US research suggests that kinship foster carers are a valued resource but less well supported than carers who are strangers. Jennifer Sykes, Ian Sinclair, Ian Gibbs and Kate Wilson draw on data from their own large-scale study of foster carers to see if similar issues arise in England. The study suggests that kinship carers are a heterogeneous group. Some want to be treated as carers entitled to similar levels of financial reward, and in need of training. Others may see support from social services as ‘intrusive’ and regard themselves as qualified by experience to care as they do. On average fostering appeared to have a greater impact on the financial and housing situations of these carers than it did on those of others, and many of them reported conflicts with the birth families. Despite these difficulties they received on average less training, lower levels of financial reward and less back-up than other carers. The authors conclude that, in at least some authorities, more use could be made of kinship foster care but that it is not always an appropriate choice and more thought should be given to its support.

Introduction
In the early 1980s a study found that, contrary to professional opinion at the time, foster care placements with relatives in the UK were more successful than those with strangers (Rowe et al, 1984). Since then, a perceived shortage of foster carers and an emphasis on the need to keep children in touch with their families have made kinship care placements increasingly popular. Official guidance in England now suggests that when children need to live away from home, the first option considered should be placement with kin (Department of Health, 1989; Grecff et al, 1999). A significant proportion of children who are looked after in England live with relatives or friends (6,500 out of 58,000 or 11.2 per cent – Department of Health, 1999).

The development of kinship care has been even more pronounced in the USA. The crack cocaine epidemic during the 1980s and low exit rates of children contributed to a rise in the number of children in out-of-home care during the 1990s (Barbell, 1997), creating a consequent need for more foster carers. This need, along with the wish to preserve kinship ties and to make ethnically appropriate placements, strengthened the case for formal kinship care as a placement option (Williams, 1999). Kinship care is now the fastest growing form of foster care in the USA (Everett, 1995; Gleeson, 1996; McFadden, 1998) and already accounts for approximately half of all placements in areas such as Baltimore, Chicago and New York City and an estimated quarter of all placements nationally (Wulczyn and Goerge, 1992; Dubowitz et al, 1993; Barth et al, 1994).

US literature has identified both the advantages and disadvantages of kinship care. On the positive side, it may build on existing attachments (Scannapieco and Hegar, 1996), make contact with birth families easier, more frequent and less liable to official control (Berrick et al, 1994) and spare the child the trauma of placement with strangers (Dubowitz et al, 1993). On the negative side, US studies have highlighted concerns over the assessment and training of kinship carers, the financial disparity between them and non-relative foster carers, and a decreased likelihood that the child will return home (Berrick et al, 1994; Everett, 1995; Davis et al, 1996; Link, 1996; Mills and Usher, 1996; Scannapieco and Hegar, 1996; Williams, 1999). US research notes that relative carers often lack the services and support frequently provided to non-relative foster carers, and are generally less well monitored (Berrick et al, 1994; Iglehart, 1994; Gebel, 1996; Scannapieco et al, 1997).

US research provides a fairly consistent profile of kinship carers who

Jennifer Sykes was formerly a visiting Marshall scholar at the University of York where she took the lead in analysing data on kinship care in a survey of foster carers and placements. She is currently working in the non-profit sector in the USA.

Ian Sinclair is Research Professor and Co-director of the Social Work Research and Development Unit at the University of York.
tend to be disproportionately African-American, maternal grandmothers or aunts, and are more likely to be older, single, less wealthy and less educated than other foster carers (Meyer and Link, 1990; Thornton, 1991; Wulczyn and Goerge, 1992; Dubowitz, 1994; Iglehart, 1994; Gebel, 1996; McFadden, 1998; Scannapieco, 1999). The smaller body of English research on ‘formal kinship care’ similarly suggests that most kinship carers are grandmothers or aunts, although a wide range of relatives may be involved. Also they are more commonly maternal than paternal relatives (Broad, 2001a; Hunt, 2001; Waterhouse, 2001). There is some evidence that they are of a ‘lower social class’ than other carers (Rowe et al, 1984) and rather less likely than other carers to be ‘white’ (Broad, 2001a; Hunt, 2001; Waterhouse, 2001).

In this article we examine how far these US concerns regarding training, support and financial equity are reflected in a study of kinship care in England. We also discuss the impact of kinship care on the carers themselves, their relationship with the birth families, and the implications of the study for the development of kinship care in the UK.

Methods
Our evidence comes from a study of support for foster carers. This study was carried out in seven local authorities in England: two London boroughs, a metropolitan district council, two shire counties and two unitary authorities. Judging from national statistics, the local authorities were, taken as a whole, highly representational. Compared with national figures they had almost exactly the proportion of children looked after per 10,000 of the population, and similar proportions of those fostered, in children’s homes or placed for adoption.

The authorities identified 1,528 registered carers and completed a brief pro-forma (92 per cent) of them covering the factors we thought likely to influence response to a postal questionnaire. Postal questionnaires were sent to all the registered foster carers. We received 944 useable returns, a response rate of 61 per cent.

In the census, 6.7 per cent of our sample, or 8.2 per cent of those ‘actively fostering’ (ie currently fostering or expected to do so again), were said by the ‘family placement’ or ‘link’ social workers to be providing ‘relative’ placements. However, some relative carers, were apparently included under other headings (eg ‘long-stay foster care’). Among those carers replying to the postal questionnaire, 71 (8 per cent) said that they only fostered children who were related to them. Of these ‘relative carers’, 33 were not identified as providing relative placements in the census. So it is likely that the census contains nearly as many relative carers who were not identified as such as it does those described under this heading. This assumption would suggest that kinship carers constituted around 13 per cent of carers in the census and 15 per cent of those who were active.

Those returning the questionnaires did not fully represent the census foster carers from whom they were drawn. The main factors related to the response rate were:

- local authority (from a low of 35 per cent in a London borough to a high of 71 per cent in a shire county);
- whether the carer was actively fostering (65 per cent as against 45 per cent of inactive carers);
- ethnicity (carers who were said to describe themselves as other than ‘British’ were significantly less likely to respond – 44 per cent < 65 per cent – a result partly reflecting the concentration of these carers in London boroughs);
- age of foster child (from 75 per cent where eldest foster child was aged less than two to 58 per cent where he or she was 16 or older);
- the main carer being in paid employment (58 per cent v 65 per cent).

Relative carers differed from other carers on two of these ‘biasing’ factors. First, there were large differences by local authority. In one authority relative carers were identified as constituting just over one per cent of the registered foster
carers, whereas in two others the proportions were ten per cent and 12 per cent. Second, almost all relative carers (97 per cent) were actively fostering as against only 81 per cent of the other carers. In addition, relative carers were themselves significantly less likely to return questionnaires (44 per cent as against 63 per cent).

The comparatively low response rate of relative carers was not explicable in terms of the other variables found to influence response (eg relative carers were more, not less, likely to be actively fostering). One possible explanation is that kinship carers do not consider themselves to be foster carers. Our main survey form was entitled ‘A questionnaire to foster carers’ and one or two conscientious kinship carers returned the forms with a note to say that these were not applicable to their circumstances. Others may have thought the same and discarded the questionnaire. We consider the implications of the response rate in our conclusion. To anticipate, we argue that most of the differences we found between relative and other carers would have been more, not less, pronounced if the response rate among relative carers had been higher.

This article relies mainly on the postal questionnaires. At one point it also uses ‘qualitative’ information on 20 foster children placed with relatives. These were included in a study of 596 foster children followed up over 14 months in the same authorities. We had information on these children from foster carers, social workers and family placement social workers at two points in time. The postal surveys were mainly quantitative, but space was provided within the questionnaire forms for written comments. There were 25 children placed with relatives in the study, and we selected 20 where there was sufficient information to give us some picture of the case.

Characteristics of kinship care givers and children
In our study kinship carers had a similar demographic profile to that of other carers, but seemed to be more disadvantaged. In contrast to the situation in the USA, they were no older on average than other carers, were just as likely to live with a partner and had similar ethnic backgrounds. In comparison with other foster carers, the kinship carers had fewer and slightly younger foster children in the home (see Table 1). In keeping with US findings, significantly fewer kinship carers were said by their social workers to be educated to degree, A level or O/GCSE level. They were also much more likely to have partners who were not employed.

### Table 1

<table>
<thead>
<tr>
<th>Kinship carers (n = 71*)</th>
<th>Foster carers (n = 873*)</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of primary</td>
<td>44.1 years</td>
<td>45.0 years</td>
</tr>
<tr>
<td>caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age of partner</td>
<td>46.0 years</td>
<td>45.8 years</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>Other ethnicity</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Living with a partner</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>83%</td>
<td>78%</td>
</tr>
<tr>
<td>No</td>
<td>17%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary carer not</td>
<td>64%</td>
<td>55%</td>
</tr>
<tr>
<td>employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner not employed</td>
<td>43%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional qualification/ degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Level</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>O Level/GCSE</td>
<td>20%</td>
<td>32%</td>
</tr>
<tr>
<td>None of the above</td>
<td>67%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Average age of foster children in the home</strong></td>
<td>8.34 years</td>
<td>9.99 years</td>
</tr>
<tr>
<td><strong>Mean number of foster children in the home</strong></td>
<td>1.42</td>
<td>1.86</td>
</tr>
</tbody>
</table>

Statistical note: NS = Not significant, ie the chances that if very large groups of kinship and foster carers had been compared there would be no difference in the averages or percentages is greater than 5 in 100. For other results, however, the chances are less than 5 in 100 and the results for the appropriate statistical test and probabilities are given.

#Chi square calculated on a table which distinguished full-time and part-time work

General note: base numbers vary. Information on ethnicity was not available for one authority. Level of education was only estimated for 89% of sample. Other missing information was less than 10%.

*Families without a current foster child omitted.
Training

US studies suggest that kinship carers receive less formal training than other carers, although some kinship carers may not see training as necessary (Thornton, 1991; Berrick et al., 1994; Iglehart, 1994; Gebel, 1996). In keeping with these results, we found that more kinship carers (60 per cent) than foster carers (19 per cent) began fostering without any formal training. In some cases the children may have been living with kin before formal fostering began (cf. Waldman and Wheal, 1999). However, this cannot explain why they received less training while fostering. Seventy-seven per cent of kinship carers claimed they had received no training since they began fostering, compared with 21 per cent of non-relative foster carers. Fifty-seven per cent of kinship carers, but less than five per cent of other carers, said they had never received any training either prior to the child being placed or after.

The rarity of training received by kinship carers may partly reflect a lack of perceived need for it. Waldman and Wheal’s (1999) study found that while some kinship carers find continued support and training necessary, others deem it unnecessary and perhaps intrusive. In keeping with this, one-third of the kinship carers in our study said they had turned down training. Their reasons included the lack of crèche or childcare facilities, clashes with work and inconvenient times of day. However, the most common reason given by just under half of this group was that the training was ‘not relevant to their needs’. Some saw training as unnecessary because they were caring for a family member and had previous experience of doing precisely that:

Due to the fact that [the child] is our grand-daughter and has been coming to our home from birth, staying for weekends and holidays, [training] does not apply to the family.

I have not had any training. The child I have is part of my extended family, and I have been a mum for 27 years.

One noted that while caring for her relative required no training, she would seek it out should she consider fostering non-relatives:

As I am fostering my niece for the foreseeable future, I have not had any training. Should I take more foster children in the future I will ask for the appropriate training.

By contrast some clearly desired more training:

I don’t think we were prepared enough for the difference that two extra children made and there have been problems in all areas from time to time.

I had to ask for training. It was not offered to me. I had to wait several months to go on two one-day courses.

In keeping with these diverse comments, kinship carers were more likely than non-relative foster carers both to say that they were very well prepared for fostering (50 per cent as against 30 per cent) and to say that they were very unprepared (9 per cent as against 3 per cent).

Support: contact with social workers and link workers

Foster carers commonly have contact with at least two social workers: the child’s social worker and the link or family placement social worker who is in a sense ‘their own social worker’. In this study less than five per cent of foster carers, but nearly a quarter of all kinship carers, lacked a link worker (see Table 2). Some commented on this difference:

I have experienced more day-to-day problems but have never had a link worker to give any advice to us about them.

I would like social workers more involved and supporting the family as a whole unit. Instead we have had no link worker in four years. The children’s social worker rarely sees them and for months now, she’s on ‘long-term sick leave’ so we have no support whatsoever.
Those who had a link worker saw them as often as other carers and were pleased with the support received. Sixty-eight per cent of kinship carers as against 60 per cent of the others reported that their link worker visited at least once a month. In both groups between 85 per cent and 94 per cent agreed or strongly agreed that their link worker:

- visits enough;
- listens carefully;
- does what they say they will do;
- responds quickly when asked;
- appreciates our work;
- offers good advice;
- sorts out practical problems;
- keeps in touch with us enough.

Despite giving link workers this endorsement, kinship carers claimed to derive less support from them than from the children’s social workers and had less contact with them on the telephone. Forty-three per cent of those who had link workers said they received ‘a lot of support’ from them. The comparable figure for support from the child’s social worker was rather higher (53 per cent). Kinship carers were unusual in valuing social workers above link workers. In the sample as a whole, only 35 per cent of the other carers claimed to receive ‘a lot of support’ from the child’s social worker, but a much higher percentage (55 per cent) claimed as much support from link workers.

**General agency support**

In the present study kinship carers’ views differed from non-relative carers regarding aspects of agency support. Kinship carers were significantly more satisfied (or less dissatisfied) with the way the authority dealt with allegations, arranged the child’s placement with them, involved them in planning for the child, and told them about the child after she or he had left. These differences probably reflect their experience and situations. As kinship carers generally had fewer foster children, they were less likely to experience allegations (only 3 per cent had done so as against 17 per cent of other carers) and so had less reason to be dissatisfied with the way these were handled. As they were not ‘regular’ foster carers, the placement arrangements were perhaps more likely to reflect what they wanted rather than what was expected of them.

By contrast the kinship carers in our sample were significantly less happy with arrangements regarding breaks for the carer. Forty-nine per cent were dissatisfied or very dissatisfied with arrangements for breaks as against only 29 per cent of the other carers. As they were not regular carers, kinship carers may have been seen as less entitled to regular relief.

**Support from other carers**

Evidence from the USA (McFadden, 1998) indicates that kinship carers are reluctant to participate in formal training programmes, but are more favourably disposed towards support groups composed of others in a similar position to themselves.

Eighty-five per cent of carers in our study said that their local authority

---

**Table 2**

<table>
<thead>
<tr>
<th>Formal and informal support for kinship and foster carers</th>
<th>Kinship carers (n = 71*)</th>
<th>Foster carers (n = 873*)</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of carers without a link worker</strong></td>
<td>24%</td>
<td>4%</td>
<td>(x^2=57.51;) df=1; p&lt;0.001</td>
</tr>
<tr>
<td><strong>Frequency of visits by link worker</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once per week or more</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Once every two weeks</td>
<td>13</td>
<td>11</td>
<td>NS</td>
</tr>
<tr>
<td>Once per month</td>
<td>49</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Less often or never</td>
<td>32</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency of telephone contact</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once per week or more</td>
<td>10</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Once every two weeks</td>
<td>29</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Once per month</td>
<td>16</td>
<td>31</td>
<td>(x^2=32.54;) df=4; p&lt;0.001</td>
</tr>
<tr>
<td>Less often than once per month</td>
<td>35</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Authority runs support groups</strong></td>
<td>79</td>
<td>86</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Percentage of carers who are in contact with other carers</strong></td>
<td>49</td>
<td>71</td>
<td>(x^2=14.53;) df=1; p&lt;0.001</td>
</tr>
</tbody>
</table>

Note: Base numbers vary. Missing information was always less than 10%.

*Among those with a link worker. Figures are %.
offered support groups that they could attend. Compared with other carers, kinship carers were much less likely to attend these groups at all. When they did attend, they rarely did so regularly (see Table 3). In keeping with this, more kinship carers (51 per cent) than other carers (29 per cent) said that they did not have contact with individual foster carers to whom they could turn for support.

**Financial and other practical considerations**

US studies suggest that kinship carers typically receive less money for fostering than foster carers even though their income from other sources is lower (Everett, 1995; Link, 1996; Scannapieco and Hegar, 1996; Williams, 1999). We have already suggested that kinship carers are more likely to be disadvantaged than others. In this section we examine the apparent impact of fostering on their housing, finances and employment.

Asked directly about the impact of fostering on their housing, kinship carers were more likely than others to feel that fostering had a good effect on housing (25 per cent as against 11 per cent). The apparently good effects may reflect the impact of re-housing. However, waiting for this can be difficult, and kinship carers were also slightly more likely than other carers to say that fostering had worsened their housing situation (10 per cent as against 7 per cent):

*I have been living with [four children] for about 12 months in a two-bedroom flat. The social services . . . have been very supportive. What I really need is a house with a garden for me and my sister’s children. It makes me feel very angry that I haven’t been offered a house as yet. The four children sleep in one room.*

Kinship carers were rather more likely than other carers to say that fostering had a bad effect on their finances (22 per cent as against 11 per cent). The differences in the perceived impact of fostering on finance falls just short of significance (*p* = .06). If there is an effect it probably arises through the impact of fostering on work, which may be typically more important to kinship carers, who have been drawn into fostering because of family emergencies and have not chosen fostering as an alternative to work:

*When I took [the child] on I had to give my part-time job up, which I now regret.*

*I had to give up work to foster. I live alone with a mortgage. My two-bedroom home is not big enough. One child sleeps downstairs in the front room.*

In many respects, the two groups of carers responded similarly on financial matters. Most felt fostering should be salaried as work; a sizeable proportion did not find the basis on which authorities compensated carers to be fair; and over one-third questioned whether the authority let them know their financial entitlements. As can be seen from Table 4, there were two clear differences.

First, more kinship carers seemed satisfied with both the amount of payments for fostering and with the way payments were made. Second, more kinship carers than foster carers would have continued to foster without payment.

We used regression analysis to predict the amount of financial recompense carers would be expected to receive. Our model was based on three independent variables: local authority, average age of foster children and number of foster children. This allowed us to divide the sample into three groups:

- those earning less than we would expect;
- those earning roughly what we would expect;
- those earning more than we would expect.
Relative carers contained a lower proportion of people getting more money than our model predicted. Although half of the kinship carers viewed the compensation they received as ‘generous’, some resented what they saw as the better financial treatment of non-relative carers:

> Well, I don’t think it’s fair for foster parents who are related to the foster child not to receive full foster allowance. In my view I think family give more in love, clothes, toys and everyday life, so why should we not get the full allowance? No, I still say I should get the same as anyone else.

The media could exacerbate this perceived unfairness:

> I wish newspapers would not print amounts carers are paid because we are not in that bracket and our children think we are.

The practice of paying relative foster carers at a lower rate than other foster carers is now likely to change given the outcome of a recent judicial review which declared the policy of Manchester City Council to be unlawful (see Ball, 2001 for details).

Support from family and friends

We asked carers to rate the amount of support they received from various sources. On this measure kinship carers were as positive as other carers about the support offered by friends, neighbours, ‘other professionals’ and relatives other than immediate family.

The main difference was that twice as many kinship carers reported receiving no support from immediate family (16 per cent compared to 7 per cent). This difference seemed small (although it was statistically significant), but qualitative data from the postal questionnaire and our review of the 20 kinship placements revealed a high degree of tension among the families of kinship carers. In only three out of the 20 cases was there no evidence of conflict between carers and birth family. In some cases there was outright hostility.

Sometimes the problems existed prior to the placement:

> [The child] is our grand-daughter, so there are family ties involved. We have had a lot of heartache and sadness in the family over the situation.

The father of the child is my son and due to what has gone on in the past I feel very resentful towards him. I don’t like the

---

**Table 4**

<table>
<thead>
<tr>
<th>Kinship carers</th>
<th>Foster carers</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Agree</td>
<td>% Agree</td>
<td>x²=15.81; df=3; p&lt;0.001*</td>
</tr>
<tr>
<td>The authority’s payment to foster carers is generous</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>The basis on which the authority pays foster carers is fair</td>
<td>60</td>
<td>46</td>
</tr>
<tr>
<td>Foster caring is a job of work and should be salaried appropriately</td>
<td>72</td>
<td>74</td>
</tr>
<tr>
<td>Without the fees from fostering we would not continue fostering</td>
<td>44</td>
<td>63</td>
</tr>
<tr>
<td>The authority lets us know what we are entitled to</td>
<td>66</td>
<td>61</td>
</tr>
<tr>
<td>The authority is quick and efficient over paying</td>
<td>73</td>
<td>57</td>
</tr>
</tbody>
</table>

* Chi square calculated on the basis of the original four-point scale.

**Note:** Base numbers vary. Missing information always less than 10%.

**Table 5**

<table>
<thead>
<tr>
<th>Earnings</th>
<th>Kinship carers n = 54</th>
<th>Foster carers n = 581</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than expected</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>Roughly as expected</td>
<td>50%</td>
<td>32%</td>
</tr>
<tr>
<td>More than expected</td>
<td>15%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Chi-square = 11.04; df = 2; p = .004

- those earning more than we would expect.

Relative carers contained a lower proportion of people getting more money than our model predicted.

Although half of the kinship carers viewed the compensation they received as ‘generous’, some resented what they saw as the better financial treatment of non-relative carers:
mother of the child, so I find it quite stressful during visits.

Sometimes tensions arose because the child’s parent(s) did not want placement with kin or for their children to be placed at all. Resentment, feelings of betrayal or suspicions that the relative is just fostering for the money could be the result:

The mother of the child would come to the house saying I had stolen the child from her.

I find it very stressful as I know the child’s mother does not want the child to be with us.

At other times there was competition between family members over who should have the child:

My mother and father have taken it badly, as they wanted the children themselves, but were unable to for several reasons. (Aunt)

In this case two siblings [aunts of the child] put themselves forward as prospective carers. This choice of one carer over another has led to family difficulties. (Social worker)

Sometimes tensions arose because of the requirements of fostering. Visits in particular seemed a source of difficulty:

Because my foster son is my sister’s child I sometimes have to cope with her as well, leading to problems in the past with family tension and her interference. (Aunt)

One problem with visits may be that they are difficult to control. Family may drop in at will rather than by arrangement:

With the birth parent being a family member, I am always under a lot of stress, not knowing when they will turn up and cause trouble.

Such difficulties would be expected to affect the child and there was evidence that they sometimes did:

The contact with the children was going well but lately one of her sons does not want to go for the contact because [birth mother] calls me names and speaks against me to them.

Despite considerable efforts to reassure him the child will not agree to see his mother. This does seem to be because he is conscious that the mother has greatly upset foster carers in past. (Social worker)

As argued in the discussion below, it would be wrong to assume that family placements are invariably causes of stress and conflict. However, this potential clearly exists.

Overall evaluation of fostering
Relative foster carers found somewhat less satisfaction in fostering than did other carers (see Table 6). Only 29 per cent of kin ‘strongly agreed’ that they got a lot of satisfaction out of it as against 47 per cent of non-relative carers. Fewer than one in five (18 per cent) kin strongly agreed that fostering enriched their lives, as against just under a third (31 per cent) of the other carers.

Discussion
There are striking similarities between our findings on kinship care in England and those from the USA. In both countries, foster children come from disadvantaged groups. Unsurprisingly, kinship foster carers are more disadvantaged than carers who are not related to the children. In our study, kinship carers appeared to have lower levels of formal education and were much less likely to have an adult partner who was employed outside the home than other foster carers. Despite these disadvantages, and as in the USA, kinship carers received lower levels of financial compensation, less training and less support from a link worker.

By contrast, kinship carers in our study differed in three ways from those in the USA. They were not more likely than others to come from minority ethnic groups, they were not on average older than non-relative carers in our study and they were not more likely to be lone
In these respects, practice in our English authorities seems to result in a population of kinship carers that is less distinct from the ordinary population of carers than is the case in the USA. Thus questions arise over whether social workers in England are missing some of the distinctive advantages of kinship foster care, for example, its acceptance by some ethnic groups. The wide variation in the use of kinship care suggests that authorities making low use of this form of placement practice should review its potential.

Overall our findings support the conclusions reached by recent English studies of slightly different groups: formal kinship care (Broad, 2001a), short-term kinship care (Waterhouse and Brocklesby, 1999) and kinship care for children subject to applications for care or supervision orders (Waterhouse, 2001). Our study suggests that in England at least, kinship foster care occupies a slightly uneasy position between care by kin and care by foster carers. Kinship carers in our sample seemed less integrated into the support systems associated with foster care. They received less training and reported less support from other foster carers, groups for foster carers and relief breaks. In contrast to other foster carers, kinship carers felt themselves better supported by social workers than by link workers.

This lack of integration into the foster care system may partly reflect the carers’ choices. Undoubtedly some kinship carers saw themselves as foster carers and resented what they saw as a failure by social services to support them as well as other carers. The experience of social services support by kinship carers documented in the London Borough of Wandsworth by Broad and his colleagues (2001) was mixed, with many unsure of their entitlement. Nearly all the kinship carers wanted more social services support and better information to combat the sense of isolation.

As a group, however, kinship carers in the present study were more likely to say that they would continue to foster without the money and more likely to see what money they did receive as generous. But this perception that social services go beyond their obligations in financial terms may accompany a more negative perception that social services also go beyond their rights by intruding into matters between kin. As one carer put it:

*I feel that fostering your own relatives you should have more authority, but we still feel that our nieces are the ‘property’ of the social services. We receive an allowance not a wage, but I have been referred to as ‘a foster parent’ by the social services. I don’t feel this is right and it undermines my own relationship with the children.*

Kin carers who did not see themselves as foster carers and who were less involved with the link workers through whom we advertised our research were probably less likely to respond to our questionnaires. Therefore our study may well underestimate the extent to which kinship carers (a) receive less support than others and (b) regard themselves as kin and not as part of the foster care system.

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By contrast, carers who had experienced problems may have been more motivated to respond to the survey, so we may overestimate the degree of unhappiness among kin carers and the extent of their conflict with birth families. A number of social workers commented on the advantages of kinship care where, for example:

### Table 6

<table>
<thead>
<tr>
<th>Kinship carers</th>
<th>Foster carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Agree</td>
<td>% Agree</td>
</tr>
<tr>
<td>n = 71</td>
<td>n = 873</td>
</tr>
<tr>
<td>We get a lot of satisfaction from fostering</td>
<td>91</td>
</tr>
<tr>
<td>Fostering enriches our lives</td>
<td>75</td>
</tr>
<tr>
<td>Everyone in this family is pleased we foster</td>
<td>77</td>
</tr>
</tbody>
</table>

*Note: Base numbers vary. Missing information always less than 10%.*
The child was able to continue living in surroundings which she was familiar with and with people she knew.

Or, as one kinship carer explained, ‘It was just moving from mam to nan.’

Despite these positive comments, some degree of conflict between kinship carers and birth family was almost universal in the 20 cases we reviewed, and was the focus of comment in a number of our questionnaires. Two factors may make such conflicts more prominent than in the past. First, as kinship care becomes seen as the placement of choice, it becomes more likely that it will be used in difficult family situations. Second, the proportion of placements that involve abuse has been growing (Department of Health, 1999). Abuse is probably associated with family conflict, its discovery is likely to exacerbate family conflict, and it may lead social services to seek a degree of control over visits which family members find difficult to accommodate. Whatever the explanation, it is certain that family conflict is a feature of a sizeable proportion of relative placements.

These findings suggest a number of implications for practice:

1. Kinship carers are a heterogeneous group who have different training needs. Some do not see themselves as in need of training, but others would welcome it and it should be available to them.

2. Relief and assistance available to non-relative carers should be equally available to relative carers. Not all these carers want such support, but some do.

3. Kinship carers appear to be a disadvantaged group. The placement of children with relatives should not penalise them financially or in terms of their housing.

4. Kinship care may help unlock the support potentially available from grandparents and within minority ethnic groups. This potential may not be sufficiently recognised.

5. Kinship carers face particular difficulties over contact with birth families. Potential difficulties should be assessed prior to decisions on placement. Authoritative, skilful social work support needs to be available thereafter.

Agencies should recognise kinship carers as a varied group requiring careful assessment, training opportunities, authoritative back-up, flexibility in practical and emotional support, and fairness in financial compensation (see Broad, 2001b, for detailed suggestions for practice). Above all, they should see that kinship care is not a cheap form of provision equally suitable for all:

Kinship carers probably need more ‘preparation’ than others. Social workers need to take into account extended family problems in such placements [and recognise] that family dynamics are inevitably much more powerful/subversive in kinship care. (Link worker)

To quote one social worker, ‘Family placements are not always the best option for the child.’

References


Waterhouse S and Brocklesby E, ‘Placement choices for children: giving more priority to kinship placements’, in Greeff R (ed), as above, 1999


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