



The ‘dance’ of kinship care in England and Ireland: Navigating a course between regulation and relationships

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ABSTRACT

There has been a significant growth in the use of formal kinship care in the UK and Ireland in the last 20 years. The paper charts some of the reasons for the ‘organic growth’ of kinship care and the multiple dynamics that have shaped this. It shows that kinship care has grown relatively slowly in the more regulated care system of England, compared to the less regulated system in Ireland. Examination of these different trajectories suggests that: where the tendency to regulation is strong the choices of individual family members may also have an impact in response to state provision; cultural differences in the importance of family ties may play a part in decision-making processes; and that variations in levels of regulation and support may impact on the profile of the care system. It also serves to highlight that relationships may be the glue that brings formal kinship placements together and they may also be the glue that holds them together. Regulation (and how it is interpreted on the ground) can influence the climate of choices of the carer to start or keep going, but it cannot determine those choices. Clearly, regulation is required, but it seems wise not to see regulation as all-conquering in terms of influence. ‘Culture’ in a range of senses seems also to play a part. Further comparative study may reveal more about this ‘dance’ of kinship care and its balancing of regulatory and ‘cultural’ factors.

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El “baile” del acogimiento en familia extensa en Inglaterra e Irlanda: Navegando entre la reglamentación y las relaciones

RESUMEN

Ha habido un aumento importante de la utilización del acogimiento formal en familia extensa en el Reino Unido y en Irlanda en los últimos 20 años. Este trabajo describe algunos de los motivos del “crecimiento orgánico” del acogimiento en familia extensa y las múltiples dinámicas que lo han conformado. Se muestra que el acogimiento con familiares ha crecido relativamente de un modo lento en el sistema de protección más regulado de Inglaterra en comparación con el sistema menos regulado de Irlanda. El análisis de estas diferentes trayectorias indica: que allí donde hay una fuerte tendencia a la regulación la elección de los miembros individuales de la familia pueden tener un impacto en respuesta a la provisión estatal, que las diferencias culturales en la importancia que se da a los vínculos familiares puede jugar un papel en los procesos de decisión y que las variaciones en los niveles de regulación y apoyo pueden influir en el perfil del sistema de asistencia. También sirve para destacar que las relaciones pueden ser el pegamento que acerque los acogimientos formales en familia extensa y también el que los mantenga unidos. La reglamentación (y el modo de interpretarla sobre el terreno) puede influir en el clima de elecciones del cuidador para comenzar y seguir, pero no puede determinar dichas elecciones. Evidentemente se necesita reglamentación, pero parece sensato no ver ésta como una panacea en cuanto a su influencia. La cultura, en sus diversas acepciones parece también jugar un papel. La realización de más estudios comparativos puede enseñarnos más acerca de este “baile” del acogimiento en familia extensa y el equilibrio de factores reglamentarios y “culturales”.

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One of the key objectives of public care, in situations when children cannot safely return home, is to provide a framework that maximises the likelihood that children have a secure base with carers capable of providing safe and effective care for the duration of childhood –by providing stability. Achieving this is a challenge because separation from birth parents can lead to an enduring sense of loss (Schofield, 2001). Pre-care experiences of abuse and neglect may also affect attachment and children's emotions and behaviour meaning looked after children often require better than good enough parenting (Iwaniec, 2006). Ensuring positive outcomes is particularly challenging because "once a child enters substitute care there is a separation of actual care from formal responsibility" and "responsibilities are discharged by dividing them into a number of activities performed by different groups of people, such as birth parents, foster carers, social workers and managers, therapists and legal representatives" (Parker, 1980, as cited in Bullock, Courtney, Parker, Sinclair, & Thoburn, 2006, p. 1347). In this context states often develop regulatory frameworks to define standards and expectations in an effort to protect and promote the welfare of looked after children and meet the objective above. However, a recurring theme in young people's accounts of life in care or being looked after internationally is that some of the things that are most important to them are relationships with their carers and feeling they belong within their substitute family (Cashmore & Paxman, 2006; Munro, Lushey, National Care Advisory Service, Maskell-Graham, & Ward, 2012; Ward, Skuse, & Munro, 2005). This paper provides a brief overview of the looked after system in the UK and the equivalent care system in Ireland before going on to explore similarities and differences in how different jurisdictions navigate a course between legislation, regulation and providing enduring relationships for children in family based placements. As Preston-Shoot notes:

"The goal [of regulation] may be safe passage along the road of good intentions to standards and outcomes. The critical question is whether regulation is the best passport to quality and safeguard for the journey from policy to practice" (2001, p. 6).

While various features of the relevant care systems will be explored for jurisdictions in the UK and Ireland, there will be a particular emphasis on comparing one aspects of provision relevant to the issue of continuity and stability in the child's care experience: the use of kinship care which provides the child with a degree of continuity through remaining within the wider family network. A focus on kinship care allows an exploration of some of the implications of some differences in how the two state systems approach the regulation of kinship care and manage related support arrangements.

Background on the care system

The principles underpinning child welfare intervention in the UK and Ireland are broadly similar. The child's best interests are the paramount consideration, but it is recognised that generally it is best for children to be cared for by their birth parents. If this is not possible, care within the wider family network is recognised as the next best alternative. Working in partnership with families and voluntary care arrangements, rather than compulsory intervention through the use of legal orders, is also favoured (Child Care Act 1991; Children Act 1989; Children [Scotland] Act 1995; Children [Northern Ireland] Order 1995). In practice, however, there are variations in how these principles are operationalised both within and between countries. In Scotland, around a third of looked after children are living with their parents but are technically looked after because they are subject to supervision requirements. In England, despite the ambitions of the Children Act 1989 to promote the use of voluntary arrangements only around a third of children are looked after *without* a legal order, whereas in Ireland there is a more even split. However, the systems in UK and Ireland remain more adversarial than systems

in much of the rest of Europe. For example, in Finland and Denmark 80-90 per cent of children are placed with the voluntary consent of both parents and often the children (Gilbert, 2012). Moreover, in comparative terms, in England, Wales, and Northern Ireland care is used less as a family support measure and more as a response to child abuse and neglect, which in turn affects the needs of the looked after population.

At any time around 90,000 children in the UK are in public care –a figure that has been rising in recent years, largely because children are remaining in care for longer. At March 31 2012, 67,050 of these children were looked after in England, the largest nation in the UK: a rate of 59 per 10,000 children under 18 years. Table 1 below provides snapshot comparative data for other parts of the UK and Ireland. Caution is needed in interpreting these data because of technical differences in classifications of looked after children and in the statistical returns (Munro, Stein, & Ward, 2005). In Scotland, 32 per cent of looked after children are placed with their parents, thus inflating their figures. Whilst this is permissible elsewhere, it is much less common, as Table 2 below shows. Scotland also includes all episodes of starting and ceasing to be looked after during the year in their statistical returns: an approach that is inconsistent with that adopted in the rest of the UK. In Northern Ireland and Ireland, children in short-term placements are included in looked after children statistics: this is not the case in England, Wales and Scotland (Munro, Brown, & Manful, 2011).

Table 1
Number and rate of looked after children at year end 2011 (Ireland) and 2012 (UK)¹

	Number of children looked after at a given date	Rate per 10,000 population aged under 18
England	67,050	59
Wales	5,726	92
Scotland	16,231	157
Northern Ireland	2,644	61.2
Republic of Ireland	6,160	54

Sources: Department for Education 2012a; Department of Health, Social Services and Public Safety, 2012; Health Service Executive, 2011; Scottish Government, 2012; Welsh Government, 2012.

¹31 March in England, Wales and Northern Ireland and 31 July for Scotland

Consistent with international trends, family placement (unrelated and kinship care) is now the dominant form of care across the UK and Ireland: ranging from 57 per cent of placements in Scotland to close to 90 per cent in the Irish care system. Indeed, Ireland has one of the highest rates of placements with families globally (Ainsworth & Thoburn, 2013). This picture of a high rate of family placement is especially remarkable when seen against previously high rates of placement in institutions in Ireland until the early 1970s. Linked to its profile on family placement, Ireland also shares with Australia the distinction of having the lowest rate of reliance on residential care internationally (10% or less), whereas England has a slightly higher reliance, currently standing at 12 per cent (Ainsworth & Thoburn, 2013). The most recent data are presented in Table 2 below.

Across the UK and Ireland there has also been a significant growth in the use of formal kinship care in the last twenty years. In England for example, between 31 March 1996 and 31 March 2000 the numbers of looked after children increased by 13 per cent from 50,600 to 58,100 children (Department of Health, 2001). Over the same period the number of looked after children in kinship care increased by 32 per cent from 4,899 to 6,300 (Department of Health, 2001, as cited in Broad, 2004). However, the proportion of children in formal kinship care in England remains low compared to other parts of the UK, standing at 11 per cent compared to 15, 25 and 27 percent

Table 2
Looked after children's placements at year end 2011 (Ireland) and 2012 (UK)

	England		Wales		Scotland		Northern Ireland		Republic of Ireland	
	Number	%	Number	%	Number	%	Number	%	Number	%
Foster care (unrelated)	42,890	64%	3,565	62%	5,279	32%	1,229	46%	3,759	61%
Foster care (family or friends)	7,370	11%	865	15%	4,076	25%	717	27%*	1,780	29%
Residential settings	6,950	12%	230	5%	1,433	9%	231	8%	436	7%
Placements with parents	3,600	5%	540	9%	5,153	32%	295	11%	31	-
Placement with prospective adopters	2,680	4%	245	4%	262	2%	-	-	14	-
Other	3,560	4%	285	4%	45	0%	172	6%	135	2%
Total	67,050	100	5,725	100	16,248	100	2,644	100	6,155	100

Note. Percentages have been rounded. *Estimated based on NI Assembly: Hansard Official Report, HSSP Minister "Kinship care", p. 206. Sources of data: Department for Education, 2012a; Department of Health, Social Services and Public Safety, 2012; Health Service Executive, 2011; Scottish Government, 2012; Welsh Government, 2012.

in Wales, Scotland, and Northern Ireland respectively. Ireland now makes the greatest use of kinship care which has moved from being a minor feature in provision prior to the Child Care Act 1991 to a major one, accounting for almost one in three placements (29%) (Health Service Executive, 2011). As such Ireland belongs to a cluster of countries that now rely heavily on formal kinship care, including Australia (47% of placements) (Australian Institute of Family Studies, 2013) and Spain (47%) (Del Valle, López, Monserrat, & Bravo, 2009).

Use of domestic adoption as a route to permanence varies across the UK and Ireland. Nearly 3,000 looked after children in England and Wales were placed with prospective adopters in the year ending March 31 2012, compared to just 14 children in Ireland (Department for Education, 2012a; Health Service Executive, 2011; Welsh Government, 2012). In England and Wales the Adoption and Children Act 2002 modernised the entire legal framework for adoption and aimed to improve planning for permanence, reduce delay in social work and court processes and increase the number of children adopted from care (Department of Health, 2000). This has not yielded the anticipated increases in the number of children adopted from care, but, as Table 2 shows, the proportion does remain higher than elsewhere in the UK and Ireland (Munro & Manful, 2012). The coalition government has also taken further measures designed to "accelerate the whole adoption process so that more children benefit from adoption and more rapidly" (Department for Education, 2012b, p. 3). This includes the introduction of two-stage approval process for prospective adopters and a fast-track approval process for some previous adopters and foster carers (see Department for Education, 2013; Munro, Meeto, & Hollingworth, 2013). In the last decade Scotland and Ireland have also modernised their legal frameworks governing adoption (Adoption Act 2010; Adoption and Children [Scotland] Act 2007). However, the permanence agenda in England (i.e., taking measures to ensure that children do not spend their childhoods in care but return home or are placed with an alternative family for life, preferably via adoption) has not been embraced to nearly the same extent in Ireland and Northern Ireland where there is greater reluctance to sever the birth family tie.

The rise of formal kinship care

Recent analysis of the 2001 UK census data found that approximately 173,200 children were living away from their birth parents with relatives, most commonly with grandparents (Nandy & Selwyn, 2011). This serves to highlight how important kinship care is in the lives of many children, with 1 in every 72 (Wales) and 1 in

every 91 (Northern Ireland) children living with kin. Over 90 per cent of these arrangements are *informal* with children's social care services having no (or a very peripheral) role (Nandy & Selwyn, 2011). However, in around 10 per cent of cases children are formally looked after and living with family or friends whom children's social care services have approved and assessed as foster carers. The number in these formal arrangements has been on the rise in the last decade or so, and the number of looked after children placed with family and friends foster carers since 2001 has risen by 4,024 from 9,004 to 13,028 (Nandy & Selwyn, 2011). Moreover, over a quarter of children in care in Scotland, Northern Ireland and Ireland are now placed with kinship carers.

The rise of formal kinship care in the UK and Ireland has been attributed to a number of factors. First, legislation, policy and custom and practice have come to frame kinship care as the preferred arrangement when children cannot live with their parents (Children Act 1989; Children [Northern Ireland] Order 1995; Children [Scotland] Act 1995; Children Care Act 1991; Department for Education, 2010; Scottish Government, 2007). This reflects an acknowledgement of the importance of attachments and family relationships to a child's sense of belonging, culture and identity (Iglehart, 1995; Mosek & Alder, 2011). Second, an increase in substance misuse affecting parental capacity to provide adequate care has placed additional pressure on the looked after system and led to a rise in kin placements (Aldgate & McIntosh, 2006). Third, the growth of formal kinship care may also be responsive to developments in other parts of the wider care system. An example from the Irish case is how the gradual closure of children's homes and the gradual rise of kinship care occurred over broadly the same period of time. While not declared as an alternative to residential care in advance, the evidence suggests that the running down of residential care for a number of reasons hastened increased reliance on kinship care. Fourth, heightened demands on fostering services and on-going difficulties recruiting and retaining sufficient unrelated foster carers to meet demand have contributed to the increased use of family and friends care (Colton, Roberts, & Williams, 2006; O'Brien, 1999). In Ireland, for example, a campaign to recruit traditional (unrelated) foster carers in 1991 generated 150 enquires, which eventually yielded 23 approved sets of carers, a 'return rate' of 15 per cent. A campaign five years later had an even more chastening outcome: 474 enquiries produced a return rate of 4 per cent (18 new approvals) (Meyler, 2002). Fifth, there may be an incentive for certain public authorities to use kinship care (depending upon policy and practice governing remuneration and support) in an effort to reduce costs at a time of

significant budgetary cuts. Finally, research messages are broadly positive about children and young people's experiences of being cared for by family or friend and regarding outcomes for this group (Aldgate & McIntosh, 2006; Broad, Hayes, & Rushworth, 2001; Burgess, Rossvoll, Wallace, & Daniel, 2010; Farmers & Moyers, 2008; Lernihan & Kelly, 2006). To varying degrees these factors help explain why relative care has taken hold as a serious placement option in the UK and Ireland. However, this presents something of a challenge as kinship care sits on the boundary between public and private spheres of caring, raising dilemmas about what role the state should play in supporting carers both practically and financially (Farmer & Moyers, 2008; O'Brien, 1999). England has implemented more legislation, regulations and guidance than Ireland, which has taken a much less regulatory approach and has higher numbers of children in formal kinship placements (see Black, 2012 for a UK overview).

England: regulation, regulation, regulation

In England guidance and regulation in relation to kinship care has grown over time. Under the Children Act 1989, local authorities have a duty to make arrangements for children to be looked after with family if this is consistent with their welfare. This position has been further strengthened more recently with the Children and Young Persons Act 2008 stating that family and friends care should be the first option. The Public Law outline, guiding the case management of public law proceedings, now also requires that the viability of family placements must be examined pre-proceedings (Judiciary of England and Wales and Ministry of Justice, 2008). The Adoption and Children Act 2002 also introduced Special Guardianship as a new measure to provide legal permanence for children for whom adoption was not appropriate. A Special Guardianship Order (SGO) gives a special guardian responsibility for all aspects of caring a child and for taking decisions about his or her upbringing; the special guardian may exercise parental responsibility to the exclusion of all others with parental responsibility (apart from another special guardian). This provides greater security than long term fostering but without the absolute legal severance from birth parents that stems from an Adoption Order. It was identified that this could usefully be applied to situations where a child is being cared for on a permanent basis by members of the child's wider family (Cm 5017, 2000). Arguably, these developments all reflect an ideological commitment to kinship care but are a little more ambiguous in terms of the state's role in supporting these arrangements. Legislation supports formal arrangements when children are *looked after* on the one hand, whilst *also providing potential diversionary routes* from the system for children from similar backgrounds and with similar additional support needs to others inside the care system, on the other hand.

Diversionary routes when families are already known to children's social care services

In addition to informal arrangements that children's social care services are not party to, there are a couple of diversionary routes out of the formal looked after system, including private and informal kinship care arrangements made pre-proceedings, and the granting of Residence Orders or Special Guardianship Orders, so that children cease to be looked after. It is unclear how often children are diverted into informal kinship care pre-proceedings but evidence has found that public authorities do not always make clear to potential carers that levels of support and assistance from children's services will be much more limited if they make private arrangements, rather than being assessed and approved as family and friends foster carers (Hunt & Waterhouse, 2013; Selwyn, Farmer, Meakings, & Vaisey, 2013). Research on informal kinship care has found that poverty and ill-health are common and place a considerable burden on carers: in

the absence of adequate support, such issues can affect children's well-being (Nandy & Selwyn, 2011; Selwyn et al., 2013). Selwyn et al. (2013) found that 71 per cent of informal kinship carers in their sample had approached children's services for help but that this was rarely forthcoming; occasionally, carers were told that if they could not manage, then children would have to be fostered or adopted. Writing about the UK, they suggest that:

"Whilst these sometimes harsh attitudes are likely to be underpinned by attempts to contain costs, there appeared to be a 'silo' mentality whereby kinship carers were expected to manage without assistance" (p. 67).

In comparison, in regulatory terms, kinship carers who are formally assessed and approved by children's services receive higher levels of financial and practical support. When a Residence Order or Special Guardianship Order is granted, then children cease to be looked after and this presents a second diversionary route from the formal system. Such measures are promoted as they offer children legal permanence, but they also benefit authorities facing budgetary pressures as they serve to reduce costs to the public purse. Farmer and Moyer's (2008) study revealed that social workers often go to great lengths to persuade kinship foster carers to apply for these orders but that this was not always seen as fair by carers:

"Social services want you to take a residency order. I said, 'What does that mean?' He said, 'It means that the boys would be permanently with you then and there's no chance that they'll be moved,' and I said, 'Financially what will that mean?' He said, 'Well you *may* get an allowance.' I said, 'Well does that mean 12 quid a week or something?' I said, 'No. They're quite alright as they are'. And then I got all this, 'Oh you're refusing to take a residency order'. I'm not showing much commitment to the boys" (as cited in Farmer and Moyers, 2008, p. 117-118, emphasis added).

Once again, the decisions taken by children's services and kin carers have major implications in terms of entitlement to practical social work support and financial provision to support these children, the majority of whom will have experienced abuse and neglect prior to admission to care, and many of whom have additional support needs as a result.

Children in public care: regulatory frameworks and support

Models of support and supervision for kinship care in all its forms remain underdeveloped and countries continue to grapple with "devising systems to accommodate the particular needs of kinship carers and achieve the perceived benefits for children, while attempting to ensure safety and stability, and optimise costs" (O'Brien, 2012a, p. 133). The default position has been to see kinship care as a variant of traditional (unrelated) foster care and for these regulations and standards to be applied to kinship carers. Kin carers and the children placed with them are therefore subject to assessment, care planning and review arrangements designed primarily with the relatively short term placement of children with strangers in mind. It is now widely accepted that such an approach is not fit for purpose although alternative models have yet to be implemented in England or Ireland. Developing such models is not a simple matter, but is still of great importance.

In respect of assessment of kinship carers, focus groups with current or formerly looked after children revealed that the majority favoured "using the same judgment as when moving to live with another family member as social workers would when moving to a foster carers", because, as one young person reflected: "Just because they are family doesn't mean to say they are good at looking after us" (Rights4Me, 2010, p. 22). At the same time, messages from kinship carers reveal how intrusive the experience can be if it is not managed sensitively:

"It was vile, the assessment. I mean we'd raised children, we'd never done anything wrong –and all of a sudden you're sat in a room

and your parenting skills are being- you feel like somebody who's had their children removed... really demeaning" (Farmer & Moyers, 2008, p. 155).

Positions on an appropriate balance may also be influenced by professional perspectives as to whether potential strengths of kinship care, such as family bonds, strong commitment and pre-existing attachments offset concerns about parenting capacity, or uncertainty about a carer's health. The latter of these issues was one that many young people, particularly those placed with older carers, were found to worry about, as the following quote reflects:

"Aye, I do worry, because if both of them were to die or get ill, then me and Jack would be officially abandoned and it would just be kind hard on us..." (Fiona, as cited in Burgess et al., 2010).

It has also been noted that social workers may find it difficult to come to a negative assessment when children have been living with carers (without social work input) for sometime (Farmer & Moyers, 2008). Research does suggest that lower standards of approval are applied in kinship care, but that once approved, kinship carers get less adequate social work support (Farmer & Moyers, 2008; Hunt, Waterhouse & Lutman, 2008; Ward, Munro, & Dearden, 2006). Qualitative interviews reveal considerable variations in what carers want, need and expect from social workers -with some resenting intrusion into their lives, and others feeling the strain and resenting the absence of adequate support- particularly when they perceived this would be forthcoming if they were unrelated carers (Aldgate & McIntosh, 2006; Doolan, Nixon, & Lawrence, 2004; Farmers & Moyers, 2008; Lernihan & Kelly, 2006). However, Farmer and Moyers (2008) suggest that less monitoring of kin placements, or reluctance on the part of social workers to intervene, may explain why they found that unsatisfactory kin placements continued for significantly longer than poor unrelated foster placements. Hunt et al. (2008) also reported that they had major concerns about the quality of care in 20 per cent of the kin placements in their study, but suggested that better support could have prevented some placement disruptions. This reinforces the importance of adequate oversight and support but also the dilemmas and challenges that professionals face as they try to apply guidance and regulations and navigate a course that protects children and is responsive to family needs, without being intrusive: a flexibility that can be difficult to deliver within existing structures.

Next steps on the English road...

Influenced by the growing body of research on kinship care, statutory guidance on friends and family care has now been issued. This is issued under section 7 of the Local Authority Social Services Act 1970 and must be followed by local authorities unless local circumstances indicate exceptional reasons that justify a variation. The guidance asserts that social work decisions about support to kinship carers and their families should be taken on the basis of *need* not legal status (Department for Education, 2010). It states that:

"Whilst recognising the requirements which may go with a particular legal status, it is essential that services are not allocated solely on the basis of the child's legal status, and that commissioners and providers of services are aware that many children in family and friends care have experienced multiple adversities similar to those of children who are looked after by local authorities. Where support services are identified as necessary to meet the child's needs, these should not be withheld merely because the child is living with a carer under an informal arrangement rather than in a placement with a foster carer or with a person with a residence or special guardianship order or an adopter" (Department for Education, 2010, p. 10).

In theory, this marks a positive development to redress some of the challenges and issues outlined above in order to secure more effective support to meet the needs of children who have been

separated from their parents, most commonly in response to abuse and neglect. In practice, however, this "top down prescription will encounter a practice 'reality'" (Preston-Shoot, 2001, p. 13) and the duties outlined are unlikely to be deliverable at the front-line. This is because 95 per cent of children in kinship care in England are currently cared for informally (136,497 children) (Nandy & Selwyn, 2011). Changing service responses to meet unmet needs amongst this population would be likely to lead to an exponential rise in demand on resources (both human and financial) at a time when public authorities are currently facing cuts. This could be understood as a case of 'more duties, no more resources' and so it is improbable that public authorities will implement even though failure to do so leaves them open to judicial challenge.

Formal kinship care in Ireland

Ireland has seen a growth in formal kinship or relative care since the early 1990s. The Child Care Act 1991 gave legal recognition to relative care. Possibly because of the continuing importance of extended family ties and a related openness among social workers to exploring the option in every case, relative care has become an important part of the Irish care system. The importance of culture is underlined by the relatively similar (but slightly lower) rate of kinship care in Northern Ireland, which shares many cultural characteristics with the Republic. This cultural background may also serve to explain why kinship care has been given parity in the Republic in terms of payment to carers with payments to unrelated foster carers. The relatively generous rates of payment to family carers for children in care also reflects the point mentioned elsewhere, that as residential care declined for various reasons, the care system had to attract sufficient numbers of other care placements and used the rate of payment as a lever in this process.

Remuneration for kinship carers who are assessed and approved by children's services

The payment of foster carers has been subject to considerable debate over time "reflecting both philosophical debates as to whether fostering should be a voluntaristic or professional activity and concerns about placement provision and service delivery for children" (Kirton, Beecham, & Oglivie, 2007, p. 1205). In the context of kinship care, different perceptions about family responsibilities and obligations add another layer of complexity (O'Brien, 2000). O'Brien highlights that there can be a failure on the part of public authorities to:

"Take into account the lived realities of families, and issues of poverty...and the support required for the carer to actually provide for the child...[meaning] the effort involved in caring for a child in need become invisible" (O'Brien, 2012b, p. 136).

In the last decade in England, Wales, Northern Ireland and Ireland, national minimum fostering allowances applying to both unrelated and kinship carers have been introduced. Differences in allowances should therefore reflect the needs of the child, not their status (i.e., unrelated or kin). However, there is evidence from across the UK of non-compliance which is probably linked to the issues outlined above, but also budgetary pressures which can undermine policy implementation (Preston-Shoot, 2001). A survey in 2007-8 found that 25 English authorities admitted to paying their kinship foster carers less than unrelated carers (Fostering Network, 2008). More recent court cases also demonstrate that practice remains variable; some public authorities have adopted unlawful strategies to avoid paying kinship carers the appropriate allowances (Southwark LBC v D [2007] 1FLR 2181; R [on the application of A] Coventry City Council [2009] EWHC 34 [Admin]; R [Collins] v Knowsley MBC EWHC 2551 [Admin QBD] Family Law Dec 2008, p. 1270). Anecdotal evidence from Northern Ireland also suggests that payments and support to

kinship carers are not always provided on the same basis as to unrelated foster carers (Williamson, 2011).

In Scotland, *Getting it right for children in foster and kinship care* (Scottish Government, 2007) outlined a commitment to:

“Ensuring consistent and fair financial support for kinship and foster carers by promoting consistent financial support for foster carers and parity of financial support for kinship carers of looked after children” (p. 22).

But as in other parts of the UK kinship carers do not always receive the same level of remuneration as unrelated foster carers. Citizen’s Advice Scotland (personal communication, as cited in Kidner, 2012, p. 13) found that only 4 out of 17 authorities that provided data were paying kinship carers at the same rate as unrelated foster carers (see also Aldgate & McIntosh, 2006). The average payment was Euro 119 per week (range Euro 36-234) whereas the average payment to unrelated foster carers was Euro 193 per week (range Euro 131-333). Since, the Scottish government have outlined that payment rates should be discretionary on the basis that:

“Local authorities are best placed to make decisions about the entitlement criteria for the payment of kinship care allowances and the level of the rate paid, taking account of the child’s needs and the carers’ overall financial circumstances” (Scottish Parliament, 2011).

Parity between unrelated and kinship carers thus seems somewhat off in jurisdictions with minimum allowance arrangements, as well as in Scotland where discretion prevails. However, it is noteworthy that in real terms Irish carers (unrelated foster carers *and* kinship carers) receive more generous allowances than elsewhere with *national* payment rates currently standing at Euro 325 per week for children under 12 years, and Euro 352 per week for children and young people aged 12 and over equivalent to almost half (48%) of the average weekly earnings nationally (Euro 682.91) as it stood in early 2010. Local variation on the baseline minimum payment does not arise in the Irish case, because there is one national authority responsible for delivering support to foster and kinship carers.

Relationships and outcomes

So far, this paper has focused primarily on regulatory frameworks governing kinship care and the extent to which these do (or do not) facilitate day-to-day practice to provide children with stability and a secure stable base. Despite the differences in the strategies employed in different jurisdictions, messages from research give grounds for optimism about the role and rise of kinship care. Research from England and Scotland has shown that the majority of children and young people who have participated in research about their experiences have reported feeling safe, loved and cared for (Aldgate & McIntosh, 2006; Broad et al., 2001; Burgess et al., 2010; Farmer and Moyers, 2008). For many this was in contrast to pre-care experiences of living with parents who were misusing drugs or alcohol. As one child said “I get taken to good places. Gran doesna’ take me to junkie places” (as cited in Aldgate & McIntosh, 2006). Kinship care also helped young people to maintain their sense of identity and belonging; higher levels of contact with birth mothers and other family members have been found when compared with unrelated foster care (Farmer & Moyers, 2008; Lernihan & Kelly, 2006). For many children and young people kinship care was also regarded as a ‘normal’ living arrangement and number were relieved to have avoided the stigma of living with (unrelated) foster carers. As one young person in Burgess’ study (2010) said: “Well it’s just like another home, just another family, so it’s nae different” (Fiona, p. 301).

One of the largest English studies comparing family and friends care and unrelated foster care placements found that placements with kin lasted longer; the authors also judged that kin carers were more committed to placements and persisted in difficult

circumstances for longer than unrelated carers (although not without cost to their own health and wellbeing) (Farmer & Moyers, 2008). On a range of measures –health, education, emotional, and behavioural development– children also appear to do at least as well as those in unrelated foster care placements (Farmer & Moyers, 2008; Hunt et al., 2008). A Campbell Collaboration review of the international literature also supports this finding, concluding that:

“Based on the preponderance of the available evidence, it appears that children in kinship care experience better outcomes in regard to behaviour problems, adaptive behaviours, psychiatric disorders, wellbeing, placement stability, and guardianship than do children in foster care” (Winokur, Holtan, & Valentine, 2009).

Multivariate analysis in Winokur et al.’s (2009) review also generally supports the finding that kin placements are less likely to disrupt. Taking the English evidence in isolation, the findings are less conclusive. Farmer and Moyers (2008) found break down rates to be similar in kinship and unrelated care, standing at 18 per cent and 17 per cent respectively but amongst children aged 10 and over the disruption rate for kinship placements was higher than in unrelated care (37% and 19% respectively). Hunt et al. (2008) found that 27 per cent (31 of 113) of kinship care placements in their study ended prematurely (but the follow-up period for the study was between 3 and 9 years). Children’s placements were significantly more likely to end prematurely when children were older at the end of care proceedings and had experienced longer periods of adversity prior to admission to care. Three-fifths of placements for children aged 10 to 14 did not last as long as needed. However, one key benefit of kinship care may be that even when kinship care placements do not last as long as intended, families may be proactive in finding other members of the network to provide a home. As Lutman, Hunt, and Waterhouse (2009) reflect, when children are in unrelated foster care the system “does not provide the same enveloping continuity and support for the child” (p. 35). An Irish study also reminds us that kinship care may have unexpected benefits. Daly and Gilligan (2005) found in a national study of children in family placement in Ireland that children in kinship care (25% of the sample) were significantly (statistically) less likely to change school on placement and significantly more likely to have positive experience of education and school than children in unrelated placements. The first finding may not be so unexpected where family members may often live close by. Explaining the second finding would require additional research, but it is a finding that cautions against overly simple assumptions about kinship care.

Conclusion

Providing alternative care for a single child when parents are judged unable to do so is not an easy thing to do. To develop and sustain an effective *system* of alternative care placement is an enormous challenge. There are many complex issues to be addressed and resolved: the quality and safety of the alternative care arrangements, the ultimate outcomes achieved for the child when a young adult, the legitimacy of the arrangements and the underlying decision making processes in the eyes of key stakeholders, cultural perceptions in relation to vulnerable children and their families, and much more. In this paper, we are suggesting that the ‘organic’ growth of *formal kinship care* in many jurisdictions internationally in recent decades hints that national care *systems* may be driven by multiple dynamics rather than by one set of actors, –central government decision makers acting on behalf of the relevant state system. The conclusions we reach must necessarily be very tentative, pending further research and analysis, but we suggest that our work points to the value of exploring the potential role of additional sets of actors who may drive the development of each care system and its configuration. No one actor may be able to determine the profile of the care system, not even the powerful modern state apparatus with

all the financial resources and legal capacity at its disposal. The preliminary comparative work presented here suggests individual families and key family members make choices to assist children in difficulty in their wider family network and that under certain conditions these may mesh with legal and financial supports that the state system may develop or have in place at a case or wider system level. Cumulatively, such decisions by family members (supported by social workers and their managers acting on behalf of the state) add up in terms of their impact at a system level as the trends we have highlighted. We suggest that formal kinship care has grown 'organically' since it might be said that initially, at least, its role was being accommodated in the care systems rather than being actively promoted by statutory actors.

In the review, we have focused on comparing developments in England and Ireland to show that formal kinship care has grown, slowly in the more regulated care system in England and much more quickly in the less regulated system in Ireland. Depending on one's view of kinship care, one may look at either trend with satisfaction. Arguably, the rise of formal kinship care *with different trajectories* in the two state systems suggests three things: that even where the tendency to regulation is strong, the choices of individual family members may still have an impact in response to state provision. It suggests, too, that possible cultural differences about family life and obligations may also play a part. In addition, it is possible that different levels of regulation and support, among other things, may also impact on the profile of the care system. Taking the five children-in-care policy systems over-viewed in this paper, we are aware that the potential for exploring these issues by further comparative work with additional bilateral and also multi-lateral comparisons across the five systems is considerable and exciting. Exploring why system level rates of, for example, formal kinship care differ may tell us important things about the underlying dynamics in our child in care policy systems. Our first steps here show the potential value of such work on trajectories in the use of kinship care, and also we suggest, in other features of these systems. The configuration and trajectories of our different children in care systems may reflect shared and specific influences. It may be productive to try to identify and explore these. On the basis of our preliminary work, we are proposing that one such shared influence may be that the *meaning of relationships* -and in this case the meaning of ties within extended family- has an impact at case and system level. The meaning of relationships may influence how potential carers and the young person concerned see a potential or 'de facto' formal kinship care relationship, and indeed how professionals who may be drawn into decisions about a given case view such ties. Relationships may be the glue that brings formal kinship placements together and they may also be the glue that holds them together. We also suggest that regulation (and how it is interpreted on the ground) may influence the climate of choices for the carer to start or keep going, but it cannot determine those choices. Clearly, regulation is required, but it seems wise not to see regulation as all-conquering in terms of its influence. 'Culture' in a range of senses (as for example, in the value given to meaning of relationship) seems also to play a part, exercising subtle influence in ways that we do not yet fully understand. Formal kinship care may still generate debate within the field as to its impact on care outcomes and quality. It may be a work in progress in terms of the models of professional practice it requires. But trends we have reviewed suggest that it is not going away. We need to understand better what influences positive outcomes in formal kinship care, but also what influences its course once a placement gets under way. Studying trends, convergence and divergence across care systems internationally opens up, potentially, many valuable insights. Further comparative study of kinship care trends may reveal more about this 'dance' of kinship care and its balancing of regulatory and 'cultural' factors, and allow us (and others) better to appraise the arguments that we have developed tentatively in this paper.

Conflicts of interest

The authors of this article declare no conflicts of interest.

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