

Understanding informal kinship care: a critical narrative review of theory and research

Mandi MacDonald,¹ m.macdonald@qub.ac.uk

David Hayes, d.hayes@qub.ac.uk

Stan Houston, s.houston@qub.ac.uk

Queen's University Belfast, Northern Ireland

Many children are cared for on a full-time basis by relatives or adult friends, rather than their biological parents, and often in response to family crises. These kinship care arrangements have received increasing attention from the social sciences academy and social care professions. However, more information is needed on informal kinship care that is undertaken without official ratification by welfare agencies and often unsupported by the state. This article presents a comprehensive, narrative review of international research literature on informal kinship care to address this gap. Using systematic search and review protocols, it synthesises findings regarding: (i) the way that informal kinship care is defined and conceptualised; (ii) the needs of the carers and children; and (iii) ways of supporting this type of care. A number of prominent themes are highlighted including the lack of definitional clarity; the various adversities experienced by the families; and the requirement to understand the interface between formal and informal support. Key messages are identified to inform the development of family-friendly policies, interventions and future research.

key words informal kinship care • narrative review • voluntary kinship care • private foster care • kinship foster care • child welfare

To cite this article: MacDonald, M., Hayes, D. and Houston, S. (2018) Understanding informal kinship care: a critical narrative review of theory and research, *Families, Relationships and Societies*, vol 7, no 1, 71–87, DOI: 10.1332/204674316X14534751747496

Introduction

Kinship care has received increasing attention, not only from the social sciences academy, but also from the social care professions. This is because there is a widespread perception that this type of placement is preferred to children entering state care, which may involve separation from familial and cultural networks, engender stigma, and introduce potentially unstable care placements. It is important, however, not to 'essentialise' kinship carers as a group. They are neither uniform nor homogeneous in their characteristics, roles and statuses. A major division lies between those whose role is mandated and formalised by state welfare authorities ('formal' kinship carers),

and a second group who undertake the role informally, without official ratification by welfare agencies ('informal' kinship carers).

In this article we concentrate on informal kinship care, which we define as the full-time care of a child by kin, other than a parent, who are not formally recognised foster carers. Given the prevalence of this form of care throughout the world, and the vital service it provides to children 'in need', it is imperative that we review the accumulating body of knowledge about these carers and the children under their charge. Furthermore, while formal kinship care is not without its difficulties, including relational tensions between parents and carers, financial hardship and inadequate agency support (Cuddeback, 2004), informal arrangements may experience unique burdens as they are often unsupported by the state. In this article we review, systematically, international research literature on informal kinship care. Most of the 57 reviewed papers report on research conducted across the US, followed by the UK, with a small number of studies conducted in Canada, Australia and sub-Saharan Africa. All but one was published between 2000 and 2014.

This review gives particular emphasis to the following issues: (i) how informal kinship care is defined and conceptualised; (ii) the demographic profile and characteristics of the carers and the children for whom they care; (iii) the needs – emotional, practical and material – of the carers and children; (iv) the benefits for the child accruing from these caring arrangements; (v) the strengths and gaps within support services; and (vi) the conceptual and theoretical approaches to the area. By focusing on these particular domains, we have evinced important policy issues, theoretical approaches, definitional understandings and recommendations for supporting families based on what we know about the needs of the children and their carers.

Methodology

Aim

The aim of this review was to produce a summary and critical appraisal of key sources within the research literature in relation to informal kinship care. The use of a narrative review procedure (Higgins and Pinkerton, 1998) was strengthened with explicit systematic search and synthesis protocols (Collins and Fauser, 2005). To focus the review, informal kinship care was defined as:

The full-time care of a child by a relative or adult friend, other than their parents, who is not a formally registered foster carer for the child.

This working definition was informed by preliminary reading on the topic and the researchers' knowledge of child welfare practice.

Review protocols

The approach followed Wallace and Wray's (2011) format for critical literature synopsis and thematic narrative review. The first stage evinced an appropriate search strategy. Here, we reviewed pertinent search terms, noting the lack of clarity in various definitions of informal kinship care (see below). Therefore, a range of keywords and their combinations were used to search electronic databases in order to capture these

diverse modes of expression. Following this step, three main dimensions of the topic were elucidated, namely: (i) the status of the arrangements, that is, ‘informal’; (ii) the relationship of the care-giver to the child, that is, ‘kin’; and (iii) the type of arrangement, that is, full-time care. Table 1 outlines the combinations of keywords used. Asterisks were adopted to include all variations of the word, for example, famil* would return all instances of the terms ‘family’, ‘families’ and ‘familial’.

Table 1: Keywords for electronic database search

informal or private or voluntary
and
kin* or friend* or relative* or sibling* or famil*
and
car* or foster*

The following online databases were searched in March 2013 and again in October 2014, using the same search terms: (i) Anthropological Index Online; (ii) Google Scholar; (iii) International Bibliography of the Social Sciences (IBSS); (iv) Medline; (v) Public Information Online; (vi) Pyschinfo; (vii) Scopus; (viii) Social Care Online; (ix) Social Policy and Practice; (x) Social Sciences Citation Index; and (xi) Sociological Abstracts. Electronic searching was subsequently followed by manual screenings of the bibliographies of selected papers. A total of 81 sources were identified.

In the second stage of the procedure we selected the sample that was included in the review. Two main inclusion criteria were adopted. The first referred to publicly available published works that reported on original research. Second, we were interested in sources that specified that informal kinship care placements, or carers and/or children in such placements, were included in the participant sample. Sources that included both formal and informal kinship arrangements were only included if findings were disaggregated. Due to time and financial constraints, only papers written in English, or readily available in English translation, were embraced. It is acknowledged, however, that this may have excluded a potentially rich body of international literature, particularly relating to child-headed households in Africa and Asia. To enhance trustworthiness, the three reviewers conversed to agree the inclusion or exclusion of each paper returned by the search. A total of 57 papers met the inclusion criteria and were then reviewed.

The third stage involved a thematic synthesis of the literature. To start this process, the papers were divided equally between the reviewers. Each one was then summarised in terms of its key themes and main findings. An evaluation of the method was also recorded. In order to standardise this process, a pro-forma was used (Wallace and Wray, 2011) with headings that reflected the key issues specified in the introduction. Once a critical synopsis of each paper was produced, all three reviewers read the summaries of the entire corpus and agreed an overall view on the content.

Reviewing the adopted methods

The broad inclusion criteria permitted a wide variety of quantitative and qualitative methods in the chosen studies. As might be expected, the validity, reliability and trustworthiness of the findings of these sources varied. Some larger studies carried out a primary or secondary analysis of datasets or census statistics underpinned by robust designs (see Park and Helton, 2010; Nandy and Selwyn, 2013; Bertera and Crewe, 2013; Washington et al, 2013). These sources provided reliable, nationally representative pictures of informal kinship care and its patterns, demographic information and statistical outcomes. However, some studies were unable to differentiate between formal and informal arrangements on some key variables such as rates of poverty and deprivation (Nandy and Selwyn, 2013), or the legal status defining the relationship between the child and care-giver (Minkler and Fuller-Thomson, 2005). A limitation of census review and secondary analysis is that they can operate from fixed, pre-formed schedules that later researchers cannot manipulate or change. Often, there can be other variables that have an impact on children's competence and indicators of wellbeing. Furthermore, census data can equate with a snapshot point in time. As such, there may be little historical information provided regarding why the children came to live in those arrangements, or the duration of the placement. Smaller-scale qualitative studies complemented the findings of the large-scale quantitative research providing a more nuanced examination of meaning and experience. The generalisability of findings from many of these sources was compromised by small sample sizes (Gibbons and Jones, 2003; Gleeson and Seryak, 2010; Strozier et al, 2011), unrepresentative samples (Gibbons and Jones, 2003; Gibbs et al, 2006; Saunders and Selwyn, 2008), the use of non-randomised sampling techniques such as purposive or convenience sampling (Kelley et al, 2000; Letiecq et al, 2008a; Green and Goodman, 2010), and lack of control or comparison groups (Kelley et al, 2007). However, these thickly described first-hand accounts provided meaningful insights into the role and transitions of becoming a grandparent care-giver (Bailey et al, 2009), and highlighted relevant recommendations regarding support needs (see Letiecq et al, 2008a).

Definitions of informal kinship care

Most of the reviewed studies differentiated between two broad types of kinship care arrangements: (i) 'formal/public' and (ii) 'informal/private'. The distinction between them related to the involvement of the state child welfare system, which was described as being involved in the former but not the latter (Sheran and Swann, 2007; Strozier and Krisman, 2007; Letiecq et al, 2008a; Burgess et al, 2010; Walsh, 2013). The definitions of these terms varied, however, and the equation of 'informal' with 'private' and 'formal' with 'public' arrangements was often unclear.

This lack of clarity in terminology has also been noted by other commentators, with Geen (2004), for example, arguing that kinship care arrangements may have both formal and informal elements and lie along a continuum. At one end are situations in which relatives act as recognised foster carers for children in state care and, at the other, circumstances where relatives provide care at the request of parents without the knowledge or involvement of the state. In the middle are placements that child welfare agencies help to arrange but do not formalise. As Geen (2004) notes, however,

some informal carers have acquired legal custody, and formal arrangements also vary in terms of the extent to which they are publicly supported and monitored.

Geen (2004) suggests that it is more appropriate to label arrangements that occur without involvement of a child welfare agency as ‘private’, and those that occur with such contact as either ‘kinship foster care’ or ‘voluntary’. Ehrle and Geen (2002), for example, distinguished between children in ‘voluntary’ arrangements and those in ‘kinship foster care’. Both groups had been placed by a child welfare agency, but those in ‘voluntary’ arrangements were not in state custody, and therefore may or may not have received monitoring by the agency. As noted by Chase Goodman et al (2004), ‘voluntary’ kinship care may also have arisen as a means of diverting children from the public care system, further blurring the boundaries between ‘formal’ and ‘informal’ arrangements.

Highlighting the lack of clarity in definitions, the three types of arrangement outlined by Geen (2004) have also been described by Winokur et al (2009), and by the Child Welfare Information Gateway of the US Department of Health and Human Services (2012), but using slightly different terminology (see Table 2).

Table 2: Typologies of kinship care

Type of arrangement	Geen (2004)	Winokur et al (2009)	Child Welfare Information Gateway (2012)
Without the involvement of a child welfare agency	Private kinship care	Private kinship care	Informal kinship care
Child welfare agency involved but does not have legal custody	Voluntary kinship care	Informal kinship care	Voluntary kinship care
Child welfare agency involved and has legal custody	Kinship foster care	Formal kinship care	Formal kinship care

In the UK, the use of these terms causes an additional layer of confusion. The term ‘private’ can be confused with private fostering, for which there are clear statutory regulations requiring the involvement of social services, and the term ‘voluntary’ with situations in which social services provide accommodation by voluntary agreement with parents.

Statutory guidance issued to local authorities in England in 2010 (DfE, 2010) provides the following definition of ‘informal’ arrangements:

... a child is living with a family and friends carer who does not have parental responsibility for the child. References to “informal arrangements” in this guidance do not include arrangements where the child is looked after by the local authority or where the child is privately fostered, placed for adoption, or subject to a residence or a special guardianship order. (DfE, 2010: 7)

Following on from the above definition, ‘formal’ placements, in addition to those whereby a child is looked-after and placed with approved kinship foster carers, also

covers other situations. This highlights the difficulty of equating the terms ‘formal’ and ‘public’, as different circumstances are subject to varying levels of public support and monitoring. Kinship carers in the UK, for example, can acquire ‘parental responsibility’ through a court order. Despite the fact that they are designated as ‘private’ law orders, carers in these circumstances, according to the definition provided above, are considered to be providing ‘formal kinship care’. In Selwyn and Nandy’s (2012) study they were referred to as ‘formal kinship carers with legal orders’ (2012: 2), regardless of whether they secured the order with or without the involvement of social workers. This differed from US studies where some carers, classified as informal, had obtained legal custody through adoption or guardianship, or legal authority through the power of attorney (Simpson and Lawrence–Webb, 2009; Radel et al, 2010).

Placement status can determine levels of formal support provision (Hunt and Waterhouse, 2012), and the current blurring of boundaries between what are referred to as ‘informal/private’ arrangements and ‘formal/public’ ones (Nandy et al, 2011) can conflate the experiences of the two groups, despite the differing levels of support they receive. There is a need to revise the terminology and definitions used in order to facilitate targeted research, and to ensure that all stakeholders are clear about their respective roles and responsibilities.

The needs of carers and children

All of the studies reviewed identified multiple stressors for informal, care-giving families with the primary challenges of poverty, limited resources, ill health, emotional and relational challenges and stigma reported across most of the sources. Such stressors were compounded by the unplanned nature of the placement, many of which were made in response to a family crisis.

Poverty

The findings, from most of the studies, confirmed a ‘consistent and worrying relationship between kinship care and poverty’ (Nandy and Selwyn, 2013: 1659). For example, Minkler and Fuller–Thomson’s (2005) analysis of US census data reported that 31.6% of the grandparent carers lived below the poverty line. Moreover, carers reported financial difficulties as being their paramount concern (McKenzie et al, 2010; Backhouse and Graham, 2012; Farmer et al, 2013), with some struggling to meet the child’s basic needs (Swann and Sylvester, 2006). Comparative studies reported that informal carers were more likely to be living on very low incomes, or have experienced major financial difficulties, compared with their counterparts providing care under formal arrangements (Swann and Sylvester, 2006; Strozier and Krisman, 2007; Harnett et al, 2014).

The high numbers of carers and children described as living in poverty, in both the UK and US studies (Chase Goodman et al, 2004; Selwyn and Nandy, 2012; Farmer et al, 2013), were partly associated with the sizeable proportion of single female carers (McLean and Thomas, 1996; Bunch et al, 2007; Sheran and Swann, 2007; Gleeson et al, 2009; Davis–Sowers, 2012; Stokes, 2014), and grandparent carers whose average age ranged from 60 (Letiecq et al, 2008b) to 47.5 (Washington et al, 2013). There was also, however, an inverse relationship between social class and the prevalence of kinship care. Nandy and Selwyn’s (2013) analysis of UK census data noted a 10-fold

prevalence of kinship care between professional and unemployed categories, with carers more likely to be living in the poorest neighbourhoods. In other studies, between two-thirds or over (Kelley et al, 2000; Gleeson et al, 2009; Stokes, 2014; Woodruff et al, 2014) and a half (Sheran and Swann, 2007; Green and Goodman, 2010; Strozier et al, 2011) of carers were unemployed, with the majority of those in employment reporting very low incomes. Associated with carers' socioeconomic status were low levels of educational attainment (Kelley et al, 2000; Minkler and Fuller-Thomson, 2005; Bunch et al, 2007; Letiecq et al, 2008b; Simpson and Lawrence-Webb, 2009; Harnett et al, 2014), low rates of home ownership, inadequate accommodation and overcrowding (Saunders and Selwyn, 2008).

The impact of poverty was compounded when carers, already with low incomes, were faced with the additional costs of meeting the children's immediate and continuing needs (McLean and Thomas, 1996; Minkler and Fuller-Thomson, 2005). These carers had to reduce their hours of employment in order to provide for the child (Wellard and Wheatley, 2010). Although the child's parents remained financially responsible, they failed in many cases to provide the carers with adequate material support (Owen et al, 2007; Saunders and Selwyn, 2008; Nandy and Selwyn, 2013). Gibbs et al (2006: 442) commented on the potentially precarious financial position of low-income families for whom assuming additional responsibilities 'may threaten what had previously been marginal financial stability.'

Multiple adversities

The studies that documented the reasons for the placement revealed extensive histories of childhood adversity (see Table 3). Parental substance misuse, incarceration, physical or mental illness and death, as well as abandonment, and abuse or neglect of the child, predominated as antecedent factors leading to the new care arrangement. Because placements were established, and difficulties resolved informally, many of these situations did not come to the attention of social services, and the children did not receive the support to which they were entitled. As Gibbs et al (2006: 443) commented:

To the extent that these children would have received services from a child welfare agency had their circumstances been known or if a relative had not intervened, they are substantially underserved ... [they] do not have access to the comprehensive assessments, support services, financial support and permanency planning provided to those in state custody.

Since the majority of studies focused on the care-givers' experience, there was an acknowledged lack of information about the needs of children living in informal kinship placements (Selwyn and Nandy, 2012). Some studies reported standardised carer-report measures of child wellbeing (Chase Goodman et al, 2004; Farmer et al, 2013; Harnett et al, 2014), and a small number explored the child's perspective, or combined carer-report measures with qualitative data obtained directly from the children or young people (Messing, 2006; Burgess et al, 2010; Farmer et al, 2013). What was clear from these studies was that many children displayed significant emotional and behavioural difficulties as a consequence of adverse experiences. These included conduct disorders, Foetal Alcohol Syndrome (Gibbons and Jones, 2003), educational

Table 3: Reasons for informal kinship placement

Study	Reason for placement (with prevalence in sample where reported)						
	Parental substance misuse	Parental incarceration	Parental physical or mental illness	Child abuse or neglect	Domestic violence	Abandonment	Parental death
Backhouse and Graham (2012)	✓ majority	✓	✓	✓	✓		
Brown et al (2002)				✓			
Bunch et al (2007)	✓	✓	✓	✓			✓
Burgess et al (2010)	✓ half						
Chase-Goodman et al (2004)	✓			✓			
Davis-Sowers (2012)	✓			✓		✓	
Farmer et al (2013)	✓ two-thirds				✓ one-third	✓	
Gibbons and Jones (2003)	✓	✓ 20%		✓		✓	
Gleeson et al (2009)	✓ 31%	✓ 18%	✓ 5%	✓ 32%			
Gleeson and Seryak (2010)	✓	✓	✓		✓		
Kelley et al (2000)	✓ 38%	✓ 17.5%				✓ 16%	✓ 6%
Letiecq et al (2008a)	✓	✓	✓				
McKenzie et al, 2010	✓	✓		✓	✓		✓
McLean and Thomas (1996)	✓ most common reason	✓		✓			
Messing (2006)		✓				✓	✓
Radel et al (2010)	✓ most common reason			✓ 2nd most common reason			
Saunders and Selwyn (2008)	✓ one-third	✓	✓ one-third mental illness		✓	✓ half to three-quarters	
Wellard and Wheatley (2010)	✓ half			✓			

difficulties, 'self-harm, eating disorders, violent outbursts, promiscuity and ADHD' (Saunders and Selwyn, 2008: 33). Carer-report standardised measures revealed higher than average rates of emotional and behavioural difficulties, with a third of the children in three separate studies reported as having abnormally or clinically high scores (Chase Goodman et al, 2004; Farmer et al, 2013; Harnett et al, 2014), and 21% of the children in Gleeson et al's (2009) study scoring in the clinical range.

Family and wider social relationships

While children were cared for by a range of kin – including aunts, cousins, older siblings, family friends and great-grandparents (Sheran and Swann, 2007; Saunders and Selwyn, 2008) – the majority of informal care was provided by grandparents (Ehrle and Geen, 2002; Messing, 2006; Sheran and Swann, 2007; Saunders and Selwyn, 2008; Gleeson et al, 2009; Gleeson and Seryak, 2010; Nandy and Selwyn, 2013; Washington et al, 2013; Woodruff et al, 2014). Their age profiles partly accounted for the high rates of chronic illness and disability (Gibson and Lum, 2003; Chase Goodman et al, 2004; Sheran and Swann, 2007; Saunders and Selwyn, 2008; Wellard and Wheatley, 2010; Selwyn and Nandy, 2012; Farmer et al, 2013). Notably, carers in Stokes (2014) study, who were living with HIV/AIDS, reported greater access to resources and services associated with their health status. Moreover, many carers in other studies expressed concern that ageing or ill health might render them unable to meet the child's needs (Kelley et al, 2000; Gibbs et al, 2006), and some reported that their health had suffered as a result of caring responsibilities (Gibbons and Jones, 2003). Many children assumed a caring role with elderly or unwell kin carers. Farmer et al (2013) contended that this arrangement resulted in an attenuation of the child's personal social networks and higher levels of anxiety and depression.

Many children indicated that they were happy in their placement (Messing, 2006; Burgess et al, 2010; Farmer et al, 2013), or thought it was the right placement for them (Morgan, 2008); they considered the placement to be safer, less chaotic and, notwithstanding the carers' financial constraints, materially better off than their parental home. They also valued a sense of being wanted, cared for and listened to by their carer (Burgess et al, 2010).

Kinship placements offered children a continuity of relationships (Brown et al, 2002). Most of the children were living with carers who were known to them prior to the care arrangement, and some had previously lived with their carer alone or with parents (Burgess et al, 2010). This familiarity eased the transition to care away from parents, and the children were able to view the arrangement as a natural part of family life (Messing, 2006; Burgess et al, 2010). The geographical proximity of many placements to the parental home enabled children to continue schooling and to maintain friendships (Burgess et al, 2010).

The placement of a child with kin led to adjustments in relationships and a shift in roles in the family (Bailey et al, 2009). This resulted in complex emotions and interactions (Strozier et al, 2011; Backhouse and Graham, 2012; Davis-Sower, 2012), or exacerbated existing relationship problems (Best, 2014). For grandparent carers, the distress of coping with a child's personal difficulties led to frustration and exhaustion (Bailey et al, 2009; Backhouse and Graham, 2012; Harnett et al, 2014). While parents feared the loss of their parental role and relationship with their child, they appreciated the benefit of being able to communicate regularly with the carer (Gleeson and Seryak,

2010). Informal arrangements also afforded parents greater involvement in decision-making and childcare compared to formal kinship placements (Chase Goodman et al, 2004; Green and Goodman, 2010). Yet the impact of multiple stressors and relational tensions mitigated against collaborative co-parenting (Strozier, 2011).

While some children had no parental contact (Gibbons and Jones, 2003), for most it was regular with at least one parent, ranging in frequency from a few visits a year to daily or monthly meetings (Olusanya and Hodes, 2000; Gibbons and Jones, 2003; Gleeson and Seryak, 2010). Even so, contact with parents was not always a positive experience and could be emotionally detrimental. Saunders and Selwyn (2008) reported that it had an adverse effect on over a third of the children – due to family conflict or their parents' unreliability, substance misuse or rejecting behaviour. Many young people expressed feelings of anger and disappointment at parents not visiting or spending enough time with them (Messing, 2006; Saunders and Selwyn, 2008; Burgess et al, 2010).

Assuming an informal caring role had implications for the carers' wider social relationships. While some grandparents reported that their lives were enriched by the close relationship with their grandchild (Backhouse and Graham, 2012), the move from employment to full-time care, often necessitated by a lack of affordable day care provision, led to social isolation (McLean and Thomas, 1996). Importantly, the change in role, from grandparent to quasi-parent, was not normative for the participants' stage of life (Bailey et al, 2009). It led to an unexpected shift in the way that grandparents related to their communities and sources of support, and to loss of a respected social identity within their social networks (Backhouse and Graham, 2012). This outcome was heightened by a sense that they were being judged or held responsible for their adult offspring's difficulties (Letiecq et al, 2008a; McKenzie et al, 2010). Similarly, while young people reported that living with extended family reduced the stigma associated with leaving the care of their parents (Messing, 2006), fear of negative reactions diminished their access to support from their social networks (Farmer et al, 2013).

Placement insecurity

While most of the children felt settled in their placements, and emotionally attached to their carers, they expressed concern over the potential insecurity of their situation and the vulnerability of their legal status. Some children 'expressed agonising fears that their elderly carers might die' (Saunders and Selwyn, 2008: 37). While a sample of children was able to identify contingency arrangements with other relatives, should their current placement end (Messing, 2006; Burgess et al, 2010), many expressed intense concern about who would look after them if their carer became ill or died (Saunders and Selwyn, 2008; Farmer et al, 2013). Children who returned to live with their mothers after lengthy placements experienced the pain of this separation from their carers (Best, 2014).

For their part, informal carers reported a sense of legal vulnerability, and voiced concerns that parents could reclaim the child at any time (Gibbs et al, 2006), thus restricting their subsequent future contact (Letiecq et al, 2008a). Furthermore, they lacked the formal authority to make decisions about the child's care, and this position of 'legal limbo' (Letiecq et al, 2008a: 1004) made it difficult for carers to access support from health and education systems. While securing legal custody would enable carers

to avail of parental responsibility (Ross and Crow, 2010), many were deterred from doing so because of prohibitive legal costs (Backhouse and Graham, 2012), concerns over the potential impact on family relationships (Saunders and Selwyn, 2008), and an unmet entitlement to legal aid (McLean and Thomas, 1996).

Evaluation of support provision

Comparative studies of formal and informal kinship care concurred that, while the children had similar needs, informal carers did not have the same access to financial provision or formal assistance (Ehrle and Geen, 2002; Chase Goodman et al, 2004; Bunch et al, 2007). Carers in both the UK (Wellard and Wheatley, 2010; Farmer et al, 2013) and US-based studies (Simpson and Lawrence-Webb, 2009; Stokes, 2014) reported that, when they did seek formal support, agencies were unresponsive, made inappropriate service recommendations, and failed to provide the level of support they needed. As McKenzie et al (2010: 8) noted:

... the child welfare system provides different levels of support to these different types of placement, even though the grandmothers themselves feel like they are caring for their grandchildren in similar situations.

Because of the paucity of service provision, the studies offered little evaluation of support targeted specifically to informal kinship placements. That said, recently developed 'navigator' programmes (Wichinsky et al, 2013; Woodruff et al, 2014), intended to guide carers to access services and resources, have been rated highly as a source of social support, but were less helpful in resolving financial difficulties or helping with management of the child's behaviour (Woodruff et al, 2014). One US study (Kelley et al, 2007) reported statistically significant improvements in measures of psychological distress, social support and family coping following a programme of case management, support groups and parenting classes. Other services rated helpful by carers have included counselling, behaviour management advice, supervised contact and payments for clothes and equipment (Saunders and Selwyn, 2008).

Financial assistance to alleviate poverty was identified across most studies as the inexorable priority for supporting informal kinship placements. Studies conducted in the US referred to arrangements for providing financial support, through welfare benefit payments (Leticq et al, 2008a), or specific allowances for informal carers at a rate lower than registered (licensed) foster care (Ehrle and Geen, 2002), although the challenge of funding kinship subsidies was recognised (Wichinsky et al, 2013). Not all carers were receiving the benefits to which they were entitled, and the need for advice and outreach measures to encourage take-up of existing benefits was highlighted (Sheran and Swann, 2007; Leticq et al, 2008a; Gleeson and Seryak, 2010; Selwyn and Nandy, 2012; Wichinsky et al, 2013).

There were a number of recommendations made for support development, namely: (i) family therapy (McLean and Thomas, 1996) or family mediation (Gleeson and Seryak, 2010) to improve complex family relationships (Green and Goodman, 2010); (ii) bereavement counselling following the death of the child's parent (Farmer et al, 2013); (iii) parenting advice and support with managing children's emotional and behavioural difficulties (McLean and Thomas, 1996; Strozier and Krisman, 2007; Strozier et al, 2011; Farmer et al, 2013); (iv) educational support (McLean and

Thomas, 1996); (v) advocacy and advice to help navigate legal, educational, child welfare and healthcare systems (Letiecq et al, 2008a); (vi) assistance with referrals to services (McLean and Thomas, 1996); and (vii) legal advice and funding for custody applications (McLean and Thomas, 1996; Selwyn and Nandy, 2012). One study (Letiecq et al, 2008a) recommended legislative changes to enable carers to give consent in medical and educational matters. It will be important to evaluate emerging support by eliciting service users' experience and using standardised outcome measures to allow for comparison of effectiveness across services and settings.

Carers, children and parents valued informal placements as a way of avoiding state care (Saunders and Selwyn, 2008; Gleeson et al, 2009). Many informal carers expressed their wariness of intrusive bureaucratic processes (Save the Children, 2013) and distrust of formal child welfare systems (Letiecq et al, 2008a; McKenzie et al, 2010; Harnett et al, 2014; Stokes, 2014) that inhibited them from seeking support from social services (Gibbons and Jones, 2003). This disconnect between informal kinship carers and formal child welfare systems suggests a need for active outreach (Swann and Sylvester, 2006), peer-led support groups (Farmer et al, 2013) and provision of a range of community-based initiatives (Kelley et al, 2007) delivered in a culturally-sensitive manner that recognises both the needs and assets of informal care-givers (Bertera and Crewe, 2013).

Theoretical and conceptual understandings of informal kinship care

The reviewed studies drew on a range of theory underpinning the analyses of informal kinship care. For instance, there were some references to *ecological perspectives* (Letiecq et al, 2008a; Simpson and Lawrence-Webb, 2009), recognising the influence of personal and social systems working at the micro, mezzo and macro levels. These spheres of influence shaped the experience of informal kinship care as they were a source of social support or, alternatively, negligence and criticism. Relatedly, the research viewed kinship care as embedded in legislative and policy systems (Letiecq et al, 2008a) that yielded intended and unintended consequences representing different constraints and opportunities for different families.

Related again to the ecological context was the attention given to *community* and *culture* in some of the studies. Thus, Maundeni and Malinga-Musamba (2013) explored informal kinship care within an African context, noting the significance of the *community* in raising the child. Of central import within the African context was the impact of disease, poverty and HIV/AIDS in shaping familial changes and engendering kinship care arrangements. This showed how informal kinship care must be set within a distinctive socio-historical and socio-cultural understanding. Moreover, linked to the ecological context is the concept of the *life course*. However, only one study made a connection with this theoretical source (Bertera and Crewe, 2013). It considered how grandparents' personal development was hindered or facilitated by having to act as surrogate parents within the cultural expectations placed on them. Of interest, from a life course perspective, was the fact that informal kinship care was being carried out by carers in older age for adolescents and young children. The ramifications of this juxtaposition of age groups in the lifecycle warrants further exploration. Relatedly, the concepts of *identity* and *role* were used by Backhouse and Graham (2012) to explore the carers' sense of role conflict as they moved between dual identities of parent and grandparent, often resulting in a sense of dissonance.

In terms of grandparents, the evidence suggested that they experienced significant levels of *stress* (Bailey et al, 2009). In this context, *coping* skills were required to deal with the burden of *caring* and family crises. However, it was surprising that few authors theorised these areas or the linked concept of *resilience* (see Burgess et al, 2010; Stokes, 2014). That said, Gleeson et al's (2009) conceptual framework of *risks, protective and dynamic factors* offered a way of understanding these types of human processes within informal kinship care.

Finally, a surprisingly small number of studies (see, for example, Simpson and Lawrence-Webb, 2009) made reference to *feminist perspectives*, highlighting, in particular, the role of grandmothers, and the need to engage in a strategic confrontation with the inequitable burden of care. Of interest here was the focus on Black feminist theory in a small number of US studies (see Davis-Sowers, 2012). They examined the cumulative effects of racial and gender oppression. Given the high proportion of single female carers (McLean and Thomas, 1996; Bunch et al, 2007; Sheran and Swann, 2007; Gleeson et al, 2009; Davis-Sowers, 2012; Stokes, 2014), and the over-representation of minority ethnic families in both US and UK studies (Messing, 2006; Bunch et al, 2007; Sheran and Swann, 2007; Letiecq et al, 2008b; Green and Goodman, 2010; Park and Helton, 2010; Radcliff et al, 2010; Strozier et al, 2011; Nandy and Selwyn, 2013), this would be a useful conceptual framework to shape future research designs.

Conclusion

The aim of this project was to present a critical, narrative review of the research literature in relation to informal kinship care. Each paper was appraised through a review of the study's method, results, significance and conclusions. Importantly, the inclusive approach to the literature search was advantageous in allowing for wide-scale coverage of the field (Collins and Fauser, 2005). Furthermore, it captured the nuanced results of smaller-scale, qualitative studies.

To ensure reliability and rigour in the review process, an explicit systematic approach was taken to synthesising and analysing the information. The three reviewers met regularly at all stages of the review to agree the key concepts and methodological processes. Although each source was read in its entirety by only one reviewer, regular discussion took place to encourage the reflexive consideration of assumptions and conceptual priorities. To further promote transparency, all of the protocols were specified in the methodology section.

Some key messages emerged from the review that are helpful in directing future research and supporting policy developments. First, it was apparent that the terminology currently used to describe different types of kinship care was confusing, and the boundaries between what were referred to as informal/private arrangements and formal/public alignments could become blurred. There was a need, consequently, to clarify these definitions to ensure that informal kinship care was adequately represented in policy and research priorities, and that all of the stakeholders were clear about their respective roles and responsibilities.

Second, it is also vital that future research should supplement the findings from recent large-scale analyses of census data with qualitative studies that examine, phenomenologically, the needs and experiences of informal kinship carers, and the children for whom they care. Crucially, as most studies have focused mainly on carers, it is important to understand more about the needs of the children. It was axiomatic

that children experienced multiple adversities leading up to placement, and continued to display a range of social, emotional, psychological and physical health needs. Their circumstances varied little from children living with formally assessed and supported kin carers (Hunt and Waterhouse, 2012). It is therefore important to understand what prevented families from seeking and/or receiving social work assessment and support at the time the placement became necessary. Allied to this recommendation is a further need to theorise this form of care in order to guide strategies for future research design, policy and service delivery. Social support theory may offer an adroit conceptualisation as it provides a typology of the different types of support needed in informal care relationships and a framework for mapping a matrix of support and interventions to meet differing levels of family need.

It was found, third, that informal kinship placements were particularly valued by families as a way of avoiding the intrusion and bureaucracy associated with state care. This was an important consideration that should inform service planning, and highlighted the need to identify models of effective support provision that respected the autonomy of carers and minimised state intervention. For instance, targeted information campaigns, benefits advice, or the provision of local community directories might empower carers to avail of the services most appropriate to their felt need. Reforming welfare entitlements to ensure that child-specific benefits were paid to the primary carer may be particularly important for the large proportion of carers reported to be living 'in poverty'.

Finally, there is a lack of information on placement trajectories. Typically, the legal position of carers and children in informal placements remains uncertain. While children felt settled, they also expressed a sense of vulnerability about the permanence of the arrangements and their longer-term security. There is a need to understand how families cope if the care-giver becomes incapacitated, and whether this type of care can offer stability when faced with contingent circumstances. It is also unclear how placements adapt to children's developmentally changing needs. It will be important to find out more about placement patterns and longer-term outcomes for children and young people cared for informally by kin.

Note

¹ Corresponding author.

Acknowledgements

Our thanks go to the British Association for Adoption and Fostering (BAAF) Northern Ireland, commissioned by the Health and Social Care Board for Northern Ireland (HSCBNI), for sponsoring this work.

References

- Backhouse, J, Graham, A, 2012, Grandparents raising grandchildren: Negotiating the complexities of role-identity conflict, *Child and Family Social Work*, 17, 306–15
- Bailey, S, Letiecq, B, Porterfield, F, 2009, Family coping and adaptation among grandparents rearing grandchildren, *Journal of Intergenerational Relationships*, 7, 144–58
- Bertera, E, Crewe, S, 2013, Parenthood in the twenty-first century: African American grandparents as surrogate parents, *Journal of Human Behaviour in the Social Environment*, 23, 178–92

- Best, C, 2014, Kinship care and transnational parenting: The intersection of cultural values and practices, *Journal of Family Social Work*, 17, 119–35
- Brown, S, Cohon, D, Wheeler, R, 2002, African American extended families and kinship care: How relevant is the foster care model for kinship care?, *Children and Youth Services Review*, 24, 53–77
- Bunch, S, Eastman, B, Griffin, L, 2007, Examining the perceptions of grandparents who parent in formal and informal kinship care, *Journal of Human Behaviour in the Social Environment*, 15, 93–105
- Burgess, C, Rossvoll, F, Wallace, B, Daniel, B 2010, It's just like another home, just another family, so it's nae different – children's voices in kinship care: A research study about the experience of children in kinship care in Scotland, *Child and Family Social Work*, 15, 297–306
- Chase Goodman, C, Potts, M, Pasztor, E, Scorzo, D, 2004, Grandmothers as kinship caregivers: Private arrangements compared to public child welfare oversight, *Children and Youth Services Review*, 26, 287–305
- Child Welfare Information Gateway, 2012, *Working with kinship caregivers*, Washington, DC: US Department of Health and Human Services
- Collins, J A, Fauser, B, 2005, Balancing the strengths of systematic and narrative reviews, *Human Reproduction Update*, 11, 103–4
- Cuddeback, G, 2004, Kinship family foster care: A methodological and substantive synthesis of research, *Children and Youth Services Review*, 26, 623–39
- Davis-Sowers, R, 2012, It just kind of like falls in your hands: Factors that influence Black aunts' decisions to parent their nieces and nephews, *Journal of Black Studies*, 43, 231–50
- DfE (Department for Education), 2010, *Family and friends care: Statutory guidance for local authorities*, London: DfE
- Ehrle, J, Geen, R, 2002, Kin and non-kin foster care: Findings from a national survey, *Children and Youth Services Review*, 24, 15–35
- Farmer, E, Selwyn, J, Meakings, S, 2013, Other children say you're not normal because you don't live with your parents: children's views of living with informal kinship carers – social networks, stigma and attachment to carers, *Child and Family Social Work*, 18, 25–34
- Geen, R, 2004, The evolution of kinship care policy and practice, *The Future of Children*, 14, 130–49
- Gibbons, C, Jones, T, 2003, Kinship care: Health profiles of grandparents raising their grandchildren, *Journal of Family Social Work*, 7, 1–14
- Gibbs, D, Kasten, J, Bir, A, Duncan, D, Hoover, S, 2006, Between two systems: Children in TANF child-only cases with relative caregivers, *Children and Youth Services Review*, 28, 435–46
- Gibson, P, Lum, T, 2003, *Informal kinship care in Minnesota: A pilot study – final report to the Minnesota Kinship Care Association*, St Paul, MN: University of Minnesota School of Social Work, College of Human Ecology
- Gleeson, J, Seryak, C, 2010, I made some mistakes...but I love them dearly: The views of parents of children in informal kinship care, *Child and Family Social Work*, 15, 87–96
- Gleeson, J, Wesley, J, Ellis, R, Seryak, C, Walls Talley, G, Robinson, J, 2009, Becoming involved in raising a relative's child: Reasons, caregiver motivations and pathways to informal kinship care, *Child and Family Social Work*, 14, 300–10

- Green, Y, Goodman, C, 2010, Understanding birthparent involvement in kinship families: Influencing factors and the importance of placement arrangement, *Children and Youth Services Review*, 32, 1357–64
- Harnett, P, Dawe, S, Russell, M, 2014, An investigation into the needs of grandparents who are raising grandchildren, *Child and Family Social Work*, 19, 411–20
- Higgins, K, Pinkerton, J, 1998, Literature reviewing: Towards a more rigorous approach, in D Iwaniec, J Pinkerton (eds) *Making research work: Promoting child care policy and practice*, Chichester: Wiley
- Hunt, J, Waterhouse, S, 2012, *Understanding family and friends care: The relationship between need, support and legal status*, Oxford: Family Rights Group
- Kelley, S, Whitley, D, Sipe, T, 2007, Results of an inter-disciplinary intervention to improve the psychological well-being and physical functioning of African American grandmothers raising grandchildren, *Journal of Intergenerational Relationships*, 5, 45–64
- Kelley, S, Whitley, D, Sipe, T, Yorker, B, 2000, Psychological distress in grandmother kinship care providers: The role of resources, social support and physical health, *Child Abuse and Neglect*, 24, 311–21
- Leticq, B, Bailey, S, Kurtz, M, 2008b, Depression among rural native American and European American grandparents rearing their grandchildren, *Journal of Family Issues*, 29, 334–56
- Leticq, B, Bailey, S, Porterfield, F, 2008a, We have no rights, we get no help: The legal and policy dilemmas facing grandparent caregivers, *Journal of Family Issues*, 29, 995–1012
- Maundeni, T, Malinga–Musamba, T, 2013, The role of informal caregivers in the well-being of orphans in Botswana: A literature review, *Child and Family Social Work*, 18, 107–16
- McKenzie, H, Bourassa, C, Kubik, W, Strathy, K, McKenna, B, 2010, Aboriginal grandmothers caring for grandchildren: Located in a policy gap, *Indigenous Policy Journal*, 21, 1–18
- McLean, B, Thomas, R, 1996, Informal and formal kinship care populations: A study in contrasts, *Child welfare*, 75, 489–505
- Messing, J, 2006, From the child's perspective: A qualitative analysis of kinship care placements, *Children and Youth Services Review*, 28, 1415–34
- Minkler, M, Fuller–Thomson, E, 2005, African American grandparents raising grandchildren: A national study using the census 2000 American Community Survey, *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60, 582–92
- Morgan, R, 2008, *Children's experience of private fostering: A report by the Children's Rights Director for England*, London: Ofsted
- Nandy, S, Selwyn, J, 2013, Kinship care and poverty: Using census data to examine the extent and nature of kinship care in the UK, *British Journal of Social Work*, 43 (8): 1649–66
- Nandy, S, Selwyn, J, Farmer, E, Vaisey, P, 2011, *Spotlight on kinship care: Using census micro-data to examine the extent of kinship care in the UK at the turn of the twentieth century*, Bristol: University of Bristol/Buttle UK
- Olusanya, B, Hodes, D, 2000, West African children in private foster care in city and Hackney, *Child: Care, Health and Development*, 26, 337–42
- Owen, C, Jackson, S, Barreau, S, Peart, E, 2007, *An exploratory study of private fostering*, London: Institute of Education/Thomas Coram Research Unit

- Park, J, Helton, J, 2010, Transitioning from informal to substitute care following maltreatment investigation, *Children and Youth Services Review*, 32, 998–1003
- Radel, L, Bramlett, M, Waters, A, 2010, Legal and informal adoption by relatives in the US: Comparative characteristics and well-being from a nationally representative sample, *Adoption Quarterly*, 13, 268–91
- Ross, J, Crow, C, 2010, Social work practice strategies and professional identity within private fostering: A critical exploration, *Adoption and Fostering*, 34, 41–51
- Saunders, H, Selwyn, J, 2008, Supporting informal kinship care, *Adoption and Fostering*, 32, 31–42
- Save the Children, 2013, *Yaro Na Kowa Ne: Children belong to everyone*, London: Save the Children
- Selwyn, J, Nandy, S, 2012, Kinship care in the UK: Using census data to estimate the extent of formal and informal care by relatives, *Child and Family Social Work*, doi: [10.1111/j.1365-2206.2012.00879.x](https://doi.org/10.1111/j.1365-2206.2012.00879.x), First published online: 12 June 2012
- Sheran, M, Swann, C, 2007, The take-up of cash assistance among private kinship care families, *Children and Youth Services Review*, 29, 973–87
- Simpson, G, Lawrence-Webb, C, 2009, Responsibility without community resources: Informal kinship care among low-income, African American grandmother caregivers, *Journal of Black Studies*, 39, 825–47
- Stokes, C, 2014, Complex lives: Resiliency of African American women with HIV/AIDS serving as informal kinship care providers, *Social Work in Public Health*, 29, 285–95
- Strozier, A, Krisman, K, 2007, Capturing caregiver data: An examination of kinship care custodial arrangements, *Children and Youth Services Review*, 29, 226–46
- Strozier, A, Armstrong, M, Skuza, S, Cecil, D, McHale, J, 2011, Co-parenting in kinship families with incarcerated mothers: A qualitative study, *Families in Society*, 92, 55–61
- Swann, C, Sylvester, M, 2006, Does the child welfare system serve the neediest kinship care families?, *Children and Youth Services Review*, 28, 1213–28
- Wallace, M, Wray, A, 2011, *Critical reading and writing for postgraduates* (2nd edn), London: Sage
- Walsh, W, 2013, *Informal kinship care: Most common out-of-home placement after an investigation of child maltreatment*, Fact sheet No 24, Durham: The Carsey Institute
- Washington, T, Gleeson, J, Rulison, K, 2013, Competence and African American children in informal kinship care: The role of family, *Children and Youth Services Review*, 35, 1305–12
- Wellard, S, Wheatley, B, 2010, *Family and friends care: What if we said no?*, London: Grandparents Plus
- Wichinsky, L, Thomas, J, DeJohn, T, Turney, H, 2013, Identifying unmet needs: Recommendations for creating a model kinship subsidy programme', *Journal of Family Social Work*, 16, 431–46
- Winokur M, Holtan, A, Valentine, D, 2009, *Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment*, Campbell Systematic Reviews 2009: 1, doi: [10.4073/csr.2009.1](https://doi.org/10.4073/csr.2009.1)
- Woodruff, K, Murray, K, Rushovich, B, 2014, Kinship caregiver perception of state-supervised kinship navigator programme, *Journal of Family Social Work*, 17, 136–53