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# Kinship Care

## Stability, Disruption and the Place of Support Services

*Dr. Valerie O'Brien*

Promoting stability and continuity for children in the care system is seen to be the cornerstone of good child welfare practice and has been a central theme in relevant Government documents. Frequent placement moves within the care system are problematic for children and it has been characterised as a form of emotional abuse (NICHE 2010). The abusive element is seen as associated with the disruption of the child's ability to develop secure, loving and healthy relationships. Repeated disruption of their network of social, educational and community relationships is also damaging. The impact of this kind of change and disruption can exact an immense toll on a child. The work, effort and resources put into ensuring continuity with their family - parents, siblings and extended family members is often not enough to mitigate the effects of repeated movements and change.

Children unable to live within their own family need a stable, loving, alternative home. Many of the children in foster care in Ireland enjoy such an experience but we know that some don't. Instability is associated with variables such as disruption, number of placements, length of placements and permanency. Many long-term placements can be happy and nurturing for the children. However, there are some situations when change can be beneficial and in some instances it is seen as necessary. Thus, when considering placement stability, we need to consider the quality of experiences as well as the length of the placement. Law, regulations and standards set out the context in which placement decisions should happen. Evidence-informed decision-making, good care planning and robust frameworks and processes for reviewing are also essential elements to maximise good outcomes. Relationships are at the core of many of the decision-making contexts, frameworks and processes. A commitment to meeting multiple sets of needs – children's, carers, professionals and agencies is central to this activity. Recognising the conflicting and complex demands in the network, while keeping the focus as child-centred as possible, must remain the central aim.

### **Stability and Disruption in kinship care: What does the research tell us?**

There is a view that kinship care provides greater stability for children because the disruption rates are lower, children are less inclined to see such a placement as being in care' and there is a greater possibility for sibling groups to be placed together. While there is evidence to show

that kinship care may indeed have advantages over other types of care such as foster care in terms of stability, such claims need unpacking and part of this process involves consideration of the critical place of the supports offered to carers and the families involved.

Although the rate of disruption in kinship care is considerably lower than in non-relative foster care, it is evident that premature breakdown does occur. There is, however, a serious lack of research evidence in respect of kinship care stability and disruption. According to Lopéz et al. (2011), the risk factors associated with disruption in both foster and kinship placements can be grouped around four aspects of the placement: (i) the characteristics of the foster children; (ii) the characteristics of the foster family; (iii) the characteristics of the placement process; (iv) the context of the family of origin.

Varying results emerge from those kinship studies that have been conducted. Caution is needed, however, when drawing conclusion from research. This is due to the limited numbers of relevant studies available and the fact that many are small-scale, regional and USA-based. While some broad trends can be identified, comparisons are a challenge as the studies are not necessarily examining the same issues. Ireland currently has no official statistical records of the stability rates and numbers of disruptions that occur in kinship care. Thus, a huge information gap exists on the topic from an Irish perspective. The last major kinship care study conducted in Ireland was carried out in the late 1990's (O'Brien 2000, 2001a, 2001b). While there have been some Masters dissertations, Social Services Inspectorate and HIQA reports that have examined aspects of general practice, there is a gaping hole in the knowledge base about stability and disruption in Ireland.

Many international studies show that children placed with kin have greater placement stability (Holtan et al, 2005, Oosterman et al., 2006). Brook and Barth (1998) and Benedict et al, (1996) indicate that children placed with relatives experience fewer placement moves and are less likely to experience placement breakdown. There are a number of studies showing that children in kinship care are seven times more likely to achieve placement stability in comparison with children in long-term foster care (Ward & Skuse, 2001, Selwyn & Quinton, 2004, Winkour, et al 2008;).

The research that has presented specific disruption rates within kinship care has usually been part of wider studies that were examining outcomes for kinship placements. In



the UK, the studies by Hunt et al. (2008) showed a disruption rate of 27% while Farmer and Moyers (2008) found that 20% of the placements disrupted. In Spain, Lopéz et al. (2011) found that almost 20% of the cases closed due to disruption, while in the USA Webster et al. (2000) study, which examined placement moves over an eight year period, found that nearly 30% of the 2847 children in the sample in kinship care placements experienced placement instability. This was defined as three or more moves after the first year of care. Terling-Watt (2001) examined the case files of 875 relative placements over a three year period, and they found that 49% of the placements had disrupted by the third year. Finally, Koh and Testa (2008) analysis of 21,914 children over an eight year period in Illinois identified that 24.8% of these kinship placements broke down. They found that although placement breakdown in the first year occurs more frequently in non-kinship care than in kinship care, after this first year, there is little difference between the two in the number of placements breaking down. Where the children move to is a key question and there is anecdotal evidence that many children in kinship care move to other relatives homes when placements disrupt.

### **What does this evidence suggest and how should it be used in decision-making and service planning?**

The first point to make is that it shows the contradictory nature of the research findings. However, despite the caution that the data suggests is warranted, it remains clear that a kinship placement provides many benefits for children, especially in the area of love, security, identity formation, normalisation, the sense of connection to family and a belief that they will remain within the family until adulthood.

A key question that remains is:

*If the aim is to reduce disruption and damage resulting from placement changes within the foster care system, should it be concluded that it is preferable, wherever possible, for children to be placed within a kinship placement?*

It is argued that, in prioritising kinship care, there is a need to ensure that safe and competent care can be provided (O'Brien 2013) and that the challenges inherent in this care option (O'Brien 2012a) are taken on board. Alongside these critical factors, the length of time for which a placement will be required and the age of the child are also central considerations. Although no data is available in Ireland, the evidence elsewhere suggests that a substantial number of children in kinship care are over the age of thirteen (Nandy & Selwyn, 2011). Drawing on the international research, the profile of the needs of the

young people's is seen as similar, regardless of which type of care placement is involved. However, the profile and circumstances of the relatives, especially in terms of age, income level and level of needs is seen as very different when compared to foster care.

There is evidence that there is higher chance of a permanent placement for a child placed in kinship care, compared to children where the plan is for an adoptive home. Many children identified for adoption within the care system may never find a permanent adoptive home. Nonetheless, a debate has been taking place among child welfare professionals and policy makers for some time, which centres on: Should kin placements be favoured as a form of permanency in themselves, due to the long lengths of time children spend in kin placements, or should they be avoided because they are a barrier to more binding forms of legal permanency such as adoption and legal guardianship (Testa, 2001).

### **Sustaining and Supporting Kinship Placements**

If kinship care is to be sustained and the stability opportunity that it offers is to be optimised, specific support needs are identified which require a range of interventions. As well as providing financial support and meeting legal requirements, emotional issues such as help with attachment, loss, challenging behaviour, life-cycle transitions/changes have to be considered as well as practical issues including getting to grips with the child welfare system. It is also clear that support needs vary over time. Also, variations in placement characteristics result in different support need levels in different situations. However, a significant question arises. If the many challenges involved in kinship care are so clear, how has the situation where kinship carers are provided with so little support emerged and continued?

Undoubtedly, the speed with which many kinship placements come into being is a factor along with the motivation of the kin carer (Hunt et al. 2008). The kinship motivation to care arises from a combination of obligation and affection. Regardless of the specific motivations involved, many carers make life-changing decisions to take on children without much thought as to how this move would impact on their lives. Ambivalence towards this care option is to be found among many of the participants and how this ambivalence impacts and shapes is central to understanding the limited support offered (O'Brien 2012b).

### **Therapeutic help, education and training**

Notwithstanding the ambivalence, there is a need for a range of interventions. The availability of therapeutic services for carers, birth parents and the children is important

in sustaining placements and reducing disruption. This support may be needed to assist in the working out of the changes in the wider family system, specific life-cycle changes prompted by the placement, the negotiation of new boundaries between relative carers, birth parents and the children while also recognizing and dealing with the specific behavioural issues that the child may be living with and presenting. Social workers need to be skilled in the area of wider systems interventions and to build on the systemic foundation that is provided on many training programmes.

Family group conferencing is an option that could be used more throughout the placement process to activate support networks, to create better working relationships, to ameliorate situations of conflict, to optimise the possibility of change and to mitigate specific risks that may be in existence. Conferences are much more likely to be used and successful if they are embedded in kinship care policy and supported by management (O'Brien, 2012c)

The love for the children and the commitment of the relative carers is not always enough and the existing parenting skills of carers may not be adequate to understand and resolve some of the children's difficult behaviour (Hunt et al., 2008). Therefore, there is a need for a range of training of relative carers as well as access to specialised education programmes. Training for relative carers has improved but key issues need to be resolved in terms of adequacy of current programmes, the extent to which tailored programmes are needed and the timing and sequencing of such training. The extent to which such training can be mandated as part of a carers contract needs to be considered as well as the agency's willingness to take certain action if readiness and commitment to participate in training is not forthcoming.

There is a need to track disruption rates across all forms of care, including kinship care, and to systemically use a range of processes to understand needs and to provide support services for those affected and involved.

The information gap in this era of information overload is a particular feature of kinship care. There is an urgent need to publish a range of relevant information targeted at key players and to ensure that policies, procedures, guidance and general information are provided in an accessible format. Information needs should be met in a clear, non-jargonistic manner and both written and multimedia formats should be utilised.

As part of this focus on information provision, kinship carers need to be clear from the very outset what the agency expects of them, the parameters of their work and, most importantly, clarity about the changes that will

occur. Similarly, the agency expectations about the child's and family needs, and how the agency would like the kinship carer to meet those needs are also crucial.

Last, but not least, a concluding comment offered to IFCA on the occasion of their thirty-year celebration in 2012 is re-stated here:

Recognising the uniqueness of kinship care, and building conceptual models in which strengths, complexities and best practices are fitted coherently, is the challenge for all if children are to experience the undoubted benefits which kinship care can offer them at critical stages of their lives' (O'Brien 2012b).

The need for stability is great and must be worked hard for if the pain of disruption for all involved is to be mitigated. As a first step we must obtain a more accurate picture as to what is occurring in Ireland.

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