
Placement stability for children in kinship care

A long-term follow-up of children placed in kinship care through care proceedings

One of the key arguments put forward for the benefits of kinship placements is that they are likely to provide permanency for children. However, little is known about the factors which promote placement stability or the reasons for placement disruption. **Eleanor Lutman, Joan Hunt** and **Suzette Waterhouse** examine placement stability and disruption for a cohort of children placed in kinship care through care proceedings (Hunt *et al*, 2008). When compared with disruption rates for other forms of care, it appears that for younger children kinship care can be a positive option but the figures are less positive for older children. However, after disruption over half of the kinship-placed children remained within their family networks and many kinship carers retained a positive relationship with the child. The findings indicate placements of older children, placements with aunts/uncles and placements where the carer and child are less familiar with each other are more likely to disrupt and thus may need more support.

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Introduction

The study reported here was part of a research programme funded by the Department of Health (subsequently the Department for Children, Schools and Families) as part of its Quality Protects Initiative. It related specifically to Objective 1 of that programme: to ensure that children are securely attached to carers capable of providing safe and effective care for the duration of their childhood (Department of Health, 1998). Our focus was kinship care, which, some argued, could help to achieve the Government's objective of reducing the number of placement moves experienced by children in the looked after system (Jackson and Thomas, 1999).

At the time the research was commissioned, the available research evidence on placement stability, although not entirely consistent, seemed to be quite powerful. Indeed, one of the authors of this article, in a Scoping Paper prepared

for the Department of Health in 2001 (Hunt, 2003), concluded that it was one of the strongest and most convincing arguments for the benefits of kinship placements. Kinship foster placements tended to be lengthy and to last longer than those with non-related carers: UK government statistics indicated that 42 per cent had lasted for two years or more compared to 29 per cent of stranger placements (Department of Health, 2001). Children had fewer moves both overall and before entering kinship placements (see Hunt, 2003 for summary). For example, one large US study of children entering care under six years old and still in care eight years on found 71 per cent still in their first or second placement, compared to 48 per cent of other children (Webster *et al*, 2000). In terms of placement disruption, the evidence was less clear. UK studies reported very different breakdown rates in kinship placements, from less than ten per cent (Rowe *et al*, 1984; Millham *et al*, 1986; Berridge and Cleaver, 1987) to a third or more (Rowe *et al*, 1989; Hunt and Macleod, 1999; Sinclair *et al*, 2000; Harwin *et al*, 2003). However, even the highest of these figures still appeared to be lower than the 43 per cent average disruption rate for long-term fostering (Triseliotis, 2002).

Whatever the disruption rates reported, it was clear that some kinship placements were more successful than others in terms of providing permanency for children. However, apart from the importance of the child's age (Altshuler, 1998; Hunt and Macleod, 1999; Webster *et al*, 2000; Terling-Watt, 2001; Harwin *et al*, 2003) there was little information on what factors might be associated with greater stability or the reasons for placement disruption.

The study

The research examined outcomes for children placed with kin as the result of court proceedings brought because of child protection concerns about parental care. The study used an existing four-year cohort sample of all the children from two local authorities who were placed with members of their extended family or friendship network as a result of care proceedings which concluded over the period 1 October 1995 to 30 September 1999 (Waterhouse, 1999, 2001). This sample was supplemented by a new fifth- and sixth-year cohort, from the same local authorities, of children whose proceedings completed in the year 1999/2001. Thus a total of 113 children were followed up during 2004/05, which represented 85 per cent of the total original sample size ($N = 132$). We also had a small comparison group of 31 children aged under five at the time of care proceedings who were placed away from their parents in non-related care (the 'stranger' sample). This group had experienced broadly similar levels of adversity when compared with the kinship placed children who were under five at the time of care proceedings.

Data on both groups were collected from children's services case files by the researchers using a structured case proforma. This included: information on child and family characteristics; the background to the care proceedings; placement history and pre-placement adversities (including child well-being and behaviour); how decisions were made about placing the child; details of the placement itself; services and supervision provided to the placement; placement continuity, stability and quality; contact patterns; child well-being in the placement; and any post-placement information. For the kin-placed children only this was supplemented with semi-structured interviews with social workers in active or recently closed cases (24 workers, 33 children), kinship carers (37 carers, 48 children), children and young people (14) and parents (2).

The interviews with social workers focused on the history of the placement, the child's situation and well-being, and input from children's services. Interviews with kinship carers covered topics such as the carer's household and circumstances, how the placement came to be made, subsequent events (including how the placement came to end if applicable), the child's well-being, parental and extended family contact, and support from family, friends and children's services.

Information was combined from all available data sources to produce key composite outcome variables: placement stability, placement quality, relationship with the carer and the child's well-being.

The children in the kinship sample

Fifty-nine of the kin-placed children were boys; 54 were girls. Almost half (55) were under five years old at the end of the care proceedings, a third (38) were between five and nine years old and just under a fifth between ten and 14. Seventeen per cent (19) of children were from minority ethnic backgrounds: 13 being of mixed parentage, three Indian, two African-Caribbean and one Pakistani.

The children had typically experienced high levels of adversity prior to going to live with kin. The vast majority had lived with parents whose circumstances put them at risk of poorer outcomes. Many had experienced unstable care or household arrangements. Twenty-nine per cent (33) had undergone multiple substantial separations from their main carer and 53 per cent (60) had been previously looked after by the local authority. Almost all (102; 90%) were believed to have experienced actual abuse or neglect rather than just being at risk.

Given these levels of adversity, it is not surprising that many children were already displaying a range of difficulties prior to placement. While the proportions suffering from chronic ill health, physical disability or learning difficulties were quite low, 58 per cent (45) were already manifesting emotional and

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48 per cent (37) behavioural problems, and 70 per cent had one or both of these difficulties.

The majority of children were placed with grandparents (70; 62%) with a further 29 (26%) going to aunts or uncles. Eight placements (7%) were with another type of relative and six (5%) with another adult known to the child (eg a member of the friendship network). Seventy-one children (66%) were placed with maternal and 34 per cent (37) with paternal relatives.

Did placements last as long as needed?

Although the majority of placements in this study were intended to be long term, five were expected to be a prelude to rehabilitation and two to stranger adoption. In the event, some of these children remained with, or returned to, their kinship carers. Additionally, in the course of placement 11 children returned to a parent although this was not the care plan at the end of the court proceedings. Some of them did so for positive reasons, in that their family circumstances had changed, others because the kinship placement had broken down.

In order to capture this variability, our measure of placement stability was not whether the placement had lasted but whether or not it had lasted as long as needed. Those which did not were considered to have disrupted, even if the actual move was planned. To arrive at the categorisation the three researchers each independently rated every case using all available data sources and any differences of opinion, of which there were few, resolved through discussion.

On the basis of the latest information available to us, 27 per cent of placements (31 of 113) were judged to have ended prematurely. Eight of the remaining placements had also ended but had lasted as long as needed, while 74 children were still in placement and had been there continuously since the proceedings. Most of these continuing and continuous placements were judged to be very stable (54 of the 72 on which

sufficient information was available; 75%). Nevertheless, there were some question marks about 13, five of which appeared to be quite fragile.

Over time, then, one might expect the disruption rate to climb. For the purposes of the rest of this article, however, the measure used is whether the placement had actually disrupted.

Comparison with disruption rates in other forms of substitute care

As mentioned earlier, the study design included a small comparison group of 31 children, under the age of five at the end of the proceedings, for whom the plan was placement with unrelated carers. By the follow-up point, 29 of these children were in placements which were intended to be permanent, typically through adoption (26). Only two of these 26 placements (6%) had disrupted. This is somewhat lower than the 11 per cent found for our kinship placements of children under five (6 of 54; 11%). It should be noted, however, that all the kinship children had been able to remain in the same placement, whereas 23 of the 26 stranger-placed children had had to move to achieve permanency (and two children had never achieved permanency). Moreover, because of this their placements had actually been tested over a shorter period.

Comparing our data on disruption rates for all our kin-placed children with those for unrelated foster care found in other studies, the overall figure of 27 per cent looks fairly positive, especially when compared with the 43 per cent average rate cited by Triseliotis (2002). However, when account is taken of the child's age at the outset the picture looks rather different. Our disruption rate for kin-placed children under five (11%) is higher than the average five per cent reported for adoption (Triseliotis, 2002), although much lower than the average rate for long-term foster care (22%; Triseliotis, 2002). For children aged 5–12, however, the disruption rate in our study (43%) is higher than the average rates for both adoption and long-term

foster care (15% and 35% respectively; Triseliotis, 2002).

Caution should be taken when comparing these rates, of course, as like may not be being compared with like. The follow-up period for this study (between 3 and 9 years) is likely to be much longer than most other studies. At the two-year point only 13 per cent of the placements had not lasted as long as needed. Additionally, the children were all placed as the result of decisions made in court proceedings, and the care given to them by their parents had therefore crossed the legal threshold of significant harm. They are, therefore, a 'heavy end' group in terms of their early life experiences. While other studies will usually contain a good proportion of such children, they will be 'diluted' with those who may have been somewhat less unfortunate.

Nonetheless, our data do suggest that it is not possible to say with confidence that kinship placements are less likely to disrupt than placements with unrelated carers. Since we started this study other research has also cast doubt on previous received wisdom. Thus in the UK, Farmer and Moyers (2008) found that overall disruption rates in kin and unrelated care were almost identical (18% and 17% respectively). For children placed under the age of five, breakdown rates in kinship placements were almost the same as for unrelated placements (12% and 13%); for those placed between the ages of five and ten better (16% compared with 35%) and for older children worse (37% compared with 19%). In the US a meta-analysis of the disruption rates reported across many studies (Oosterman *et al*, 2007) concluded that kinship care did not appear to be a protective factor against placement breakdown. However, Chamberlain *et al* (2006), in a study not included in the meta-analysis, suggest that kinship placements are less likely to disrupt. A more recent systematic review (Winokur *et al*, 2009), which did include this study, also reports two other studies which found lower disruption rates (Testa, 2001; Connell, 2006). However,

it also notes that none of the studies analyse comparative disruption rates by age.

When and why did the placements end prematurely?

The 31 kin placements in our study which ended prematurely lasted, on average, for 36 months after proceedings had ended before breakdown (minimum 7 months, maximum 79 months), with half disrupting before two years had elapsed. Analysis of the data indicates that the most common reason for placement breakdown was the child's behaviour (Table 1), as illustrated in the following case:

Gary (not his real name) was placed with his maternal uncle and wife under a care order when he was ten years old. The uncle frequently worked abroad and Gary moved with the family when they spent periods overseas. There were some initial difficulties in the placement surrounding school and behaviour, but generally it appeared to be going well. The placement was confirmed by the Permanency Panel as a long-term placement. In adolescence Gary began challenging boundaries and displaying difficult behaviour. The family returned to the UK from abroad and Gary's new school described him as a strange boy of whom other pupils were fairly afraid. The final straw was when Gary took a knife into school, for which he was subsequently excluded. His uncle refused to have him back and the placement ended. The placement had lasted for three years and ten months at this point.

The importance of behavioural difficulties to placement stability is also highlighted by Farmer and Moyers (2008), who report that most of the placement endings in their study were due to the child's behaviour and that placements where children had emotional or behavioural problems at a level which required remedial help were at greater risk of termination.

Another important reason for the placements in our study not lasting as long as needed was the child requesting to leave (26%). The following quotation from an interview with a young adult illustrates how strong the desire is to return home for some children, even to the point that no other placement is likely to work:

That is the bottom line of it really. You do not want to be with your auntie and uncle or nan or granddad, you want to be with your mum . . . whatever she does, however bad she is. If that's your natural parent you will defend them down to the ground. They [relative carers] could have been nice to me 24 hours a day and it wouldn't have worked out as I didn't want to be there, I wanted to be with my mum.

In almost another quarter of cases (23%), placements disrupted because of relationship difficulties between the child and either the carer or other children in the household. It is notable that only two carers (6%) concluded that they had made a mistake in offering to care and only one was unable to carry on caring because of ill health (3%).

Risk and protective factors

In addition to this detailed exploration of the reasons for placement disruption in individual cases, we also used statistical analysis to try to tease out the factors associated with placements

ending prematurely, first through simple cross-tabulations and correlations to establish statistically significant associations and then using regression analysis to isolate the factors which were independently significant when other factors were taken into account.

A wide range of factors were tested:

- characteristics of the child and their pre-placement history: age, gender, ethnicity, prior adversities and acceptance of placement;
- characteristics of the placement: relationship of carer to child, single or couple carer/s, carer age, other children/adults in household, sibling placement, child cared for previously by this carer, assessed parenting quality;
- decision-making and support: children's services involvement prior to proceedings, who instigated the placement, route to placement, assessment, disagreement about placement or order, concerns/reservations about the placement expressed by professionals during proceedings, legal order and post-placement support while the case was open.

Only four factors were found to have any explanatory power: disruption was less likely if the child was young at the point of placement; if the carers were grandparents; if they had previously cared for the child full time; and if the child had never asked to live elsewhere.

Significance of the child's age

Other research has highlighted the significance of the child's age to placement stability in kinship care as well as in stranger foster care and adoption (for kinship care see Altshuler, 1998; Hunt and Macleod, 1999; Webster *et al*, 2000; Terling-Watt, 2001; Harwin *et al*, 2003; Farmer and Moyers, 2008; for adoption and fostering see Triseliotis, 2002; Sinclair, 2005).

Our study confirms these findings. As noted earlier, although our breakdown rate overall was 27 per cent, it varied considerably depending on the age of

Table 1

Main reason for placement not lasting as long as needed

	No.	%
Child's behaviour	9	29
Child requested	8	26
Alleged or substantiated abuse or neglect/ child put at risk	4	13
Relationship difficulties between child and other children in household	4	13
Relationship difficulties between child and carer	3	10
Carers no longer wanted to care	2	6
Carer's poor health	1	3

(N = 31)

the child when he or she was placed. The children whose placements did not last as long as needed were significantly older at the end of care proceedings (mean 8 years) than those whose placements were continuing or had lasted as long as needed (mean 4.1 years) ($t(111) = 4.94, p < .001$). Three-fifths (60%) of children aged between ten and 14 years at the end of care proceedings had placements that did not last as long as needed compared to only 11 per cent of children who were under five years old.

We tested the hypothesis that the relationship between age at the end of the proceedings was illusory and that it merely reflected placements coming under greater pressure as the child got older. However, this was not the case – children in continuing placements were actually slightly older than those whose placements had disrupted (11 years 5 months compared with 10 years 11 months).

The child's age was significantly associated with other factors that help to explain why it proved to have such impact, although none of these were *themselves* independently associated with placement disruption. Thus children who were older at the end of the proceedings had experienced more adversities prior to placement and were more likely to have difficulties (eg emotional and behavioural problems) that pre-dated the placement. Older children are also more likely to vote with their feet about where they want to live.

It is important to note, however, that while age is a risk factor, not all adolescent placements disrupted and not all placements of younger children lasted as long as needed. For instance, there were four older children (aged between 10 and 14 years at the end of proceedings) whose placements were either continuing and stable or had ended but lasted as long as was needed. The most notable feature about these cases was the high level of involvement the kinship carer had previously had with the child. All the carers had had very frequent or intensive contact with these children:

one child had had frequent respite stays and two had lived with the carers for quite substantial periods. For example:

Jason's mum had a longstanding problem with heroin use. Jason spent extended periods of time living either with his maternal grandmother or his maternal uncle, with whom he stayed for five years at one point, with a residence order in place. When interviewed the uncle said:

I'd known him all his life and had him for five years before, so there wasn't really much they could tell me about him!

It was also striking that the older group of children whose placements disrupted included six of the 21 children in the whole sample who had the most difficulties in terms of functioning in their placements. As reported above, the older children were more likely to have experienced higher levels of adversity prior to their placement. Research has shown that resilience can be a key factor in how children cope with previous experiences (Newman and Blackman, 2002) and it may be that this played a part in whether the placements of these older children lasted as long as needed.

In the same way as being older, although carrying greater risk, does not inevitably mean that a placement will break down, being very young is not invariably protective. There were five children who were still under five at the end of the proceedings whose placements did not last as long as needed. All these placements disrupted early – within 12 months. It was harder to see a common thread here. In two cases there seems to have been some ambivalence, either on the part of the primary carer or a partner, to the commitment/lifestyle changes needed to parent a young child. Failure to acknowledge risk to the child resulted in one placement ending. A further placement ended because of the child's behaviour and conflict with another child in the household. Another child was moved to improve her

emotional well-being because she was being swamped in a large household.

Other significant factors

Placements where the carer had not previously had full-time care of the child were significantly more vulnerable to breakdown than placements where the carer had previously looked after the child on a full-time basis ($\chi^2 (1) = 6.91$, $p = .009$). In cases where the carer had previously cared for the child full time, the children probably already knew their carers well and were likely to have an existing emotional bond (and perhaps as importantly, the carers knew them well and what they were taking on). As indicated above, it seems likely that this can protect from disruption even when other factors, such as the age of the child, pose a risk.

The carer with whom the child was placed also had a significant impact on whether the placement ended prematurely. Placements with an aunt or uncle were less likely to last as long as needed than those with grandparents ($\chi^2 (1) = 13.73$, $p < .001$). The increased vulnerability of placements with aunts/uncles might be explained by the presence of other children in the household; indeed placements with aunts/uncles had significantly larger overall numbers of children living at home. It may be that the resources of such relatives were spread much more thinly. Or it could be that the grandparent–grandchild relationship involves a particularly special type of commitment.

The fourth factor – whether or not the child had ever asked to live elsewhere – has limited predictive value since the child's wishes may reflect, rather than be a contributory factor to, placement breakdown. The other three, which together accounted for 46 per cent of the variance in placement outcome, could be useful in highlighting the most vulnerable placements. However, we would strongly emphasise that these factors should be used positively to flag the placements that are likely to need more support, not as criteria against which potential placements should be judged.

Would better service provision have prevented placement breakdown?

Statistical analysis did not reveal any link between documented gaps in service provision and whether a placement lasted as long as was needed. Indeed it was almost the reverse: in almost all the placements which ended prematurely, children's services had been involved throughout (94%) compared with only 40 per cent of other placements. Similarly, while some service deficits were noted in just over half the premature terminations (52%), this was actually less than noted in other placements (70%). This suggests that social workers were aware of the placements that were in difficulties, but that the support they were able to provide was not sufficient to maintain them.

Close analysis of the circumstances in each case suggests that in 12 of the 31 cases where the placement terminated prematurely, although there may have been some service deficits, better provision would probably not have made a difference. Many of these cases involved children determined to return to a parent. Four placements were terminated by children's services because of concerns about the quality of care offered to the child in circumstances where the issue of support would seem to be irrelevant.

However, there were 15 placements which might conceivably have been sustained with different or more consistent support. Almost all of these cases involved children presenting very difficult behaviour whose carers eventually found themselves unable to carry on. Similarly, of the six carers we interviewed where placements had not lasted (involving eight children), four thought that things might have worked out differently if they had had more support. While the desired forms of help identified varied – support with accommodation to reduce the pressure on other children in the family, respite care, a consistent social worker, therapy for the child – the common factor was help in dealing with the child's behaviour

and/or managing its impact on the rest of the family:

Mattie's behaviour . . . most of the time she was here we had behaviour problems. It seemed to be more determined as she got older and be more of a problem. She'd try you out all the time, test you. She was bad-tempered and wouldn't do as she was told. It went on for at least a year. I said we couldn't cope with her anymore and she would have to go . . . Social workers never seemed to stay long enough. They did not have a lot of interest in her. We had a lot – about ten different ones . . . would have been good if we'd been linked in with training for problem children . . . It would have been helpful for her to have somewhere to go for a holiday, respite, somewhere to send them where there are activities . . . She would have liked a group.

In addition, in half of the placements which were continuing but in our judgement might not survive, we consider better service provision might have improved the chances of the placement surviving.

Taking a different view of disruption

The disruption of any placement is not a desirable outcome but, as indicated in Table 1 above, in eight cases it was the child's own decision to move, typically either to a parent or to another relative. From the child's perspective, it must therefore be debatable whether this should be viewed as a negative move representing placement failure. Furthermore, of the 31 children whose placements did not last as long as needed, only 14 went to carers outside the family, with nine going to other relatives (and the remaining 8 to a parent). The extent to which some families rallied round to keep the child within the network was sometimes quite astonishing, as illustrated by the following case:

Gina (11), Susie (9) and Corinne (7) were removed from their mother because of the impact of her chronic

drug abuse. Their father is dead. Paternal grandmother had provided intensive support to the family for years and continued to do so when the children were placed with their paternal aunt and uncle, who have three children of their own, of similar ages. Gina presented major behavioural difficulties from the start, which had adverse effects on the other children. She came to spend increasing amounts of time with paternal grandmother, before moving to live there full time and eventually returning to live with her mother. This latter move destabilised Susie, the middle child, whose behaviour then deteriorated. She too asked to move and went to live with another paternal aunt and uncle. Corinne, the youngest child, remained in placement for six years before moving to live with her mother.

The determination in this case of the whole extended family to take responsibility and find solutions in this way emphasises the unique strength of kinship care; in contrast, when stranger placements fail, the care system sadly does not provide the same enveloping continuity and support for the child.

It was also notable that despite the fact that many of our disrupted kin placements ended in difficult circumstances, all of the carers we interviewed where the placement had terminated prematurely (6) found something positive to say about caring for the child. Moreover, all but one said that, knowing what they know now, they would still have made the same decision to care. All these carers were still in touch with the children and described quite positive current relationships. Indeed, it seems that even where placements do not last the course, they may continue to offer support to children whether they are at home or in stranger care. One of the carers in our sample, whose teenage granddaughter was now fostered by an unrelated carer, was actually providing respite care for the new placement:

I do miss her if she doesn't phone. You worry if she's all right but if you ask a question she doesn't like being questioned – 'I've come to see you and not to answer questions.' I can manage her for one to two weeks respite. It's too stressful to have her back full time. We keep a lot of her stuff here.

While on the face of it the disruption of a placement is concerning, it may also convey some positive benefits for the child. One social worker, for instance, said that moving a child from his grandfather to foster carers because of the child's behavioural problems and concerns about the carer's parenting ability, including racism towards his grandson, was a 'wrench' but ultimately the boy fared much better with foster carers and his relationship with his grandfather improved greatly.

Continuing placements

Placement stability, of course, is not a good thing in itself; if it means that children are left in poor placements, it could actually be detrimental. As noted earlier, at the point we started this study, the available evidence suggested that kinship placements tend to last longer than placements with unrelated carers. Recent UK research has confirmed this finding, reporting an average duration of four years and nine months for kinship placements, compared to three years 11 months for non-related placements (Farmer and Moyers, 2008). Worryingly, however, it also found that unsatisfactory kin placements continued for significantly longer than poor unrelated foster placements, with 67 per cent of the former lasting for more than two years (compared to 34% of the latter) and 27 per cent for more than six (compared to 5% for unrelated placements).

Seventy-three per cent of the kinship placements in our study were continuing or had lasted as long as needed at the point of follow-up in 2004/05. Data from our other three outcome measures – placement quality, the relationship with the carer and child well-being –

revealed that the continuing placements and those that had lasted as long as needed scored more positively than the disrupted placements on all three of these measures. This indicates that the placements which ended prematurely were more likely to have difficulties while they were continuing and placements which had poorer outcomes in terms of quality, relationships or child well-being were also the ones that were more likely to end.

In measuring placement quality we looked at the ability of the carers to provide 'safe and effective care' across six domains: protection from child abuse and neglect; provision for basic needs; meeting the child's emotional needs; behaviour management; environmental factors; and the child's experience of change. Of the 80 placements that were continuing or had lasted as long as needed, and where sufficient data were available, 40 (50%) were felt to be problem free in terms of placement quality, 33 (41%) had some concerns and seven (9%) had major concerns. In contrast, none of the placements which did not last as long as needed were without problems, 16 (52%) had some concerns and 15 (48%) had major concerns.

The relationship quality outcome measure was an attempt to estimate the extent to which the kinship placements met the Quality Protects objective that children should be securely attached to their carer. The available data allowed us to make an approximation using information about relationships within the household. There were no difficulties in the relationship with the carer in the majority (72, 90%) of the continuing placements or those that had lasted as long as needed. However, the prematurely ended placements fared less well, with only 12 (39%) being problem free in terms of the relationship with the carer.

The final outcome measure – child well-being – examined the data on physical health, learning difficulties, schooling, peer relationships, sexual behaviour and emotional and behav-

journal development. Interestingly, the proportion of children having no difficulties at all was almost the same in both the placements which were continuing/had lasted as long as needed (56%) and those which had disrupted (58%). However, where placements had disrupted all the remaining children (42%; 13) had major difficulties, while in the continuing/lasted as long as needed group only ten per cent (8) had this level of difficulty, with most (34%; 27) having only some difficulties.

Continuing placements of poor quality

As noted above, placements in which there had been concerns about quality were more likely to have ended prematurely than those where there were no such concerns. Nonetheless, all these placements, and all the continuing placements about which there were quality concerns, had lasted for more than two years. Indeed, one continuing placement where there were quality concerns had been made over six years ago.

Farmer and Moyers (2008), who concluded that children are being left in unsatisfactory kin placements far longer than they would be in unsatisfactory unrelated foster care, suggest two explanations for this: (1) infrequent monitoring and referrals about concerns being ignored; and (2) social workers allowing standards to fall considerably below those that would be accepted in unrelated foster care.

In the light of their conclusions we looked carefully at the five continuing poor quality placements in our study where there was current social worker involvement. In two, the most likely reason for the placement being allowed to continue was the lack of any viable alternative. This may become more salient as the children get older, with a much poorer success rate in non-related foster care for older children (Sinclair, 2005). Also it is more likely that the young people themselves may reject alternative placements and vote with their feet about where they want to live.

In another case, a difficult dilemma was posed by a sibling placement which worked much better for the sibling who had far fewer difficulties. Based on the more positive experience, this placement was likely to continue, since to end the poor quality placement would result in either separating the children or disrupting the more successful placement.

In one further case with current local authority involvement it was more difficult to identify why the placement was still continuing, as the concerns were about neglect and the basic parenting ability of the kinship carer. Three of the child's siblings had already left the placement (two because the children ran away, one moved to improve the child's well-being) and the concerns had been identified while the siblings were in placement. The remaining child, placed at ten months and now seven years old, and a later born sibling (not part of our cohort) were also now living there. This may explain, to some extent, why this placement is carrying on.

In these few cases there seemed to be some kind of explanation other than lack of monitoring or the acceptance of lower standards for poor quality placements being allowed to go on. At what point placements cease to be good enough and the disadvantages to the child of poor care outweigh the advantages of staying in the family will continue to be one of the most difficult issues with which social workers have to grapple. However, the evidence from this research does not suggest that simply letting poor quality placements persist was a widespread problem in our study authorities.

Conclusions

The majority of the kinship placements in this study were intended to be permanent. However, 27 per cent did not last as long as needed. When account is taken of the child's age, it appears that for younger children kinship care can be a positive option but the figures seem less positive for older children when compared with rates from other studies (Triseliotis, 2002). However, caution

must be taken when comparing the rates for this study with other published rates. For example, in this study the follow-up period was much longer than most disruption studies and the children were at the 'heavy end' in terms of adverse life experiences.

An in-depth examination of the 31 placements which ended prematurely revealed that, not unsurprisingly, many were fraught with difficulties while they carried on. Over half of the placements ended either because of the child's behaviour or because the child asked to move. The significance of the child's age was again important when factors associated with placement breakdown were analysed. Older children's placements were significantly more likely to end prematurely than those of younger children, confirming the findings from other studies. Other significant factors were the carer's relationship to the child and whether they had previously cared for him or her full time.

Given that the majority of these placements were intended to be permanent, the results presented here are not overwhelmingly positive. However, when disruption is considered in more depth a different picture emerges. Just over a quarter of the placements ended prematurely because the child wanted to move. More than half of the children remained within their family networks, moving either to a parent or another relative and the original carers often retained a positive relationship with the child. Thus there is a strong argument that kinship care provides an enveloping supportive network for many children even when there are problems.

Three further outcome measures – placement quality, relationship with the carer and child well-being – provided information on how the placements which persisted or had lasted as long as needed fared compared to those which had ended prematurely. The continuing placements/lasted placements scored more positively than those which had disrupted, indicating that the placements that terminated prematurely were indeed those that tended to have had more

difficulties. We found that most unsatisfactory placements were not being left to continue and that there was an explanation for why the few poor-quality placements were carrying on, other than lack of monitoring or the acceptance of lower standards.

Our findings suggest that certain factors indicate that some placements may be more vulnerable to breakdown and thus may need more support: placements of older children; placements with aunts/uncles; and placements where the carer and child are less familiar with one another. Indeed, the data do indicate that support may be more widely needed as none of the placements which disrupted were free of difficulties and many had multiple problems. Some placements which disrupted may have conceivably been sustained with different or more consistent support and more notably, most carers said that things might have worked out differently if they had received more help. While assessment of support needs should be based on individual cases, the findings suggest that the support for kinship placements needs to be carefully considered, particularly in cases where the cracks may already be beginning to show. In targeting support there is also scope for considering the factors associated with disruption.

Authors' note

Further details of the study can be found in Hunt J, Waterhouse S and Lutman E, *Keeping them in the Family: Outcomes for children placed in kinship care through care proceedings*, London: BAAF, 2008

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