meta-analysis
Quality protocol	Cochrane Database of Systematic Reviews
Search parameters	Up to 2011
Number of included studies	102 qualitative synthesis, of which 71 included in meta-analysis
Geographical coverage	89 US; 13 other countries (not specified)
Exclusion/inclusion criteria	Studies were excluded because there was no formal kinship care group or the kinship care group was not disaggregated from the foster care group; there was no foster care comparison group or the foster care group was not disaggregated from other out-of-home placement types; they reported on an intervention other than out-of-home placement; they were non-empirical (e.g., literature reviews); they were survey, descriptive or qualitative research designs; child welfare outcomes were not reported; and because they were based on an adult sample.
Limitations (stated by review authors)	Weak standing of quantitative research on kinship and a lack of comparability between children who enter kinship care and children who enter other forms of care. Fullest effects of kinship care not truly measured.

<b>Xu, Y. and Bright, C. L. (2018). 'Children's mental health and its predictors in kinship and non-kinship foster care: A systematic review', <i>Children and Youth Services Review</i>, 89: 243–62.</b>	
Scope	<ol style="list-style-type: none"> <li>1. Does kinship care, as compared with non-relative care, positively affect children's mental health outcomes?</li> <li>2. What factors predict children's mental health in kinship and non-kinship foster care?</li> </ol>
Methodology	Systematic review

Quality protocol	Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies; <sup>13</sup> PRISMA
Search parameters	2011 – 2017
Number of included studies	8
Geographical coverage	6 US; 1 Belgium; 1 Norway
Exclusion/inclusion criteria	Included: studies that compare kinship care to non-kinship foster care; samples of children or adolescents; primary outcome of the study was children's mental health; studies that were quantitative to allow for comparison of effects; articles that were published as peer-reviewed journal articles from April 2011 to June 2017; and studies that were published in English.
Limitations (stated by review authors)	Review did not conduct a comprehensive search in numerous databases, or hand search grey literature, and did not include articles published in languages other than English, which might neglect other potential studies on this topic. Review only synthesised studies published between April 2011 and June 2017 as an update of Winokur et al.'s (2014) review. The limited time range of publications may affect the completeness of factors associated with children's mental health. Other potential unidentified factors, such as age of the child at the beginning of the current placement, child's adaptation in new family environment, risk of disrupted placement, quality of family relationships, professional interventions and use of services may significantly contribute to children's behavioural problems. Also, included studies had variations in research designs, samples, variables, measurements and data analysis, which limit the authors' ability to make more conclusive findings across studies.

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<sup>13</sup> National Institutes of Health (NIH) (2014). Quality assessment tool for observational cohort and cross-sectional studies. Retrieved from <https://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/cardiovascular-risk-reduction/tools/cohort>.

## Appendix 2: Search strategy

The literature review involved a search of relevant databases using Lancaster University's library catalogue 'One Search'. Search terms included a variation of the following in relation to kinship care: guardianship; permanence; practice; placement; disruption; breakdown; stability; discontinuity; family group conference/family decision-making; mediation; and public law outline.

The search was limited to papers published in English within the last ten years. The initial search returned 3,616 results. The relevance of the results was then considered against the aims of the review. This was initially achieved by excluding papers where the title clearly bore no relevance to the review subject and eliminating duplicates. The abstracts of the remaining papers were then scrutinised in order to identify those which appeared to contribute to the review aims.

Using this process, 234 papers were identified as relevant to the subject of kinship care. It was not within the scope of this study to complete a full review of all of these papers. Therefore, the research team identified systematic reviews that had already been conducted, so that this wealth of evidence could be collated into a paper accessible for social care and family justice professionals. Thirteen systematic reviews and/or meta-analyses were identified that relate to kinship care. These have been the focus of this evidence review. The 13 reviews were scrutinised by two researchers independently to ensure a thorough and rigorous examination of the research evidence.



## Appendix 3: UK studies included within the systematic reviews examined in this paper

### Services and interventions

#### *Systematic reviews used:*

Coleman, K. L., and Wu, Q. (2016). 'Kinship care and service utilization: A review of predisposing, enabling, and need factors', *Children and Youth Services Review*, 61: 201–10. doi:10.1016/j.childyouth.2015.12.014

Kemmis-Riggs, J., Dickes, A. and McAloon, J. (2018). 'Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review', *Clinical Child and Family Psychology Review*, 21(1): 13–40. doi:10.1007/s10567-017-0247-0

Kinsey, D. and Schlösser, A. (2013). 'Interventions in foster and kinship care: A systematic review', *Clinical Child Psychology and Psychiatry*, 18(3): 429–63. doi:10.1177/1359104512458204

Lin, C.-H. (2014). 'Evaluating Services for Kinship Care Families: A Systematic Review', *Children and Youth Services Review*, 36: 32–41. doi:10.1016/j.childyouth.2013.10.026

Uretsky, M. C. and Hoffman, J. A. (2017). 'Evidence for Group-Based Foster Parent Training Programs in Reducing Externalizing Child Behaviors: A Systematic Review and Meta-Analysis', *Journal of Public Child Welfare*, 11(4-5): 464–86. doi:10.1080/15548732.2017.1326360

#### *UK studies included in the systematic reviews for the services and interventions section:*

- Bywater, T., Hutchings, J., Linck, P., Whitaker, C., Daley, D., Yeo, S. T., et al. (2011). 'Incredible Years parent training support for foster carers in Wales: A multi-centre feasibility study', [Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't]. *Child: Care, Health and Development*, 37(2): 233–43. <https://doi.org/10.1111/j.1365-2214.2010.01155.x>.
- Callaghan, J., Young, B., Pace, F. and Vostanis, P. (2004). 'Evaluation of a new mental health service for looked after children', *Clinical Child Psychology and Psychiatry*, 9: 130–48.
- Macdonald, G. and Turner, W. (2005). 'An experiment in helping foster carers manage challenging behaviour', *British Journal of Social Work*, 35(8): 1265–282. <https://doi.org/10.1093/bjsw/bch204>.
- McDaniel, B., Braiden, H. J., Onyekwelu, J., Murphy, M. and Regan, H. (2011). 'Investigating the effectiveness of the Incredible Years basic parenting programme for foster carers in Northern Ireland', *Child Care in Practice*, 17(1): 55–67.
- Minnis, H., Pelosi, A. J., Knapp, M. and Dunn, J. (2001). 'Mental health and foster carer training', *Archives of Disease in Childhood*, 84(4): 302–06. <https://doi.org/10.1136/adc.84.4.302>.
- Pallett, C., Scott, S., Blackeby, K., Yule, W. and Weissman, R. (2002). 'Fostering changes: A cognitive behavioural approach to help foster carers manage children', *Adoption and Fostering*, 26: 39–48.
- Pithouse, A., Hill-Tout, J. and Lowe, K. (2002). 'Training foster carers in challenging behaviour: A case study in disappointment?', *Child and Family Social Work*, 7: 203–14.
- Roberts, R., Glynn, G. and Waterman, C. (2016). "“We know it works but does it last?” The implementation of the KEEP foster and kinship carer training programme in England', *Adoption and Fostering*, 40(3): 247–63.

## Placement stability

### *Systematic reviews used:*

Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G.-J., Colonnese, C., Lindauer, R and Assink, M. (2019). 'Foster care placement instability: A meta-analytic review', *Children and Youth Services Review*, 96: 483–99. doi:10.1016/j.childyouth.2018.12.002

Liao, M. (2016). 'Factors affecting post-permanency adjustment for children in adoption or guardianship placements: An ecological systems analysis', *Children and Youth Services Review*, 66: 131–43. doi:10.1016/j.childyouth.2016.05.009

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): 19–32. doi:10.1177/1049731515620843

White, K. (2016). 'Placement Discontinuity for Older Children and Adolescents Who Exit Foster Care Through Adoption Or Guardianship: A Systematic Review', *Child and Adolescent Social Work Journal*, 33(4): 377–94. doi:10.1007/s10560-015-0425-1

### *UK studies included in the systematic reviews:*

- Lernihán, U. and Kelly, G. (2006). 'Kinship care as a route to permanent placement', in D. Iwaniec (ed.), *The child's journey through care: Placement stability, care planning, and achieving permanency* (pp. 99–112). Hoboken, NJ: John Wiley & Sons Inc.
- Lipscombe, J., Farmer, E. and Moyers, S. (2003). 'Parenting fostered adolescents: Skills and strategies', *Child and Family Social Work*, 8(4): 243–55. <https://doi.org/10.1046/j.1365.2206.2003.00294>.
- Lutman, E., Hunt, J. and Waterhouse, S. (2009). 'Placement stability for children in kinship care: A long-term follow-up of children placed in kinship care through care proceedings', *Adoption and Fostering*, 33(3): 28–39. <https://doi.org/10.1177/030857590903300304>.
- McAuley, C. and Trew, K. (2000). 'Children's adjustment overtime in foster care: cross informant agreement, stability and placement disruption', *British Journal of Social Work*, 30(1): 91–107. <https://doi.org/10.1093/bjsw/30.1.91>.
- Sinclair, I. and Wilson, K. (2003). 'Matches and mismatches. The contribution of carers and children to the success of foster placements', *British Journal of Social Work*, 33: 871–84.
- Ward, H. and Skuse, T. (2001). 'Performance targets and stability of placements for children long looked after away from home', *Children and Society*, 15(5): 333–46. <https://doi.org/10.1002/chi.673>.

## Child outcomes

### *Systematic reviews used:*

O' Higgins, A., Sebba, J. and Gardner, F. (2017). 'What are the factors associated with educational achievement for children in kinship or foster care: A systematic review', *Children and Youth Services Review*, 79: 198–220. doi:10.1016/j.childyouth.2017.06.004

Rock, S., Michelson, D., Thomson, S. and Day, C. (2015). 'Understanding foster placement instability for looked after children: a systematic review and narrative synthesis of quantitative and qualitative evidence', *British Journal of Social Work*, 45(1): 177–203.

Washington, T., Wrenn, A., Kaye, H., Priester, M. A., Colombo, G., Carter, K., Shadreck, I., Hargett, B. A., Williams, J. A. and Coakley, T. (2018). 'Psychosocial factors and behavioral

health outcomes among children in Foster and Kinship care: A systematic review', *Children and Youth Services Review*, 90: 118–33. doi:10.1016/j.chidyouth.2018.04.030

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): 19–32. doi:10.1177/1049731515620843

Xu, Y. and Bright, C. L. (2018). 'Children's mental health and its predictors in kinship and non-kinship foster care: A systematic review', *Children and Youth Services Review*, 89: 243–62. doi:10.1016/j.chidyouth.2018.05.001

#### *UK studies included in the systematic reviews:*

- Aldgate, J., Colton, M., Ghate, D. and Heath, A. (1992). 'Educational attainment and stability in long-term foster care', *Children and Society*, 6(2): 91–103. <http://dx.doi.org/10.1111/j.1099-0860.1992.tb00389.x>.
- Beck, A. (2006). 'Addressing the mental health needs of looked after children who move placement frequently', *Adoption and Fostering*, 30(3): 60–5.
- Beek, M. and Schofield, G. (2002). 'Foster carers' perspectives on permanence', *Adoption and Fostering*, 26(2): 14–27.
- Berridge, D. and Cleaver, H. (1987). *Foster Home Breakdown*, Oxford: Blackwell.
- Borland, M., O'Hara, G. and Triseliotis, J. (1991). 'Placement outcomes for children with special needs', *Adoption and Fostering*, 15(2): 18–28.
- Butler, S. and Charles, M. (1999). "'The past, the present, but never the future": Thematic representations of fostering disruption', *Child and Family Social Work*, 4(1): 9–19
- Colton, M. and Heath, A. (1994). 'Attainment and behaviour of children in care and at home', *Oxford Review of Education*, 20(3): 317–27. <http://dx.doi.org/10.1080/0305498940200305>.
- Heath, A. F., Colton, M. and Aldgate, J. (1994). 'Failure to escape: A longitudinal study of foster children's educational attainment', *British Journal of Social Work*, 24(3): 241–60.
- Farmer, E. (2004). 'Patterns of placement, management and outcome for sexually abused and/or abusing children in substitute care', *British Journal of Social Work*, 34: 375–93.
- George, V. (1970). *Foster Care: Theory and Practice*, London: Routledge and Kegan Paul
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## Appendix 4: The place of UK-based research on kinship care – a note

The majority of the studies included in the various systematic reviews were conducted in the US, which reflects the preponderance of research activity in this field. UK research that focuses on kinship care, or differentiates between kinship care and other forms of substitute care, scarcely features. One explanation may be that the reviews focus on studies which directly compare kinship care with, for example, mainstream foster care; in some of the UK studies (such as Selwyn et al., 2013 and Wellard et al., 2017) the comparison is with the findings reported for the general care population. Another reason may be that a typical criterion for inclusion in the reviews is that the findings of the study should have been published in a peer-reviewed journal; UK studies, particularly those funded by government, are often published as books or reports.

It was not within the remit of this piece of work to synthesise the findings of the not insubstantial UK research (we understand Professor Joan Hunt is about to undertake such work as part of a project led by Family Rights Group, available early next year). Nor was it feasible to examine in detail how far UK research findings align with the international literature. However, it is worth highlighting a few apparent discrepancies, which may strike practitioners who are familiar with the UK research. First, while, as reported earlier, the balance of the international evidence indicates that kinship care offers greater levels of stability than non-kinship foster care, this measure is often based on the number of placement moves, or length of stay. In the UK, however, research by Farmer and Moyers (2008) – which is a striking omission from the international reviews – found that disruption rates were almost identical (18% for kin; 17% for non-kin).

In terms of mental health and behavioural outcomes for children, the UK evidence, like that reported in the international reviews, is also mixed. Farmer and Moyers again report the same proportions of children displaying moderate or severe emotional or behavioural difficulties (52%) although the kin-placed children were slightly less likely to have more severe difficulties requiring specialist input (25% compared to 28%).

Similarly, Wellard et al. (2017) in their study of young adults, found that the proportion classified as having the most severe level of psychological disturbance (22%) was only slightly lower than that reported for care leavers (25%). However Selwyn et al.'s (2013) study of children reports a more substantial difference in favour of kin-placed children.

The international evidence on educational outcomes indicates no significant difference between kin-placed children and those in mainstream foster care. Farmer and Moyers similarly report little difference, although slightly more kin-placed children were reported to be performing below their ability. In contrast, both Selwyn et al. and Wellard et al. report kin-placed children to be doing better than the general care population in terms of GCSE results.

Finally, although the international studies which have examined the factors linked to child outcomes may not generally differentiate between kinship care and mainstream foster care, it should be noted that several UK studies have looked specifically at the risk and protective factors linked with child outcomes in kinship care (Hunt et al., 2008; Selwyn et al., 2014; Wade et al., 2014; Wellard et al., 2017).

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Despite the challenges that both professionals and carers are having in finding answers to complex questions, there is a deeply held commitment to identifying and finding solutions for families whose lives have been changed by special guardianship.

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