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

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

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Abstract

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 science 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 supports. Key messages are finally identified to inform the development of family friendly policies, interventions, and future research.

Introduction

Kinship care has received increasing attention from, not only the social science academy, but also the social care professions. This is because there is a widespread perception that this type of placement is preferred to children entering state care. The latter move can involve separation from familial and cultural networks, engender stigma and introduce potentially unstable care placements. However, it is important not to 'essentialise' kinship carers as a group. They are not 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.

Below, we review, systematically, international research literature on informal kinship care. Most of the 57 reviewed papers report on research conducted across the USA, followed by the UK, with a small number of studies conducted in Canada, Australia and sub-Saharan Africa. All but one were 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 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, 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.

Method

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 data bases 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 i.e. ‘informal’; (ii) the relationship of the care-giver to the child i.e. ‘kin’; and (iii) the type of arrangement i.e. 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’.

| | | | | | | | | |
|------------|----|---------|----|-----------|----|----------|----|--------|
| Informal | or | Private | or | Voluntary | | | | |
| And | | | | | | | | |
| Kin* | or | Friend* | or | Relative* | or | Sibling* | or | Famil* |
| And | | | | | | | | |
| Car* | | | or | Foster* | | | | |

Table 1: Keywords for Electronic Database Search

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) IBSS (International

Bibliography of the Social Sciences); (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. Secondly, 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, though, 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 data-sets or census statistics underpinned by robust designs (see Washington et al., 2013; Bertera and Crewe, 2013; Nandy and Selwyn, 2013; Park and Helton, 2010). 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 child and caregiver (Minkler and Fuller-Thomson, 2005). A limitation of census review and secondary analysis is that they can operate

from fixed, pre-formed schedules which later researchers cannot manipulate or change. Often, there can be other variables that impact on children's competence and indicators of well-being. 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 (Gleeson & Seryak, 2010; Strozier et al., 2011; Gibbons and Jones, 2003), unrepresentative samples (Gibbons and Jones, 2003; Saunders and Selwyn, 2008; Gibbs et al., 2006), the use of non-randomised sampling techniques such as purposive or convenience sampling (Kelley et al., 2000; Green and Goodman, 2010; Letiecq et al., 2008a), 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 caregiver (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, however, varied 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 which child welfare agencies help to arrange, but do not formalise. As Geen (2004: 133) 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 (2002:15), 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):

| Type of Arrangement | Geen (2004) | Winokur et al. (2009) | US Dept. of Health and Human Services (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’ |

Table 2: Typologies of 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 (Department for Education, 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'. (Department for Education, 2010: 7).

Following 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' (p.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; Radcliff 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). For example, Minkler and Fuller-Thompson'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 years (Leticq et al, 2008b) to 47.5 years (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 ten-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' socio-economic status, were low levels of educational attainment (Kelley et al, 2000; Minkler and Fuller-Thompson, 2005; Bunch et al, 2007; Leticq 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, with already 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 supports 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’.

| 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 | | | 2 nd most common reason | | |
| Saunders and Selwyn (2008) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | One third | | One third mental illness | | | Half - Three quarters |
| Wellard and Wheatley (2010) | ✓ | | | ✓ | | |
| | half | | | | | |

Table 3: Reasons for Informal Kinship Placement

Since the majority of studies focused on the caregivers' 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 well-being (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 (Burgess et al, 2010; Farmer et al, 2013; Messing, 2006). 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 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; Gleeson et al, 2009; Gleeson and Seryak, 2010; Saunders and Selwyn, 2008; 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 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 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 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 (Backhouse and Graham, 2012; Bailey et al, 2009; 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 child-care 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 (Gibbons and Jones, 2003; Gleeson and Seryak, 2010; Olusanya and Hodes, 2000). 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 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 were 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 supports 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 (Farmer et al, 2013; Wellard and Wheatley, 2010) 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 supports 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 (Letiecq et al, 2008a), or specific allowances for informal carers at a rate higher than registered (licensed) foster care (Ehrle and Geen,

2002), although the challenge of funding kinship subsidies was recognised (Winchisky 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; Letiecq et al, 2008a; Gleeson and Seryak, 2010; Selwyn and Nandy, 2012; Winchisky 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 health care 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 supports by eliciting service user experience and using standardised outcome measures to allow for comparison of effectiveness across services and settings.

Informal placements were valued by carers, children and parents 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; Stokes, 2014; Harnett et al, 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 recognise 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* (Simpson and Lawrence-Webb, 2009; Letiecq et al, 2008a), recognising the influence of personal and social systems working at the mirco, 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 kinships 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 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 as a way of understanding these types of human process 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 American 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 ethnic minority 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; Radel 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. Though 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 method section.

Some key messages emerged from the review that were 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, thirdly, that informal formal 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.

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