CHILDREN'S MENTAL HEALTH RESEARCH

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Kinship foster care

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Children's Health Policy Centre

ABOUT THE CHILDREN'S HEALTH POLICY CENTRE

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We aim to improve children's social and emotional health and reduce health disparities starting in childhood. To learn more about our work, please see childhealthpolicy.ca.

ABOUT THE *QUARTERLY*

In the *Quarterly*, we present summaries of the best available research evidence on children's mental health topics, using systematic review and synthesis methods adapted from the *Cochrane Collaboration* and *Evidence-Based Mental Health*. The BC Ministry of Children and Family Development funds the *Quarterly*.

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This Issue

NEXT ISSUE

How schools can support mental health

Beyond their essential role in children's cognitive development, schools can also promote social and emotional well-being, or children's mental health. We review specific programs and strategies that schools can employ.

How to Cite the *Quarterly*

We encourage you to share the *Quarterly* with others and we welcome its use as a reference (for example, in preparing educational materials for parents or community groups). Please cite this issue as follows:

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When relatives are the best resource

Well, the best thing about living with my Nan would have to be that we're all together [all the siblings]. We're not in foster care or all split up all over the place. I mean, I don't really care that we don't get what we want whenever we want, usually, because that's not as important as being a family.

— Fifteen-year-old girl[1]

Most parents strive to provide their children with the best care they possibly can. In reality, however, despite best intentions, some parents cannot meet their children's basic needs. In these situations, young people may have to live outside of the family home, at least temporarily.

Child protection agencies have traditionally responded by placing children with foster parents who have no previous relationship with the young person or their family.[2] More recently, however, these agencies have started to place children with relatives or community members who are known to the children and families involved.[2]

When a relative or individual with an emotional connection provides care for a child, the situation is commonly referred to as kinship care.[3] Kinship care can be formal, such as when a child protection agency funds the placement and may also have custody of the child.[4] It can also be informal, such as when parents arrange for a trusted individual to care for their child without the child protection system being involved.[4]

Legislation varies across the country

Across Canada, child protection programs and services are governed by provincial or territorial legislation outlining society's responsibilities to young people. Because each province and territory develops its own approach, policies on kinship care and supports for these caregivers vary across the country — including across First Nations and Aboriginal jurisdictions.[3] There is nevertheless a pattern of child protection agencies providing less financial support, supervision, training and respite to kin caregivers compared to non-kin caregivers.[3]

In BC, the Child, Family and Community Service Act describes the legal framework for assisting children in need of protection and explicitly encourages kinship care.[5] According to the act, when authorities remove a child from the

When children cannot live with their parents, there are compelling reasons to turn to trusted relatives and members of their cultural community to provide care.

Join the BC Healthy Connections mailing list

We are launching a new email list for stories about the BC Healthy Connections Project.

This project is a scientific evaluation of a home-visiting program by nurses designed to help young, low-income first-time mothers and their children. Physicians, nurses, social workers and school counsellors may be particularly interested in learning more about this program. If you would like to be on this email list — which is separate from the *Quarterly* —

subscribe here

family home because of safety concerns, they must give priority to placing the child with a relative, as long as doing so is consistent with the child's best interests.[5] When placing Aboriginal young people into care, the protection agency must give priority to the child's extended family as well as their cultural community.[5]

In BC, formal kinship caregivers receive financial compensation equal to that of non-related foster parents.[3] BC also requires that all potential caregivers receive criminal record checks and child protection history screening before placement occurs.[3]

Still, fewer safeguards and supports are typically provided for informal kinship care compared with formal arrangements. In fact, in some jurisdictions, parents can transfer the care of their child to another person with only minimal involvement from government or courts, and without the child having established legal rights to question the arrangement.[6] As well, the financial supports provided to informal caregivers are typically more limited, in both amount and duration.[7]

Kinship care has many recognized benefits — both short-term and long-term.

Challenges in tallying the numbers

How many Canadian children live in kinship care? Unfortunately, we do not know with any certainty. Of the few surveys that have collected relevant data, all have been narrowly focused on specific subgroups, such as BC children in kinship care due to protection concerns. More comprehensive data are lacking, at least in part, because kinship care is defined differently across provinces and territories.[8]

Still, some national data suggest that the numbers are rising. For example, census figures revealed a 26% increase in the number of Canadian children being cared for by grandparents between 2001 and 2011 — from 35,090 to 44,095.[9–10] In addition, the number of Canadian children placed in informal kinship care following a maltreatment investigation increased over 50% between 1998 and 2008 — from 0.93 per 1,000 children to 1.45.[4] A similar pattern exists for children in BC. Over a three-year period ending in 2011, the number of children placed with extended family or community members after being removed from their parents' homes due to safety concerns increased by 17% (from 738 to 862).[11]

What do we know about children in kinship care?

Along with few statistics, limited information is available about Canadian children in kinship care — their characteristics or their experiences. Regarding developmental stage, the available data indicate that these children range from infants to adolescents, similar to children in typical foster care.[6, 12] In contrast, maltreatment histories can differ for children in kinship care compared to those in typical foster care, although the evidence is inconsistent. In two Ontario studies, one found that children in foster care were significantly more likely to have been physically or sexually abused compared to those in kinship care (21% versus 9%, respectively),[12] while the other study found no differences.[13]

Although there are few reports on Canadian children in kinship care, we have enough data to know that communities using this form of care must be prepared to serve young people across a variety of developmental stages and with diverse maltreatment histories. We also know from international studies that children in out-of-home placements — whether kinship or typical foster care — often face more social and emotional challenges than children who reside with their families.[2] More research and monitoring would help — to understand the experiences and characteristics of these highly vulnerable children, and to inform the development of better interventions to serve them.

What do we know about kinship caregivers?

We have even less information about Canadian kinship caregivers. A report on informal kinship caregivers from BC found that 88% were female and 69% were aged 40 or older.[6] This report also revealed that many caregivers faced significant financial hurdles, with one in five receiving income assistance.[6]

More is known about American kinship caregivers, thanks to two recently published reports on a nationally representative longitudinal survey.[14–15] Both reports revealed that kinship caregivers experienced more disadvantages than non-kin caregivers. One found that kinship caregivers were in poorer physical health, while the other found that these caregivers were significantly more likely to be older, single and economically disadvantaged.[14–15] Kinship caregivers also received significantly less support than typical foster parents, including less financial assistance, less parenting education and less respite.[15]

Overall, the existing Canadian and American data suggest that many relatives do not have the supports that they themselves need when they open their homes to children who are often facing multiple challenges.[6, 15]

For many children, living with a relative is preferable to living with an unknown foster caregiver when they cannot live with their parents.

Safeguarding children

When children cannot live with their parents, there are compelling reasons to turn to trusted relatives and members of their cultural community to provide care. As we highlight in the Review article that follows, kinship care has many recognized benefits — both short-term and long-term.

Still, kinship care can have challenges. Beyond the health problems and financial difficulties noted already, kinship caregivers may also have a challenging relationship with the child's biological parents.[6, 14–16] Consequently, kin caregivers often need *added* personal and economic assistance compared with typical foster parents.

As well, in many communities, kinship placements are not supervised as robustly as other out-of-home placements. With *formal* kinship care, some provinces insist on the same level of supervision, while others require only basic home safety and supervision checks.[3] With *informal* kinship care, supervision may be completely absent if child protection authorities have not been involved with or made aware of the placement.[3] These realities suggest that with kinship care, efforts must be made to ensure that highly vulnerable children are not simply moved from one unsafe situation to another.

Preventing the need for out-of-home care

For many children, living with a relative is preferable to living with an unknown foster caregiver when they cannot live with their parents. Still, it is far preferable to prevent situations in which parents cannot care for their children. Given that these situations are often due to avoidable child maltreatment, effective prevention programs are ultimately the best way to help these parents care for their children.

Rallying around relatives

Opening your home to a child in need can be daunting. But supports are available. The non-profit organization Grandparents Raising Grandchildren (GRG) provides a number of free services to grandparents and other relatives raising a family member's child in BC.

GRG operates a support line to help family members locate needed services. Two advocates with training in navigating government, kinship caregiving and family law staff the service. They can be reached by phone and by email (604-558-4740 in the Lower Mainland and 1-855-474-9777 toll free throughout BC; GRGline@parentsupportbc.ca).

GRG also runs confidential support groups organized by trained facilitators. These groups help relatives learn new skills, provide emotional support and assist in locating services and resources. Groups are currently operating in the Lower Mainland, the Fraser Valley, Victoria, mid/northern Vancouver Island and Prince George. More information about these services is available on the GRG website.

With a little help from their kin

Kinship care was associated with three important stability outcomes.

Children who cannot live with their parents must be provided with an out-of-home placement that is stable and supportive. To meet this need, many communities have turned to kinship care.[2] But does this type of placement lead to better outcomes for these particularly vulnerable children?

To answer this question, we used our usual methods to conduct a comprehensive search for systematic reviews evaluating kinship care. We uncovered only one.[2] That review, by Winokur and colleagues, set out to determine which type of placement was best for children removed from their homes because of maltreatment.

To be included in the review, studies had to compare typical home-based foster care to kinship care based on outcomes such as placement stability and child emotional and social well-being.[2] Children also had to be in the custody of a child protection agency, i.e., in formal kinship care. To be included in the kinship group, children's time in these placements had to represent at least half of their total time in out-of-home care. As well, studies had to use either randomized or quasi-experimental designs.

In all, 102 studies met these inclusion criteria. All were quasi-experimental. While the majority of studies (89) focused on American children, the remainder studied Australian, Dutch, English, Irish, Israeli, Norwegian, Spanish and Swedish children. Boys and girls figured at nearly equal rates across the studies. As well, the young people spanned the range of developmental stages, from infancy to adolescence. Among the 31 studies that reported why children were removed from their parents' homes, neglect was the most common reason.

Is kinship care more stable and safe for children?

To determine whether kinship placements were more stable and safe than typical foster placements, the authors examined several different outcomes. These included number of placements, placement length, placement disruptions, re-abuse while in care, long-term guardianship status, reunification with parents, and adoption rates.

Children in kinship care had double the odds of experiencing emotional well-being compared to those in foster care.

Kinship care was associated with three important stability outcomes. First, children in kinship care had significantly fewer out-of-home placements than children in typical foster care. In addition to fewer placements overall, they also had 2.6 times lower odds of having three or more placements. Second, children in kinship care had 1.9 times lower odds of having their placement disrupted (defined as the placement ending). Finally, children in kinship care had 3.8 times greater odds of having their relatives assume legal custody of them.

Children in kinship care were also significantly less likely to experience a substantiated incidence of abuse or neglect while in an out-of-home placement. Specifically, children in foster care had 3.7 times greater odds of being abused by their caregivers than children in kinship care.

Still, one measure favoured children in foster care: these children had significantly greater odds of being adopted. While adoption is an important outcome to assess, the review authors considered it a secondary permanency goal because adoption is only considered after reunification with parents has been ruled out. As well, while adoption can clearly increase stability for children, it can also be associated with challenges, including potential loss of contact with siblings or extended family members.

In contrast, there were no significant differences in placement length, likelihood of being in care by study end, or rates of reunification with parents for children based on placement type. As Table 1 therefore depicts, kinship care was associated with greater safety and typically greater stability for children.

The findings from two recent Canadian studies show that children in kinship care had better outcomes than children in foster care.

Table 1: Child Outcomes by Placement Status

Significant for Kinship Care	Significant for Foster Care	No Significant Difference
Placement Stability and Safety ↓ Number of placements (Hedges' g = – 0.4)[i] ↓ Disruption of placement (OR = 0.5)[ii] ↓ Abused in placement (OR = 0.3) ↑ Relatives having legal custody (OR = 0.3)	↑ Adoptions (OR = 2.5)	Placement length In care by study end Reunified with parents
Children's Well-being ↑ Emotional well-being (OR = 0.5) ↑ Adaptive behaviours (Hedges' g = – 0.4) ↓ Behavioural problems (Hedges' g = – 0.3) ↓ Mental disorders (OR = 0.5)	None favouring foster care	Attachment to parent Grade repetition
Children's Service Use Children in kinship care did not use any services more frequently	↑ Mental health care (OR = 1.8)	General health care Developmental specialist care

i *Hedges' g* is an effect size. Negative values favour children in kinship care and positive values favour children in foster care. While standards vary for interpreting g values, absolute values of < 0.4 are typically considered small, 0.4 to 0.7 moderate and > 0.7 large.[17–18]

ii *OR* or *odds ratio* is another effect. Values < 1 favour children in kinship care while values > 1 favour children in foster care. While standards vary for interpreting ORs, larger absolute values indicate larger effects.

Does kinship care improve children's well-being?

The review authors also examined a variety of children's emotional, behavioural and social outcomes. These included emotional well-being, adaptive behaviours, behavioural problems, mental disorders, attachment to parents, and grade repetitions. Whenever significant differences were found, all favoured children in kinship care, as depicted in Table 1.

More specifically, children in kinship care had double the odds of experiencing emotional well-being compared to those in foster care. They also had a significantly greater likelihood of displaying more adaptive behaviours. As well, children in kinship care had a significantly reduced likelihood of behavioural problems, as children in foster care had 1.6 times the odds of behavioural problems. Finally, the odds of children in kinship care having a mental disorder were twice as low as those in typical foster care.

Only two outcomes did not differ according to care status: attachment to parents and grade repetitions. Consequently, the available evidence suggests that emotional, behavioural and social outcomes are generally better for children in kinship care than in foster care.

The review authors also examined children's use of health care services, including general health care as well as specialized mental health and developmental services. Children in foster care had 2.4 greater odds of receiving mental health services. That said, their increased use of these services might have been a consequence of their poorer mental health status, as indicated by their significantly reduced odds of experiencing positive mental health and greater odds of experiencing a mental disorder. There were no differences, however, in the use of general health and specialized developmental services between the two groups.

Research with Canadian content

Because Winokur's search was limited to original studies published before March 2011, we conducted an updated search — using the same search terms. We focused on studies that used a strong research design, i.e., randomized controlled trials (RCTs), and studies that included Canadian children. While we did not uncover any RCTs, we did find two quasi-experimental studies of Canadian children that met all criteria of the systematic review.[12–13]

When randomization is not realistic

In the *Quarterly*, we present summaries of the best available research evidence on children's mental health topics. In all previous issues, we have been able to report on intervention studies that used a particularly strong design — the randomized controlled trial (RCT). RCTs offer a distinct advantage over other methods of assessing interventions — by providing greater certainty that any improvements are a direct result of the intervention rather than due to chance.

However, some interventions are considerably more difficult to study using RCTs. In the case of young people needing out-of-home placements, legislation often precludes researchers from randomly assigning children to a particular form of care. As well, in most American jurisdictions (where the majority of the reviewed studies were done), suitable kin are given preference over other care providers.[19] These issues likely explain why the studies we reviewed did not include any RCTs.

As a consequence, these studies have some significant methodological shortcomings. In particular, one-quarter of the studies in Winokur's review were rated as being at high risk for selection bias. These ratings were typically assigned when the studies did not control or adjust for differences in children's experiences prior to their out-of-home placements and therefore did not provide evidence on whether the populations under study were truly comparable.[2] Consequently, it is possible that children's prior experiences may well have caused some of the differences in outcomes. Despite this, we chose to present these studies because they are the best research evidence currently available.

One study focused on placement stability for more than 800 children in the Ontario protection system.[12] Children in kinship care experienced significantly greater stability than children in foster care on all three assessed outcomes. First, kinship placements were significantly less likely to end within the two-year study period than were foster placements (57% versus 74%, respectively). Second, when placements did end, children in kinship care were significantly more likely to be returned to their parents' care than those in foster care (41% versus 31%). Finally, among children returned to their parents' care, those who had been in kinship care were significantly less likely to return to any kind of out-of-home placement (11% versus 19%). In sum, these outcomes supported the conclusion from Winokur's review: kinship care can lead to greater stability for children.

The second study examined the impact of out-of-home placements on child behaviour for more than 1,000 children between the ages of 10 and 17 in protection systems across Ontario.[13] Consistent with Winokur's review, children in kinship care had significantly fewer behavioural problems than children in foster care.[13]

Supporting children by supporting families

The findings from Winokur's systematic review and from two recent Canadian studies show that children in kinship care had better outcomes than children in foster care — both in the stability and safety of their placements, and in their emotional and social well-being. These findings suggest that when parents cannot care for children, efforts should be made to find potential caregivers within their extended families.

As well as increasing the likelihood of greater placement stability and safety and better emotional and social outcomes, kinship care has other potential benefits. Living with members of their extended family may help buffer children from the difficult and distressing experience of being separated from their parents — by providing a familiar environment with people whom they know.[3] It may also strengthen children's ties to siblings, as kinship caregivers are more likely to provide care for siblings compared to foster caregivers.[20] Finally, kinship placements may encourage important cultural and language continuity for children.[3] For example, First Nations children may have increased opportunities to engage in traditional activities and languages when they reside with members of their cultural community.

Living with members of their extended family may help buffer children from the difficult and distressing experience of being separated from their parents.

Clearly kinship care has many potential benefits for children when their parents are unable to care for them. For children to experience these benefits, suitable caregivers from their extended families must be identified. Once a potential kin caregiver is found, careful screening, diligent planning and ongoing monitoring must also occur, as it should for any out-of-home placement.[6] When a suitable relative is willing and able to open their home to a child, they should also be provided with adequate resources to ensure that they can provide the best care possible to some of society's most vulnerable young people.

How child and youth mental health practitioners can help

It's good news that kinship placements may result in fewer children and youth experiencing emotional and social problems. But the concern is that children and youth in out-of-home placements — whether with relatives or foster parents — are still at higher risk of experiencing mental health problems than those cared for by their parents.[21] This means that mental health practitioners must be ready to provide services for the many children and youth in out-of-home placements who are in need.

The most common mental disorders that these young people face are anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder and depression.[21] (For more information on effective interventions for these disorders, please see previous issues of the *Quarterly* linked above.) Child and youth mental health practitioners bring crucial expertise on effectively preventing and treating these disorders. Where possible, prevention always remains the highest priority, so that children and youth can avoid experiencing mental health problems. (Information on preventing anxiety and conduct disorders as well as depression is available in previous *Quarterly* issues.)

Mental health practitioners can also play a role in supporting children and youth as they deal with the experiences that brought them into out-of-home care in the first place — typically involving child maltreatment. As well, mental health practitioners can play an invaluable role in ensuring that young people's basic needs are met once they are in out-of-home care, including being strong champions for stability and permanency for these children and youth. Mental health practitioners can also assist as young people are entering the care system. For example, they can provide consultations to child protection agencies regarding placement decisions.

In sum, mental health practitioners can play several critical roles with children and youth who are facing the extraordinary difficulties associated with coming into care — from providing prevention and treatment services to advocating for their basic needs for stability, safety and high-quality care.

Mental health practitioners can play an invaluable role in ensuring that young people's basic needs are met once they are in out-of-home care.

Ways teachers can help children with OCD

To the Editors:
In your recent issue, you noted that practitioners and parents play a key role in supporting children with obsessive-compulsive disorder (OCD). As a vice-principal, I'm interested in knowing what my teachers and I can do to assist.

Michele Nelson
Mississauga, ON

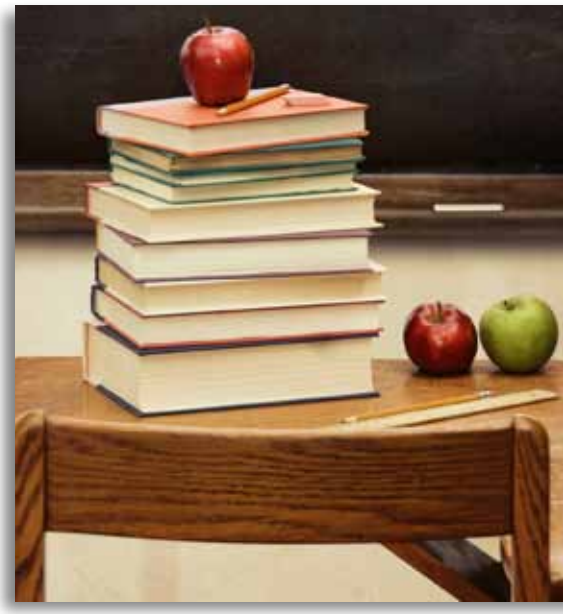
OCD can greatly affect children's progress at school. For example, some students with OCD may have trouble paying attention because they are distracted by their obsessions or by performing compulsions.[22] As well, many students with OCD repeatedly redo their work to try to make it "perfect" and end up not completing assignments.[22]

Teachers can play an invaluable role in helping these children. When students with OCD become sidetracked by their obsessions or compulsions, teachers can assist by encouraging them to keep working on a task despite their symptoms.[22] Alternatively, teachers may suggest that students switch to an assignment that they can focus on more easily, effectively interrupting their symptoms.[22] Teachers can also help prevent symptoms from interfering in the first place by frequently checking on these children to make sure they are staying on track.[22]

For students with OCD who struggle to complete assignments, teachers may offer a variety of solutions that include:

- Providing simple directions and breaking down complicated tasks into smaller steps so students can focus on key components of the assignment, making it less overwhelming.
- Encouraging the students to record successful strategies for addressing challenging tasks so they can repeatedly use them in their work.
- Monitoring students' in-class work and providing time estimates for each assignment to help students avoid devoting too much time to any one task and obsessing over details.[22]

These forms of practical support can greatly reduce distress and encourage success among children with OCD.



Practical support can greatly reduce distress and encourage success among children with OCD.

Contact Us

We hope you enjoy this issue.
We welcome your letters and suggestions for future topics. Please email them to chpc_quarterly@sfu.ca
or write to
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To identify the best systematic reviews on kinship care, we conducted a comprehensive search — using methods adapted from the *Cochrane Collaboration* and *Evidence-Based Mental Health* and applying the following search strategy:

Table 2: Search Strategy

Sources	• Campbell Collaboration Library, Cochrane, Medline and PsycINFO
Search Terms	• Kinship foster care, kinship care, kin care *or* family, relative *and* foster care
Limits	• Peer-reviewed articles published in English • Child participants aged 18 years or younger • Systematic review or meta-analysis methods used

Using this approach, we identified only one systematic review.[2] Two team members then assessed this review, which was accepted based on meeting all of the inclusion criteria as detailed in Table 3 below.

Table 3: Inclusion Criteria for Systematic Reviews

- Methods clearly described, including database sources and inclusion criteria
- Original studies limited to randomized controlled trials (RCTs) or quasi-experimental studies
- Study quality assessed and considered in the analysis
- Meta-analysis conducted
- Magnitude of effects reported
- Degree of consistency across studies assessed

To capture original studies published after this systematic review was completed, we conducted our own searches using the same search terms. Although we did not find any RCTs, we identified two quasi-experimental Canadian studies that met the inclusion criteria established for the systematic review. These new studies were reported in our findings.

For more information on our research methods, please contact

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BC government staff can access original articles from BC's Health and Human Services Library.

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