



The wellbeing of foster and kin carers: A comparative study

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ABSTRACT

The number of children in need of out-of-home care (OOHC) continues to increase in Australia, and numbers of kin carers (relatives of the cared-for) match or exceed those of foster carers. Like foster carers, kin carers have a vital role in OOHC, yet kin carers typically receive less training and fewer support services. The carer role is complex and demanding, and the wellbeing of foster and kin carers is vital to the ongoing provision of OOHC to children who cannot live with their parents. The current research explores the perceived wellbeing of foster and kin carers, with attention to the different experiences of the two groups. A cohort of 210 foster and 116 kin carers completed an online survey that assessed stress, role satisfaction, mental health, perceptions of the child in their care, and access to services that support their role. While overall wellbeing was similar for the two groups, kin carers reported greater stress and mental health concerns than foster carers. The two groups also differed on demographic variables, including the age of the carers, training for the caring role and the length of time they have been in the caregiving role. Furthermore, kin carers reported accessing fewer services, training, and support; and had significantly less contact with service providers as compared to foster carers. In response to the increased number of children placed with kin, government and private service providers need to consider their foster and kin care policies and service delivery practices to include training, support, and access to services for all carers, with specific attention to improving carer wellbeing and satisfaction.

1. Introduction

Over the past decade, the number of children in need of an alternate home has doubled to an unprecedented 55,334 children in out-of-home care (OOHC) in Australia (AIHW, Australian Institute of Health and Welfare, 2019). With the ever-increasing need for caregivers to provide family-based care, government departments and agencies have turned to extended family and people within the child's community, called 'kin'. OOHC in Australia is the statutory care of children who cannot live with their birth parent, and care is provided by kin (51%), foster carers (39%), emergency family-based care (3%), and residential and hospital care (7%; AIHW, Australian Institute of Health and Welfare, 2019). According to Hay, East, Ohman, Parker, and Smith-Acuna (2012) kin carers are generally known to the child or their immediate family, and care arrangements can be formal (statutory) or informal. Formal carers are registered by a government department or agency and children are under the guardianship of the child protection authority. Informal care arrangements are made without involvement of child protection services. Despite the prevalence of kin carers within the Australian OOHC system, there is little research that has compared the experiences of kin carers as compared to foster carers within the same study. The following sections will outline the literature pertaining to comparisons of foster and kin carers, the wellbeing of carers, and the supports and services available to caregivers. The aim of the research

was to use a cross-sectional design to explore foster and kin carers' perceptions of caregiving, including the stress and satisfaction of caregiving, their levels of wellbeing, and the supports and services available to them. Particular attention is paid to similarities and differences in experiences of the two groups in an Australian context.

1.1. Foster and kin carers

Carers of children placed in either foster care or statutory kin care meet the same legal requirements for child protection intervention including assessment, financial support in the form of childcare payments, and resource services such as respite, counselling, and provision for the child's arrival (Sammot, 2010; Whenan, Oxlad, & Lushington, 2009). Foster carers have chosen the role, initiated contact with a child protection government department or foster care agency, and undergone screening, preparation and the required training for the role (McHugh & Valentine, 2011; McPherson & MacNamara, 2014). By contrast, kin carers are people identified by the department or agency as a relative, a close friend considered to be family, or a member of the child's community in accordance with their culture, and typically do not have the opportunity to prepare for the child(ren)'s placement needs (Qu, Lahaussé, & Carson, 2018; Queensland Government, 2017; Zinn, 2012). An aim of kin care is often family preservation, by keeping the links between the child and their parent through engaging members of

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the family or community as caregivers (AIHW, Australian Institute of Health and Welfare, 2017; Winokur, Crawford, Longobardi, & Valentine, 2008). For foster and kin carers, the circumstances that brought the child into care may directly impact on the carer as well as the child. However, kin carers must often manage multiple relationships and the historical and ongoing personal relationships they have with various members of the family and the circumstances that brought them to the OOH system (McPherson & MacNamara, 2014; Zinn, 2012).

There is an established body of knowledge about the characteristics, experiences and perceptions of foster carers, and the literature about kin carers is growing. However, there are a limited number of studies that compare the two carer cohorts, specifically within the Australian context. Comparative studies undertaken in Canada (Perry, Daly & Kotler, 2012), the USA (Swanke, Yampolskaya, Strozier, & Armstrong, 2016; Winokur et al., 2008), the UK (Farmer, 2010; Kinsey & Schlösser, 2013; Sykes, Sinclair, Gibbs, & Wilson, 2002), Belgium (Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Andries, 2012), Norway (Holtan, Rønning, Handegård, & Sourander, 2005) and the Netherlands (Strijker, Zandberg, & van Der Meulen, 2003) found that kin and foster carers were similar in age, and that the children in care were similar in age and behavioural challenges. In a self-report comparative study, Strijker et al. (2003) found no differences between Dutch foster and kin carers in demographics, the quality of the carer-child relationship, the child's behaviour, contact with birth family, and their role as caregivers. However, when exploring carer wellbeing in their UK study, Farmer (2010) found that kin carers reported more stress and strain than foster carers in the caregiving role. The international studies also note that kin placements were more stable than foster placements because of the pre-existing relationships, yet kin carers were more disadvantaged when compared with foster carers where education, ongoing training, and other support services were considered (Kinsey & Schlösser, 2013; Perry, Daly, & Kotler, 2012; Strijker et al., 2003; Swanke et al., 2016; Sykes et al., 2002; Vanschoonlandt et al., 2012). Studies that compared outcomes for children in foster care with outcomes for children in kin care found that children in foster care had higher reunification rates (Winokur et al., 2008), while kin placements lasted longer had greater placement stability because there were fewer interruptions to placements (Farmer, 2010), and wider family connections (Winokur, Holtan, & Batchelder, 2018).

There are two Australian studies comparing kin and foster care undertaken by Delfabbro (2017) and Qu et al. (2018). In their study of 470 foster care and 402 kin care households in New South Wales from 2010 to 2013, Delfabbro (2017) found that kin carers were more likely to be grandparents, had positive carer-child relationships, were more able to maintain regular contact with the child's birth parents, and had less contact with the child protection authorities than foster carers. The review by Qu et al. (2018) provides the first national review of the characteristics of foster and kin carers in Australia, with 2203 foster (47%) and kin (53%) carers. The vast majority of carers were female and generally aged between 50 and 64 years, with more than 15% aged over 65 years. Nearly one-half of carers provided care for two or more children in OOH. Qu and colleagues found no significant differences between foster and kin carer characteristics.

Delfabbro (2017) and Qu et al. (2018) identified that kin carers were aware of the child's mistreatment history and often had the child live with them prior to formal care placement. Both studies found more health concerns in kin carers than foster carers, and noted that kin carers reported less life satisfaction than foster carers. Qu et al. (2018) reported that more foster carers felt equipped to manage difficult behaviours compared with kin carers. Unlike the study by Delfabbro (2017), the review by Qu et al. (2018) noted that foster carers reported better manageability of contact with the child's birth family than kin carers. These studies highlight the limited Australian research that compare the foster and kin carers across domains that include the

characteristics of the carers, the child in their care, and the context of the child protection system. No comparative studies have focused on the mental health and wellbeing of foster and kin carers. Therefore, there is a need for research to explore the carer experience and their wellbeing in more detail.

1.2. Wellbeing of foster and kin carers

The wellbeing of carers of children in OOH is informed by a range of factors including the characteristics of the carer, the child, and the system in which care is provided. The role of foster and kin carers has been described as complex and demanding, resulting in carers experiencing high levels of stress and frustration with their role (Blythe, Halcomb, Wilkes, & Jackson, 2013; Cole & Eamon, 2007). The ongoing stress caused by the challenges that carers face can have an adverse effect on their mental health and overall wellbeing (Harding, Murray, Shakespeare-Finch, & Frey, 2018; McKeough et al., 2017) and their ability to manage the stress and daily pressures of caregiving (Ahn, Greeno, Bright, Hartzel, & Reiman, 2017; Octoman & McLean, 2014; Rodriguez-Jenkins & Marcenko, 2014). Studies looking at the experiences of Australian kin carers report stress, physical strain, sleeplessness, and emotional exhaustion, which can result in poor health, social isolation, and limited ability to seek support (Bremner, MacRae, & Vicary, 2018; Kiraly, 2015; McHugh & Valentine, 2011; Valentine, Jenkins, Brennan, & Cass 2013; Yardley, Mason, & Watson, 2009).

While the stressors of the caregiving role are well-documented, there has been growing interest in similarly identifying caregiver wellbeing and satisfaction as independent outcomes. The carer-child relationship has been identified as the strongest predictor of carer wellbeing and satisfaction (Dozier & Lindhiem, 2006; McHugh et al., 2004; Mihalo, Strickler, Triplett, & Trunzo, 2016; Whenan et al., 2009). The link between foster and kin carer satisfaction and their commitment to the caregiving role reflects the strength of the relationship, even in the face of behavioural and emotional challenges (Dozier & Lindhiem, 2006; Mihalo et al., 2016; Randle, Miller, & Dolnicar, 2018; Whenan et al., 2009). Kin carers often continue in the role despite the challenges, suggesting that other factors might influence their decisions to remain caregivers based on family connection, and this often negatively impacts their wellbeing, stress levels, and mental health (Farmer, 2010; Fusco & Cahalane, 2015; Kiraly, 2015; McHugh & Valentine, 2011; McKeough et al., 2017; Valentine et al., 2013). However, the lack of attention to the positive aspects of being a foster or kin carer is a major limitation in current OOH research, with very few studies focusing on the interplay of the perceived stress and the rewards of the role (Nomaguchi & Brown, 2011).

Greater demands on foster and kin carers have resulted in a drop in number of carers being recruited and retained, while the current need for carers continues to grow (Ahn et al., 2017; Sammut, 2017; Whenan et al., 2009). Therefore, to maintain the sustainability of family based OOH, it is essential to understand the stresses and rewards of the role (Harding et al., 2018; McKeough et al., 2017; Van Holen, Vanderfaeillie, Vanschoonlandt, De Maeyer, & Stroobants, 2014; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Robberechts, 2013; Whenan et al., 2009). By determining the impact of caregiving on foster and kin carers, child protection service providers can work to preserve and strengthen the wellbeing of carers (Ahn et al., 2017).

1.3. Training, resources and support

Access to training resources and support services have also been identified as vital to carers' ongoing wellbeing (Cooley, Thompson, & Wojciak, 2017; Irizarry, Miller, & Bowden, 2016; Randle et al., 2018; Whenan et al., 2009). Because kin placements are often negotiated during a time of crisis, kin carers rarely receive training and their ability to care for the child/ren physically, financially, and emotionally may not be fully considered (Blacklock et al., 2018; Boeto, 2010;

McHugh & Valentine, 2011; Smyth & Eardly, 2008; Yardley, Mason, & Watson, 2009). Similarly, without preplacement preparation and training, kin carers may lack the resources, skills, and support services to care for child/ren who have experienced trauma from abuse and/or neglect (Fusco & Cahalane, 2015; Strozier, McGrew, Krisman, & Smith, 2005).

An essential role of placement authorities is to provide services and resources to support carers, but according to Vanderfaellie and colleagues (2016) foster and kin carers alike perceived the relationship with placement authorities as stressful and demanding. This relationship was particularly difficult to manage when there was limited access to support services (Cooley et al., 2017; Murray, Tarren-Sweeney, & France, 2011; Whenan et al., 2009). Foster carers have reported receiving more support services than kin carers to assist in the care of the child, including medical and mental health services, school support, and parenting support (Kinsey & Schlösser, 2013; Swanke et al., 2016). Furthermore, kin carers have reported that little intervention, training or resources were offered or provided, despite repeated requests for support (McHugh, 2009; Orb & Davey, 2005; Yardley et al., 2009). Federal and State Child Protection departments and agencies have acknowledged the need to evaluate and enhance foster and kin care policies and service delivery practices (Boeto, 2010; Kiraly & Humphreys, 2017; Queensland Government, 2017; Sammut, 2017). With growing numbers of children in OOHC, there is considerable need for more research on the unique experiences of foster and kin carers and ways to maximize child and carer wellbeing within this complex system.

1.4. Aim of the current research

Foster and kin carers have unique roles in OOHC and each group experiences stressors and rewards from their caregiving roles. The current research explores the similarities and differences in wellbeing of foster and kin carers. It is anticipated that both groups will have common demographic characteristics, such as gender and partner status, but different care factors, like the length of time they have committed to the carer role. The research also explores carers' perceptions of the stress and satisfaction of caregiving, with attention to the differences perceived between the two groups. While carer stress has been examined previously, the difference between foster and kin carers has received less attention. Wellbeing is measured by considering parent mental health and the positive and negative perceptions of carers in relation to parenting a child in their care; specifically, carers' perceptions of their satisfaction and stressors in their role. In order to understand some of the differences in wellbeing between foster and kin carers in the study, carer reports of the departmental and agency services received by foster and kin carers are also examined. Based on studies of OOHC services (e.g., Brennan et al., 2013) it is anticipated that the differences between the groups may be notable as services for kin carers appear to be limited in areas related to training and ongoing support and resources.

2. Materials and methods

2.1. Participants

The participants were 210 foster and 116 kin carers who had a current placement of at least one child for a minimum of three months. Carers were aged from 18 to 65 years, with 72% between 40 and 60 years old, and the majority were female (74%).

2.2. Procedure

Foster and kin carers were recruited via support organisations, social media pages, and agency newsletters. Data were collected via an online survey. Carers who had more than one foster child in their care were asked to complete the survey by focusing on one child in their

care. No identifying information was sought in order to maintain anonymity and confidentiality required by the state legislation. The study was approved by the Queensland University of Technology Human Research Ethics Committee (HREC, 2016) and the Queensland government Department of Child Safety, Youth and Women).

2.3. Measures

Demographic data were collected, including the carer's relationship to the child (kin or non-kin), age, gender, partner status, training as a carer, the length of time they had been a carer, and the number of children in their care. Child and placement demographics included the child's age (in years), gender, prevailing child placement court order (short- or long-term orders), time in current care placement (in years), and contact with the biological family (regular, irregular, or none). Regular contact was defined as occurring at a set time each week, fortnight or month, as predetermined by the court or arranged by the family, foster or kin carers.

Perceptions of the child were assessed using The Brief Assessment Checklist for Children (BAC-C; Tarren-Sweeney, 2013), a 22-item assessment tool designed for self-report by foster and kin carers of children aged 3–11 years that has established validity and reliability across carer and child protection populations (Tarren-Sweeney, 2014). The BAC-C measures carer's perceptions of the child's attachment disturbances, problem behaviours, and self-esteem over the past 4–6 months, using a three-point rating scale from 0 to 2 (*not true, sometimes true, mostly true*; Tarren-Sweeney, 2013; 2014). Scores above 5 indicate a high incidence of carer-reported behavioural and emotional problems (2014; Tarren-Sweeney, 2013). The internal reliability for the total score in the current study was high ($\alpha = 0.88$).

To assess *Carer Wellbeing*, The Parent Mental Health Scale (PMH; Ehrle & Moore, 1999) and the Parent Stress Scale (PSS; Berry & Jones, 1995) were used. The PMH consists of 5 items and was designed to provide a 'snapshot' of parent wellbeing (Wen, 2008). The scale asks how often in the past month the parent *felt very nervous, felt calm and peaceful*, etc. Responses are measured on a 4-point Likert scale varying from all of the time (1) to none of the time (4). Scale scores ranged from 5 to 20, with low scores indicating better mental health. The internal consistency in the current study ($\alpha = 0.80$) was consistent with the scale's original reliability ($\alpha = 0.81$; Ehrle & Moore, 1999).

The PSS (Berry & Jones, 1995) is an 18-item self-report measure of stress and satisfaction in the parenting role. The PSS was designed to assess the reciprocal elements of the parent-child relationship, the rewards and the demands, using a 5-point Likert scale from 1 to 5 (*strongly disagree to strongly agree*; Berry & Jones, 1995). The PSS was designed to reflect dichotomous elements of parenting in a negative Parent Stress dimension and a positive Parent Satisfaction dimension. The two subscales were used in the current study and showed good reliability (Parent Stress $\alpha = 0.81$; Parent Satisfaction $\alpha = 0.87$). Low Parent Satisfaction scores indicate greater perceived satisfaction, whereas high scores in Parent Stress indicate greater perceived stress.

Services and support information was sought from carers who were asked to indicate their use of support services, respite care, and contact with the department or agency during the time the child has been in their care. Participants were also given the opportunity to comment further on each aspect of support and services.

2.4. Data treatment and analytic strategy

The data was analysed using SPSS Version 25.0. Prior to analysis, the data was screened for the assumptions of normality, linearity, homoscedasticity and independence of residuals. Missing data was found to be random, and missing values were replaced according to the scale developers' directions. Any variable or scale that exceeded the developer's recommended missing data replacement was excluded from analysis in a listwise manner (Tabachnick & Fidell, 2013). Where a

variable was not normally distributed, dichotomous variables or variables that used a range (e.g., age) were computed. Mahalanobis distance ($p < .001$) identified one case as an outlier across several variables. This case was excluded from analyses.

Pearson's chi-square test of contingencies (with $p < 0.01$) was used to evaluate whether there were differences between carer status (being a foster or kin carer) and demographic variables of age, relationship status, number of children in care, carer-specific training, length of time as a carer, managing contact with the child's birth parents/family, and the type of child protection court order that was issued for the child. A multivariate analysis of variance (MANOVA) was used to examine the effect that carer status (foster or kin carer) may have on carer wellbeing (Parenting stress and satisfaction, Parent mental health). While the assumption of homogeneity of variance-covariance (Box's Test of Equality of Covariance) was violated ($p < .001$), MANOVA is robust against violations of this assumption with larger samples (Tabachnick & Fidell, 2013). To ensure strength of analysis, the mean differences were calculated at $p < .01$, with 99% confidence level. Information pertaining to services, resources and support was aggregated, creating binary variables that indicate the presence or absence of each service (1.0).

3. Results

3.1. Demographic variables

Of the 326 participants in the study, 210 were foster carers (64.4%) and 116 participants were kin carers (35.6%); 11 participants identified as First Nations peoples. Thirty percent of participants were single and 71% ($n = 258$) were over the age of 40 years and a majority identified as females ($n = 241$). All carers had at least one child ($M = 2.6$) in their care and the child considered in participants' responses had been in their care for 6 months or longer ($M = 3.5$ years). The children reported on in the survey comprised of 51.4% boys ($n = 169$), 47.5% girls ($n = 156$) and one child with gender unspecified. The children ranged in age from 6 months to 16 years (foster care, $M = 7.0$ years; kin care, $M = 7.4$ years).

Table 1 shows that no significant differences were found within partner status or gender for either group of carers, or for the number of children in care. There was a significant relationship between carer type and age, with kin carers typically older than foster carers. A significant difference between carer type was also evident in the stability of care, with foster carers providing care for longer periods of time and being more likely to have long-term court orders. Importantly, 12.1% of kin carers did not have a court order for the child in their care, whereas all foster carers had court order for the child in their care. Furthermore, the majority of kin carers (65.5%) had received no formal training for their caring role, while the majority of foster carers (87.9%) had received training. Contact with the child's birth parents or birth family, also differed between the groups. Kin carers reported that 52.3% of children in their care had contact with a birth parent, compared to 28% of those in foster care. Additionally, more than 40% children in foster care had no contact with birth family. Furthermore children in kin care had a considerably higher proportion of irregular contact with their birth parents.

To assess the differences in foster and kin carer's perceptions of the behaviour of the child in their care the scores on the BAC-C were compared for children aged 3–11 years ($n = 274$). Scores for the subgroup (3–11 years) had a mean of 17.9 ($SD = 9.4$) and range from 1 to 42 while the full cohort ($n = 318$) had an overall mean of 17.8 ($SD = 9.5$) and range from 1 to 42. Because there was no difference between the recommended age and the broader age group included in this research, the full sample was included in the analysis. As 91% of children had carers report total scores higher than 5, according to Tarren-Sweeney (2013) this places the child in the clinical range for the BAC-C. There were no significant differences between the groups on

Table 1
Demographic data and identification of difference between groups (Chi Square).

Variable	Kin % ($n = 116$)	Foster % ($n = 210$)	Difference (χ^2)
Gender			$\chi^2(1,324) = 2.71,$ $p < .101$
Female	79.3	71.3	
Male	20.7	28.1	
Age			$\chi^2(4,325) = 30.63,$ $p < .001$
< 40	21.6	24.9	
41–50	23.2	39.7	
> 50	54.3	35.4	
Partner Status			$\chi^2(1,325) = 0.013,$ $p < .910$
Single	30.4	30.7	
Married	58.9	56.1	
Defacto	10.7	13.2	
Number of children in care	Means	2.5	$\chi^2(1,325) = 3.09,$ $p < .080$
1–2	35.1	23.8	
3–4	27.9	29.5	
5–6	8.1	16.3	
> 6	7.2	0	
Time as a carer			$\chi^2(5,325) = 32.31,$ $p < .001$
< 2 years	29.3	13.8	
2–5 years	34.5	26.7	
6–10 years	22.4	22.9	
> 10 years	13.8	36.7	
Carer training			$\chi^2(1,323) = 101.72,$ $p < .001$
None	65.5	12.1	
Training/experience	34.5	87.9	
Contact with birth parents			$\chi^2(2,322) = 16.10,$ $p < .001$
Regular	26.5	37.3	
Irregular	44.1	22.3	
None	29.4	40.5	
Type of court order			$\chi^2(2,326) = 20.02,$ $p < .001$
No order	12.1	0	
Short Term	39.7	47.6	
Long term	48.3	52.4	

Note: $\chi^2 =$ Chi square statistics.

their perceptions of the child, $F(1,316) = 0.801, p = .37$, with both foster carers ($M = 16.4; SD = 8.7$) and kin carers ($M = 18.2; SD = 9.1$) facing a high level of behavioural and emotional challenges with the child in their care.

3.2. Wellbeing of foster and kin carers

Wellbeing was examined using measures of Parent Mental Health, Parent Stress, and Parent Satisfaction. The internal reliability (Cronbach's alpha), means, standard deviations, range, and correlations for the carer wellbeing variables (PMH, Parent Stress subscale and Parent Satisfaction subscale) in the current study are presented in Table 2.

MANCOVA was used to examine the effect of carer status on wellbeing, controlling for the effects of carer age, length of time as a carer, training, and type of court order. Findings showed that carer status (foster or kin) had a significant effect on the combined wellbeing variable, $F(3, 310) = 53.1, p < .001, \eta^2 = 0.40$. Individual analysis of the wellbeing variables found all were significant with between-

Table 2
Summary of reliability, means, and standard deviations, range and correlation matrix of wellbeing factors (N = 322).

Measure	Number of Items	Cronbach's α	Mean (SD)	Range	Correlation	
					1	2
1 Parent Mental Health	5	0.76	11.28 (3.55)	104–20	1	
2 Parent Stress subscale	9	0.78	23.46 (7.95)	9–45	0.198**	1
3 Parent Satisfaction subscale	7	0.87	18.98 (5.87)	7–31	–0.280**	–0.377**

** Correlation is significant at $p < 0.01$ level (2-tailed).

Table 3
Significant univariate effects of carer status on caregiver wellbeing.^a

Dependent Variable	df	F	Carer status	mean	99% CI for Difference	
					Lower Bound	Upper Bound
Parent Mental Health	1,312	41.170**	Foster	10.148	9.680	10.669
			Kin	13.293	12.552	13.944
Parenting Stress	1,312	44.201**	Foster	20.802	19.758	21.952
			Kin	28.017	26.380	29.470
Parent Satisfaction	1,312	96.564**	Foster	21.560	20.678	22.124
			Kin	14.241	13.499	15.535

Notes. The analyses control for the effects of carer age, length of time as a carer, training, and type of court order ^aBased on estimated marginal means ** significant at $p < 0.001$ level.

subjects effects pairwise comparison with a Bonferroni adjustment for multiple comparisons (see Table 3). Kin carers reported greater mental health concerns and greater perceived stress, yet they also reported greater satisfaction in the role (lower scores).

3.3. Services, resources and support

Of the 326 carers who participated in the study, only 248 reported that they received any services. A majority of foster carers ($n = 194$, 92.4%) reported that they accessed services, resources, or support services from the department or agency providers during the time the child has been in their care. Conversely, less than half of kin carer participants ($n = 54$, 46.6%) reported accessing any services, resources, or support from departments or agency providers. However, 53% of kin carers did not complete this section of the survey, compared to 7.6% of foster carers. Table 4 presents the differences between kin and foster carers' use of available services.

4. Discussion

The current study identified similarities and differences in the experiences of foster and kin carers. Most notable similarities include demographics, with the majority being female in a relationship (married or defacto) with more than two children in their care. Kin carers were significantly older than foster carers. This differs from Australian

Table 4
Descriptive Data of Carers Who Received Support Indicating Weighted Percentages and Significant Differences (Pearson's Chi Square).

Receiving Support	Kin % $n = 54$	Foster % $N = 194$	Between groups χ^2
Communicate with the department/agency	66.7	93.8	$\chi^2(1,247) = 29.27, p < .001$
Receive ongoing education and training	22.4	98.6	$\chi^2(1,247) = 45.86, p < .001$
Agency/department support	42.6	99.6	$\chi^2(1,247) = 127.28, p < .001$
School support	48.1	54.6	$\chi^2(1,247) = 0.715, p = .398$
Counselling/therapy/Circle of Security	57.4	33.5	$\chi^2(1,247) = 10.17, p = .001$
Support groups/church	88.9	44.8	$\chi^2(1,247) = 33.04, p < .001$
Respite/childcare	72.2	53.6	$\chi^2(1,247) = 5.99, p = .014$
Medical/allied health	67.0	94.4	$\chi^2(1,247) = 16.12, p < .001$
Total carers who received at least 1 service	58.2	71.6	$\chi^2(7,241) = 24.66, p < .001$

research by Qu et al. (2018) and Delfabbro (2017), where both of these previous cohorts were found to be older. This finding could reflect the relationship between the kin carer and child, as Qu et al. (2018) had identified that grandparent carers constitute almost half (48%) of Australian kin carers. Conversely, foster carers often choose the carer role as part of their desired parenting role and may still be caring for their own children (Sammur, 2017), and therefore may be more able to manage the demands of caregiving.

This study also found that kin carers generally provided care for a shorter time than foster carers, perhaps again reflecting the existing relationship with the child and extended family. When a child left care to return home, the kin carers returned to their roles as grandparent, aunt/uncle, or sibling. Foster carers, on the other hand, may begin to care for other children (AIHW, Australian Institute of Health and Welfare, 2017). Considering the challenges of children with histories of mistreatment and trauma, this study found no significant differences between the groups on their perceptions of the emotional and behavioural problems presented by the child in their care, with both kin and foster carers reporting that the child in their care presented high behavioural and emotional challenges. Interestingly, the carers also accessed similar levels of school support and respite services.

While there was not a notable difference between the groups for overall wellbeing, there were significant differences across individual wellbeing measures. Kin carers reported significantly more mental health concerns and greater stress, yet also more satisfaction in their role than foster carers. Moreover, foster carers reported accessing more training, resources and support services than kin carers. While previous research had also identified this deficit (e.g. Swanke et al., 2016; Whenan et al., 2009), the findings of the current study relating to carer wellbeing may be linked to this key difference in support services.

4.1. Carer wellbeing

In the current study, high stress in those providing care for a child in OOH had a negative impact on carer wellbeing and kin carers reported significantly more mental health concerns and greater stress than foster carers. Although foster parent mental health can act as a buffer against stress (Morgan & Baron, 2011), the current study found generally poor mental health. While this finding may suggest more challenges for kin carers, the lack of training, resources and support services may also have a direct impact on kin carer stress and mental health. Previous

studies found that foster and kin carers who received resources, training, and support, reported improved wellbeing and satisfaction in their caregiving role (McKeough et al., 2017; Mihalo et al., 2016; Randle et al., 2018; Whenan et al., 2009). Foster carers' stress has been found to stem from conflicts in the caregiving role around lack of information about the child at placement, managing the child's emotional and behavioural challenges, and facilitating contact with the birth family (Cole & Eamon, 2007; McKeough et al., 2017; Morgan & Baron, 2011).

While kin carers also face these stressors the current findings may also be explained by the challenges that kin carers face beyond those of non-kin foster carers. Kin carers usually have an existing emotional involvement with the child that can be complex and demanding, and impact negatively on the kin carer's wellbeing (Brennan et al., 2013; Yardley et al., 2009). However, this relationship can increase conflict within the family leading to loss of relationships, and kin challenges may be further exacerbated by feelings of guilt or remorse over the circumstances that brought the child into their care (Király & Humphreys, 2015; McHugh & Valentine, 2011; McHugh, 2009; Yardley et al., 2009). Departmental requirements are common stressors for foster carers, but kin carers face this and other challenges, such as, family court legal proceedings and fear of repercussions from within their own family, thereby adding to their mental and emotional strain (Brennan et al., 2013; Orb & Davey, 2005; Yardley et al., 2009).

In contrast to foster carers, kin carers were more satisfied in their role than foster carers. As such, the overall wellbeing of carers was similar, with the positive effects of satisfaction in the kin caring role possibly buffering the negative effects of stress. This finding may reflect the emotional investment and familiarity that kin carers may have with the cared-for child, which does not usually pre-exist in a foster care placement (Yardley et al., 2009). Foster parent satisfaction and commitment to the caregiving role has also been found to be dependent on the quality of the relationship with the child, despite the challenges this role may bring (Berry & Jones, 1995; Dozier & Lindhiem, 2006; Mihalo et al., 2016; Randle et al., 2018; Whenan et al., 2009). Training, support and service provision for all carers could be informed by understanding the important role that satisfaction plays in buffering the carers' stressors and supporting the carer-child relationship.

4.2. Other carer challenges

This study found that more kin carers reported irregular contact with birth parents compared to foster carers, who reported more regular contact. Previous research identified the stress and demand on foster carers when managing birth family contact, and legal concerns surrounding contact facilitation (McHugh et al., 2004; Sammut, 2017). However the stress is also prevalent for kin carers. Király and Humphreys (2015) suggested that kin carers are assumed to have contact with the child's birth parents and therefore receive less assistance to facilitate regular contact from child protection agencies compared with foster carers. Furthermore, existing family tensions and conflicts impact on the birth parents and kin carers, potentially making it more difficult to maintain contact regularity. Breman (2014) and Király and Humphreys (2016) reported that many kin carers may feel overwhelmed or confronted by court-ordered supervision, particularly if they have been estranged or feel threatened by the child's birth parent.

Although the current study found that a small majority of children in OOHC were on long term child protection orders, more than 12% of children in kin care did not have any court order. Dealings with departmental or agency placement authorities can be frustrating and stressful for both foster and kin carers (Brennan et al., 2013; Irizarry et al., 2016; Yardley et al., 2009). The relationship with authorities can be stressful for foster carers, where lack of information and uncertainties of the system create a sense of powerlessness for carers (Sammut, 2010, 2017). Kin carers may fear that the child could be

removed from their care, or fear reprisals from family (Király & Humphreys, 2015).

4.3. Carer training, resources and support

Access to services that can support, train, and resource carers is necessary to maintain continuity of care for the child and wellbeing of caregivers. A significant difference between foster and kin carers was evident in this study, with more than half of kin carers reporting that they had received no such access to support them in their role. While it is a requirement for foster carers to attend training prior to a placement, the current study provides evidence that kin carers received little or no training. Lack of training prior to placement means that many kin carers are not prepared for the challenges of the role. Furthermore, the circumstances that led to the child entering care may be inside their family, and the kin carer may also be 'in crisis' resulting in feelings of guilt or inadequacy in the carer role (Király & Humphreys, 2016; McPherson & MacNamara, 2014). Consequently, kin carers can have a greater need for ongoing training than foster carers. Training that enhances a carer's capacity to meet the demands of a child who has experienced abuse or trauma can help to regulate the child's behaviour and increase placement stability (Kemmis-Riggs, Dickes, & McAloon, 2018).

Kin carers reported that they accessed fewer services and received less support than foster carers. Lack of information about their role and the services and supports available to them may account for this discrepancy between the groups (Brennan et al., 2013; Irizarry et al., 2016; Yardley et al., 2009). Despite less service usage, kin carers recognise that the children in their care need resources and services, and that they themselves also need support (Breman, 2014; Delfabbro, 2017). This was evident in the current findings that kin carers accessed more support from church and community groups than did foster carers, who communicated more with the department or agencies. The difference in types of services accessed may be because foster carers are trained by these providers and may therefore have greater confidence in the support available (McHugh, 2015; Swanke et al., 2016). Providing both kin and foster carers with knowledge about available resources and support services can assist not only with the child in their care but also with the needs of the carer and potentially contribute to improved wellbeing and satisfaction in their caregiving role (e.g. McKeough et al., 2017; Mihalo et al., 2016; Randle et al., 2018).

4.4. Limitations and future directions of the research

While strengthening understanding of the different carer groups' experiences, the current research has several limitations. This study is amongst the largest in Australia to look specifically at kin and foster carer perceptions and identified key differences across the groups using a quantitative method. However, a mixed method approach could incorporate the strengths of qualitative data to enhance understanding of the challenges and needs of the two family-based care groups. This quantitative method asked carers to focus on only one child in their care, yet the majority of carers have two or more children in their care. This focus limits the understanding of multiple-child placements and the generalisability of the findings to more complex care arrangements (Rodríguez-Jenkins & Marcenko, 2014).

As the child protection system continues to emphasise the importance of family preservation and connection, more research is needed to understand the benefits and challenges of placing children with kin. Given the importance of the parent-child relationship, future research should include the carer-child relationship quality. Doing so would provide a better understanding of the association between parent-child relationships and child behaviour problems (Tarren-Sweeney, 2014).

With the low number of carers who reported on services accessed, the study is not able to predict the role that training or access to services

plays in the wellbeing of the carer cohorts. The lack of reporting could be an artefact of the service information questions being located at the end of the survey. This result could also accurately represent of the lack of access to these services, given kin carers often report poor knowledge about, and access to, services, resources, and support (Boeto, 2010; Kiraly & Humphreys, 2017; Sammut, 2017). As kin care increasingly takes precedence in OOHC provision, ongoing and more targeted research into training, services, support, and resources can assist service providers to improve access and knowledge of services for kin carers.

Generalisability of the findings is limited due to the nature of the recruitment and because the sample was drawn predominantly from one geographic region. Additionally, the study relied on parent self-report, which is vulnerable to reporting bias. In the current study there is also a small number of informal kin carers represented. This has been identified as a common bias in surveys of kin carers when informal carers may be difficult to locate (Hay et al., 2012). While carers were not asked if they were providing care informally, those without court orders would be considered informal caregivers. Similarly, Indigenous carers (Australia's First Nations peoples) are also under-represented, despite the study being promoted through Indigenous kin carer support networks. This may be because participants self-selected for this online study. Self-selection with internet surveys can reflect literacy, language and technological skills together with access and confidence with the online format, and can therefore may reflect restricted access for older and Indigenous carers, recent immigrants, and socially isolated people (Fowler, 2009).

4.5. Conclusions

This research explored the wellbeing of foster and kin carers through their perceptions of the stress and satisfaction of caregiving, and found both groups experienced high stress and mental health concerns that resulted in low wellbeing. While kin carers reported the same high level of challenging behaviours for the children in their care as foster carers they scored poorer than foster carers on measures of stress and mental health but greater satisfaction in the caregiving role. The existing relationship with the child and commitment to supporting family members may explain this incongruence for kin carers. Furthermore, the discrepancy in access to training, resources, and support services could leave kin carers unprepared, under-resourced and unsupported in their role.

These findings contribute to the growing literature documenting the stress and wellbeing of foster and kin carers. The results call for a greater commitment by child protection professionals, policy makers, and service providers to address the need for training, resources, and support to help reduce the negative impacts of caregiving on carer wellbeing and improve carer satisfaction. To respond to the increasing number of children entering child protection services, government and agency service providers must evaluate and restructure their foster and kin care policies, and their service delivery practices. Training, support, and access to services are necessary for all carers, with specific training in caring for children with traumatic experiences and complex needs.

Although kin placements have increased dramatically over the last decade, kin carers receive less support, fewer services, and often no training, when compared to foster carers. The inequalities reinforce the need for departments and agencies responsible for the placement of children in OOHC to ensure both kin and foster carers to have the same access to, and quality of, preplacement and ongoing training, resources, and support services. Reducing the negative impact of stress and demands on carers can lead to improved mental health and wellbeing. Satisfaction in the carer role and reports of wellbeing amongst foster and kin carers will provide children in need of OOHC with ongoing family-based care.

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Declaration of Competing Interest

No conflicts of interest are reported by the authors in the current study. We would like to acknowledge that the research has been endorsed by the Queensland Department of Children Services (DCCSDS), and that Leith Harding was a volunteer with Queensland Alliance for Kids at the time of the study. However, the research was independently carried out and neither party had no influence on the design, data or analysis or interpretation of the current study.

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References

- Ahn, H., Greeno, E. J., Bright, C. L., Hartzel, S., & Reiman, S. (2017). A survival analysis of the length of foster parenting duration and implications for recruitment and retention of foster parents. *Children and Youth Services Review*, 79, 478–484. <https://doi.org/10.1016/j.childyouth.2017.06.069>.
- AIHW, Australian Institute of Health and Welfare (2017). *Australia's welfare 2017. Australia's welfare series no. 13. AUS 214*. Canberra: AIHW.
- AIHW, Australian Institute of Health and Welfare (2019). *Child protection Australia 2017-18. (Child Welfare Series No. 67)*. Canberra: AIHW.
- Berry, J. O., & Jones, W. H. (1995). The parental stress scale: Initial psychometric evidence. *Journal of Social and Personal Relationships*, 12, 463–472.
- Blacklock, A. S., Meiksans, J., Bonser, G., Hayden, P., Menzies, K., & Arney, F. (2018). Acceptability of the Winangay Kinship carer assessment tool. *Child Abuse Review*, 27(2), 108–121. <https://doi.org/10.1002/car.2513>.
- Blythe, S., Halcomb, E., Wilkes, L., & Jackson, D. (2013). Caring for vulnerable children: Challenges of mothering in the Australian foster care system. *Contemporary Nurse*, 44(1), 87–98. <https://doi.org/10.5172/conu.2013.44.1.87>.
- Boeto, H. (2010). Kinship care: A review of issues. *Family Matters*, 85, 60–67.
- Breman, R., MacRae, A., & Vicary, D. (2018). 'It's been an absolute nightmare' – Family violence in kinship care in Victoria. *Children Australia*, 43(1), 7–12.
- Breman, R. (2014). Peeling back the layers: Kinship care in Victoria. In *Complexity in Kinship care – Research report, Bapcare Report # RD1304*.
- Brennan, D., Cass, B., Flaxman, S., Hill, T., Jenkins, M., Purcal, C., & Valentine, K. (2013). *Grandparents raising grandchildren: Towards recognition, respect and reward*. Social Policy Research Centre (SPRC Report 13/14). University of New South Wales.
- Cole, S. A., & Eamon, M. K. (2007). Self-perceptions of fulfilling the foster caregiver role: a preliminary analysis. *Children and Youth Services Review*, 29(5), 655–671. <https://doi.org/10.1016/j.childyouth.2007.01.007>.
- Cooley, M., Thompson, H., & Wojciak, A. (2017). Risk, resilience, and complexity: Experiences of foster parents. *Children and Youth Services Review*, 76, 35–41.
- Delfabbro, P. (2017). *Kinship and foster care: A comparison of carer and child characteristics. Pathways of care longitudinal study: Outcomes of children and young people in out-of-home care. Research report number 7*. Sydney NSW: Department of Family and Community Services.
- Dozier, M., & Lindhiem, O. (2006). This Is my child: Differences among foster parents in commitment to their young children. *Child Maltreatment*, 11(4), 338–345. <https://doi.org/10.1177/1077559506291263>.
- Ehrle, J., & Moore, K. A. (1999). Benchmarking child and family well-being measures in the NSAF. *NSAF methodology reports*, vol. 6.
- Farmer, E. (2010). What factors relate to good placement outcomes in kinship care? *British Journal of Social Work*, 40(2), 426–444. <https://doi.org/10.1093/bjsw/bcp007>.
- Fowler, F. J., Jr. (2009). *Survey research methods*. Thousand Oaks, California: Sage.
- Fusco, R., & Cahalane, H. (2015). Socioemotional problems among young children in out-of-home care: A comparison of kinship and foster care placement. *Journal of Family Social Work*, 18(3), 1–19. <https://doi.org/10.1080/10522158.2015.1005783>.
- Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2018). High stress experienced in the foster and kin carer role: Understanding the complexities of the carer and child in context. *Children and Youth Services Review*, 95, 316–326. <https://doi.org/10.1016/j.childyouth.2018.11.004>.
- Hay, B., East, J., Ohman, K., Parker, L., & Smith-Acuna, S. (2012). "That's what families do": Rewards and challenges of informal kinship care (ProQuest Dissertations Publishing). Retrieved from <http://search.proquest.com/docview/1112843626/>.
- Holtan, A., Rønning, J., Handegård, B., & Sourander, A. (2005). A comparison of mental health problems in kinship and nonkinship foster care. *European Child & Adolescent*

- Psychiatry, 14(4), 200–207. <https://doi.org/10.1007/s00787-005-0445-z>.
- Irizarry, C., Miller, K., & Bowden, M. (2016). Kinship care: Child safety or easy option? Staff and carers' perspectives. *Journal of Family Social Work, 19*(3), 199–219. <https://doi.org/10.1080/10522158.2016.1187699>.
- Kemmis-Riggs, J., Dicks, A., & McAloon, J. (2018). Program components of psychosocial interventions in foster and kinship care: A systematic review. *Clinical Child and Family Psychology Review, 21*(1), 13–40. <https://doi.org/10.1007/s10567-017-0247-0>.
- Kinsey, D., & Schlösser, A. (2013). Interventions in foster and kinship care: A systematic review. *Clinical Child Psychology and Psychiatry, 18*(3), 429–463. <https://doi.org/10.1177/1359104512458204>.
- Kiraly, M. (2015). A review of kinship care surveys: The 'Cinderella' of the care system? *Child Family Community Australia, Information Exchange, 31*, 1–28.
- Kiraly, M., & Humphreys, C. (2015). A tangled web: Parental contact with children in kinship care. *Child & Family Social Work, 20*(1), 106–115. <https://doi.org/10.1111/cfs.12060>.
- Kiraly, M., & Humphreys, C. (2016). 'It's about the whole family': Family contact for children in kinship care. *Child & Family Social Work, 21*(2), 228–239. <https://doi.org/10.1111/cfs.12140>.
- Kiraly, M., & Humphreys, C. (2017). The changing face of out-of-home care in Australia – Developing policy and practice for the 21st century. *Children Australia, 42*(4), 230–232.
- McHugh, M., & Valentine, K. (2011). Financial and non-financial support to formal and informal out-of-home carers. Occasional paper (Vol. 38). Commonwealth of Australia.
- McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P., & Saunders, P. (2004). *The Availability of Foster Carers*. Sydney, Australia: University of New South Wales Social Policy Research Centre.
- McHugh, M. (2009). A framework for practice of implementing a kinship care program: Final report. Report for the Benevolent Society, Social Policy Research Centre, University of New South Wales.
- McHugh, M. (2015). New South Wales intensive foster care program survey findings. *Developing Practice: The Child, Youth and Family Work Journal, 41*, 17–32.
- McKeough, A., Bear, K., Jones, C., Thompson, D., Kelly, P., & Campbell, L. (2017). Foster carer stress and satisfaction: An investigation of organisational, psychological and placement factors. *Children and Youth Services Review, 76*, 10–19. <https://doi.org/10.1016/j.chilyouth.2017.02.002>.
- McPherson, L., & MacNamara, N. (2014). Therapeutic kinship care: A carer's perspective. *Children Australia, 39*(4), 221–225. <https://doi.org/10.1017/cha.2014.29>.
- Mihalo, J., Strickler, A., Triplett, D., & Trunzo, A. (2016). Treatment foster parent satisfaction: Survey validation and predictors of satisfaction, retention, and intent to refer. *Children and Youth Services Review, 62*, 105–110.
- Morgan, K., & Baron, R. (2011). Challenging behaviour in looked after young people, feelings of parental self-efficacy and psychological well-being in foster carers. *Adoption & Fostering, 35*(1), 18–32. <https://doi.org/10.1177/030857591103500104>.
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child and Family Social Work, 16*(2), 149–158. <https://doi.org/10.1111/j.1365-2206.2010.00722.x>.
- Nomaguchi, K., & Brown, S. (2011). Parental strains and rewards among mothers: The role of education. *Journal of Marriage and Family, 73*(3), 621–636. <https://doi.org/10.1111/j.1741-3737.2011.00835.x>.
- Octoman, O., & McLean, S. (2014). Challenging behaviour in foster care: what supports do foster carers want? *Adoption & Fostering, 38*(2), 149–158. <https://doi.org/10.1177/0308575914532404>.
- Orb, A., & Davey, M. (2005). Grandparents parenting their grandchildren. *Australasian Journal on Ageing, 24*(3), 162–168. <https://doi.org/10.1111/j.1741-6612.2005.00114.x>.
- Perry, G., Daly, M., & Kotler, J. (2012). Placement stability in kinship and non-kin foster care: A Canadian study. *Children and Youth Services Review, 34*(2), 460–465. <https://doi.org/10.1016/j.chilyouth.2011.12.001>.
- Qu, L., Lahausse, J., & Carson, R. (2018). *Working together to care for kids: A survey of foster and relative/kinship carers. (Research report)*. Melbourne: Australian Institute of Family Studies.
- Queensland Government (2017). *Kinship care: Programme description. Child protection development, strategic policy and programs department of communities, child safety and disability services*.
- Randle, M., Miller, L., & Dolnicar, S. (2018). What can agencies do to increase foster carer satisfaction? *Child & Family Social Work, 23*(2), 212–221. <https://doi.org/10.1111/cfs.12402>.
- Rodriguez-Jenkins, J., & Marcenko, M. O. (2014). Parenting stress among child welfare involved families: Differences by child placement. *Children and Youth Services Review, 46*, 19–27. <https://doi.org/10.1016/j.chilyouth.2014.07.024>.
- Sammur, J. (2010). The fog of child protection politics. *Policy: A Journal of Public Policy and Ideas, 26*(2), 41–44.
- Sammur, J. (2017). *Resetting the pendulum: Balanced, effective, accountable child protection systems and adoption reform in Australia*. Melbourne: The Centre for Independent Studies.
- Smyth, C., & Eardly, T. (2008). Out of home care for children in Australia: A review of literature and policy. SPRC report no. 3/08, prepared for the Department of Families, Housing, Community Services and Indigenous Affairs, Social Policy Research Centre, University of New South Wales, Sydney.
- Strijker, J., Zandberg, T., & van Der Meulen, B. (2003). Kinship foster care and foster care in the Netherlands. *Children and Youth Services Review, 25*(11), 843–862. [https://doi.org/10.1016/S0190-7409\(03\)00089-6](https://doi.org/10.1016/S0190-7409(03)00089-6).
- Strozier, A., McGrew, L., Krisman, K., & Smith, A. (2005). Kinship Care Connection: A school-based intervention for kinship caregivers and the children in their care. *Children and Youth Services Review, 27*, 1011–1029.
- Swanke, J. R., Yampolskaya, S., Strozier, A., & Armstrong, M. I. (2016). Mental health service utilization and time to care: A comparison of children in traditional foster care and children in kinship care. *Children and Youth Services Review, 68*, 154–158. <https://doi.org/10.1016/j.chilyouth.2016.06.029>.
- Sykes, J., Sinclair, I., Gibbs, I., & Wilson, K. (2002). Kinship and stranger foster carers: How do they compare? *Adoption & Fostering, 26*(2), 38–48. <https://doi.org/10.1177/03085759020600206>.
- Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Boston: Pearson Education.
- Tarren-Sweeney, M. (2013). The Brief Assessment Checklists (BAC-C, BAC-A): Mental health screening measures for school-aged children and adolescents in foster, kinship, residential and adoptive care. *Children and Youth Services Review, 35*(5), 771–779. <https://doi.org/10.1016/j.chilyouth.2013.01.025>.
- Tarren-Sweeney, M. (2014). *Clinician's guide to the assessment checklist series specialized mental health measures for children in care*. Hove, East Sussex: Routledge.
- Valentine, K., Jenkins, B., Brennan, D., & Cass, B. (2013). Information provision to grandparent kinship carers: Responding to their unique needs. *Australian Social Work, 66*(3), 425–439. <https://doi.org/10.1080/0312407X.2012.754914>.
- Van Holen, F., Vanderfaillie, J., Vanschoonlandt, F., De Maeyer, S., & Stroobants, T. (2014). Explorative study into support needs of caregivers in short-term foster care regarding problem behaviour and dealing with biological parents. *European Journal of Social Work, 18*(1), 1–17. <https://doi.org/10.1080/13691457.2014.883365>.
- Vanschoonlandt, F., Vanderfaillie, J., Van Holen, F., De Maeyer, S., & Andries, C. (2012). Kinship and non-kinship foster care: Differences in contact with parents and foster child's mental health problems. *Children and Youth Services Review, 34*(8), 1533–1539. <https://doi.org/10.1016/j.chilyouth.2012.04.010>.
- Vanschoonlandt, F., Vanderfaillie, J., Van Holen, F., De Maeyer, S., & Robberechts, M. (2013). Parenting stress and parenting behavior among foster mothers of foster children with externalizing problems. *Children and Youth Services Review, 35*(10), 1742–1750. <https://doi.org/10.1016/j.chilyouth.2013.07.012>.
- Wen, M. (2008). Family structure and children's health and behavior: Data from the 1999 national survey of America's families. *Journal of Family Issues, 29*(11), 1492–1519. <https://doi.org/10.1177/0192513X08320188>.
- Whenan, R., Oxlad, M., & Lushington, K. (2009). Factors associated with foster carer well-being, satisfaction and intention to continue providing out-of-home care. *Children and Youth Services Review, 31*(7), 752–760. <https://doi.org/10.1016/j.chilyouth.2009.02.001>.
- Winokur, M. A., Crawford, G. A., Longobardi, R. C., & Valentine, D. P. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society, 89*(3), 338–346. <https://doi.org/10.1606/1044-3894.3759>.
- Winokur, M. A., Holtan, A., & Batchelder, K. E. (2018). Systematic review of kinship care effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice, 28*(1), 19–32. <https://doi.org/10.1177/1049731515620843>.
- Yardley, A., Mason, J., & Watson, E., A. (2009). Kinship care in NSW: Finding a way forward: Report on a research project: An examination of issues around the support and supervision of kinship carers with a particular focus on NSW. Retrieved from http://www.uws.edu.au/_data/assets/pdf_file/0003/114924/Kinship_Report_080110.pdf.
- Zinn, A. (2012). Kinship foster family type and placement discharge outcomes. *Children and Youth Services Review, 34*(4), 602–614. <https://doi.org/10.1016/j.chilyouth.2011.11.015>.