



Centre for excellence
for looked after children in Scotland

Annex to: Supporting Kinship Families

Bibliography from the evaluation of the Notre
Dame Centre's support programme for kinship
families

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www.celcis.org

Improving care experiences

Explanatory note

This bibliography contains references and (where available) abstracts for 56 sources identified during the evaluation of the Notre Dame Kinship support service and related activities. We report that evaluation as a separate document. We reproduce these details verbatim as harvested from relevant databases; the content belongs to the relevant authors who should be cited if their work is used. We hope this list is interesting and helpful. Beyond inclusion in this list, we do not provide any comment or analysis; readers will make up their own minds about the relevance to their needs of each source. This bibliography is based on academic sources that we have come across during our work – it does not reflect a systematic search. We expect that other sources, particularly grey-literature sources, are also likely to be relevant.

We know that those working for children’s services may find it difficult to access some academic papers; readers are welcome to contact CELCIS using the contact details on the back cover for assistance in accessing these and similar sources.

The sources

1)

Kang-Yi, C.D., Adams, D.R.

Youth with Behavioral Health Disorders Aging Out of Foster Care: a Systematic Review and Implications for Policy, Research, and Practice

(2017) Journal of Behavioral Health Services and Research, 44 (1), pp. 25-51.

Abstract

This systematic review aimed to (1) identify and summarize empirical studies on youth with behavioral health disorders aging out of foster care and (2) address implications for behavioral health policy, research, and practice. We identified previous studies by searching PubMed, PsycINFO, EBSCO, and ISI Citation Indexes and obtaining references from key experts in the child welfare field. A total of 28 full articles published between 1991 and 2014 were reviewed and summarized into the key areas including systems of care, disability type, transition practice area, study methods, study sample, transition outcome measures, study analysis, and study findings. Considering how fast youth who have behavioral health disorders fall through the crack as they exit foster care, one cannot understate the importance of incorporating timely and appropriate transition planning and care coordination for youth who have behavioral health disorders aging out of foster care into the usual case management performed by behavioral health systems and service providers. © 2015, National Council for Behavioral Health.

2)

Greeno, E.J., Uretsky, M.C., Lee, B.R., Moore, J.E., Barth, R.P., Shaw, T.V.

Replication of the KEEP foster and kinship parent training program for youth with externalizing behaviors

(2016) Children and Youth Services Review, 61, pp. 75-82.

Abstract

This article presents findings from Maryland KEEP, a replication of KEEP (Keeping Foster and Kinship Parents Trained and Supported), a foster and kinship parent training intervention. We examined child behavior change, changes in caregiver parenting style, and permanency and placement stability at baseline and then after the KEEP intervention. The KEEP intervention was provided to 65 foster and kinship parents providing care for children ages 4-12. Children who participated in the study were referred due to behavior problems, as reported by foster parents: they all scored in the clinical range for externalizing behavior on the Child Behavior Checklist (CBCL). Baseline and posttest analyses assessed for child behavior and parenting style changes. Permanency data, including placement moves and exits from child welfare were examined. Overall, foster and kinship parents reported significantly fewer child behavior problems at posttest; severity levels on the CBCL and scores on the Parent Daily Report decreased. However, there were not any changes in parenting styles from baseline to posttest. Placement stability significantly increased between baseline and post-KEEP intervention. The results provide support for the effectiveness of KEEP for a child welfare population with a high level of behavior problems and for the effectiveness of KEEP as a training program for foster and kinship parents. © 2015 Elsevier Ltd.

3)

Coleman, K.L., Wu, Q.

Kinship care and service utilization: A review of predisposing, enabling, and need factors

(2016) Children and Youth Services Review, 61, pp. 201-210.

Abstract

Research has shown that relative caregivers are less likely to use formal supports and services than non-relative foster parents. However, less is known about factors influencing kinship caregivers' help-seeking behaviors and service use. This systematic review identified research studies examining factors associated with service use among kinship caregivers using key search terms in five computerized bibliographic databases and four journals. The search identified 337

potentially relevant studies. After screening and study eligibility assessments, a final sample of 13 studies was reviewed. Findings suggested that although children and their kinship caregivers were clearly in need of services, service use was low. Results suggested a need for more rigorous research designs and that the following factors may influence service use: child behavioral problems, caregiver mental health status, resources, provider characteristics, caregiver perceived need, and social support. More research examining help-seeking behaviors, perceptions of formal services, and effectiveness of kinship caregiver services in relation to child outcomes is needed to improve the wellbeing of kinship families in the child welfare system. © 2015 Elsevier Ltd.

4)

Hine, K.M., Moore, K.J.

Family Care Treatment for dispersed populations of children with behavioral challenges: The design, implementation, and initial outcomes of an evidence-informed treatment

(2015) Children and Youth Services Review, 58, pp. 179-186.

Abstract

Children and adolescents in rural settings have behavioral needs similar to those living in urban areas, but often have less access to services. The nature of a dispersed population makes factors such as transportation and the availability of trained personnel barriers to the needed services. Multidimensional Treatment Foster Care (MTFC) is an especially effective example of an evidence-based, community-integrated service delivery option that advances positive child outcomes. Although aspects of Multidimensional Treatment Foster Care are not functional for many rural settings the principles of MTFC such as, consistently applied contingencies and parent-as-interventionist are applicable. This manuscript describes the principles-based application of MTFC in a rural area and discusses how principles-based treatment can produce outcomes predicted by more systematic replications. These outcomes include enhancing the stability of residential placement for children and youths, increasing pro-social child behavior and use of the least restrictive strategies and settings. © 2015 Elsevier Ltd.

5)

Wu, Q., White, K.R., Coleman, K.L.

Effects of kinship care on behavioral problems by child age: A propensity score analysis

(2015) Children and Youth Services Review, 57, pp. 1-8.

Abstract

When a child must be removed from the family home, placement with a relative is often sought because kinship care is the least restrictive and most family-like out-of-home placement. Although kinship care has become a preferred option in most U.S. child welfare systems, this preference is often based on "soft evidence" rather than rigorous evaluation of the risks and benefits of kinship care. Therefore, an evaluation of the impact of kinship care on child behavioral problems is needed to guide child welfare practice and policy. In addition, given that children of different ages and in different developmental stages are likely to have varying placement experiences, the evaluation of kinship care should explore the effect of kinship care on child behavioral problems across age groups. To fill these knowledge gaps, we compare the behavioral problems of 584 children in kinship care with those of 470 children in non-kinship care. Moreover, we examine the impact of kinship care on behavioral problems in 2 age groups: younger children (0 to 5. years) and older children (6 to 17.5. years). The analysis uses data from Waves 1 and 2 of the National Survey of Child and Adolescent Wellbeing, and applies propensity score methods to account for selection bias. Results show that older children in kinship care had significant lower levels of externalizing, internalizing, and total behavior problems. However, for younger children, the effects of kinship care on child behavioral problems did not reach statistical significance. The implications for practice, research and policy are discussed. © 2015 Elsevier Ltd.

6)

Winokur, M., Holtan, A., Batchelder, K.E.

Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment

(2014) Cochrane Database of Systematic Reviews, 2014 (1), art. no. CD006546, .

Abstract

Background: Every year a large number of children around the world are removed from their homes because they are maltreated. Child welfare agencies are responsible for placing these children in out-of-home settings that will facilitate their safety, permanency, and well-being. However, children in out-of-home placements typically display more educational, behavioural, and

psychological problems than do their peers, although it is unclear whether this results from the placement itself, the maltreatment that precipitated it, or inadequacies in the child welfare system. Objectives: To evaluate the effect of kinship care placement compared to foster care placement on the safety, permanency, and well-being of children removed from the home for maltreatment. Search methods: We searched the following databases for this updated review on 14 March 2011: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, PsycINFO, CINAHL, Sociological Abstracts, Social Science Citation Index, ERIC, Conference Proceedings Citation Index-Social Science and Humanities, ASSIA, and Dissertation Express. We handsearched relevant social work journals and reference lists of published literature reviews, and contacted authors. Selection criteria: Controlled experimental and quasi-experimental studies, in which children removed from the home for maltreatment and subsequently placed in kinship foster care were compared with children placed in non-kinship foster care for child welfare outcomes in the domains of well-being, permanency, or safety. Data collection and analysis: Two review authors independently read the titles and abstracts identified in the searches, and selected appropriate studies. Two review authors assessed the eligibility of each study for the evidence base and then evaluated the methodological quality of the included studies. Lastly, we extracted outcome data and entered them into Review Manager 5 software (RevMan) for meta-analysis with the results presented in written and graphical forms. Main results: One-hundred-and-two quasi-experimental studies, with 666,615 children are included in this review. The 'Risk of bias' analysis indicates that the evidence base contains studies with unclear risk for selection bias, performance bias, detection bias, reporting bias, and attrition bias, with the highest risk associated with selection bias and the lowest associated with reporting bias. The outcome data suggest that children in kinship foster care experience fewer behavioural problems (standardised mean difference effect size -0.33, 95% confidence interval (CI) -0.49 to -0.17), fewer mental health disorders (odds ratio (OR) 0.51, 95% CI 0.42 to 0.62), better well-being (OR 0.50, 95% CI 0.38 to 0.64), and less placement disruption (OR 0.52, 95% CI 0.40 to 0.69) than do children in non-kinship foster care. For permanency, there was no difference on reunification rates, although children in non-kinship foster care were more likely to be adopted (OR 2.52, 95% CI 1.42 to 4.49), while children in kinship foster care were more likely to be in guardianship (OR 0.26, 95% CI 0.17 to 0.40). Lastly, children in non-kinship foster care were more likely to utilise mental health services (OR 1.79, 95% CI 1.35 to 2.37). Authors' conclusions: This review supports the practice of treating kinship care as a viable out-of-home placement option for children removed from the home for maltreatment. However, this conclusion is tempered by the pronounced methodological and design weaknesses of the included studies. © 2014 The Cochrane Collaboration.

7)

Lin, C.-H.

Evaluating services for kinship care families: A systematic review

(2014) Children and Youth Services Review, 36, pp. 32-41.

Abstract

Despite their needs, kinship care families receive less support and fewer resources than other foster care families. This study systematically reviews thirteen studies that evaluated services and programs for kinship caregivers and children. Studies evaluating the effectiveness of the Kinship Navigator Program, financial assistance, support services, and training/educational programs were identified and reviewed. The Levels of Evidence-Based Intervention Effectiveness (LEBIE) scale was used to evaluate the research designs. The findings indicate that although positive results are shown for enhanced well-being and permanency outcomes of children and kinship caregivers, the rigor of the research designs are low, making it difficult to draw any firm conclusions about the effectiveness of these programs. Recommendations for child welfare practice and future research include the need to develop services for informal caregivers and particular racial/ethnic groups. In addition, more rigorous research designs and qualitative research should be conducted to support the effectiveness or social validity of the services and to inform evidence-based practice. © 2013 Elsevier Ltd.

8)

Rudder, D., Riebschleger, J., Anderson, G.R.

Kinship Care for Children of a Parent With a Mental Illness

(2014) Journal of Family Social Work, 17 (2), pp. 102-118.

Abstract

Little is known about "hidden" kinship caregivers of children of a parent with a mental illness (COPMI). An exploratory study surveyed 56 COPMI caregiver members of a kinship center administered by a school of social work in a large public university. The COPMI sample was a subset of a larger kinship caregiver study. Nearly one in four caregivers was providing COPMI kinship care. The COPMI caregivers reported numerous child behavioral crises and decreased caregiver physical and emotional health since they began providing care. Practice, policy, and research require development to increase support for COPMI caregivers and their families. © Taylor & Francis Group, LLC.

9)

Dorsey, S., Pullmann, M.D., Berliner, L., Koschmann, E., McKay, M., Deblinger, E.

Engaging foster parents in treatment: A randomized trial of supplementing trauma-focused cognitive behavioral therapy with evidence-based engagement strategies

(2014) *Child Abuse and Neglect*, 38 (9), pp. 1508-1520.

Abstract

The goal of this study was to examine the impact of supplementing Trauma-focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2006) with evidence-based engagement strategies on foster parent and foster youth engagement in treatment, given challenges engaging foster parents in treatment. A randomized controlled trial of TF-CBT standard delivery compared to TF-CBT plus evidence-based engagement strategies was conducted with 47 children and adolescents in foster care and one of their foster parents. Attendance, engagement, and clinical outcomes were assessed 1 month into treatment, end of treatment, and 3 months post-treatment. Youth and foster parents who received TF-CBT plus evidence-based engagement strategies were more likely to be retained in treatment through four sessions and were less likely to drop out of treatment prematurely. The engagement strategies did not appear to have an effect on the number of canceled or no-show sessions or on treatment satisfaction. Clinical outcomes did not differ by study condition, but exploratory analyses suggest that youth had significant improvements with treatment. Strategies that specifically target engagement may hold promise for increasing access to evidence-based treatments and for increasing likelihood of treatment completion. © 2014 Elsevier Ltd.

10)

Lehmann, S., Havik, O.E., Havik, T., Heiervang, E.R.

Mental disorders in foster children: A study of prevalence, comorbidity and risk factors

(2013) *Child and Adolescent Psychiatry and Mental Health*, 7 (1), art. no. 39, .

Abstract

Background: The aim of this study is to examine the prevalence of mental disorders in 6- to 12-year-old foster children and assess comorbidity and risk factors. Methods: Information on mental health was collected from foster parents and from teachers using Developmental and Well-Being Assessment (DAWBA) Web-based diagnostic interview. Child welfare services provided information

about care conditions prior to placement and about the child's placement history. Results: Diagnostic information was obtained about 279 (70.5%) of 396 eligible foster children. In total, 50.9% of the children met the criteria for one or more DSM-IV disorders. The most common disorders were grouped into 3 main diagnostic groups: Emotional disorders (24.0%), ADHD (19.0%), and Behavioural disorders (21.5%). The comorbidity rates among these 3 main groups were high: 30.4% had disorders in 2 of these 3 diagnostic groups, and 13.0% had disorders in all 3 groups. In addition, Reactive attachment disorder (RAD) was diagnosed in 19.4% of the children, of whom 58.5% had comorbid disorders in the main diagnostic groups. Exposure to violence, serious neglect, and the number of prior placements increased the risk for mental disorders. Conclusions: Foster children in Norway have a high prevalence of mental disorders, compared to the general child population in Norway and to other societies. The finding that 1 in 2 foster children presented with a mental disorder with high rates of comorbidity highlight the need for skilled assessment and qualified service provision for foster children and families. © 2013 Lehmann et al.; licensee BioMed Central Ltd.

11)

Vanschoonlandt, F., Vanderfaeillie, J., Van Holen, F., De Maeyer, S., Robberechts, M.

Parenting stress and parenting behavior among foster mothers of foster children with externalizing problems

(2013) Children and Youth Services Review, 35 (10), pp. 1742-1750.

Abstract

Foster children often have externalizing problems. Since foster parents are selected and trained, they are often expected to be able to handle the externalizing problems of these children. Very little is, however, known about foster parents' parenting stress and parenting behavior in the context of challenging foster caregiving. In this study, the parenting stress and parenting behavior of 39 foster mothers of recently placed foster children with externalizing problems were studied. By using standardized measures with normative data, foster mothers' scores on different parenting stress and parenting behavior subscales were compared to published norms. Foster mothers of children with externalizing problems experienced more parenting stress than the norm group. The parenting context, provided by these foster mothers, was similar to the parenting context provided by the norm group. The prevalence of specific dysfunctional parenting behaviors (e.g., less involvement in positive parenting) was small to moderate, but nearly half of the foster mothers could be classified as making dysfunctional adaptations to their parenting environment. Moreover, only the minority of foster mothers provided an adaptive parenting context (e.g., more than average involvement in positive parenting). The implications of these results for pre-service training and on-going support for foster parents are discussed. © 2013 Elsevier Ltd.

12)

Kiraly, M., Humphreys, C.

Family Contact for Children in Kinship Care: A Literature Review

(2013) *Australian Social Work*, 66 (3), pp. 358-374.

Abstract

Kinship care has been growing rapidly across the English-speaking world over the last decade. While family contact is an identified right of children removed from their families and maintains important relationships, contact with parents where there has been child abuse and neglect remains contentious. The evidence base in relation to family contact in kinship care is limited. Therefore, this article presents the current state of knowledge in the form of a narrative review of qualitative and quantitative research. Contradictory theoretical orientations are outlined together with the limits they impose on the development and application of knowledge. While the complexity of parental contact is confirmed, a consistent finding is that kinship care provides children with strong family networks including sustained relationships with parents, siblings, and extended family, and maintenance of children's culture and identity. Suggestions for the development of the research agenda are made, together with implications for policy and practice. © 2013 Copyright Australian Association of Social Workers.

13)

Kinsey, D., Schlösser, A.

Interventions in foster and kinship care: A systematic review

(2013) *Clinical Child Psychology and Psychiatry*, 18 (3), pp. 429-463.

Abstract

Foster care is a complex setting in which to provide therapeutic interventions due to the high rates of difficulty, poor outcomes and high numbers of professionals and carers involved. This systematic review aims to examine interventions that have been empirically assessed in foster care. Thirty papers describing 20 interventions were included. It was found that there was good support for wraparound services and relational interventions, but little support for widely used carer training programmes. A need was identified to further research and implement wraparound services within the UK, and to empirically test interventions which may be efficacious with a foster care population. © The Author(s) 2012.

14)

Tarren-Sweeney, M.

The Assessment Checklist for Adolescents - ACA: A scale for measuring the mental health of young people in foster, kinship, residential and adoptive care

(2013) Children and Youth Services Review, 35 (3), pp. 384-393.

Abstract

The Assessment Checklist for Adolescents - ACA is a 105-item carer-report mental health rating scale, measuring behaviours, emotional states, traits, and manners of relating to others, as manifested by adolescents (ages 12 to 17) residing in various types of alternate care, as well as those adopted from care. The ACA was designed for population and clinical research with these young people, and for use as a clinical assessment measure. The ACA's content was largely derived from the Assessment Checklist for Children (ACC). Fifteen ACC items were modified to better reflect adolescent difficulties, and 25 additional items were derived using a combination of inductive and deductive strategies. Item and factor analyses were carried out on scores from a 136-item research instrument, obtained for 230 young people residing in long-term care (as part of the NSW Children in Care study). These data were supplemented by ACC scores obtained for 142 adolescents residing in treatment foster care in Ontario, Canada. A robust 7-factor model was identified among a core of 73 clinical item scores, accounting for 51% of score variance. Four of the factors replicate ACC clinical scales (non-reciprocal interpersonal behaviour; sexual behaviour problems; food maintenance behaviour; and suicide discourse), and three are unique to the ACA (social instability/behavioural dysregulation; emotional dysregulation/distorted social cognition; and dissociation/trauma symptoms). The ACA also contains two empirically-derived low self-esteem scales (low confidence; negative self-image) that are shared with the ACC. Initial data indicate that the ACA has good content, construct and criterion-related validity, as well as high internal reliability. © 2012 Elsevier Ltd.

15)

Vanschoonlandt, F., Vanderfaeillie, J., Van Hoen, F., De Maeyer, S., Andries, C.

Kinship and non-kinship foster care: Differences in contact with parents and foster child's mental health problems

(2012) Children and Youth Services Review, 34 (8), pp. 1533-1539.

Abstract

Foster care placements, especially placements with kin, are the first option of choice when parents cannot maintain the care for their children. Therefore, an evaluation of this type of out-of-home-placement, with special attention for the differences between kinship and non-kinship placements, is necessary. In this study both types of foster placements (n. =. 186) are compared for two important aspects: contact with/attitude of parents and mental health of foster children. Non-kinship foster placements fare better on different aspects of contact with/attitude of parents than kinship foster placements. Foster children in kinship foster placements have less behavioral problems than non-kinship foster children. However, not the type of foster placement but the number of previous out-of-home placements is the most important predictive factor for behavioral problems. Implications for practice and policy are discussed. © 2012 Elsevier Ltd.

16)

Jones, R., Everson-Hock, E., Guillaume, L., Clapton, J., Goyder, E., Chilcott, J., Payne, N., Duenas, A., Sheppard, L., Swann, C.

The effectiveness of interventions aimed at improving access to health and mental health services for looked-after children and young people: A systematic review

(2012) *Families, Relationships and Societies*, 1 (1), pp. 71-85.

Abstract

Compared with children and young people in the general population, looked-after children and young people (LACYP) are more likely to experience behavioural, physical and psychological problems. Consequently, LACYP are likely to have greater need of health and mental health services to address any specific problems.. However, LACYP do not always have the same access to general health and mental health care as other children and young people, nor do they always receive treatment or support that is appropriate to their needs. Several factors may contribute to this mismatch between need and service access. LACYP may not have advocates who can request assessment and treatment when it is needed, and professionals who could act on their behalf may be absent at times of placement breakdown and transition. This systematic review aimed to identify and synthesise evidence on the effectiveness of interventions to improve access to services accessed by LACYP. © The Policy Press.

17)

Ochieng, B.M.N.

The effect of kin, social network and neighbourhood support on individual well-being

(2011) *Health and Social Care in the Community*, 19 (4), pp. 429-437.

Abstract

This paper explores the effects of kin, social network and the neighbourhood on an individual's well-being. The material is drawn from a community-based qualitative study that explored the attitudes and experiences of African-Caribbean adolescents and their families in the north of England towards healthy lifestyles. A convenience sample of 10 African-Caribbean households comprising 24 adolescents (12-18 years of age) and 18 adults (22-60 years of age) participated in the study with interviews conducted in their homes. The paper focuses on the adult participants' perception of the role of social support networks and neighbourhood effects on well-being. An in-depth interview schedule was used to explore participants' perceptions on barriers to health and healthy lifestyles; and factors facilitating and inhibiting good health and healthy lifestyles. Data were subjected to thematic analysis with the aid of a Qualitative Data Analysis software package. Emerging categories were discussed with participants by conducting post interview visits and at community events. Findings indicated that participants believed that being a member of a kin network enhanced one's well-being, with such networks described as capable of providing protective support for one's health and well-being. In addition, they preferred to live in neighbourhoods with a high concentration of people of the same ethnicity, despite the effects of neighbourhood deprivation such as poor housing and lack of services. However, participants believed that ethnic segregation leads to marginalisation and further deprivation. These findings suggest that there is a need to explore further the influence of social networks and neighbourhoods on the full spectrum of an individual's well-being. The study concludes by suggesting that in considering new paradigms for the promotion of well-being, health and social care practitioners need to incorporate ways to promote social support and consider relevant psychosocial and neighbourhood factors in designing models of community well-being. © 2011 Blackwell Publishing Ltd.

18)

Tan, J.-P., Buchanan, A., Flouri, E., Attar-Schwartz, S., Griggs, J.

Filling the parenting gap? grandparent involvement with U.K. adolescents

(2010) *Journal of Family Issues*, 31 (7), pp. 992-1015.

Abstract

With people living longer and more mothers working, there is some evidence that grandparents are more involved in rearing the next generation. Although there is research in the United Kingdom on kinship care, there is no national research on the extent of grandparent involvement from the perspective of young people. This, the first national survey of 1,478 adolescents in England and Wales, demonstrates the very considerable amount of informal care given by grandparents to adolescents. The findings showed that factors in the wider ecology of children, their parents, grandparents, and the community influenced grandparent-grandchild involvement. In particular, more regular contact and stronger grandparent/grandchild closeness, greater parental encouragement to visit grandparents, better health in grandparents, and less deprivation in the community were significantly associated with more active grandparent involvement. The article concludes that because grandparents may be filling the parenting gap for hard-working parents, there is a case for greater recognition of their role as family supporters. © The Author(s) 2010.

19)

Oswald, S.H., Heil, K., Goldbeck, L.

History of maltreatment and mental health problems in foster children: A review of the literature (2010) *Journal of Pediatric Psychology*, 35 (5), pp. 462-472.

Abstract

Objective Foster children often experience compromising situations such as neglect, physical abuse, or sexual abuse before out-of-home placement. This article aims to give a literature review related to the development and mental health of foster children with special consideration of trauma history. **Methods** A computer-based literature search was conducted in the databases Medline, PsycINFO, PSYINDEXplus, and SCOPUS. We determined a time frame from 1998 to 2009. **Results** The literature search resulted in 32 articles reporting empirical data about development and mental health in foster children. Very high rates of exposure to maltreatment, developmental delays and mental disorders were found. A broad spectrum of externalizing as well as internalizing symptoms and a high prevalence of comorbid mental disorders were found. **Conclusions** Foster children exhibit a broad pattern of developmental problems and psychopathology. The etiology of these disorders is discussed in the context of multiple risk factors, especially that of persistent maltreatment. © The Author 2009.

20)

Bonfield, L.

Seeking connections between kinship and the law in early modern England

(2010) *Continuity and Change*, 25 (1), pp. 49-82.

Abstract

This article observes the ways in which the law mediated kinship relations in early modern England in three contexts: inheritance, marital property law, and provisions for the financially distressed. An enquiry into statutory law adopted during the period indicates that Parliament was not active in legislating in the area of family law. The courts, however, were actively involved in determining the validity of property settlements, thereby setting their temporal bounds. Both the jurisprudence and the settlements themselves illustrate that families became more interested in providing maintenance within the nuclear family (for children and widows) than they were in fostering patrilineal continuity. Likewise, an obligation to support financially needy kin was required from only a relatively small universe of family members. © 2010 Cambridge University Press.

21)

Koh, E.

Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effects

(2010) *Children and Youth Services Review*, 32 (3), pp. 389-398.

Abstract

The study investigates the permanency outcomes of children in kinship foster homes in comparison to children in non-kinship foster homes. To examine whether the effects of kinship placements are generalizable across states, the study utilizes the Adoption and Foster Care Analysis and Reporting System (AFCARS) data obtained for five states that participated in the Fostering Court Improvement project: Arizona, Connecticut, Missouri, Ohio, and Tennessee. The study also addresses the issue of selection biases with the use of propensity score matching (PSM) methods. A partially longitudinal file was created from the states' AFCARS 6-month submissions from March 2000 to September 2005. The PSM method created the matched samples of the study, balancing the mean covariates between kin and non-kin children. Analyses of survival times were conducted to investigate the permanency outcomes of children in kinship and non-kinship foster homes, using unmatched and matched samples. In the study, permanency

outcomes include legal permanence and placement stability. The study finds that the direction and the size of kinship effects vary across the states with respect to the outcome of legal permanence, but positive advantages of kinship placements are reported for placement stability in all five states. Implications of the findings for practice and policy are discussed. © 2009 Elsevier Ltd. All rights reserved.

22)

Winokur, M., Holtan, A., Valentine, D.

Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment

(2009) Cochrane Database of Systematic Reviews, (1), art. no. CD006546, .

Abstract

Background: Every year a large number of children around the world are removed from their homes because they are maltreated. Child welfare agencies are responsible for placing these children in out-of-home settings that will facilitate their safety, permanency, and well-being. However, children in out-of-home placements typically display more educational, behavioral, and psychological problems than do their peers, although it is unclear whether this results from the placement itself, the maltreatment that precipitated it, or inadequacies in the child welfare system. Objectives: To evaluate the effect of kinship care placement on the safety, permanency, and well-being of children removed from the home for maltreatment. Search strategy: The following databases were searched to February 2007: CENTRAL, MEDLINE, C2- Specter, Sociological Abstracts, Social Work Abstracts, SSCI, Family and Society Studies Worldwide, ERIC, PsycINFO, ISI Proceedings, CINAHL, ASSIA, and Dissertation Abstracts International. Relevant social work journals and reference lists of published literature reviews were handsearched, and authors contacted. Selection criteria: Randomized experimental and quasi-experimental studies, in which children removed from the home for maltreatment and subsequently placed in kinship foster care, were compared with children placed in non-kinship foster care on child welfare outcomes in the domains of well-being, permanency, or safety. Data collection and analysis: Reviewers independently read the titles and abstracts identified in the search and selected appropriate studies. Reviewers assessed the eligibility of each study for the evidence base and then evaluated the methodological quality of the included studies. Lastly, outcome data were extracted and entered into REVMAN for meta-analysis with the results presented in written and graphical forms. Main results: Sixty two quasi-experimental studies were included in this review. Data suggest that children in kinship foster care experience better behavioral development, mental health functioning, and placement stability than do children in non-kinship foster care. Although there was no difference on reunification rates, children in non-kinship foster care were more likely to be adopted while children in kinship foster care were more likely to be in

guardianship. Lastly, children in non-kinship foster care were more likely to utilize mental health services. Authors' conclusions: This review supports the practice of treating kinship care as a viable out-of-home placement option for children removed from the home for maltreatment. However, this conclusion is tempered by the pronounced methodological and design weaknesses of the included studies. Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

23)

Hegar, R.L., Rosenthal, J.A.

Kinship care and sibling placement: Child behavior, family relationships, and school outcomes
(2009) *Children and Youth Services Review*, 31 (6), pp. 670-679.

Abstract

Using Child Protective Services (CPS) and Long Term Foster Care (LTFC) samples from the National Study of Child and Adolescent Well-being (NSCAW), this study examines 2488 observations of 1415 different children to investigate relationships among kinship foster care, sibling placement, and child welfare outcomes, including youth behavior, family and caregiver relationships, and school performance. Although a growing body of literature has addressed issues of kinship placement and sibling placement, no prior studies have examined outcomes of both types of placement, including possible interactions when placements involve kinship foster care of sibling groups. This article first provides an overview of research concerning outcomes of kinship foster care or joint placement of siblings in foster care. Following discussion of the study's samples and variables, the article presents both descriptive and regression analyses of outcomes. It concludes with a discussion of the substantive findings, their implications, and limitations. © 2009 Elsevier Ltd. All rights reserved.

24)

Farmer, E.

Placement stability in kinship care

(2009) *Vulnerable Children and Youth Studies*, 4 (2), pp. 154-160.

Abstract

There has been little research in the United Kingdom on placements with family and friends (kinship care), despite a steady rise in the number of children fostered with kin. This paper

reports some of the key findings from a recent national study on kinship care in England in the context of research findings from other countries. The study examined the characteristics, progress and outcomes of children placed with family and friends, compared these with a similar group of children placed with unrelated foster carers and considered the factors that contributed to success in kin placements. The paper shows that there are many similarities but also some interesting differences between these research findings and those from other countries. Whilst the disadvantages faced by kin carers are similar to those in the United States and elsewhere, the profile of carers shows some key differences. The children placed with kin carers were found to be remarkably similar to those in unrelated foster care (unlike some findings from the United States), but they were not placed disproportionately with black and minority ethnic carers, in contrast to the situation elsewhere. Contact, children's safety, carer support and strain are discussed. Children's wellbeing and progress were found to be very similar in the two kinds of placement, but the placements in kin care lasted longer principally because of planned moves from unrelated foster care. The study concluded that, in England, kin placements make a major contribution to stability for children who cannot live with their parents. This is a real achievement, given the disadvantages faced by kinship carers and the low levels of support and remuneration they receive. © 2009 Taylor & Francis.

25)

Scannapieco, M.

Kinship Care in the Public Child Welfare System: A Systematic Review of the Research

(2009) Kinship Foster Care: Policy, Practice, and Research, .

Abstract

This chapter presents a systematic review (SR) of kinship care research. It begins with an explanation of the SR method. The findings of the systematic review are presented in three broad categories: characteristics of children, birth parents, and caregivers; provision of child welfare services while in care; and goals and outcomes of placement. Trends that emerged from the review are discussed. © 1999 by Oxford University Press, Inc. All rights reserved.

26)

Metzger, J.

Resiliency in children and youth in kinship care and family foster care

(2008) *Child Welfare*, 87 (6), pp. 115-140.

Abstract

This study examined self-concept, resiliency, and social support in 107 children and youth placed in foster care in New York City. Of the children and youth, 55 were placed in family foster care, while the remaining 52 children and youth were placed in a kinship foster home. Significantly more of mothers of the kinship foster care children and youth were homeless or substance abusing, yet visited their children more often than the family foster care youth. These same kinship-placed children and youth had significantly more robust self-concept, performance, and personal attribute scores. Implications for these findings are highlighted.

27)

Barth, R.P.

Kinship care and lessened child behavior problems: Possible meanings and implications

(2008) *Archives of Pediatrics and Adolescent Medicine*, 162 (6), pp. 586-587.

28)

Rubin, D.M., Downes, K.J., O'Reilly, A.L.R., Mekonnen, R., Luan, X., Localio, R.

Impact of kinship care on behavioral well-being for children in out-of-home care

(2008) *Archives of Pediatrics and Adolescent Medicine*, 162 (6), pp. 550-556.

Abstract

Objective: To examine the influence of kinship care on behavioral problems after 18 and 36 months in out-of-home care. Growth in placement of children with kin has occurred despite conflicting evidence regarding its benefits compared with foster care. Design: Prospective cohort study. Setting: National Survey of Child and Adolescent Well-Being, October 1999 to March 2004. Participants: One thousand three hundred nine children entering out-of-home care following a maltreatment report. Main Exposure: Kinship vs general foster care. Main Outcome Measures:

Predicted probabilities of behavioral problems derived from Child Behavior Checklist scores. Results: Fifty percent of children started in kinship care and 17% of children who started in foster care later moved to kinship care. Children in kinship care were at lower risk at baseline and less likely to have unstable placements than children in foster care. Controlling for a child's baseline risk, placement stability, and attempted reunification to birth family, the estimate of behavioral problems at 36 months was 32% (95% confidence interval, 25%-38%) if children in the cohort were assigned to early kinship care and 46% (95% confidence interval, 41%-52%) if children were assigned to foster care only (P=.003). Children who moved to kinship care after a significant time in foster care were more likely to have behavioral problems than children in kinship care from the outset. Conclusions: Children placed into kinship care had fewer behavioral problems 3 years after placement than children who were placed into foster care. This finding supports efforts to maximize placement of children with willing and available kin when they enter out-of-home care. ©2008 American Medical Association. All rights reserved.

29)

Whyte, S., Campbell, A.

The strengths and difficulties questionnaire: A useful screening tool to identify mental health strengths and needs in looked after children and inform care plans at looked after children reviews?

(2008) *Child Care in Practice*, 14 (2), pp. 193-206.

Abstract

The mental health of Looked After Children is not routinely assessed either upon entering the care system or during their period in care. Many children only receive help when difficulties become entrenched and more intensive treatment is required. Often this occurs when placements are fragile or have broken down. The Department of Health, Social Services and Public Safety (DHSSPS) 2007 Consultation Paper "Care Matters in Northern Ireland - A Bridge to a Better Future" has recommended "systematic assessment of the psychological and emotional needs of children on the edge and LAC". Prior to the focus group study outlined below, Strengths and Difficulties Questionnaire (SDQ) screening was undertaken with a sample of Looked After Children (n=76), 37 males and 39 females, in Homefirst Community Trust, aged 3-17 years (standard deviation=4.3), living with relatives or foster carers. Confirmed Neglect was recorded as the primary reason for becoming looked after in 75% (n=57) of the children screened. SDQ screening was undertaken with 76 (78%) carers, 64 (76%) teachers and 32 (87%) children aged 11+, and the findings provided to the child's social worker for consideration at the child's statutory review. Fifty-six per cent of carers, 39% of teachers and 30% of children identified significant difficulties, with 63% of carers, 35% of teachers and 45% of children stating that the difficulties had been present for over a year. Pre-test and post-test file audits were undertaken to ascertain whether

SDQ screening had informed the child's care planning process. While care plans reflected an increase in referrals for further assessment and treatment in 42%, a number assessed with significant difficulties were not referred due to uncertainty about accessing appropriate services or concerns about swamping existing services. This paper outlines the findings of three focus groups with social workers and managers following SDQ screening of a sample of Looked After Children within four generic childcare teams and a team for children with special needs in Homefirst Community Trust. Participants reflected on the usefulness of the SDQ in identifying mental health strengths and difficulties to inform decision-making at Looked After Children Reviews. Participants recommended that routine SDQ screening is undertaken with all Looked After Children, with early intervention provided to children identified with some mental health difficulties and prioritisation of children with significant need. The usefulness of SDQ identification of child strengths as a foundation for promoting resilience in Looked After Children was also recognised. Recommendations were also made regarding specific service provision for Looked After Children and training for field social workers, link social workers and carers.

30)

Chamberlain, P., Price, J., Leve, L.D., Laurent, H., Landsverk, J.A., Reid, J.B.

Prevention of behavior problems for children in foster care: Outcomes and mediation effects

(2008) *Prevention Science*, 9 (1), pp. 17-27.

Abstract

Parent training for foster parents is mandated by federal law and supported by state statutes in nearly all states; however, little is known about the efficacy of that training, and recent reviews underscore that the most widely used curricula in the child welfare system (CWS) have virtually no empirical support (Grimm, *Youth Law News*, April-June:3-29, 2003). On the other hand, numerous theoretically based, developmentally sensitive parent training interventions have been found to be effective in experimental clinical and prevention intervention trials (e.g., Kazdin and Wassell, *Journal of the American Academy of Child and Adolescent Psychiatry*, 39:414-420, 2000; McMahon and Forehand, *Helping the noncompliant child*, Guilford Press, New York, USA, 2003; Patterson and Forgatch, *Parents and adolescents: I. Living together*, Castalia Publishing, Eugene, OR, USA, 1987; Webster-Stratton et al., *Journal of Clinical Child Psychology Psychiatry*, 42:943-952, 2001). One of these, Multidimensional Treatment Foster Care (MTFC; Chamberlain, *Treating chronic juvenile offenders: Advances made through the Oregon Multidimensional Treatment Foster Care model*, American Psychological Association, Washington, DC, USA, 2003), has been used with foster parents of youth referred from juvenile justice. The effectiveness of a universal intervention, KEEP (Keeping Foster Parents Trained and Supported) based on MTFC (but less intensive) was tested in a universal randomized trial with 700 foster and kinship parents in the San Diego County CWS. The goal of the intervention was to reduce child problem behaviors

through strengthening foster parents' skills. The trial was designed to examine effects on both child behavior and parenting practices, allowing for specific assessment of the extent to which improvements in child behavior were mediated by the parenting practices targeted in the intervention. Child behavior problems were reduced significantly more in the intervention condition than in the control condition, and specific parenting practices were found to mediate these reductions, especially for high-risk children in foster families reporting more than six behavior problems per day at baseline. © 2007 Society for Prevention Research.

31)

Davies, J., Wright, J.

Children's voices: A review of the literature pertinent to looked-after children's views of mental health services

(2008) *Child and Adolescent Mental Health*, 13 (1), pp. 26-31.

Abstract

Service-user involvement is an essential component of mental health service provision. This review aims to synthesise literature that has attempted to elicit children's experiences of mental health services with particular reference to looked-after children. The review is limited to qualitative research with study inclusion based on a synthesis of good quality criteria. Identification of gaps in the literature, directions for further research and implications for service developments are discussed. © 2007 Association for Child and Adolescent Mental Health.

32)

Broad, B.

Kinship care: What works? Who cares?

(2007) *Social Work and Social Sciences Review*, 13 (1), pp. 59-74.

Abstract

This article summarises the main research evidence about children living in kinship care placements in the United Kingdom (UK). It identifies key themes emerging from the literature and concludes with policy and practice recommendations. It is argued that whilst the evidence about kinship care outcomes is equivocal it nevertheless indicates that kinship care is at least as good as other placements and that it should become more integrated into permanency planning and family support, and be properly recognised, financed and supported.

33)

Tarren-Sweeney, M.

The Assessment Checklist for Children - ACC: A behavioral rating scale for children in foster, kinship and residential care

(2007) Children and Youth Services Review, 29 (5), pp. 672-691.

Abstract

Population and clinical surveys of the mental health of children in foster, kinship and residential care have failed to account for a range of problems manifested by such children, largely because measurement has been restricted to standard parent-report checklists. These under-researched problems include attachment-related difficulties, anxiety and dissociative responses to trauma, age-inappropriate sexual behavior and self-harm. The Assessment Checklist for Children (ACC) was developed to measure such problems in a prospective epidemiological study of children in long-term care. The ACC is a 120-item carer-report psychiatric rating instrument, measuring behaviors, emotional states, traits, and manners of relating to others, as manifested by children in care. Content was developed systematically, with a view to measuring all clinically significant problems experienced by children in alternate care that are not adequately measured by standard parent-report checklists. Ten clinical and two low self-esteem scales were empirically derived via factor analysis, and labeled: Sexual behavior; pseudomature interpersonal behavior; non-reciprocal interpersonal behavior; indiscriminate interpersonal behavior; insecure interpersonal behavior; anxious-distrustful; abnormal pain response; food maintenance; self-injury; suicide discourse; negative self-image; and low confidence. Initial data indicate that the instrument has good content, construct and criterion-related validity. © 2007 Elsevier Ltd. All rights reserved.

34)

Rubin, D.M., O'Reilly, A.L.R., Luan, X., Localio, A.R.

The impact of placement stability on behavioral well-being for children in foster care

(2007) Pediatrics, 119 (2), pp. 336-344.

Abstract

OBJECTIVE. The problems children have upon entering foster care can potentially explain prior research findings that frequent placement changes are associated with poor outcomes. This study sought to disentangle this cascading relationship in order to identify the independent impact of

placement stability on behavioral outcomes downstream. DESIGN/METHODS. Placement stability over the first 18 months in out-of-home care for 729 children from the National Survey of Child and Adolescent Well-being was categorized as early stability (stable placement within 45 days), late stability (stable placement beyond 45 days), or unstable (never achieving stability). Propensity scores predicting placement instability based on baseline attributes were divided into risk categories and added to a logistic regression model to examine the independent association between placement stability and behavioral well-being using the Child Behavior Checklist and temperament scores from the National Longitudinal Survey of Youth. RESULTS. Half (52%) of the children achieved early stability, 19% achieved later stability, and 28% remained unstable. Early stabilizers were more likely to be young, have normal baseline behavior, have no prior history with child welfare, and have birth parents without mental health problems. After accounting for baseline attributes, stability remained an important predictor of well-being at 18 months. Unstable children were more likely to have behavior problems than children who achieved early stability across every level of risk for instability. Among low-risk children, the probability of behavioral problems among early stabilizers was 22%, compared to 36% among unstable children, showing a 63% increase in behavior problems due to instability alone. CONCLUSIONS. Children in foster care experience placement instability unrelated to their baseline problems, and this instability has a significant impact on their behavioral well-being. This finding would support the development of interventions that promote placement stability as a means to improve outcomes among youth entering care. Copyright © 2007 by the American Academy of Pediatrics.

35)

Murphy, M., Martikainen, P., Penne, S.

Demographic change and the supply of potential family supporters in Britain, Finland and France in the period 1911-2050

(2006) *European Journal of Population*, 22 (3), pp. 219-240.

Abstract

We consider the contribution of changes in mortality and fertility to availability of living mothers and living children among older people in Britain, Finland and France. The proportion of people aged around 60 with a mother alive will more than double between those born in 1911 and 1970 before starting to decline slightly. Conversely, a higher proportion of elderly people are likely to have a surviving child than for any generation ever born in all three countries in the next quarter century or so, with about 85% of 80-year-old women having at least one surviving child, and about two-thirds having two or more. © Springer Science+Business Media B.V. 2006.

36)

Chamberlain, P., Price, J.M., Reid, J.B., Landsverk, J., Fisher, P.A., Stoolmiller, M.

Who disrupts from placement in foster and kinship care?

(2006) *Child Abuse and Neglect*, 30 (4), pp. 409-424.

Abstract

Objective: To identify reliable, inexpensive predictors of foster care placement disruption that could be used to assess risk of placement failure. **Methods:** Using the Parent Daily Report Checklist (PDR), foster or kinship parents of 246 children (5-12 years old) in California were interviewed three times about whether or not their foster child engaged in any of the 30 problem behaviors during the previous 24 h. PDR was conducted during telephone contacts (5-10 min each) that occurred from 1 to 3 days apart at baseline. Disruptions were tracked for the subsequent 12 months. Other potential predictors of disruption were examined, including the child's age, gender, and ethnicity, the foster parent's ethnicity, the number of other children in the foster home, and the type of placement (kin or non-kin). **Results:** Foster/kin parents reported an average of 5.77 child problems per day on the PDR checklist. The number of problem behaviors was linearly related to the child's risk of placement disruption during the subsequent year. The threshold for the number of problem behaviors per day that foster and kinship parents tolerated without increased risk of placement disruption for these latency-aged children was 6 or fewer. Children in non-kin placements were more likely to disrupt than those in kinship placements. There was a trend for increased risk of disruption as the number of children in the home increased. **Conclusions:** The PDR Checklist may be useful in predicting which placements are at most risk of future disruption, allowing for targeted services and supports. © 2006 Elsevier Ltd. All rights reserved.

37)

Tarren-Sweeney, M., Hazell, P.

Mental health of children in foster and kinship care in New South Wales, Australia

(2006) *Journal of Paediatrics and Child Health*, 42 (3), pp. 89-97.

Abstract

Objectives: To report baseline mental health measures from the Children in Care study, a prospective epidemiological study of children in court-ordered foster and kinship care in New South Wales, Australia. **Methods:** Mental health, socialization and self-esteem were assessed in 347 children in a statewide mail survey, using two carer-report checklists, the Child Behavior

Checklist (CBCL) and the Assessment Checklist for Children (ACC). Results: Children in the study had exceptionally poor mental health and socialization, both in absolute terms, and relative to normative and in-care samples. Levels and rates of disturbance for children in foster care exceeded all prior estimates. Rates of disturbance for children in kinship care were high, but within the range of prior estimates. Boys presented with higher scope and severity of mental health problems than girls on the CBCL, while gender-specific patterns of disturbance were shown on the ACC. A moderate age effect was accounted for by children's age at entry into care. Conclusions: Children in care are at high risk of mental health problems. Psychological support for the children and their carers is an essential secondary prevention strategy. Implications for service delivery are discussed. © Paediatrics and Child Health Division (Royal Australasian College of Physicians).

38)

Sellick, C.

From famine to feast. A review of the foster care research literature

(2006) *Children and Society*, 20 (1), pp. 67-74.

Abstract

Foster care has become the principal placement of choice for children and young people in public care in the United Kingdom (UK). This has been accompanied by a significant growth in its research scrutiny connected to a busy policy agenda, especially since 1997. With its increased usage, fostering has encountered both difficulties and developments. Children often have emotional and behavioural problems which strain their foster families to their limits and risk placement breakdown. Public sector foster carers continue to be in short supply and keeping them engaged in fostering remains a challenge. Major developments have occurred in response to these difficulties. The use of relatives as kinship carers has increased substantially and the non-governmental or independent fostering sector has grown rapidly. Until comparatively recently, the knowledge base of foster care in Britain was limited, but the past decade has seen that change and now a substantial body of research knowledge is available in the UK. Copyright © 2006 National Children's Bureau.

39)

Barth, R.P., Crea, T.M., John, K., Thoburn, J., Quinton, D.

Beyond attachment theory and therapy: Towards sensitive and evidence-based interventions with foster and adoptive families in distress

(2005) *Child and Family Social Work*, 10 (4), pp. 257-268.

Abstract

Elements of attachment theory have been embraced by practitioners endeavouring to assist foster and adopted children and their parents. Attachment theory articulates the potential risks of experiencing multiple caregivers; emphasizes the importance of close social relationships to development; and recognizes that substitute parents may not always have close relationships with children who have experienced adversities before joining them. Attachment theory offers concerned parents what they believe to be a scientific explanation about their lack of the close, satisfying parent-child relationship they desire. Yet the scientific base of attachment theory is limited both in terms of its ability to predict future behaviours, and especially with regard to its use as the underpinning theory for therapeutic intervention with children experiencing conduct problems. There is a critical need to review the role of attachment theory in child and family services and to consider its place among other explanations for children's disturbing behaviour. An important step towards pursuing alternative approaches is for researchers and practitioners to understand the reasons the attachment paradigm appeals to so many adoptive and foster parents, given the apparent widespread prevalence of attachment-based interventions. Such understanding might assist in the development of adoption-sensitive uses of appropriate evidence-based treatment approaches. © 2005 Blackwell Publishing Ltd.

40)

Holtan, A., Rønning, J.A., Handegård, B.H., Sourander, A.

A comparison of mental health problems in kinship and nonkinship foster care

(2005) *European Child and Adolescent Psychiatry*, 14 (4), pp. 200-207.

Abstract

Objective: Knowledge of the emotional and behavioural problems of children in kinship foster care is scarce. No data on such problems in European countries have been published. This study compares child psychiatric problems and placement characteristics of children living in kinship and nonkinship foster care. Methods: A total of 214 children in kinship and nonkinship foster care, aged 4-13, participated in the study. The Child Behavioral Checklist (CBCL) was completed by

their foster parents and demography and placement information was collected. Results: Of the nonkinship group, 51.8 % scored above the borderline on the CBCL Total Problem score, as did 35.8% of the kinship group. The kinship group had fewer previous placements, were more often fostered within their local community and had more contact with their biological parents. Kinship foster parents had lower social status, in terms of educational level. Variables significantly related to high level of the CBCL Total problems score were male gender and location of foster home outside community of birth family. Positive outcome was significantly associated with placement within the child's own community, which in turn was related to kinship placement. Conclusions: Placement in kinship foster care should be considered as a viable possibility. © Steinkopff Verlag 2005.

41)

Iaupuni, S.M.K., Donato, K.M., Thompson-Colón, T., Stainback, M.

Counting on kin: Social networks, social support, and child health status

(2005) *Social Forces*, 83 (3), pp. 1137-1164.

Abstract

This article presents the results of new data collection in Mexico about the relationship between child well-being and social networks. Two research questions guide the analysis. First, under what conditions do networks generate greater (lesser) support? Second, what kinds of networks are associated with healthier children? We explore the health status effects of several dimensions of social networks, including network size, kinship roles, interaction (proximity, contact, and coresidence), and provision of financial and emotional support. Our key findings suggest that networks containing more extended kin and coresident ties offer greater support resources to mothers with young children, especially among the poorest households. We also find that network structures characterized by more social support and greater interaction with extended, rather than immediate, kin help sustain healthier children. Together these findings indicate the advantages of examining specific role relationships in network research among economically marginalized families and attest to the importance of social networks founded on principles of reciprocity, confianza, and compadrazgo to the well-being of Mexican families. © The University of North Carolina Press.

42)

Geen, R.

The evolution of kinship care policy and practice

(2004) *Future of Children*, 14 (1), pp. 131-149.

Abstract

Kin caregivers can provide continuity and connectedness for children who cannot remain with their parents. This is one reason kinship care has become the preferred placement option for foster children. However, despite the growing reliance on kin caregivers, kinship care policies have evolved with little coherent guidance. This article examines kinship care and finds: Kinship foster parents tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents. As a result, kin caregivers face more challenges as foster parents than non-kin caregivers. The links between payment and licensure, and the haphazard evolution of licensing policies and practices, complicate efforts to provide fair compensation for kin caregivers. Kinship caregivers receive less supervision and fewer services than non-kin caregivers, thus kin may not receive the support they need to nurture and protect the children in their care, even though their needs for support may be greater. Kinship foster care questions many traditional notions about family obligation, governmental responsibility, and the nature of permanency for children in care. The article concludes by discussing these concerns, and calls for more thoughtful consideration of the uniqueness of kinship care in developing policies and best practices.

43)

Chapman, M.V., Wall, A., Barth, R.P., Biemer, P., Runyan, D., Webb, M., Dowd, K., Griffith, J., Kinsey, S., Weeks, M., Byron, M.Z., Cano, G., Green, R., Herget, D., Langer, M., Liu, J., Lytle, T., McCracken, R., Mierzwa, F., Suresh, R., Wallace, I.

Children's voices: The perceptions of children in foster care

(2004) *American Journal of Orthopsychiatry*, 74 (3), pp. 293-304.

Abstract

Scant research exists on how abused and neglected children view the foster care experience and how these perceptions vary by demographic characteristics and placement type. Data come from a national probability sample of children placed in child welfare supervised foster care for at least 1 year. These findings indicate that children generally feel positively toward their out-of-home care providers and maintain hope for reunification with their biological family. Differences are present between children in family foster care, group care, and kinship care placements.

44)

Harden, B.J., Clyman, R.B., Kriebel, D.K., Lyons, M.E.

Kith and kin care: Parental attitudes and resources of foster and relative caregivers

(2004) *Children and Youth Services Review*, 26 (7), pp. 657-671.

Abstract

Children in the custody of local child welfare systems are increasingly placed with relatives, rather than in traditional foster care. Scholars and practitioners have called for an examination of these care environments, as a step toward determining how beneficial they are to children in out of home placement. The present study compared a group of traditional (n=51) and kinship (n=50) foster parents in four domains: (1) parenting attitudes; (2) social resources; (3) economic resources; and (4) health. The caregivers were interviewed in their homes, via a standardized parenting questionnaire and a background questionnaire designed for this study. Kinship care providers endorsed more problematic parental attitudes than traditional foster parents did (i.e. less warmth/respect, more parent-child conflict/anger, more strictness/overprotectiveness). Because kinship parents were found to be older than traditional foster parents in this study, differences between the two groups on parenting attitudes were examined controlling for age. These analyses resulted in non-significant differences between the two groups on parenting. However, even when controlling for age, kinship care providers reported that they have fewer economic and social resources, and poorer health than traditional foster parents reported. These results are considered in terms of the literature on the quality of family contexts and its relation to child outcomes. The implications of these findings for child welfare practice are also discussed. © 2004 Elsevier Ltd. All rights reserved.

45)

Cuddeback, G.S.

Kinship family foster care: A methodological and substantive synthesis of research

(2004) Children and Youth Services Review, 26 (7), pp. 623-639.

Abstract

Over the last decade or longer, the number of children in kinship care has increased dramatically. There is evidence that kinship foster families have fewer resources and receive less training, services, and support, as well as concern that kinship families are less qualified to foster than their non-kinship counterparts. However, the kinship literature has methodological limitations and significant gaps that restrict our knowledge. In this context, it is important to synthesize substantive findings and methodological limitations in an attempt to evaluate what we know about kinship family foster care as a child welfare service, and such an evaluation can shape practice, policy, and research. Therefore, this article presents a methodological and substantive synthesis of kinship care research. Suggestions for directing future research are made. © 2004 Elsevier Ltd. All rights reserved.

46)

Ehrle, J., Geen, R.

Kin and non-kin foster care - Findings from a national survey

(2002) Children and Youth Services Review, 24 (1-2), pp. 15-35.

Abstract

This article uses national data to look at the differences between children in kinship and non-kinship care arrangements. Three groups are compared: children in non-kin foster care, children in kinship foster care, and children in "voluntary" kinship care. Children in voluntary kinship care have come to the attention of child welfare services, are placed with kin, but unlike those in kinship foster care, these children are not in state custody. Findings suggest that children in the kin arrangements faced greater hardships than those in non-kin care. They more often lived in poor families and experienced food insecurity. They were more likely to live with a non-married caregiver who was not working and did not have a high school degree. And fewer kin than expected received services to overcome these hardships. In addition, nearly 300,000 children lived in voluntary kinship care arrangements; these children are of particular concern because they are not in state custody and therefore may or may not be monitored by a child welfare agency.

47)

Testa, M.F., Slack, K.S.

The gift of kinship foster care

(2002) Children and Youth Services Review, 24 (1-2), pp. 79-108.

Abstract

This study examines kinship foster care as a gift relationship. Reunification rates and replacement rates into non-related foster care are analyzed within the statistical framework of competing risks to examine the effects of reciprocity, payment, empathy, and duty on the dynamics of kinship foster care. The study makes use of a unique set of survey data on 983 kinship foster children in Cook County, Illinois. Survey responses are linked to computerized administrative records from the Illinois Department of Children and Family Services to create a 5-year longitudinal file on placement changes from June 30, 1994 to June 30, 1999. Children whose parents were reported as regularly visiting and working toward regaining custody (reciprocity) were more likely to be reunified and less likely to be replaced than children whose parents were reported as non-cooperative with visitation and service plans. Controlling for reciprocity, children were also less likely to be replaced if caregivers retained the full foster care subsidy (payment), reported a good relationship with the child (empathy), and grew-up in the American South and attended church regularly (duty). The sensitivity of these findings to alternative specifications of the competing risks of foster care replacement and kinship transfers is reported.

48)

Wallbank, J.

Too many mothers? Surrogacy, kinship and the welfare of the child.

(2002) Medical law review, 10 (3), pp. 271-294.

49)

Testa, M.F.

Kinship care and permanency

(2001) *Journal of Social Service Research*, 28 (1), pp. 25-43.

Abstract

Should kinship care be favored as a form of permanency in and of itself or should it be avoided as a barrier to more binding forms of legal permanency? This question is examined using data from Cook County, Illinois. The study uses event history methods to analyze placement histories for 1992-95 cohorts of 23,685 children and a 1994 matched, cross-sectional sample of 1,910 children. It finds that kin placements are more stable than non-kin placements but that the advantage diminishes with lengthier durations of care. Current trends indicate a greater potential for legal permanency with kin than earlier literature has suggested. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.].

50)

Hirst, M.

Trends in informal care in Great Britain during the 1990s

(2001) *Health and Social Care in the Community*, 9 (6), pp. 348-357.

Abstract

The population of adult carers in Great Britain declined during the 1990s while the proportion of those heavily involved in providing informal care increased. The intensification of care-giving was associated with an increasing number of caring relationships that typically make heavy demands on the carer: spouse care and caring for a child or parent. The provision of informal care by friends and neighbours diminished resulting in an overall decline in care-giving between households. However, parents were increasingly looked after in their own homes by non-resident daughters. More women than men withdrew from the less intensive care-giving between households while more men than women took on the role of a spouse carer. By the end of the decade, as many men as women provided informal care for a spouse or partner. If the trends identified here continue beyond the study period, increasing resources will be required to identify heavily involved carers, assess their needs, and support them in their caring activities. The findings are based on secondary analysis of the British Household Panel Survey covering the years

1991-1998. As well as charting trends in the prevalence of informal care, changes in the locus of care, the number of care recipients, their relationship to their carer and the amount of time devoted to caring activities are described and interpreted.

51)

Carpenter, S.C., Clyman, R.B., Davidson, A.J., Steiner, J.F.

The association of foster care or kinship care with adolescent sexual behavior and first pregnancy.

(2001) *Pediatrics*, 108 (3), pp. E46.

Abstract

OBJECTIVE: Each year more than 500 000 children enter out-of-home placement. Few outcome studies of these children specifically address high-risk sexual behavior and adolescent pregnancy. Our study investigated the relationship between living in kinship or foster care and high-risk reproductive behaviors in a nationally representative sample of women. **METHODS:** Data from 9620 women ages 15 to 44 years in the 1995 National Survey of Family Growth were analyzed in a cross-sectional study. Three groups-foster (n = 89), kinship (n = 513), and comparison (n = 9018)-were identified on the basis of self-reported childhood living situations. Bivariate and multiple linear regression analyses were performed. The outcome variables were age at first sexual intercourse and at first conception and the number of sexual partners. **RESULTS:** After adjustment for multiple predictor variables, foster care was associated with younger age at first conception (difference: 11.3 months) and having greater than the median number of sexual partners (odds ratio: 1.7, 1.0-2.8). Kinship care was associated with younger age both at first intercourse (difference = 6 months) and at first conception (difference: 8.6 months) and having greater than the median number of sexual partners (odds ratio: 1.4, 1.1-1.8). There were no differences between the kinship and foster groups. **CONCLUSIONS:** A history of living in either foster or kinship care is a marker for high-risk sexual behaviors, and the risk is comparable in both out-of-home living arrangements. Recognition of these risks may enable health care providers to intervene with high-risk youth to prevent early initiation of sexual intercourse and early pregnancy.

52)

Terling-Watt, T.

Permanency in Kinship Care: An Exploration of Disruption Rates and Factors Associated with Placement Disruption

(2001) Children and Youth Services Review, 23 (2), pp. 111-126.

Abstract

Relative households are regularly used as temporary foster families for abused and neglected children. However, for those children who are unable to return to their families of origin, relatives are often called on to provide permanent homes for these children. Little information is available regarding the outcomes of such relative placements. This research utilizes multiple methods and data sources on relative placements in Houston, Texas to explore disruption rates for potentially permanent kinship placements and barriers to achieving permanency with relatives. Results reveal substantial disruption rates (approximately 50%) for children placed in kinship care that do not go home to their original families. Exploratory qualitative analyses revealed that the majority of relatives reportedly wanted to keep the children permanently and did not pose a threat of continued maltreatment to them. However, several familial stressors were present which undermined the stability of these placements. Barriers to permanency include; contact with biological parents, adolescents' rejection of structured environments, special needs children, and health limitations of relatives. These findings support the view that kinship care households are valuable resources. However, they also provide new details regarding the possible unmet needs of relative caregivers that may need to be addressed to enable relatives to represent promising options for permanency.

53)

Whitley, D.M., Kelley, S.J., Sipe, T.A.

Grandmothers raising grandchildren: Are they at increased risk of health problems?

(2001) Health and Social Work, 26 (2), pp. 105-114.

Abstract

Many grandparents faced with the need to raise their grandchildren have health risks that could destabilize any family structure established for the child. This is especially problematic for grandparents of color who have higher health risk factors than their white counterparts. This article describes the physical and mental health status and behaviors of 100 African American grandmothers who are the primary caretakers for their grandchildren. The findings suggest the

physical functioning of the grandmothers is at a level that could jeopardize the quality of life with their grandchildren. In spite of their diminished physical capacity, the grandmothers reported that their emotional state is equal to or better than the general population. Suggestions for community practice are provided.

54)

Orme, J.G., Buehler, C.

Foster family characteristics and behavioral and emotional problems of foster children: A narrative review

(2001) *Family Relations*, 50 (1), pp. 3-15.

Abstract

The purpose of this article is to review the literature on the foster family characteristics that are thought to contribute to the behavioral and emotional problems of foster children. The review is shaped by an understanding of the personal and familial factors associated with children's problem behaviors in the general population. These factors include parenting, the family home environment, family functioning, marital functioning, family demography, child temperament, parents' mental health, and social support. Limitations within the existing research on these foster family characteristics are noted, and suggestions for future research are provided.

55)

Grogan-Kaylor, A.

Who goes into kinship care? The relationship of child and family characteristics to placement into kinship foster care

(2000) *Social Work Research*, 24 (3), pp. 132-141.

Abstract

This study used administrative child welfare data from California to examine the relationship of the characteristics of children and their families to whether children were placed in kinship foster care or in some other form of child welfare placement. It was found that many characteristics of children and their families - such as children's age and race, children's health status, type of family from which children were removed, AFDC eligibility of the family from which children were removed, and the reason for which the children were removed from their caregivers - are related to the type of foster care setting in which children were placed.

56)

Beeman, S.K., Kim, H., Bullerdick, S.K.

Factors affecting placement of children in kinship and nonkinship foster care

(2000) Children and Youth Services Review, 22 (1), pp. 37-54.

Abstract

A growing body of research describes the characteristics of children in kinship foster care, the provision of services to these children and their foster parents, and the outcomes for children placed in kinship foster care. Very little is known about the characteristics that may influence the decision to place a child in kinship versus nonkinship foster care. Past research on the decision to place children in out-of-home care focuses on child and maltreatment characteristics that are associated with the decision. Using logistic regression, this study examines the relationship of child and case characteristics to the placement in kinship and nonkinship foster care of over 2,000 children in a Midwestern urban county. The analysis indicates that older children, children without disabilities, children of color, children court-ordered into placement, and children whose reason for placement was parental substance abuse are more likely to be placed in kinship foster care. Recommendations are made for future research on the decision to place children in kinship foster care.

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