

Kinship care: What works? Who cares?

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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.

Keywords: Children; kinship care; fostering; permanency; policy

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Introduction

This paper provides an overview of the main research findings on kinship care in the United Kingdom (UK). It identifies key themes emerging from the literature and concludes by making policy and practice recommendations. It is suggested that there is a welcome consensus between researchers and voluntary organisations working in this field about the policy implications arising from the research evidence. The author argues that the publication of such evidence coincides with a new policy opportunity to develop the assessment, identification and funding of services for children living in kinship care. The article concludes that whilst kinship care is not a panacea for all neglected or abused children, and that there remain important concerns, these need not prevent this approach being more widely acknowledged for its positive contribution to placement stability, and becoming funded by mainstream monies.

What is kinship care?

In anthropological literature, the term 'kinship care' describes the upbringing of a child by kith and kin, non-blood and blood-related relatives, tribes and friends. In certain cultures, kinship care is the normal way for a child to be brought up and is described in the literature as 'informal kinship care'. By contrast 'formal kinship' care describes an arrangement for a child who has to live away from his or her parental home, is known to the local authority, and is cared for full-time by a member of the child's extended family or a friend. A kinship care placement can be initiated by the local authority, a relative or friend, and involves some sort of assistance or arrangement, including decisions concerning legal orders, financial and social work support. This paper addresses formal kinship care.

The law recognises four different types of formal kinship care in England and Wales. These concern children who are either:

- fostered with a relative or friend¹;
- subject to a Residence Order²;
- subject to a Special Guardianship Order³; or
- living with family and friends in network support⁴.

In England and Wales the *Children Act 1989* is the key legal reference for kinship care as it encourages the placement of a child with a person with whom he/she is familiar: for example, a family member or relative or 'other suitable person' unless it 'would not be reasonably practicable or consistent with his welfare'⁵. There is similar legislation covering Scotland (Children (Scotland) Act 1995), Northern Ireland (Children (Northern Ireland) Order) and Ireland (Irish Child Care Act 1991) that is supportive of kinship care.

Kinship care policy

The predominant policy context then, captured in the *Children Act 1989* (S23.6) for England and Wales, is that kinship care is a required first placement consideration for social services and contributes to its search for quality permanent family placements. This context can also be seen to coincide with the re-emergence of both family preservation and resistance to professional permanency solutions for neglected or abused children. More specifically, kinship care contributes to the *Care Matters* (DfES, 2007) and earlier *Quality Protects* initiative (DofH, 1998) on placement stability, by providing another and distinct placement option. Foster care, including relative foster care, has also become the placement of choice with this option accounting for 68% of all children in looked after placements (DfES, 2006a).

In response to unified, determined and research based voluntary sector lobbying of the Department for Education and Skills (DfES), both the Green and White *Care Matters* Papers (DfES, 2006b; DfES, 2007) endorse the principles of kinship care. This appears to be a major breakthrough. Thus, in an apparent welcome change of heart, *Care Matters* acknowledges the importance and contribution of family and friends, stating:

However excellent the range of interventions that is delivered, and however early problems are caught, there will always be cases where children cannot be cared for by their parents alone. Sometimes this means that children will need to enter full-time care. In other cases though it may be possible for care to be shared with other members of the family or with close friends. We believe that this is much better for most children than entering care, and children have told us they believe the same (DfES, 2006b, 2.29).

Yet is *Care Matters* really a breakthrough? It offers no indication of a new statutory, legal, financial and policy kinship care framework. As anticipated by Broad (2006), its endorsement of what it describes as 'family and friends care' centres on practice changes and there is a glaring absence of resource commitments, policy changes or linked up thinking with other government departments, such as housing or the Treasury. For example, in relation to practice, *Care Matters* states that the DfES will:

Require local authorities to lodge with the court at the outset of care proceedings an outline plan for permanence for the child, which they are already required to draw up later in the course of care proceedings. This will provide greater clarity, and at an earlier stage, to all concerned. If a child is not to be supported by family or friends, the plan must make clear why this is not appropriate (DfES, 2006b, 2.30).

The paper then states the government's intention of changing the culture so that the majority of kinship care placements are initiated by family and friends (86% in

Farmer and Moyers 2006) and not by social services. The culture should change so that at the outset of care proceedings, local authorities are required to provide an outline permanence plan to the court, including an explanation if a child is not to be supported by family or friends, why this is not appropriate (DfES, 2006b para 2.30). The paper also promises greater promotion of and training on family group conferences. In relation to regulations and guidance, social services providers are already inspected against the *National Minimum Standards Fostering Services Regulations* (DOH, 2002), and these apply to work with all approved foster carers, irrespective of whether they are members of the child's kin.

Numbers of children in kinship care placements

The number of children in kinship care is significant. As at March 31st 2005, 7,500 children (or 12.5% of all 60,900 children 'looked after') were living in family and friends foster placements in England and Wales (DfES, 2006a). These placements have been gradually increasing year-on-year, both as a proportion of all foster placements and as a proportion of all children 'looked after'.

An additional estimated 10%-20% of children categorised as being 'in need' under s.17 *Children Act 1989* also live in kinship care placements. In England, of the 388,200 children 'in need' in 2004 (when the last 'in need' figures were available), an estimated 11,646 children were living in a kinship care arrangement brokered by the local authority, *in addition* to the 7,500 children in family and friends foster placements in the same year.

Kinship care makes an important contribution to placement stability and permanence and its contribution as a placement option is significant. The percentage of children in kinship care placements in England and Wales in March 2005 (12.5% of the total 'looked after' figure) is higher than either the 11% figure for children in children's homes or the 5% figure for children adopted in March 2005. Despite this, the resources dedicated to kinship care and kinship carers are lower⁶.

The use of kinship care in Scotland according to Aldgate and McIntosh's research is also increasing, thus:

Over two thirds (22) of local authorities said they were aware of *an upward trend in the use of kinship care*. Around a fifth of authorities, representing both urban and rural areas, claimed a substantial increase of 50% or more in kinship placements over the last three years, between 2001 and the beginning of 2004. The official returns to the Scottish Executive indicate that the numbers of looked after children in kinship care overall from 2000 to 2003 showed a slight increase. As suggested above, between 2004 and 2005, the national number had risen by 200, endorsing the views of the local authorities gathered half way through the 2004-05 financial year (Scottish Executive 2004 and 2005) (Aldgate and McIntosh 2007, 24, *emphases added*).

UK research messages

The research messages summarised here are based on all the published empirical UK research studies about kinship care (Broad et al, 2001; Broad, 2004; Hunt, 2003, Hunt *et al* 2007; Farmer and Moyers, 2006; Aldgate and McIntosh, 2007). The overall conclusion is that kinship care makes a positive and undervalued contribution to placement stability (*Quality Protects* objective one) and that the majority of children living in such placements would otherwise be looked after by non-relative foster carers. In kinship care, the contribution of committed carers is significant and that of grandparents especially so (Broad et al, 2001; Hunt et al, 2007). However, kinship care is not suitable for all children and the quantifiable improvements in children's lives that result from these arrangements are often at the expense of the carers' health, well being and financial situation. The appeal of kinship care to local authorities is that all or most of the costs of supporting the child are shifted away from the local authority and onto, or in some cases returned to, the child's family. Against the background of a rising demand for permanent placements, a range of kinship care arrangements are contributing to the provision of placement options. It is financially far cheaper for local authorities to make, recommend or broker a kinship care arrangement either under s.17 *Children Act 1989* or under a Residence Order granted by the court under s.8 *Children Act 1989*, than arrange a residential care placement or a family and friends foster care arrangement. This gives rise to a risk that the local authority may resort to potentially unsuitable kinship placements as a way of resolving internal pressures. These include a rise in demand for placements, the lack of placements and pressure on local authority children's services budgets. A further danger arises if kinship placements are not appropriately supported and monitored.

Protective Factors associated with better outcomes

While there are problems associated with kinship arrangements, such as lack of support for the carers, it is also a major contributory factor in providing placement stability (Rowe *et al*, 1989; Jackson and Thomas 1999; Hunt et al, 2007). Kinship care placements appear to offer children greater stability than placements with strangers, although the evidence is not unequivocal on this matter. In relation to the latter, for example, one study found that the proportion of children placed with other family or friends whose placements were continuing at follow-up (59%) was similar to that of those with unrelated foster carers (55%) (Farmer and Moyers, forthcoming). Thus along with greater user (i.e. child) satisfaction, compared with their previous placements, '*contributing to placement stability*' appears to be one of the strongest and recurring themes in the research to date.

Child welfare outcomes for kinship care have been analysed by Hunt et al (2007) in

terms of: placement stability; placement quality; relationship quality; child well-being; and overall outcomes. In that study it was found that the following were statistically significant: placement stability; placement with grandparent; previous full time care by index carer; child's acceptance of care; younger children; and no non-sibling children in the household (Hunt et al, 2007). It was found that 72% of kinship care placements were still continuing in 2006 from care proceedings brought by two local authorities between 1995 and 2001, or had ended as long as was needed. Twenty-eight per cent had ended prematurely and 16% were continuing, but vulnerable to disruption. This raises questions about ongoing support and monitoring; topics that will be addressed later in this paper (Hunt et al, 2007, 1).

Significantly, Hunt et al (2007) found *no* statistical link between any outcome and many other factors tested, viz: child's gender or ethnicity; carer age; which parent the carer was related to; siblings in the placement; other adults in the household; length of social services involvement prior to proceedings; order type; assessment type; whether the child went straight from home to the kinship carer; whether the child was in placement prior to proceedings; and whether concerns were expressed about the placement during proceedings (Hunt et al, 4). Some of these research findings are quite challenging in relation to the assumptions that can be made about the focus of kinship care assessments, as well as their potential complexity.

Profile of kinship carers

Kinship carers have consistently been found to be older, financially disadvantaged, and have more health problems than either the general population or non-relative foster carers. In Farmer and Moyers study (2006, 1) amongst the family and friend carers, grandparents were the largest group (45%) and in Broad's study the figure was 42% (Broad, (2004). In Hunt et al's (2007) study placement with a grandparent was found to be a statistically significant factor in relation to placement stability. Children placed with grandparents were the most likely to remain in the family (86%), followed by those with aunts and uncles (65%) (Farmer and Moyers, 2006). Kin carers are also much more likely than unrelated foster carers to be struggling. For example, 45% kin as opposed to 30% unrelated carers struggled to cope with the children in their care (Farmer and Moyers 2006, 5). As might be expected, family and friends carers showed considerably higher levels of commitment (65% versus 31% in the Farmer and Moyers, forthcoming) to the children they were looking after and a high commitment was related to placement survival. These findings suggest that kin carers are more likely to persevere beyond the point at which unrelated carers concede defeat, even when they are under considerable strain.

Grandparent carers sometimes struggle with feelings of loss and guilt about the difficulties of their adult children which had necessitated the children being removed

from them, or because they had been unable to take on a full sibling group. Other grandparents still grieve for the death of the children's parents. In addition, tensions with the children's parents and members of the extended family make caring for the children considerably more difficult (Farmer and Moyers, 2006). We know from other research that a high proportion of grandparents are also in that 'pivotal generation' where they have other inter-generational caring and financial demands placed on them. In consequence, the costs of providing care for their grandchildren can be very high (Broad, 2007).

Family dynamics and child identity

There is evidence that inter- and intra-family relationships are more complicated and stress-prone in kinship care arrangements than in stranger foster care (Sykes et al, 2002). This is because of the family history not found in stranger foster care. There is linked evidence that an understanding of family systems work is vital to understanding inter-generational family dynamics and facilitating effective interventions (Talbot and Calder, 2006). There is also evidence that contact between birth parents, the child and the carer is more likely in a kinship placement than a non-relative placement and that it is often a lively, complex and potentially difficult situation with careful management required (see, for example, Broad, 2006; Geen, 2003). Kinship care also makes a strong contribution to sustaining a child's sense of individual, family identity, and cultural continuity, one of four positive clustered key themes identified by children living in kinship care, another being 'feeling safe in current situation' (Broad, 2006, 16).

Children in kinship care placements

A child's route into kinship care can be 'messy'. In one study (Broad et al, 2001), kinship care was a final resort for social services, the first option by social services, an option chosen by the child following a crisis at home, and finally, where a kinship arrangement was already in place, a continuation of support to the carer. In the same study it was found that 86% of all the children in kinship care placements would otherwise have been removed from home into local authority care, had the arrangement not been made. Most children had already been in local authority care and had negative views of it. In another study it was found that children in relative and non-relative foster care are remarkably similar in terms of their characteristics and the kinds of adversities they had experienced prior to placement (Farmer and Moyers, forthcoming). It is the inconsistent or lack of support to children living in kinship care, who have similar needs to others looked after, which needs to be addressed more consistently.

What do children say about living in kinship care? There is very little evidence on this. However, what there is indicates that children feel loved and supported in ways that do not feature in state care (Broad et al, 2001; Hunt et al, 2007).

Ethnicity

When care is provided by members of the child's birth family, their ethnicity will be shared. In consequence, important considerations concerning the continuity of cultural identity will be attended to. However there is mixed and limited evidence about whether black and minority ethnic families are over-represented in the kinship carers' population. For example, Broad et al (2001) found that there were significantly more black and minority ethnic carers than white kinship carers (whichever the legal order). It was argued that this finding was associated more with the greater number of relatives and friends in the study's black and minority ethnic families than for the white families (Broad et al, 2001). The same study noted that even in a mixed inner London Borough in which the study was undertaken, the proportion of black and minority ethnic families was greater in kinship care than for either the Borough's overall population or its looked after population. However, in another study, although the wider population and ethnicity statistics were not presented, it was found that black and minority ethnic families accounted for a smaller grouping of kinship carers than white carers (Farmer and Moyers forthcoming). Clearly more research is needed on this important policy and practice issue.

Siblings

Although it has been argued that one advantage of family and friends placements is that siblings can be placed together, Broad (2004) found very little evidence of this happening. In Farmer and Moyers study (2006, 1) similar proportions of children were placed with siblings in both relative and non-relative foster care groups (53% versus 52%). In Hunt's research *not* having non-sibling children in the household was a statistically significant factor in placement quality. Thus:

Only 21% of placements where there were children other than siblings in the household were problem-free compared to 50% of placements where there were only siblings or the child was placed alone (Hunt *et al*, 2007, 53)

We also know from other research that the presence of a child's siblings in a

placement is a major contributory factor to placement stability (Jackson and Thomas 1999). Kinship care offers the opportunity for a child and his/her sibling to be kept and placed together within the same family in a way that other placements do not.

Initiating placements

Although there is some variation between research studies, there is a clear consensus that the overwhelming majority (85% found by Farmer and Moyers, 2006 and 66% by Hunt et al, 2007) are initiated by kin carers rather than social services. The main explanation given for the high 85% figure is that a majority of children (57%) were already in placement when the kinship carer approached social services. An awareness of and work with family and friends networks, family systems and systemic interventions, as well as organisational incentives to do the same, are required for good practice in kinship care to be embedded in local authority practice.

Social services and social work

In the absence of the voluntary sector being systematically involved in providing support services, it is statutory social services personnel who have the key role to play in initiating, finding, assessing and supporting a child and his/her carer. This work is complex and time consuming and for full implementation organisational priority, funding and specialist knowledge is required. No wonder it is patchy. Despite dissatisfaction about the scope, reliability and regularity of services provided, support is welcomed by most children and their carers (Broad et al, 2001). Research has also indicated that there is often confusion within local authorities concerning which type of placement is appropriate for a child being considered for kinship care.

A worrying trend was identified in both Broad's (2001) and Farmer and Moyers' (2006) study of social workers trying to persuade kinship carers to apply for a Residence Order. Such a move would end statutory social work support and weekly foster payments. For some carers the attraction of Residence Orders is that they can help to 'normalise' the family situation. The critical point here is that if children are at risk of neglect and cared for full time by a carer, then financial and social support should accompany the child, based on the child's needs, and not on the type of legal order.

Some concerns about kinship care

Kinship care is not a panacea -it does not suit every child, and neither does adoption, stranger foster care, Residence Orders or Special Guardianship Orders. As with those other options, kinship care is not 'risk free.' So whilst the research evidence has demonstrated the advantages to many children of living in a kinship care arrangement or placement, there are problems which require acknowledgement.

Kinship care families may be vulnerable to the same sorts of problems faced by other families, including relative poverty, sexual abuse, bullying, violence and substance misuse. Therefore assumptions that family placements are not only best, but always safe are nonsense. For example, there is research evidence that some multiple child abuse involves wider kin networks and there have been non-accidental child deaths in some family placements (Freeman and Ingham, 2006). Additionally, families subject to a kinship care assessment where there is already substance misuse, a large and growing problem within families (Kroll and Cornwall, 2006), are also likely to require a full risk assessment and, if the placement is approved, support packages. If an assessment is borderline abuse/neglect then what levels of support are effective and possible for a network support placement (S.17 Children Act 1989)? There is also a concern that has emerged from the small number of enquiries into deaths of black children in care (for example Tyra Henry) that social services providers have wrongly perceived that child placements within black and minority ethnic families are self-supporting and therefore can be especially trusted, and that minimum support is necessary. Each potential kinship care placement needs an appropriate assessment of risks, resilience and a child and carer support plan.

Finally, in this section, one concern albeit unevidenced, is that the trend towards seeking ever higher numbers of kinship care placements, seen as an untapped resource amidst the ongoing placement crisis will, almost inevitably result in an inappropriate placement being made, resulting either in serious abuse, injury, or death to a child. This is much less likely to happen if the placement is fully assessed, if evidence of parental competence can be independently corroborated, if support services are put in place, and if there is regular placement monitoring. Nevertheless, we know from the research evidence that local authority kinship care policies and practice remain inconsistent, and there is always a risk. Ironically, the policy context to support more children in kinship care placements might increase that level of risk. Kinship care placement numbers are likely to increase if the Department for Education and Skills (DfES) follows the proposal to place a requirement on statutory social services providers to more systematically investigate, and be more accountable for, its kinship care placement decisions (DfES, 2006b, 2.30). In such a climate it is possible that any increase will include both suitable kinship carers, who value being approached early on in placement discussions, as well as kinship carers who are less suitable or willing and who would not have initiated the placement.

The Munby Factor

Articles 8 and 14 of the *European Convention on Human Rights (ECHR)* were cited by Justice Munby in his ruling about equitable payments needing to be paid by local authorities to carers based on the needs of the child, and that these should not be affected by the fact that they were placed with members of their own family⁷. This ruling should also effect and potentially 'open up' local authority policies in this area so that there are fewer discrepancies in payments between kinship carers. However, there remains discrimination in some local authorities between the supports, training, and financial assistance received by stranger foster carers compared with relative or friend foster carers (Farmer and Moyers, 2006). Despite the Munby ruling there remain regular legal challenges to local authorities on their service entitlement definitions and practice and these will serve to shape the future direction of kinship care.

Kinship care assessments

Kinship care can be best understood within a local authority's family support and permanency frameworks. A holistic approach needs to be taken of the family involving careful management of the needs of individual members and full assessments. Assessments need to identify a range of appropriate child-centred services, including respite options, and support from the family network for the child and the caregivers (Talbot and Calder, 2006). Specialist kinship care teams and panels make a good contribution to practice for family and friends' foster carers, and other services need to be further identified to meet other kinship carers' needs.

Research has pointed to the highly reactive not proactive stance of local authorities regarding kinship care assessment. In one study, 65% of the kin placements were assessed after the child was already living with the carer (Farmer and Moyers, 2006). There are also concerns about which type of assessment is most suitable as well as concerns about when assessments should be undertaken. Further questions are 'is an assessment always necessary for a member of a child's family or friend?', and 'what type of current assessment framework is appropriate?', 'why isn't there a special assessment framework for kinship carers?' Assessments are complex and can often detract from wider support issues in that the post-assessment support is often lacking. It is especially those carers involved in a network support arrangement (s.17 *Children Act 1989*), and those holding Residence Orders who are especially disadvantaged (see Broad and Skinner, 2005 for a full discussion and examples of different kinship care assessments). It is too soon since Special Guardianship Orders were introduced to assess their contribution.

If a child's welfare is at risk, then the local authority needs to invoke its formal

assessment procedures, and potential kinship carers need to be included. This formal assessment should be conducted within the *Fostering Regulations* framework (DOH 2002). It is acknowledged that there is an argument both for changing the assessment procedures for family members being assessed as prospective relative foster carers, as well as for amending the assessment procedures for other kinship care types (Residence Order, Special Guardianship Order and Network Care) where the local authority is also involved. Such an assessment needs to identify risk and resilience areas, and adopt an ecological and family systems approach to its work with families.

Implications for policy and practice

From this review of the research in the UK, most of which has been conducted since 2000, a range of recommendations follow. These are primarily taken from the studies of Aldgate and McIntosh (2007), Hunt *et al* (2007), Farmer and Moyers (forthcoming) and Broad *et al* (2001), and the Family Rights Group (2007). There is a welcome consensus from these researchers about the future of policy and practice.

There is an unequivocal recommendation that funding and a national framework for organising and supporting kinship care needs to be created. This would ensure that its existing and growing contribution is properly acknowledged, that proper standards are maintained, and it is better supported. In order for this vision to be taken forward, a range of specific policy and practice recommendations inextricably follow:

Policy recommendations

- There needs to be distinct way of assessing potential kinship carers
- Systems need to be put in place for support to be provided to children and kinship carers
- There is a need to introduce a new kinship care financial support framework
- Legal changes are necessary to remove the need for grandparents to seek leave to apply for a Residence Order, in order to gain access to the courts.
- Local authorities need to create specialist kinship care teams and panels and use family placement workers and possibly involve the voluntary sector
- The introduction of a national initiative to encourage and monitor the development of good kinship care policy and practice
- More attention needs to be given to family and friends care in social work education and training
- A new legal category of 'looked after in kinship care' (made in relation to Scotland,

see Aldgate and McIntosh 2007)

These policy recommendations are closely aligned with the following practice recommendations:

Practice recommendations:

- Local authorities need to have a written policy and set of procedures as well as a leaflet for prospective kinship carers which clearly state what the legal options are, how assessments are made, what the local authority will and will not provide in terms of services, help, advice and financial support
- It is important to acknowledge that a kinship care placement can be of an acceptable standard even if the standard seems to be below that of an approved foster placement.
- More regular monitoring of placements than is currently the case is crucial to ensuring the placement safety and quality
- A consistent, family-owned approach to assessments is needed and should incorporate a holistic family network approach through family group conferencing
- Develop effective care planning in partnership with children and families
- Plan for long-term stability and permanence
- Provide effective social work support
- Other services from health and education are needed
- Social workers need to provide more support to kinship carers and parents
- When there are high levels of conflict with parents or other relatives assistance with contact issues is required
- Help with parenting in order that children's behaviour might be better managed
- Provision of respite care to provide a break for carers who are under strain
- Further financial help for activities for the children
- Access to support groups or peer support

Concluding comments

It is fully recognised that principles of best practice in kinship care are not easy to implement in a child welfare system based on pressurised child protection duties and organisational priorities, and the need for worker and management accountability and risk management. The Department for Children Schools and Families (DCSF)

needs to lead on how local authorities can both manage their child protection work and at the same time deliver a wider range of appropriate child placements and family support work. Indeed, research evidence strongly suggests that kinship care should be more fully included in policy and funding frameworks in order to fully support children and carers. All the UK research demonstrates that whilst kinship care has positive outcomes, it also incurs policy and practice complexities in the key areas of providing appropriate support and identifying suitable placements. If statutory social services providers are unable to plan for and fund kinship care, especially 'network support' outside the foster care system (Children Act 1989 S 17) and cope with its demands, it should fund and support the voluntary and independent sector to undertake some of this work, as is the case in New Zealand.

If kinship care is an appropriate, fully assessed and properly supported option, there is evidence that it contributes to positive outcomes for children and is value for money. Ten years ago published research evidence about kinship care in the UK was virtually non-existent (a notable exception was Rowe *et al*, 1989). This was despite the statutory support for the option as set out in the Children Act (1989) (S23. 6). Research conducted over the last ten years and summarised in this article, has confirmed kinship care's contribution and growth.

Up until a few years ago its carer-led origin, and closed marginalised practice, had not generated political interest or professional drive, status or funding such as that afforded to other government led policies (for example, adoption or fostering). This is illustrated by the fact that in excess of twenty DfES staff members have been working on adoption standards, policy, guidance and training for foster care compared with just one person for kinship care. This has now begun to change with a new focus on research, (two studies commissioned by the DfES), a strategic alliance of kinship carers and voluntary organisations, a groundbreaking legal judgement, and a policy acknowledgement in the Green and White *Care Matters* Papers.

Since *Care Matters* was published, the government has declined a suggestion to have a ministerial kinship care task force. Yet there are many other opportunities for policy to be taken forward and for positive changes to be introduced. The voluntary sector's unflagging efforts to engage with the DCSF are very likely to produce some changes although there are no visible signs that the Treasury is discussing financial support for kinship carers. Anticipated guidance and practice amendment will likely result, as in other child protection areas, from a combination of legal judgements, professional and carer group pressures, research findings, policy Initiatives, and just possibly, a tragedy. We now know even more about what works in kinship care (research) and we know about how services and support can be provided (best practice). We need to move beyond the rhetoric and see the necessary investment and lead by central government to make kinship care a properly assessed, funded and supported family support and placement option.

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Notes

1. Part III *Children Act 1989* and Regulation 23 *The Fostering Regulations 1991* apply.
2. s.8 *Children Act 1989*.
3. s.115 and Schedule 3 *Adoption and Children Act 2002*, introduced in December 2005.
4. s.17 *Children Act 1989* (child 'in need').
5. s.23 (6) *Children Act 1989*.
6. Munby J 28 September 2001 Manchester judgement *R (on application of L and others) v Manchester City Council and R (on application R and another) v Manchester City Council* [2001] EWHC.
7. *R (on application of L and others) v Manchester City Council and R (on application R and another) v Manchester City Council* [2001] EWHC

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