Social and emotional issues of children in kinship foster care and stressors on kinship carers

A review of the Australian and international literature

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The aim of this paper is to review the Australian and international literature on social and emotional issues affecting children in kinship foster care and to examine stresses experienced by kinship foster carers.

There is a growing trend of kinship foster care as an alternative form of care for children in Australia and overseas which is attributed to factors such as child abuse, parental incapacity, parental incarceration, and parental substance misuse. The ideology supporting the use of kinship care is that it is in the child's best interests because it helps them to maintain ties with their family of origin.

A comprehensive search of the literature on kinship care was undertaken and articles addressing social and emotional issues of children in kinship care or their carers were selected for critical review.

The literature suggests that children placed with kinship foster carers suffer from a range of social and emotional issues and these may impact on outcomes in adulthood. The existing literature does not, however, adequately differentiate the impacts of kinship care itself from the children's pre-existing difficulties and there is a paucity of literature comparing kinship care outcomes with outcomes for children who have experienced other forms of out-of-home care. Common factors experienced by kinship foster carers that can make it challenging for them to deal with children's issues are economic disadvantage, stress, health issues and lack of resources.

In conclusion, this review supports the arguments for assessment and interventions for children in kinship foster care; and support, parent training and interventions for kinship carers. Longitudinal studies are needed in this area.

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The practice of kinship foster care, in which extended families take on the role of raising children when their birth parents are unable or unwilling to care for them, is not a new phenomenon (Berrick, Barth & Needell 1994). Children may be placed in the care of kin as a result of abuse and neglect, parental substance abuse, parental incarceration, mental illness, divorce, death of a parent(s), domestic violence, relationship breakdown, teenage pregnancy, poverty, abandonment and homelessness (Australian Institute of Health & Welfare [AIHW] 2003; Beeman, Kim & Bullerdick 2000; Dubowitz & Feigelman 1993; Glass & Huneycutt 2002; Gleeson & O'Donnell 1997; Gordon et al. 2003; Ingram 1996; Patton 2003; Woodworth 1996). While kinship foster care is becoming more widely used as a placement option for children in Australia (Ainsworth & Maluccio 1998; Gibbons & Mason 2003); the USA (Hegar & Scannapieco 1995); the UK (Hunt 2003); Ireland (O'Brien 2002); and New Zealand (Connolly 2003), the rate of use varies in each country and in jurisdictions within countries.

The growing focus on kinship foster care instead of non-kinship foster care is driven by the increase in the number of children needing out-of-home care; an insufficient supply of non-kinship foster families; the desire to maintain children's family, cultural and blood relations; the desire to reduce the distress on children by keeping them in the care of family members; and the belief that children should remain in the family rather than being cared for by strangers (Benedict & Zuravin 1996; Greeff 1999; Hegar & Scannapieco 1995; Jackson 1996; Mills & Usher 1996; Weil 1999). From the perspective of children, the advantages of placing them with kin are that extended family bonds are maintained, which is thought to contribute to greater stability, and children are more likely to maintain bonds with their birth parents (Ainsworth & Maluccio 1998; Barnard 2003; Berrick et al. 1994; Goodman et al. 2004; Patton 2003), assuming, of course, that the latter is in the children's best interests. Kinship foster care has much to offer children who need to be removed from their parents either on a short or long-term basis, provided that all safety issues have been observed, such as intergenerational abuse and parenting capacity (Gennaro, York & Dunphy 1998). In the case of intergenerational abuse, Foulds (1999), reporting from the

UK, supports the use of kinship foster care provided there is no evidence of abuse in the family. She notes that placing children in kinship care when there is evidence of abuse in the family, runs the risk of 'collusion' with the abusers (Foulds 1999, p. 82). Indeed, in Poland, a criticism of kinship foster care is that it may inadvertently support 'dysfunctional families' (Stelmaszuk 1999, p. 30). Moreover, it has been argued that the promotion of kinship foster care may have more to do with maintaining families and less to do with children's best interests (Hunt 2003). This suggests that the growth in kinship foster care may be ideologically driven in terms of family preservation, rather than focusing on the best outcomes for children.

Despite the increasing practice of kinship foster care, there is only limited research examining its effectiveness and impact on children. While there is a growing body of research in the US, there is a paucity of research in Australia, the UK, New Zealand and Europe. The available research covers a broad range of issues including advantages and disadvantages of kinship foster care; characteristics of kinship foster carers; physical and mental health of children in kinship foster care and kinship foster carers; attachment issues; adult outcomes for children in kinship foster care; and differences between informal/private care and formal/public care. This paper will restrict itself to a review of the Australian and international research on the social and emotional issues of children in kinship foster care and the stressors on their carers. A greater understanding of these areas is important because they have the capacity to impact negatively on healthy adult outcomes for children, as well as affecting the stability of placements.

LITERATURE REVIEW METHODOLOGY

This review was restricted to English language sources and, further, to predominantly westernised communities, as these were considered to have the greatest comparative relevance to the Australian kinship care context.

A number of databases were searched in compiling this literature review: *PsycINFO*, *PubMed*, *Academic Search Elite* and *Australian Public Affairs Information Service (APAIS)*. This method produced articles on kinship foster care from refereed journals, and chapters from books.

An initial search was conducted in *PsycINFO* using the terms *mental health* and *kinship* without setting date limits, which returned 123 articles. To refine the search, the thesaurus was used in *PsycINFO* to translate the search words into the language of the database (e.g. *childrearing, grandparent, caregiver, caregiver burden, child custody* and *parental role*) and the search continued using these words. A perusal of the major and minor descriptors in the articles indicated other keywords used in the publications (e.g. *social and emotional well-being*) and these were then included in the search. In total, 258 articles and book chapters related to the topic for this review were identified in this way. These articles were scanned for direct relevance to the review and a smaller subset was selected. This literature review reflects a substantial bias towards research in the US, demonstrating the relative paucity of research available in Western Europe, the UK, New Zealand and Australia.

Other sources for the review include a search on *Google* using the term *kinship care*. This method elicited primarily reviews and discussion papers from government health departments in Australia and overseas. An examination of the reference lists on papers identified via electronic search was made to identify additional references of interest, as well as pointing to the range of Australian and international journals where much of the research on kinship foster care is published. Once identified, the contents of these journals were searched either electronically or manually. In combination, these search strategies identified additional references.

While reviewing the literature, no distinction was made between studies on formal/public and informal/private kinship foster care. A loose definition of the former is a care arrangement that involves the removal of children from the parents by child protection agencies and placement with kinship carers. In the latter case, kin may voluntarily step in and care for children, with or without the consent of the parents, when they are concerned for children's safety and well-being. Although kinship foster carers in formal/public care arrangements are likely to receive certain benefits for the children in their care while those in informal/private care do not, to confine the review to one group would have been overly restrictive.

Regarding terminology, throughout this review the term *children* is used to refer to all children and young people in kinship foster care. Also, the term *kinship foster carer* will be used to refer to any relative or extended family carer, and *non-kinship foster carer* will be used to refer to those out-of-home carers who are not relatives or members of the child's extended family. In the context of Indigenous families, placement with kin is in line with the Aboriginal Child Placement Principle (AIHW 2005, p. 41), which requires that children be placed with the extended family, the child's Indigenous community or other Indigenous people.

KEY FINDINGS FROM THE LITERATURE

SOCIAL AND EMOTIONAL ISSUES OF CHILDREN IN KINSHIP CARE

Children in kinship foster care experience social and emotional difficulties (e.g. Andersson 1999; Council of the Ageing [COTA] National Seniors 2003; Cuddeback 2004; Hunt 2003). These difficulties are not a consequence of kinship foster care, but rather early exposure to high-risk backgrounds (e.g. abuse, neglect, poor attachment, drug

abusing parents) can affect children's emotional, social and physical development. Social and emotional issues encompass a number of aspects of children's well-being including poor mental health (e.g. depression, anxiety, panic), difficult behaviours (e.g. anger, hostility, conduct disorders, hyperactivity) and their effects on children, their social relationships (e.g. peers, carers) and their environment (e.g. school). Research from the USA describes children in kinship foster care as suffering from greater mental health problems (e.g. behavioural issues) and school related problems (e.g. inattention in class) compared to the general population of American children (Berrick et al. 1994; Dubowitz et al. 1994). In general, these findings are consistent with studies in the UK, Europe and Australia. However, it is important to note that in the US literature, African-Americans are over-represented in the samples, thus limiting the ability to generalise these studies to other cultures and countries.

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In Australia, a study on grandparents raising grandchildren (COTA National Seniors 2003) noted that children who are abused and neglected by their parents, or who are exposed to parental drug abuse or violence in the family, present with a range of psychosocial problems including behavioural difficulties. They argue that children may develop a range of social and emotional problems such as anti-social behaviour, hostility, anger, attention-seeking and acting up behaviours, depression and anxiety. In the UK, McCann et al. (1996) compared the mental health of adolescents in local authority care to an age/sex-matched group from the same school who were not in care. They found that 67% of the adolescents in care suffered from psychiatric disorders compared to 15% of those in the comparison group. Conduct disorder was the most common problem followed by overanxious disorder, and major depressive disorder (McCann et al. 1996). Later research in Scotland also looked at the psychiatric disorders of children entering local authority care (Dimigen et al. 1999). Consistent with the McCann et al. (1996) study, the authors found that conduct disorders and depression were the most common disorders for this group of children.

In the USA, a study by Heflinger et al. (2000) investigating the clinical status of children and youth (2-18 years) in state custody, found that 34% of the children had significant behaviour problems in the categories *Aggressive*, *Delinquent* and *Withdrawn* on the Child Behavior Checklist (CBCL). Consistent with these findings is the study by Shore et al. (2002) who looked at how young people in kinship foster care and non-kinship foster care were functioning compared to general population norms. They found that youth in kinship foster care had significantly higher scores on the *Delinquent* scale on the CBCL compared to the other two groups. A later study by Leslie et al. (2005) using the Denver Developmental Screening Test II, found more developmental problems (57.9%) and physical health problems (86.7%) in their sample of young children entering foster care (3 months to 5 years 11 months), but they also noted that 8.7% of the children had mental health problems (adjustment disorders, ADHD and other disruptive disorders). In contrast, a study by Keller et al. (2001) using the CBCL compared the behaviours of children (aged 4-18 years) in kinship foster care, non-kinship foster care and in the general population. They found that children in kinship foster care were no more likely to score higher on the clinical scales than those in the general population. However, the children in non-kinship foster care scored higher on behavioural scales and lower on competence scales than children in kinship foster care. While the above research provides a broad look at behaviours for children in kinship foster care, other research looks at behavioural issues for children exposed to specific family problems or to separation within the care system. Brooks and Barth (1998, p. 475) examined the impact of drug exposure by comparing four groups of children (mean 7.9 years) in foster care on problem behaviours, emotional development and scholastic achievement: those living with kin (non-drug exposed and drug exposed) and those living with non-kin (non-drug exposed and drug exposed). They found differences in emotional development and behaviour problems between the groups, but they found little difference between the groups on educational performance. Specifically, they noted that non-drug exposed children living with kin were less likely to display behavioural problems than other children (Brooks & Barth 1998).

Keeping children in families together may also be of particular importance for child health and well-being outcomes. In New South Wales, Tarren-Sweeney & Hazell (2005), reporting on the first stage of their study on the psychological health (CBCL) of siblings (4-11 years) in care, found that girls who were separated from their siblings had poorer psychological health and socialisation than those living with at least one sibling.

What all of these studies fail to do is to account for baseline differences in the severity and nature of difficulties of children before they enter care, so that it is difficult to draw conclusions about the positive or negative impact of the type of care per se. Discrepancies in findings may be attributed to different factors such as early family history, level and intensity of exposure to negative environments, and the characteristics of the child. Indeed, a paper by the UK

Department of Health (2000) argues that it is the cumulation of risk factors that a child is exposed to, rather than one specific factor, that affects adult well-being. These cumulative risk factors are: socioeconomic; stress and support experienced by the family; level and intensity of a child's early learning experiences; parental mental health; family functioning; and parenting style and capacity (Department of Health 2000).

While kinship foster care may provide some protection for children, placing behaviour-disordered children with kin, especially older kin, without providing the carers with support or training in behaviour management, is potentially fraught with problems. If these behaviours are not addressed, they may negatively impact on children's schooling, choice of friendship groups, and attitudes to authority figures. Carers may have difficulty understanding the behaviours and may not have the parenting skills or training necessary to deal with them. They may draw on a style of parenting (e.g. authoritarian or permissive) that can lead to problems being exacerbated. One possible scenario is that these children may then experience multiple placements (Adam 2005). Given that the actual process of moving children from the care of their parents into the care of kin is, in itself, disruptive (Greeff 1999), it is essential to minimise the number of placements so that children can adjust successfully to their care situation. Clearly, placement instability and frequent moves may contribute to more problems for children. Research suggests that children with high levels of behavioural problems are more likely to be difficult to place (Delfabbro, Barber & Cooper 2002).

Notwithstanding the above issues, there are positive aspects of kinship foster care which may help to mitigate some of these difficulties, such as placement stability, and attachment to kinship foster carers, which may have a positive impact on children's social and emotional well-being. In the US, research suggests that kinship foster placement seems to offer children some social and emotional protection, relative to other forms of out-of-home care (Goodman et al. 2004; Iglehart 1994). Referring to research in Sweden, Israel and the UK, Greeff (1999, p. 11) reports that kinship care 'leads to positive identity outcomes'. In the UK, an early study by Rowe et al. (1984, p. 175) found that children in kinship foster care 'seemed to be doing better in virtually all respects' compared to those in non-kinship foster care. Rowe et al. (1984, p. 186) also reported that children living with kinship foster carers 'seemed very well integrated' and appeared to be coping better academically and behaviourally than those living with non-kin carers. Stelmaszuk (1999, p. 28) reported similar findings from research in Poland, noting that children in kinship foster care 'were more attached to their carers than to their biological parents', and that these children 'seemed to feel safe and assured in the care of relatives', often grandparents.

Research in Australia supports these findings. In Western Australia, Hislop et al. (2004, p. 5), in their study of children and adolescents living with their grandparents, noted that the children felt 'positive' about living with their grandparents, and 'a sense of belonging to their grandparent-family and/or community'. They also noted that almost half of their group 'displayed a general self-concept above the average range' on the Piers Harris Children's Self Concept Scale (Hislop et al. 2004, p. 6). Similarly, in an audit of kinship carers in Victoria, when the views of case mangers were sought as to whether clients' behaviours had 'improved, deteriorated or remained stable' since the start of the current placement, it was found that there were improvements in a range of behaviours, such as substance misuse, aggression/violent behaviour, criminal behaviour, and withdrawn behaviour when children were placed with kin (Office for Children 2000, p. 16). A New Zealand study found that the kinship carers 'were totally committed to the children in their care' (Worrall 1999, p. 198). While these studies are not directly comparable, they provide some direction for research which needs to focus on the strengths in kinship foster families that result in positive outcomes for children.

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ADULT OUTCOMES OF THE KINSHIP CARE EXPERIENCE

The following research on adult outcomes is based primarily on literature from the USA. Some of the findings are based on secondary data drawn from large databases such as the 1988 US National Surveys of Families and Households. One of the problems with using secondary and retrospective data is that we do not have any baseline measures of the children's behaviour when they entered kinship care. In addition, we do not have sufficient information on the kinship care arrangements (e.g. parenting style) to draw any firm conclusions.

However, the findings from US research on adult outcomes of children in kinship care are generally consistent, indicating that children who were in kinship care experience more social and emotional issues as adults, such as depression, marital unhappiness, conflict, relationship difficulties with birth parents and social isolation, compared to those who were never in family foster care (Beuhler et al. 2000; Cook-Fong 2000). What is not clear in research is why this is happening. Beuhler et al. (2000) conclude that economic disadvantage rather than the characteristics of the kin families may be the determining factor. Carpenter and

Clyman (2004) compared adult emotional and physical well-being in women who experienced childhood kinship foster care with women who had lived with one or more biological/adoptive parent. They found that kinship foster care was associated with poor adult emotional well-being (e.g. unhappiness with life and anxiety), but not poor physical well-being. However, an earlier study by Benedict and Zuravin (1996) found minimal differences in the adult outcomes of their sample of children in kinship foster care compared with non-kinship foster care on a range of scales, including mental health, life stresses and social support.

Similar findings on adult outcomes for children who experienced out-of-home care can be found in a study in Sweden. Andersson (1999) conducted a small longitudinal study of 20 children who had been placed in a children's home for four weeks or more when they were less than four years of age and later experienced out-of-home care. His study examined adult outcomes including well-being, and emotional and behaviour problems. After leaving care, the children were followed up at 3 months, 9 months, 5 years, 10 years and 15 years. At the end of the 15-year follow up, Andersson (1999, p. 261) found that one-third of the group had 'obvious emotional and behavioural problems'.

KINSHIP CARERS

Economic disadvantage in kinship foster care families compared to non-kinship foster care families is a common finding in the literature (Ehrle & Geen 2002). This is not surprising given that many kinship foster carers are single parents or older people on low incomes. While there is not one single profile to describe kinship foster carers (Dellman-Jenkins et al. 2002), they share some common issues. In the USA kinship carers are described as predominantly older women who have few social and economic resources, experience greater health problems and are in need of help in areas such as finances, clothing, transportation and child care (Berrick et al. 1994; Ehrle & Geen 2002; Gordon et al. 2003; Harden et al. 2004; Le Prohn 1994; Magruder 1994). They are also more likely to be unemployed and many have not finished high school (Ehrle & Geen 2002; Magruder 1994). Although many are grandparents, they also include a range of extended family members (Bullock 2005; Cuddeback 2004; Woodworth 1996). Many kinship foster carers have reported tiredness, poor physical health, financial pressures, stress and mental health issues such as depression and anxiety (Dellman-Jenkins et al. 2003; Glass & Huneycutt 2002; Kelley et al. 2000).

Raising children with inadequate resources, low levels of social support and poor physical health are all likely to take their toll on psychological health (Kelley et al. 2000). These issues are also likely to impact on parenting capacity, due to the various and complex needs of the children (Barnard 2003; Brooks & Barth 1998; COTA National Seniors 2003). There is evidence that some kinship foster carers may be struggling to cope with the demands of parenting. In the USA, Harden et al. (2004) investigated the parenting attitudes of kinship foster carers and non-kinship foster carers, and found that kinship foster caregivers' attitudes to parenting were more problematic than that of non-kinship foster caregivers. Specifically, they were less warm, they were stricter, there was more parent-child conflict and they were more overprotective. In a similar vein, Gebel (1996) found a relationship between marital status (e.g. single parents) and caregivers' attitudes to physical punishment. Conflict with the birth parents also adds to the stress kinship carers face. In Belgium, Marchand and Meulenbergs (1999) comment that conflict within families, such as between the biological parents of the children and their parents and between in-laws over the care of the children can have an effect on stability for children. Barnard (2003) reports similar findings in her Scottish study, while in Ireland, O'Brien (1999, p. 131) notes that 'increased marginalisation and exclusion of the birth parents' can contribute to difficulties in the care arrangement. Overall, the tensions that arise from this conflict combined with other issues such as inadequate welfare support have the potential to destabilise the care arrangement and impact on the future well-being of the children.

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Given the above research findings, it is axiomatic that children in kinship foster care need a range of supports, treatment and therapy to help address some of the psychological difficulties caused by their early exposure to family problems. However, there is some evidence that they may not be receiving the support and counselling they need (Berrick et al. 1994; McLean & Thomas 1996). The importance of responding early to children with social and emotional issues to avoid an ongoing impact on their lives (Hatfield et al. 1996) and to avoid problems in the care arrangement is clear. In the UK, a report by the Department of Health (2000, p.11) emphasised the importance of understanding the 'developmental progress and difficulties a child may be experiencing' so that a 'timely and appropriate' plan is put into place. To understand the developmental needs of children, a comprehensive assessment is necessary to identify social and emotional issues (Dellman-Jenkins et al. 2002). Given the varied and complex family backgrounds, the Department of Health (2000, p.12) report recommends that assessment take into account three aspects of children's lives: developmental stage; ability of their

parents or caregivers to follow through on recommendations; and children's extended family and environment. Other factors posited in the literature that need to be considered are children's personality and temperament, their coping styles, their relationship with family members, and their involvement in community activities (Hislop et al. 2004).

In the Netherlands, Portengen and van der Neut (1999), drawing on a family systems approach, state that empowerment is a fundamental tenet of kinship foster care, which means that kinship foster carers should be consulted and involved in any child-based interventions. In addition, they argue for the involvement of other members of children's families and the inclusion of aspects of the social environment important to the children (Portengen & van der Neut 1999). Once the children are referred for treatment, it is important to ensure that the recommended services are provided (Dubowitz et al. 1994; Leslie et al. 2005) and that the children are attending. In addition to providing mental health treatment to children in a clinic, other types of support have been posited, such as supporting carers and teachers, involving children in group work and encouraging them to participate more in community activities (Dellman-Jenkins et al. 2002; O'Neill & Absler 1998), and ensuring service co-ordination among agencies so that children's needs are met (Luntz 1994).

Support, interventions and training catering to the individual needs of kinship foster carers are also essential (Waldman & Wheal 1999). In the US, Kelley et al. (2001) found that an intervention aimed at improving physical and mental health of participants reduced psychological distress and helped them increase social support networks and resources. In the UK, a study by Macdonald and Turner (2005), using cognitive behavioural therapy to help carers manage difficult behaviours in the children in their care, found that the experimental group scored higher in their knowledge of 'behavioural principles' compared to the control group. Also, they found that the experimental group reported that they were more confident in dealing with behaviour problems after the intervention. Based on this research, it is clear that a number of factors need to be taken into consideration for both assessment and interventions with children, and support, training and interventions with kinship carers.

CONCLUSION

The research on kinship foster care is varied and looks at a number of aspects of children's well-being and the effects on kinship foster carers. It is difficult, however, to make comparisons between countries on the issue of kinship foster care because of the different policies, practices and cultural issues (Hunt 2003), and to establish whether kinship foster care results in a better outcome for children. One of the main drawbacks in the literature is the tendency to compare kinship foster care with non-kinship foster care (Hunt 2003), and formal/public care with informal/private care without controlling for important pre-existing differences. One might argue, for example, that formal kinship foster carers may not have the same issues around financial stress and support if they are receiving some government funding and support from welfare workers. Confounding these issues are methodological problems associated with sampling (e.g. over-representation of African-Americans), data collection (e.g. retrospective and cross-sectional), measurement tools (e.g. lack of standardised norms) and lack of baseline data (Connolly 2003; Hunt 2003). Despite these problems, however, there is sufficient consistency in the findings of research to indicate that there is a complex interaction of factors that impact on whether placement with kin is successful for children.

Despite the disadvantages, there is sufficient evidence from the literature to support the continuing use of kinship foster care for children.

It is clear that the needs of children must be prioritised to help them grow up to be well-adjusted and self-sufficient adults (Barth 1999). Thus, if kinship care is to be a placement option for children, it is essential for future research to identify the issues that determine success and failure for children in kinship foster care (Dubowitz et al. 1994). Recommended assessment measures include health, development and behaviour (infants and pre-school children), academic performance, type and magnitude of social and emotional problems, and the potential for resolving problems (e.g. resilience and coping) for older children (Altshuler & Gleeson 1999; Weil 1999). Importantly, longitudinal studies are needed to make meaningful evaluations of the well-being of children in kinship care and their future outcomes (Altshuler & Gleeson 1999; Cuddeback 2004). Measurement tools need to be reliable and valid and have standardised population norms (Cuddeback 2004). The use of longitudinal studies and standardised methodologies would mean that future research can begin to fill the gaps in our knowledge of birth families, how kinship foster families function, and the best placement option for children with social and emotional problems, disabilities, and educational needs (Cuddeback 2004).

In the final analysis, there is no conclusive evidence from the extant literature that kinship foster care is a better placement option for children, compared to non-kinship foster care, in terms of quality of parenting and the outcomes for children (Ainsworth 1997; Cuddeback 2004; Shlonsky & Berrick 2001). While there are advantages to placing children with kin (e.g. continuity of family ties, family

traditions, religious beliefs, stability and security), there are also disadvantages (e.g. lack of resources, lack of support, poor parenting skills), which can negatively impact on healthy adult outcomes for children. Despite the disadvantages, there is sufficient evidence from the literature to support the continuing use of kinship foster care for children. In developing the trend for the use of kinship foster care, it is essential to have a greater understanding of children's needs and the needs of kinship foster carers, to ensure healthier adult outcomes for children. ■

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