ORANGA TAMARIKI
Ministry for Children

EVIDENCE CENTRE
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New Zealand Government

Non-financial support for caregivers and children outside of the state care system

Evidence Brief

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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Introduction

Children being cared for outside of the state care system by family members and others who are not their biological parents, i.e. informal kinship care, plays an important role in the raising of many children and young people.

In Aotearoa New Zealand we do not know how many children live in such informal kinship care arrangements. What we do know is that there are approximately 20,000 children living with about 13,000 informal kinship carers who are financially supported by Work and Income through the Unsupported Child's Benefit (UCB) and Orphan's Benefit (OB). These are benefits paid to caregivers where the child's parents or adoptive parents have died, cannot be found, or cannot support the child because they have a long-term illness or due to a family breakdown. Where children have previously been in state care, some of these informal kinship carers may also be supported by the Oranga Tamariki Permanent Caregivers Support Service (PCSS). However, it is likely that some informal kinship carers do not know about these benefits or choose not to apply for them, while others may not meet the eligibility criteria for such financial support, e.g., where there has not been a family breakdown.

In 2019, Oranga Tamariki (2019b, 2020b, 2020c) undertook a 'first principles' review across the Foster Care Allowance (FCA), Higher FCA, OB, UCB, and related supplementary payments. The review identified systemic and discrete policy issues with the financial assistance system(s). Systemic policy issues identified included:

- the crucial role of whānau caregivers outside of state care in reducing the need for children to enter state care is not well-recognised.
- That there may be insufficient consideration of any unmet care, protection, and wellbeing needs of children in care arrangements outside of the state care system.

In response to the review, Cabinet confirmed the role of the state and outlined a set of objectives and principles for the system (Oranga Tamariki, 2019d). Five design features and 10 design elements are now also proposed for the new model.

The purpose of this evidence brief is to identify the national and international research literature as it relates to the proposed design features, elements and underlying rationale. As well as presenting general findings on why children are in informal kinship arrangements, numbers of children, characteristics of children, needs of children, number and characteristics of carers, needs of carers, and developing provision, where possible evidence on the following specific issues identified by Oranga Tamariki for inclusion are also addressed:

- The impact of a support worker or a social worker on addressing stressors that might lead to 'placement' breakdown, and connecting the caregiver to support that they and the child require.
- The types of direct or indirect support (including discretionary funding) that the caregiver and child would be expected to access e.g., counselling, therapy, respite, etc.
- Provision of financial and non-financial support to help children connect to their whānau and culture.
- Support from community groups and providers on addressing care and protection concerns.

- Culturally responsive services to support informal kinship caregivers.
- Support that is caregiver and whānau-led, flexible and optional for caregivers.
- Provision of upfront financial assistance to establish or set up a ‘placement’, and for other costs such as those associated with education.
- Peer support and training.
- Connecting impacts in relation to all of the above to long-term system objectives.

General evidence

Why children go into informal care arrangements

Notwithstanding the importance of national economic circumstances and specific events (e.g. the 2007-2008 global financial crisis), across the empirical and theoretical research literature there is a strong consensus on the individual circumstances that leads to family breakdown and children moving into an informal kinship care arrangement. While usually based solely on reports from informal kinship carers, these circumstances often include: parental substance misuse; incarceration; physical or mental health; abandonment and death; child abuse or neglect; and domestic violence, or a combination of these and other reasons.

However, as well as the existence of such individual circumstances, for an informal kinship care arrangement to come into place, there also needs to be a motivated carer with the capability and/or capacity to care for a child, as well as a need for that kinship carer to ask or be asked. As such, whether and why children go into informal kinship care arrangements is also shaped by statutory child welfare legislation, the policies of child welfare agencies and local practice, the nature and availability of family support services and formal kinship care, and the interface between public and private law.

Numbers of children

Notwithstanding the involvement of the Courts in many or most cases, with the exception of those jurisdictions with private fostering legislation, generally informal kinship care arrangements are by definition informal and private; not necessarily something that statutory child protection agencies are either involved in or notified about. As such, in many jurisdictions including New Zealand, information on the number of children living in informal kinship care arrangements has not been collected by governments or meaningfully estimated.

From the limited New Zealand research that we do have, our total may be significantly higher than the growing number of children, currently 20,000, living with those informal kinship carers who have become Work and Income Unsupported Child’s Benefit or Orphan’s Benefit recipients.

However, while we do know that family and household structures in New Zealand continue to evolve we do not know whether, as is the case in both the UK and US, the overall number of New Zealand children living in informal kinship care arrangements has grown markedly too.

Characteristics of children

Internationally, we know remarkably little about the characteristics of children in informal kinship care arrangements, and the same can be said for New Zealand; for whatever reason there is little recognition of children in informal kinship care as a group or as a research population of interest. What we do know primarily comes from research on the characteristics, needs and perspectives of informal kinship carers.

Across Anglo-American countries, there is evidence that children in informal kinship care are more likely to be indigenous or ‘non-white’. There is evidence that in some such jurisdictions, including New Zealand, they might be older than children in care with the majority possibly being of secondary-school age. There is also some limited evidence that while many children remain with the same informal kinship care for years, in other instances arrangements can be highly fluid with children variously passing between different informal kinship carers and/or parents.

Needs of children

With the same caveat that there is also very little research on the needs of children in informal kinship care, while one US study found that the average educational attainment of primary-aged children in informal kinship care was poorer than for children in formal kinship care, overall the research and literature does suggest that on average, children in informal kinship care arrangements likely have needs that are less than those of children in non-kin foster care or formal kinship care, but more than those in the general population.

However, children in informal kinship care are not a homogeneous group, and while the prevalence of, thresholds for, and interface between, informal and formal kinship care differ across jurisdictions, there is certainly some evidence that the ‘range’ of the extent to which they have significant needs is particularly wide; or in other words some children will have few if any long-term needs while others who may already be known to statutory child protection agencies or were previously in care, will likely require the support of a range of agencies on an ongoing basis e.g. some of those with serious emotional and behavioural difficulties. That said, while some children may require some specific short-term help (e.g. with bereavement), all children in informal kinship care may have the following four psycho-social needs: “understanding why they lived with kin and help in coping with parental rejection, knowing about contingency plans, maintaining sibling links (as many will have been separated) and dealing with bullying and stigma” (Selwyn, 2013, pp. 68-69).

Number and characteristics of carers

As with the number of children in informal kinship care, we do not know how many informal kinship carers there are in New Zealand. However, while one study found that 2% of grandparents were raising grandchildren, there is other evidence to suggest that the overall figure may be significantly higher than the number of UCB/OB Work and Income recipients.

That said, whether in the US, UK, Australia or New Zealand, while there is some diversity, the overall demographic characteristics of those informal kinship carers who can be identified or reached, appear to be remarkably similar. Gathering such demographic data has been an important focus of many studies and in some countries relevant data can also be sourced from their national census (e.g., New Zealand Census 2013 on ‘grandparents in a parent role’).

As compared to parents raising their own children, informal kinship carers tend to be poorer, less well educated, more likely to have health and disability issues, and non-Caucasian, although any comparisons with foster carers tend to be more variable. Generally, grandparents who are kinship carers may have poorer mental health than grandparents who are not. While grandparents appear to be the largest group of informal kinship carers, others include great-grandparents, great-uncles, great-aunts, uncles, aunts, cousins, siblings and non-family/whānau. However, other than former foster carers with a child who is no longer in state care (e.g. the Permanent Caregiver Support Service in New Zealand) there is very little specific research on those informal kinship carers who are not grandparents. Young siblings, who from census data make up a third of kinship carers in England and Wales, internationally appear to be a particularly under-recognised and served group.

Needs of carers

There has been a strong focus in many jurisdictions over recent years on growing formal kinship care; for example as with New Zealand, in Australia formal kinship care is now the largest form of state care provision. This has in part given rise to a small but significant body of research on the experiences and views of kinship carers. Generally small-scale with membership surveys being a commonly used data collection tool, much of this research has been commissioned or undertaken by kinship care advocacy organisations e.g. Grandparents Raising Grandchildren in New Zealand and their equivalents in some other Anglo-American countries. While these studies tend not to differentiate between formal and informal kinship care and carers, their findings and recommendations, supported by related literature, reflect a strong need for both financial and non-financial support for informal kinship carers. From this research, the non-financial needs of informal kinship carers include: advocacy and recognition of their role by relevant state agencies, information and advice including free legal advice, emotional support, help in managing children's behaviour and sometimes contact, and out-of-school and holiday care and/or respite. However, these needs tend be to expressed in rather 'high level' terms; there is little in the way of research studies that have systematically assessed the individual and collective needs of informal kinship carers and explored the extent to which their needs (and preferences) are similar or different.

Developing provision

In Anglo-American countries, what financial and non-financial informal kinship care provision there is, varies across and often within jurisdictions. However, no other existing informal kinship care provision has been identified that comes close to what Oranga Tamariki is proposing; some examples of available provision specifically for, or including, informal kinship carers are outlined in Appendices 1 and 2 respectively.

As such, the research and literature on developing informal (and formal) kinship care provision is also limited. What does exist generally comes from the US. While primarily focused on building, implementing or evaluating community Kinship Navigation models to better connect formal kinship carers to existing resources, the Federal legislation does allow for the inclusion of informal kinship carers and this is reflected in at least some of the recent programmes. However, while it is on formal rather than informal kinship care, the highly critical statutory Auditor-General's report on the new Victoria kinship care model, highlights a number of challenges in relation to system-wide change that may also have some relevance for the development of informal kinship care provision.

Specific evidence

Connecting to support

In those jurisdictions where any non-financial provision exists for some or all informal kinship carers, social workers and others, can and do support informal kinship carers to address stressors and/or connect them to other supports that they may require. In terms of how this is done the main approach across Anglo-American countries appears to be helplines that provide information on specialist and universal services, support, and/or advice, with some also making referrals to other agencies. As well as the purchase of social work support and other services on an individual basis as used by the New Zealand Permanent Caregiver Support Service, other identified approaches sometimes used with informal kinship carers overseas, either in relation to children with high needs or risks and often mirroring or an extension of provision for formal kinship carers, include:

- relationship-based case management and

- service coordination-based case management.

However, no comparative research across approaches has been identified. Furthermore, while individual service and programme studies do find that informal kinship carers value the support that they receive from social workers and others, and may be able to demonstrate some other positive immediate outcomes, there are challenges in isolating and specifically attributing outcomes to how social workers and others help informal kinship carers address stressors, as opposed to any other form of support that the informal kinship carer may receive.

Types of support

As well as relationship or coordination-based case management and different types of helplines (as well as peer support and training which is discussed separately), the literature includes descriptions of other available supports that some informal carers may be provided with or supported to access. While there is little research on the effectiveness or impact of these individually, in some services and programmes, and in particular Kinship Navigator programmes in the US that include informal kinship carers alongside formal kinship carers, the range of potential supports can be considerable and diverse.

While there is some form of limited financial and/or non-financial support available for informal kinship carers in many or most Anglo-American jurisdictions, the types and availability of support, and delivery mechanisms (e.g., administration of a discretionary fund) vary considerably. Furthermore, most support is small-scale or piecemeal, with no little in the way of comprehensive jurisdiction-wide systems being identified for informal kinship carers generally, or where there has been a family break-down in particular.

Furthermore, no research has been identified on the optimal service mix of:

- relationship-based in person (e.g., social worker or navigator)
- coordination-based in-person (e.g., case manager or navigator)
- peer support (e.g. group or mentoring)
- training (e.g. in-person or face-to-face)
- programmes (e.g., parenting or managing challenging behaviour)
- information websites (e.g. specific or universal entitlements)
- helplines (e.g. advice including legal advice, or support).

Family/whānau and culture

For children in state care, while little in the way of empirical research has been identified, the importance of helping children to maintain or develop, relationships with their extended family, as well as strong connections with their culture, are clearly recognised in the wider literature. There is also some coverage around individual government agencies in particular not being sufficiently focused on these two related areas and needing to strengthen their capability and capacity.

However, no specific literature on helping children in informal kinship care to connect with family and culture has been identified. While this may be because most informal kinship carers are by definition a member of the child's extended family and many will also share the child's cultural identity, the issue is no less important. Furthermore Family Court decisions aside, the extent to which children in informal kinship care arrangements are helped to connect to their family, whether that be parents, siblings and/or extended family members, and their culture, is more likely to be reliant on the informal kinship carer recognising the value of this and acting on this, than it is for children in state care

The New Zealand study on the Permanent Caregiver Support Service (Waldegrave et al., 2017) is an example of research that does include some coverage of issues around connection to family and culture. One study finding was that only 13% of approved support plans relating to contact (e.g. supervised access, and travel for children to see whānau including those required by the Family Court). It may be that connecting children to family/whānau is less of a priority for permanent caregivers, and potentially other informal kinship carers, than it is for Oranga Tamariki. In terms of culture, this evaluation also highlighted some challenges in relation to securing provision to help children connect with their culture and the report appears to identify no approved support plans that (primarily) related to helping children to connect to their culture.

Care and protection concerns

As well as Oranga Tamariki, in Aotearoa New Zealand iwi social services, cultural social services, and child and family support services, both in their own right and as Oranga Tamariki programme providers (e.g., Early Start and Social Workers in Schools), frequently deal with care and protection concerns. However, beyond low instances of abuse or entry into state care being a success measure for some kinship care programmes, no specific international evidence has been identified on addressing care and protection concerns, as opposed to care and protection needs, of children specifically living with informal kinship carers. This is a key gap in the literature as we come to learn more about the experiences of children coming into informal kinship arrangements. The inference across the literature is that any care and protection concerns are addressed in the same way as they would be for any other child who was not in the care of the state, and given the paucity of non-financial support for informal kinship carers internationally, to a large degree that may well be the case.

Whether justified or not, there is also literature to suggest that some informal kinship carers may be anxious or even fearful of engaging with statutory child protection agencies or those contracted to deliver a service on their behalf. This can result in them not asking for help, not accessing services, not trusting or fully engaging if a service is offered, being very careful about what information is disclosed, experiencing an adversarial relationship with the agency, or not getting a service at all.

While the research is limited, generally informal kinship carers may be more comfortable with services that are provided by community organisations, and engaging with people who are experienced kinship carers in particular. This would also seem to suggest the importance of reaching and building trust with informal kinship carers individually and collectively by being clear on both the benefits of support and the service and child protection parameters, and offering some choice in support arrangements.

Culturally responsive services

While the need for services to children and families to be culturally responsive is increasingly accepted, actually delivering culturally responsive services remains challenging for many practitioners, teams, and organisations, and the wider systems that they operate within. That said, no research or other literature specifically on receiving a service from a culturally responsive service who represents kinship caregivers has been identified. However, as informal and formal kinship care develops, this is likely to change. For example, under the 2018 Family First Prevention Services Act, American Indian and Alaska Native tribes are eligible to apply for funding to establish their own Kinship Navigator programmes and in 2020, 11 American Indian and Alaska Native tribes were awarded funding, to develop, enhance or evaluate their own kinship navigator programmes (Administration for Children & Families, 2020).

Being caregiver and whānau-led, flexible and optional

No overseas evidence identified. From the informal and formal kinship care literature services do exist that have been developed and delivered by ‘caregiver-led’ organisations, and certainly some individual studies do explicitly or implicitly support the value of this. However, no examples were identified of the involvement of informal or formal kinship carers in:

- programme-specific needs-based research
- co-design or
- governance.

In terms of being ‘caregiver-led’ and ‘flexible’ in the sense that informal kinship carers individually initiate requests and receive the services and support that they want in the way that they want them, the New Zealand Permanent Caregiver Support Service research, with one particular subset of informal kinship carers, does demonstrate an important tension or trade-off between offering a clear ‘menu’ of services that informal kinship carers are entitled to, and individualised support and assistance based upon a social workers' assessment of their individual needs; both approaches could potentially be framed as ‘caregiver-led’ – or not. As for services and support being ‘optional’, no research has been identified on any informal kinship care provision that was ‘compulsory’, although some further exploration of the research on other forms of kinship care arrangements in jurisdictions where they exist might be fruitful i.e. state-mediated (Kinship diversion and legal guardianship) and/or state-mandated (voluntary placement agreements, kinship guardianship, kinship adoption, and potentially formal kinship care).

Upfront financial assistance

No evidence identified. While the provision of upfront financial assistance to establish or set up an informal kinship care ‘placement’ was a feature of both the Home for Life programme and the Permanent Caregiver Support Service, the specific impact of this is not explored in either of their respective evaluation studies. While it is possible that some services and programmes overseas do provide upfront financial assistance as either an entitlement or on a discretionary basis, no specific examples have been identified from the literature.

As such, no evidence has been identified on the impact of specifically providing upfront financial assistance to cover school costs either. As part of the formal kinship care First Steps programme in Victoria, a school attendance allowance can be paid to cover books, equipment and software, and fees for extracurricular activities. However this is paid quarterly in arrears and informal kinship carers are not eligible for it.

Peer support and training

From the literature, peer support provision specifically for informal kinship carers is rare, with only one UK example being identified. However, some peer support and in particular local peer support (or more informal coffee) groups may be open to both informal and formal kinship carers. As such there is some evidence that structured in-person peer support is valued by those informal (and formal) kinship carers for whom it is available and who decide to take it up. In particular kinship carer support groups may offer a range of possible benefits including improving carer wellbeing. However, whether and how such groups promote the development of supportive relationships between individual kinship carers is less clear. As for training, internationally, this appears to be even less of a feature in informal kinship care provision and in one New Zealand study informal and formal kinship carers had mixed feelings on the value of participating in generic foster care training courses.

Connecting impacts to long-term system objectives

No literature on assessing their collective impacts on long-term objectives for the system has been identified.

Introduction

Children being cared for outside of the state care system by family members and others who are not their biological parents, i.e. informal kinship care, plays an important role in the raising of many children and young people.

In Aotearoa New Zealand we do not know how many children live in such informal kinship care arrangements. What we do know is that there are approximately 20,000 children living with about 13,000 informal kinship carers who are financially supported by Work and Income through the Unsupported Child's Benefit (UCB) and Orphan's Benefit (OB). These are benefits paid to caregivers where the child's parents or adoptive parents have died, cannot be found, or cannot support the child because they have a long-term illness or due to a family breakdown. Where children have previously been in state care, some of these informal kinship carers may also be supported by the Oranga Tamariki Permanent Caregivers Support Service (PCSS). However, some informal kinship carers may choose not to apply for, or be eligible for such financial support for the following reasons:

- view caring for the child as a wholly personal matter for them and their family/whānau, and not something that should involve the state
- do not know about UCB/OB or the eligibility criteria
- consider their situation to be temporary
- found the application process complicated or had their application declined (Gordon, 2016, 2017)
- fear an application will upset parents and potentially de-stabilise matters for the child (or children) who they care for
- are fearful of bringing their situation to the attention of Oranga Tamariki
- do not wish to engage with Work and Income or be seen as a 'beneficiary'
- are in receipt of some other sources of income in relation to the child; for example the disability allowance, IRD tax credits, liable parental contributions, ACC payments, payments received within Work and Income benefits (Gordon, 2016), life insurance policies or other personal income
- are caring for a child so that the parent(s) can work or study, rather than for family breakdown reasons
- are caring for a child so that the child can attend a particular school or take up a tertiary education or employment opportunity, rather than for family breakdown reasons
- wish to raise a child as an alternative to adoption or surrogacy and/or
- for cultural reasons have taken on the Māori customary practice of whāngai, atawhai or tamaiti whāngai (Collins & Willson, 2008; McRae & Nikora, 2006)[1]

In 2019, Oranga Tamariki (2019b, 2020) undertook a 'first principles' review across the Foster Care Allowance (FCA), Higher Foster Care Allowance (HFCA), Orphan's Benefit (OB), Unsupported Child's Benefit (UCB), and related supplementary payments. The review

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[1] Given it's different purpose and important cultural context, it may not necessarily be appropriate to consider *whāngai* a subset of informal kinship care per se. However, the practice does share some characteristics.

identified systemic and discrete policy issues with the financial assistance system(s). Systemic policy issues identified included:

- the crucial role of whānau caregivers outside of state care in reducing the need for children to enter state care is not well-recognised, and
- that there may be insufficient consideration of any unmet care, protection, and wellbeing needs of children in care arrangements outside of the state care system.

In response to the review, Cabinet confirmed the role of the state and outlined a set of objectives and principles for the system (Oranga Tamariki, 2019d). Principles included that:

- Additional needs-based financial support should be available to, and accessible by, caregivers who provide the day-to-day care of children whose parents are unable to care for them.
- Financial assistance should be accompanied by wider (non-financial) support for caregivers.

Subsequently, the Minister for Children has agreed to progress work to develop a new model of support for caregivers outside of the State care system. The new model will aim to deliver needs-based support to caregivers receiving the OB or the UCB, that is flexible enough to enable caregivers to decide what support best meets their needs and the needs of the child/ren they support. The system will be a shift towards enabling community-led support for caregivers and children, and towards prevention by reducing the need for children to enter State care.

The purpose of this evidence brief is to identify the national and international research literature as it relates to the proposed design features, elements and underlying rationale. As well as presenting general findings on numbers of children, antecedent factors, characteristics and needs of carers and children, and provision, where possible findings on the following specific issues are also addressed:

- The impact of a support worker or a social worker on addressing stressors that might lead to ‘placement’ breakdown, and connecting the caregiver to support that they and the child require.
- The types of direct or indirect support (including discretionary funding) that the caregiver and child would be expected to access e.g., counselling, therapy, respite, etc.
- Provision of financial and non-financial support to help children connect to their whānau and culture.
- Support from community groups and providers on addressing care and protection concerns.
- Culturally responsive services to support informal kinship caregivers.
- Support that is caregiver and whānau-led, flexible and optional for caregivers.
- Provision of upfront financial assistance to establish or set up a ‘placement’, and for other costs such as those associated with education.
- Peer support and training.
- Oranga Tamariki long-term objectives for the system.

It is also intended that this evidence brief will inform any future Budget bid.

In terms of structure, following a background section and a section outlining the evidence brief’s methodology and limitations, most of the report is given over to findings on informal kinship care. These are presented in tabular rather than narrative form.

This evidence brief primarily uses empirical research, along with some research reviews. Where non-empirical literature or other forms of evidence have been included, these are clearly identified. A short synthesis is provided in relation to each topic. There are also two appendices that provide some specific examples of available provision for informal kinship carers across a small range of Anglo-American jurisdictions.

In terms of language, the use of terminology on this topic, across and within jurisdictions, is a particular challenge. This is discussed further in the background section. I use the term *UCB/OB caregiver* when specifically referring to New Zealand informal kinship carers who receive financial support through UCB/OB; when referring to a particular overseas jurisdiction for context I may also use their specific term.

However, when discussing the national and international literature more broadly, I generally use the terms *informal kinship care(r)* or *formal kinship care(r)* (Boetto, 2010, Centre of Excellence for Looked After Children in Scotland, 2012; Child Welfare Information Gateway, 2022; Gough, 2006; MacDonald et al., 2018; McHugh, 2009; Selwyn et al., 2013).

Background

Arrangements where caregivers have taken responsibility for providing the day-to-day care of children and young people due to the child or young person's natural or adoptive parents being unable to care for them is often referred to 'kinship care' in international literature.

Kinship care has been defined by the Child Welfare League of America (2000) as "the full-time care, nurturing, and protection of children by their relatives, fictive kin or member of tribes or clans" (p. 11). In western countries kinship care usually, but not always (e.g., whāngai), occurs when a parent cannot or will not care for their child. Such circumstances may include child maltreatment, parental substance abuse, incarceration, mental illness, teenage pregnancies and extreme poverty.

As well as exploring the literature on *formal kinship care* in which the child is in the care of the state, and *informal kinship care* where the child is not in the care of the state, this section will also discuss the 2019 review of caregiver allowances, benefits and payments.

Formal kinship care

Internationally, formal kin care has long been an important aspect of foster care across many countries including Aotearoa New Zealand. Back in 2003 Marie Connolly, New Zealand's Chief Social Worker from 2005 to 2010, cited (with some caveats) formal kin care figures as a percentage of children in out-of-home care as 24% for Australia and 35% for the US (and 32% for New Zealand); interestingly two other former Child, Youth and Family Chief Social Workers also published on formal kin care in the 2000s (Doolan & Nixon, 2003). At the time Connolly (2003) described the above figures as representing exponential growth.

Since then numbers in these and some other countries have grown further and in 2022 across Australia 54% of all children in out-of-home care are now in formal kin care (Australian Institute for Health and Welfare, 2022); in Victoria the corresponding figure is 70% (Victorian Auditor-General's Office, 2022).

Across Anglo-American countries and indeed some Southern and Northern European countries too, there is now a large body of empirical and theoretical research on formal kin care including from Australia (e.g. Backhouse & Graham, 2012; Boetto, 2010; Connolly et al., 2017; Harding et al., 2019; Kiraly, 2018, 2019a, 2019b, 2021; Kiraly et al., 2020a, 2020b, 2020c; Kiraly & Humphries, 2013a, 2013b; McHugh, 2003, 2009; McHugh & Hayden 2013; McHugh & Valentine, 2010), Canada (e.g. Bell & Romano, 2015), Denmark (e.g. Andersen & Fallesen, 2015), England (e.g. Farmer, 2009; Farmer & Kiraly, 2020; Farmer & Moyers, 2008; Farmer et al., 2013; Hunt, 2009, 2018, 2020, 2021; Hunt et al., 2008), Norway (e.g. Skoglund & Thørnblad 2019, Skoglund et al., 2019, 2022; Thørnblad & Holtan, 2011; Winokur et al. 2009, 2014, 2018), Spain (e.g. Llosada-Gistau et al., 2019; Montserrat, 2014) Scotland (e.g. Burgess et al., 2010) and the US (e.g. Berrick & Hernandez, 2016; Cuddeback, 2004; Hayslip & Kaminski (2005); Hayslip & Smith, 2012; Letiecq et al., 2008).

In reality though, most of the research on formal kinship care comes from the US. As such, some reference should be made here to the 2008 *Fostering Connections to Success and Increasing Adoptions Act* (Casey Family Programs, n.d.; Children's Defense Fund, 2010) as this is the basis for much of the recent development in US formal kinship care (the 2018 *Family First Prevention Services Act* is also addressed in the later discussion on framing informal kinship care although that also has implications for formal kinship).

The *Fostering Connections to Success and Increasing Adoptions Act* includes the following provisions in relation to kinship care:

- Facilitate the involvement of kin in the care of a child, by introducing a duty to identify and notify all grandparents and other adult relatives within 30 days that a child has been taken into care.
- Gives states the option to use federal funds to provide kinship guardianship payments for children cared for by relative foster parents who are committed to caring for these children permanently when they leave foster care.
- Allows states to eliminate barriers to placing children safely with relatives by waiving non-safety licensing (approval) requirements on a case-by-case basis e.g. mandatory requirements of house size and numbers of bedrooms and bathrooms.
- Authorisation of a new grant programme for activities designed to connect children in foster care, or at risk of entering foster care, with family. Funds can be used for:
    - kinship navigator programmes
    - intensive family-finding efforts
    - family group decision-making meetings for children in the child welfare system, with special attention to children exposed to domestic violence, or
    - residential family substance abuse treatment programmes.

While still largely focused on formal kinship care, this federal Act begins to more clearly recognise:

- the unique challenges experienced by informal kinship carers
- the need to support the safety, permanence, and well-being of children in their care, and
- the importance of preventing these children's otherwise unnecessary removal into foster care (Children's Defense Fund, 2010; Rushovitch et al., 2021; Wallace & Lee, 2013).

New Zealand also has a significant body of kinship care research and literature (e.g. Connolly, 2003, Doolan & Nixon, 2003; Families Commission, 2010; Gordon, 2016, 2017, 2018a, 2018b; Worrall, 2005, 2007, 2008, 2009). However, as much of the research undertaken prior to recent Oranga Tamariki studies (i.e. Ernst & Young, 2022; Kantar Public & Oranga Tamariki, 2019, 2022; Oranga Tamariki Evidence Centre, 2021) was with or for the advocacy organisation Grandparents Raising Grandchildren, the earlier focus is often more on grandparents caring for their grandchildren without necessarily distinguishing between formal and informal kin care. That said, one of the earlier studies from Worrall (2009) did report, drawing on Child Youth and Family's data, that Māori and Pacific children in the care system, are far more likely than children to be in formal kinship care than a non-kin 'placement'.

Internationally, much of the early formal kinship care research compared outcomes between children in kin foster care and non-kin foster care. With the exception of some outcomes (for example education and reunification), most of these studies and subsequent meta-analyses (e.g. Bell & Romano, 2015; Cuddeback, 2004; Winokur et al., 2009, 2014, 2018) found that children in kin foster care had better outcomes than those in non-kin foster care. However, researchers such as Font (2014) argue that these studies do not take into account the more favourable starting point of children in kin foster care placements.

Andersen and Fallesen (2015) go further and argue that while earlier research on the effects of kinship care is useful as descriptive evidence "it has limited use if we aim at giving policy recommendations on whether or not to use kinship care" (p. 71).

Framing informal kinship care

In most countries, the majority of children without parental care are informally looked after by relatives or others, rather than by the state (United Nations, 2010). While hardly new, internationally informal kinship care has until recently received little policy and research attention (Berrick & Hernandez, 2016; Rushovitch, 2021).

By way of a definition, Boetto (2010) simply defines *informal kinship care* as “voluntary arrangements made between family members that do not normally require the intervention of child protection authorities” (p. 60). Other similar terms in the literature include *private kinship care* (Berrick & Hernandez, 2016; McHugh, 2009), *non-statutory kinship care* (McHugh, 2009), *informal kinship-based fostering* (Leinaweaver, 2014), *kin caregivers who do not have a legal relationship* (Child Welfare Information Gateway, 2022) or *private fostering* (Child Law Advice, n.d.; Shaw et al., 2010). In these instances, the state may or may not provide financial support and where it does, it is usually quite limited.

Across policy, research and practice, *informal kinship care* is now widely paired or contrasted with the term *formal kinship care* (Berrick & Hernandez, 2016; Boetto, 2010; Child Welfare Information Gateway, 2022; McCartan et al., 2018; Washington et al., 2021) when referring to care by kinship carers who are assessed, approved and supported as part of the foster care system. Other terms with a similar meaning to formal kinship care include *statutory kinship care* (McHugh, 2009; Moore, 2018), *public kinship care* (Berrick & Hernandez, 2016) and *kin caregivers who have a legal relationship* (Child Welfare Information Gateway, 2022). Depending upon the jurisdiction, policy and practice expectations of formal kinship carers may or may not be the same as for other foster carers.

Providing commentary on the adoption of the *Guidelines for the Alternative Care of Children* (United Nations, 2010) by the General Assembly on 24 February 2010, the Centre of Excellence for Looked After Children in Scotland (2012) provides a useful broader perspective:

> Working with children in informal kinship care arrangements means striking a delicate balance between adhering to the State's child protection obligations (section 79) and respecting decisions by parents (or in their absence, the informal carers themselves) that are made with the best interests of the child in mind. By definition, official agencies are not directly involved in informal care initiatives, and their scope of action is relatively limited in such cases. Nevertheless, it is desirable that children's whereabouts are known to the competent services so they are in a position to offer protection and support as required (p. 77).

Generally “the *guidelines* only apply to informal (kinship) care where the term is explicitly mentioned (section 56 and sections 76 to 79)” (Centre of Excellence for Looked After Children in Scotland, 2012, p. 77). Nonetheless, these guidelines place a number of obligations on states as shown in the table below:

Table 1: UN Guidelines for the Alternative Care of Children and informal care

Section	Text
56	With regard to informal care arrangements States should, where appropriate, encourage such carers to notify the competent authorities accordingly so that they and their child may receive any necessary financial and other support that would promote the child's welfare and protection. Where possible and appropriate, States should encourage and enable informal caregivers, with the consent of the child and parents concerned, to formalize the key arrangement after a suitable lapse of time, to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future.

Section	Text
76	With a view to ensuring that appropriate conditions of care are met in informal care provided by individuals or families, States should recognize the role played by this type of care and take adequate measures to support its optimal provision on the basis of an assessment of which particular settings may require special assistance or oversight.
77	Competent authorities should, where appropriate, encourage informal carers to notify the care arrangement and should seek to ensure their access to all available services and benefits likely to assist them in discharging their duty to care for and protect the child.
78	The state should recognize the de facto responsibility of informal carers for the child.
79	States should devise special and appropriate measures designed to protect children in informal care from abuse, neglect, child labour and all other forms of exploitation, with particular attention to informal care provided by non-relatives, or by relatively previously unknown to the children, or living far from the children's habitual place of residence.

Note: Reproduced from "'Guidelines for the Alternative Care of Children: Resolution / adopted by the General Assembly (A/RES/64/142)', by United Nations, 2010, pp 11-13. Copyright 2010 by United Nations.

The fundamental distinction between informal and formal kinship care is an important one and in most jurisdictions this distinction will be very clear. However, in some jurisdictions the positioning of informal kinship care and kinship care and the interface between them, can be more problematic. Berrick & Hernandez (2016) argue that firstly kinship care arrangements are often more complex or nuanced than this dichotomous approach would suggest, and secondly that we have also seen the emergence of new hybrid forms of kinship care:

> Our understanding of children's living arrangements in the homes of their relatives, however, is becoming more nuanced and complex. The stark differences between public and private care are increasingly mediated by hybrid kinship models that may be government facilitated, but are not considered fully public in nature.

For example, in the US as well as informal (or private) and formal (or public) kinship care the Federal Government refers to *voluntary kinship care*, also known as *kinship diversion* (Annie E. Casey Foundation, 2013; Berrick & Hernandez, 2016; Wallace & Lee, 2013) as another type of kinship care:

> Voluntary kinship care refers to situations in which children live with kin, the child welfare agency is involved, and the State does not take legal custody…Parents may agree to voluntary placements of their children with kin in order to prevent the child welfare agency from going to court to pursue involuntary placements (Child Welfare Information Gateway, 2022, p. 5).

Widely considered a controversial policy (Annie E. Casey Foundation, 2013) which it is argued can place children in a "precarious position" (Burns et al., 2021) and is illegal in some US states (Berrick & Hernandez, 2016), *Kinship diversion* allows statutory child welfare agencies to quickly find alternative homes for children without assuming any responsibilities for them (Wallace & Lee, 2013). This also presents a significant research gap (Annie E. Casey Foundation, 2013) as "the actual number of children placed with child welfare agency involvement is unknown, and consequently the actual number of diverted kinship families who need appropriate interventions is also unknown" (Wallace & Lee, 2013, p. 419).

To better support policy development, Berrick & Hernandez (2016) developed a taxonomy of kinship care arrangements as shown below:

Table 2: Taxonomy of kinship care arrangements[2]

Kinship care arrangements	Sub-types
State-independent kinship care	• Informal kinship care
State-mediated kinship care	• Kinship diversion • Legal guardianship
State-mandated kinship care	• Kinship foster care • Voluntary placement agreement • Kinship guardianship • Kinship adoption

Note: Adapted from "Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care" by J. Berrick & J. Hernandez, 2016, p. 24. Copyright 2016 by Elsevier.

As well as identifying seven different forms of kinship care, their article goes on to examine the similarities and differences between these. This particular taxonomy specifically relates to legislation and policy in California, and as such the authors caution that any such typology may look different in other jurisdictions. However, four key features stand out:

- The identification of state-mediated kinship care as a third and distinct broad kinship care model, that sits between state-independent (or informal) kinship care, and state-mandated kinship care (which includes but is not limited to formal kinship care). They go on to describe state-mediated kinship care as "care arrangements that are less well-understood by the research community and that are typically absent from policy discussions falling between independent and mandated care" (p. 25).
- Distinguishing between *informal kinship care* as a private arrangement within families, and where *legal guardianship* is secured through the courts.
- Distinguishing between *kinship diversion* and *voluntary placement agreement;* the latter being very similar to formal kinship care with the legal and professional obligations that go with that, but without the involvement of the courts.
- The inclusion of both *kinship guardianship* and *kinship adoption* as forms of state-mediated kinship care.

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[2] Berrick and Hermandez (2016) usefully acknowledge that in taking a legalistic approach, their typology does not capture issues around relatedness or relationships: "Although we attempt to create greater definitional clarity between kinship types in this paper we recognize that we have not attended to the topic of caregiver relationship within kinship types. That is, a growing body of research suggests that the kin caregiver's degree of relatedness and type of relatedness may correspond to different outcomes for children. Although an important issue, we are unable to attend to this degree of specificity here" (p. 24).

Berrick and Hernandez (2016) go onto argue that:

> The obligations of the state vis-à- vis caregivers in state-mediated care should be relatively similar, regardless of the type of mediated care, and these obligations somewhat greater than the obligations seen in state-independent care, but somewhat less onerous than what is found in state-mandated care. The responsibilities of the caregiver to the state should also be somewhat greater in state-mediated care compared to state-independent care, and somewhat fewer in state-mediated care than the responsibilities of caregivers in state-mandated care

This is also illustrated in the following table:

Table 3: Policy consistency within kinship care models

	State-independent kinship care	**State-mediated kinship care**	**State-mandated kinship care**
Responsibilities of the state to the caregiver	None	Some	More
Obligations of the caregiver to the state	None	Some	More

Note: Reproduced from "Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care" by J. Berrick & J. Hernandez, 2016, p. 30. Copyright 2016 by Elsevier.

While there appears to be much less research from the US on informal kinship care than formal kinship care, a second and more recent piece of US federal legislation has the potential to significantly change both the formal, and in particular the informal, kinship care landscape, and child welfare in the US (American Bar Association et al., n.d.; Lindell et al., 2020; Waid, 2021). The bi-partisan *Family First Prevention Services Act* was signed into law in 2018 with the intention of:

- reducing child maltreatment
- increasing the number of children who can remain safely with their families, and
- reducing the need and demand for state care and so also avoid the resulting trauma that can occur.

According to the U.S Federal Government's Child Welfare Information Gateway (n.d.):

The Act's primary *preventative* focus (likely also incorporating what we in New Zealand would describe as early intervention and intensive support), allows federal funding to be used, for the first time, to prevent a child's entry into care, while also limiting the use of residential care (Lindell et al., 2020). However, as well as developing time limited prevention services for parents (use of federal funding usually capped at 12 months), there is also a clear intent that formal and informal kinship care will be developed further. The American Bar Association and partner organisations (n.d.) propose the following as areas for development under the new Act:

- Federal fund for prevention services available to kin for up to 12 months in order to keep children out of foster care

- Federal funds for prevention services also available to simultaneously help the child, parent and kin
- Help for states to identify barriers and best models for licensing (approving) kinship carers
- Ongoing funding for Kinship Navigator programmes.

Implementation of the 2018 Act was to be phased in over a number of years (Children's Defense Fund, 2018).

Informal kinship care in Aotearoa New Zealand

In Aotearoa New Zealand, we have long had the Māori customary practice of whāngai, atawhai or tamaiti whāngai, in which a child is raised by kin members other than their birth parents: "While being cognizant of the interests of the child, [whāngai] is weighted more towards establishing, nurturing and cementing relationships between individuals, families and broader relational networks" (McRae & Nikora, 2006, p. 1). However, there is a significantly larger group of children who also do not live with their parents (or approved kin or non-kin foster carers), although unlike whāngai, their parents cannot or will not care for them. Privately arranged outside of the state care system, there is also little or no statutory child protection oversight.

And as they are private arrangements, we do not know who all of these children are. Unlike in some European countries we have no requirement or mechanism (Child Law Advice, n.d., Shaw et al., 2010) for parents to notify the state of when other people are temporarily or permanently raising their children. Some information on those raising children who are not their own can be collected in some countries from national censuses (Annie E. Casey Foundation, 2021; Nandy & Selwyn, 2011, 2013; Sahota, 2019). However, with the exception of the New Zealand 2013 Census (of Population and Dwellings) which for the first time collected data from 9,543 'grandparents in a parent role' where the parent was not in the household (Stats NZ 2014; Stats NZ as cited in Gordon, 2016). that does not appear to be the case in New Zealand as such data is not available from the 2018 Census (Stats NZ, personal communication, 13 July 2022.[3] Furthermore as well as excluding kinship carers who were not grandparents, the 2013 Census may under-count the actual number of grandparents raising grandchildren (and like those overseas, censuses tend not to differentiate between informal and formal kinship care).

While we have recently learnt a lot more about UCB/OB caregivers (Ernst & Young, 2022; Kantar Public & Oranga Tamariki, 2019, 2022; Oranga Tamariki Evidence Centre, 2021) and, perhaps to a lesser extent, the children who they care for, and grandparents raising grandchildren more generally irrespective of whether undertaken informally or formally (e.g., Families Commission, 2010; Gordon, 2016; Worrall, 2009), there is no specific research, other evidence or indeed information, available on informal kinship carers in Aotearoa New Zealand.

We do know that approximately 20,000 of these children in informal kinship care, live with around 13,000 carers who are in receipt of either Work and Income's Unsupported Child's Benefit or the Orphan's Benefit; these figures include permanent caregivers. Introduced in 1990 to assist with the costs of looking after a related child, the Unsupported Child's Benefit may be paid where parents can't care for their children because of a family breakdown, whereas the Orphan's Benefit may be paid where parents have either died, cannot be found,

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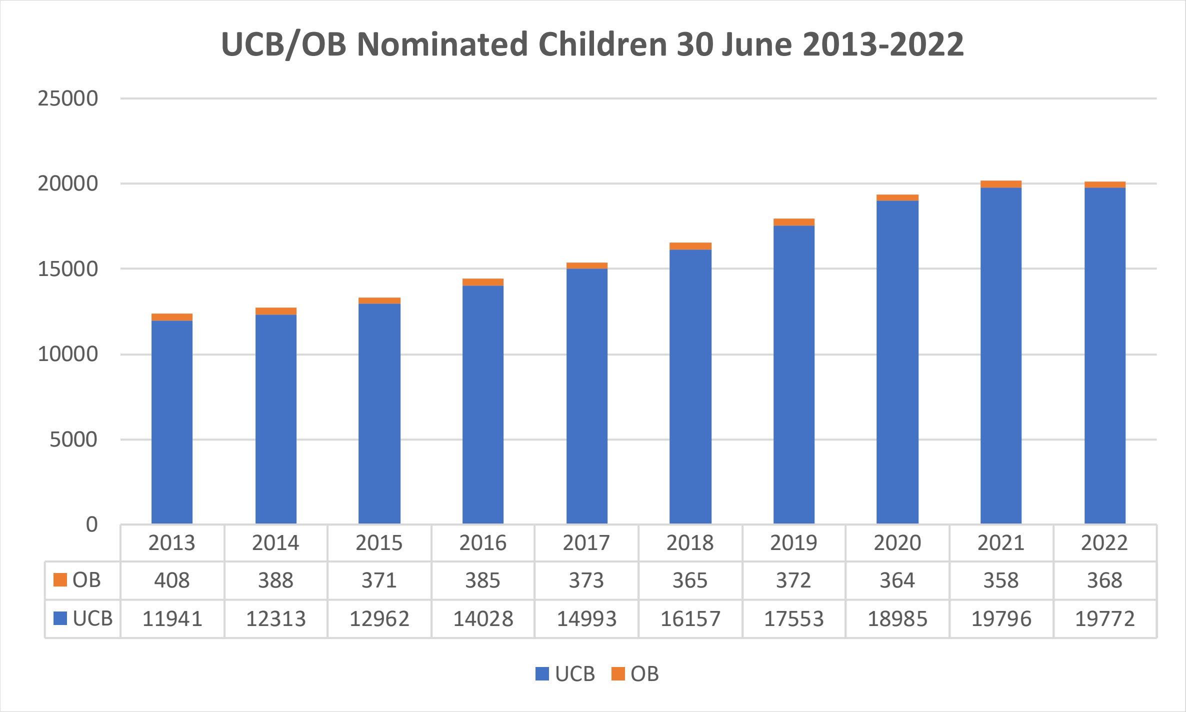
[3] To provide a broader context, the New Zealand 2018 Census did confirm that our family structures continue to evolve and change (McAnally et al., 2020; Sligo et al., 2022), with one in nine children under five now living in multi-family households; this was one in six for Auckland overall, and one in four in some parts of the city (Stats NZ, 2021).

or cannot look after their children because they have a serious long-term health condition or incapacity (Oranga Tamariki, 2019c, 2019d).

In 2009, the UCB/OB (base) rates were harmonised with the Foster Care Allowance. Further harmonisation was introduced in 2014 giving UCB/OB caregivers the same entitlement to the Establishment Grant, and access the School and Year Start Up Payment and the Extraordinary Care Fund. From 2018, the Clothing Allowance, was also made available to UCB/OB caregivers.

We also know that the number of UCB and OB recipients has grown rapidly over recent years. As shown in figures 1 and 2, over the last 10 years the number of UCB/OB nominated children has increased by 7,791 (63%), while the number of UCB/OB caregivers has increased by 4,586 (52%). One explanation for this increase is that UCB, OB and indeed Child Support, are now promoted by Oranga Tamariki (2021, 2022) as a pathway or option for current or prospective informal kin carers.

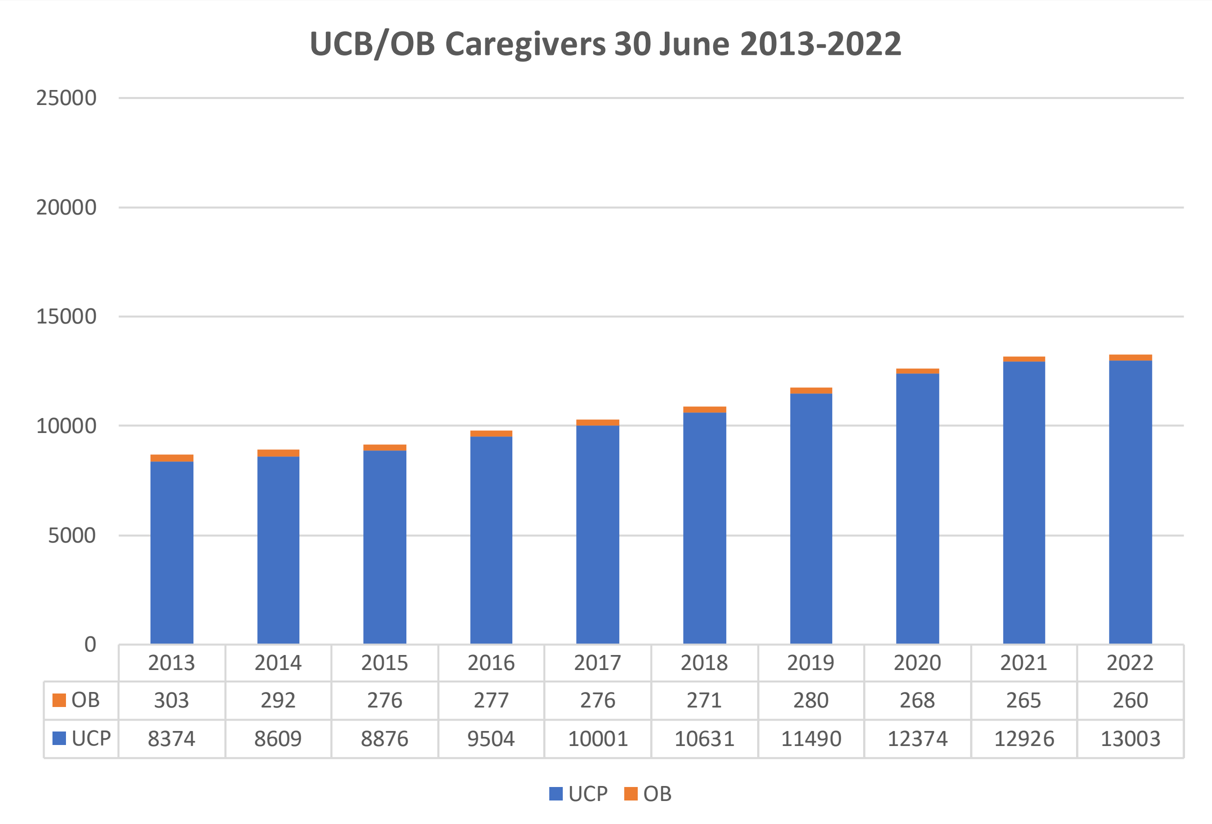
Figure 1: Unsupported Child's Benefit and Orphan's Benefit Nominated Children



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
OB	408	388	371	385	373	365	372	364	358	368
UCB	11941	12313	12962	14028	14993	16157	17553	18985	19796	19772

Note: Adapted from personal communication from MSD to Oranga Tamariki, 30 September 2022

Figure 2: Unsupported Child's Benefit and Orphan's Benefit Caregivers



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
🟧 OB	303	292	276	277	276	271	280	268	265	260
🟦 UCP	8374	8609	8876	9504	10001	10631	11490	12374	12926	13003

Note: Adapted from personal communication from MSD to Oranga Tamariki, 30 September 2022

There is some evidence of growth in the number of children being raised by grandparents and other family members internationally too (Buchanan & Rotkirch, 2018; Glaser et al., 2013). In relation to the US and citing data from the Federal Interagency Forum on Child and Family Statistics, Pew Research Center, and the Annie E. Casey Foundation, Berrick and Hernandez state:

> Recent estimates indicate that over 7.7 million children are being raised in the home of a relative (about 10% of all US children); of these, about 3 million (4% of the U.S. child population) live with a relative with no parent present…These shifts in parenting practices have been most pronounced in communities of color where…an estimated one in five African American children will spend some portion of their childhood living in the home of a relative (p. 24).

Despite kin-foster care rates in many US states being high (Connolly, 2003; Annie E. Casey Foundation, 2013), the vast majority of these children are in informal rather than formal kinship care (Annie E. Casey Foundation, 2021; Lee et al., 2020).

2019 review of caregiver allowances, benefits and payments

In 2019, Oranga Tamariki (2019b, 2020) undertook a ‘first principles’ review across the Foster Care Allowance, Higher Foster Care Allowance, Orphan’s Benefit, Unsupported Child’s Benefit, and related supplementary payments. The review identified both systemic and discrete policy issues with the payment system(s), and deemed that it was inequitable and difficult for caregivers to navigate.

As a result, in December 2019, the Minister for Children (Oranga Tamariki, 2019) proposed to Cabinet:

- an approach to address the findings of the review
- four objectives, as well as six more specific guiding principles, for a new caregiver financial assistance system
- a work programme to explore a simplified and unified payment model that better supports the non-financial needs of caregivers, as well as also meeting any unmet care, protection or wellbeing needs of children living with caregivers outside the State care system, and
- a multi-year evaluation.

The proposed and approved caregiver financial assistance objectives and guiding principles are shown in the table below.

Table 4: Caregiver financial assistance objectives and guiding principles

Objectives	Guiding principles
1. Tamariki Māori are thriving under the protection of whānau, hapū and iwi. **2. Children are living in safe and stable homes.** **3. Children's care, protection and wellbeing needs are met.** **4. The need for children to enter State care is reduced.**	1. Financial assistance for caregivers should provide for the reasonable costs of caring for the child. 2. Regular, standardised payments should be available to, and accessible by, caregivers who provide the day-to-day care of children whose parents are unable to care for them. 3. There should be no disparity in the standardised payment rate provided to support a child in the State care system, and a child living with a caregiver outside the State care system whose parents are unable to care for them. 4. Additional needs-based financial support should be available to, and accessible by, all caregivers who provide the day-to-day care of children whose parents are unable to care for them. 5. Financial assistance for caregivers should not duplicate other social assistance. 6. Financial assistance for caregivers should be accompanied by wider (non- financial) support for caregivers.

Note: Adapted from "Reforming financial assistance for caregivers: Proposed response to the review of the foster care allowance, orphan's benefit, unsupported child's benefit and related payments" [Cabinet paper], by Oranga Tamariki, 2019), pp. 2-3. Copyright 2020 by New Zealand Government.

Subsequently two immediate changes to the financial system were put in place, Firstly, the 12-month UCB/OB eligibility rule was removed and secondly Christmas and birthday allowances were introduced (Oranga Tamariki, 2019); other financial changes are under development.

Five design features and ten design elements are proposed for the new non-financial support model. The proposed design features are:

1. Delivered by iwi, Māori, and community providers
2. Delivered locally
3. Relationship based
4. Caregiver and whānau-led
5. Flexible and optional for caregivers

The 10 design elements are shown in figure 3:

Figure 3: The ten proposed design elements

UNDERSTANDING CIRCUMSTANCES & NEEDS

- an improved application process for the OB and UCB
- an assessment of care and wellbeing needs for the child and caregiver
- a review of the circumstances and needs of caregivers and children
- addressing safety concerns in relation to the caregiving arrangement

DELIVERING SUPPORT FOR TAMARIKI AND CAREGIVERS

- needs-based funding for caregivers and children
- improvements to existing standardised payments
- support for tamariki to connect to their whānau and culture
- learning supports and opportunities for caregivers
- peer support for caregivers

INFORMATION ON SUPPORT AND ENTITLEMENTS

- improved information and communications for frontline staff and caregivers.

Methodology and limitations

Academic and professional journal articles, books, and book chapters were identified using EBSCO and Google Scholar. In instances where no content, or only abstracts, were available, alternative sources were where possible used to access material, e.g. Google, ResearchGate, the MSD library service and inter-library loan access, Amazon books, and in one instance making direct contact with an author.

Using Google, the review also encompassed:

- grey literature from government and other agencies including kin carer advocacy organisations, and
- evidence-based and systematic review sites.

However, it quickly became apparent that a particularly wide variety of terminology was being used across countries in relation to kinship care outside of the foster care system; conversely the use of the same term may or may not reflect a similar concept of kin care. There are also significant differences across countries in their child welfare, social security and tax systems, as well as differences in the availability and nature of universal family support provision available to kin carers, and indeed the child's biological parents. This meant that search terms and search strategies were iterative rather than pre-determined.

To guide the analysis, a key aspect of this evidence brief is that each of the literature sources that were used to reach and support the report's findings has been individually identified in tabular form and then assessed in terms of their relevance and research strength. Loosely based upon the California Evidence-Based Clearinghouse for Child Welfare (n.d.), the following rating scale was developed and used.

Table 5: Assessment rating scale for relevance and research strength

(Research) relevance	(Research) strength[4]
1: Very high (informal kinship care)	**A:** Well-supported research (or evaluation) evidence (clear finding from published qualitative systematic review or quantitative systematic review or meta-analysis)
2: High (informal and formal kinship care but predominantly informal)	**B:** Supported research (or evaluation) evidence (clear finding from published large-scale mixed methods, qualitative or quantitative study using robust methodology, or research review)
3: Medium (informal and formal kinship care but predominantly formal)	**C:** Promising research (or evaluation) evidence (finding from smaller-scale, and/or less robust mixed methods, qualitative or quantitative study or evaluative activity, or comprehensive literature review
4: Low (formal kinship care)	**D:** Promising insights (finding from lower quality research and/or where little detail on methodology is provided, other theoretical research literature, or more limited literature review)
5: Very low (non-kin foster care, residential care, or state care generally)	**E:** Possible insights (other credible sources)

In addition to the terminology challenges referred to above, this evidence brief has some other important limitations.

1. This is an evidence brief rather than a full literature review and aims to represent a good, but not necessarily an entirely comprehensive, summary of existing literature. It may or may not be published.
2. While internationally there is now a considerable amount of literature on kin care, much of this reflects and supports the significant and rapid expansion of kin foster care across many Anglo-American jurisdictions, i.e. a response, perhaps more pragmatic than ideological, to the ongoing and long-standing demographic impacts on non-kin foster carer recruitment and retention, amid rising numbers of children coming into care. As such, the literature focuses predominantly on kinship foster care. While this evidence brief has identified a not-inconsiderable amount of, largely recent, literature on kinship care outside of the foster care system, large-scale independent empirical research studies and evaluations are sparse, and very few journal special issues, systematic reviews, or Manualised Evidence-supported Treatment (MEST) programmes, have been identified.

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[4] (Research) strength relates to an assessment of the study or source overall, rather than an assessment of each specific finding or statement cited. Please also note that these ratings are a guide only and that some theoretical research articles by eminent researchers in this field published in peer reviewed journals, may be significantly more useful as sources of evidence than a ‘D (possible insights)’ rating might suggest e.g. Berrick & Hernandez (2016).

3. Notwithstanding the important literature from Africa and Asia on *skipped generation* kinship care, there is comparatively little (English language) literature on the topic from non-Anglo-American countries, and very little in the way of comparative studies or systematic reviews. Indeed, most of the kin care literature comes solely from the US, and while there are some important similarities between the US and Aotearoa New Zealand in relation to both child welfare and family support, there are perhaps more differences than with other Anglo-American countries.
4. With a few exceptions (e.g. Burgess et al., 2010; Farmer et al., 2013; Kiraly, 2021; Messing, 2006; Rodriguez-Jenkins, 2021), the informal kinship care literature is much more focused on the needs and views of carers, than it is on those of children.
5. When taking the existing UCB/OB financial support together with the proposed Oranga Tamariki non-financial supports, our model is unique and very different to those found overseas. While there are always some limitations on applying 'what works' overseas' evidence to our context, in this instance additional caution may need to be exercised.

General evidence

This part of the report presents evidence from the empirical and theoretical research and other literature, as related to general findings on, or of relevance to, informal kinship care. However, it is important to emphasise that there are some significant gaps in the informal kinship care evidence base, and particularly so in relation to children. The following areas are addressed:

- Why do children go into informal kinship care arrangements?
- Numbers of children
- Characteristics of children
- Needs of children
- Number and characteristics of carers
- Needs of carers
- Developing provision

Why do children go into informal kinship care arrangements?

<table>
<tr><th>Issue</th><th>In this study substance abuse was the most cited reason for why grandparents were raising grandchildren</th></tr>
<tr><td>Country</td><td>Aotearoa New Zealand</td></tr>
<tr><td>Source</td><td>Changing roles: The pleasures and pressures of being a grandparent in New Zealand (Families Commission, 2010)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 2 (high[5])
Strength: B (supported)</td></tr>
<tr><td>Research population</td><td>Grandparents generally, with an additional focus on five subgroups including grandparents raising grandchildren</td></tr>
<tr><td colspan="2">This broad mixed methods grandparenting research study included a nationally representative survey of grandparents (n=1,178) with some additional questions for some specific grandparents including those raising grandchildren. Also, of the nine focus groups (n=82), one was specifically for grandparents raising grandchildren.
In terms of why grandchildren are in informal and formal kinship care, among the 17 respondents from the telephone survey who reported that they were raising one or more of their grandchildren “substance abuse (either drug and/or alcohol problems) features prominently” (p. 122). A number of focus group grandparents raising grandchildren also cited drugs and alcohol, as well as violence and mental health issues.</td></tr>
</table>

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[5] While the relevance rating used elsewhere in this evidence brief applies to the whole of a published source, an exception has been made with this major and wide-ranging grandparenting study, as there is a specific chapter on grandparents raising grandchildren i.e. this study has been given a relevance rating of ‘2 (high)’ rather than ‘5 (very low)

Issue	**Drug addiction, domestic violence, family breakdown, neglect, parent unable to cope, and alcohol abuse, were the top six reasons given by New Zealand grandparents for grandchildren coming into their care; almost a third (30%) also reported that Child, Youth and Family (CYF) had asked them to obtain parenting/custody orders from the Family Court**
Country	Aotearoa New Zealand
Source	The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa (Gordon, 2016)
Research relevance & strength	Relevance: 2 (high) Strength: C (promising research)
Research population	Predominantly members of the organisation Grandparents Raising Grandchildren (the New Zealand 2013 Census research population was 'grandparents in a parent role where the parent was not in the household')

This empirical research study reports mainly on a survey of 951 Grandparents Raising Grandchildren members augmented by 149 non-members (mainly but not exclusively grandparents[6]) (n=1,100); the survey was predominantly online but included some postal questionnaires and phone interviews.

While the study was on the characteristics of Grandparents Raising Grandchildren, the report does include the following information on the top six reasons selected "from a long list of reasons" (p. 80) by grandparent respondents, for grandchildren coming into their care (multiple reasons allowed and grandparents were able to add other reasons not listed):

- drug addiction (579)
- domestic violence (534)
- family breakdown (527)
- neglect (527)
- parent unable to cope (507) and
- alcohol abuse (336).

As the report goes on to say:

Many of the 'top' reasons are cited together much of the time, and tell a difficult story of drug use and abuse, cycles of violence, break-up of the family, increasing neglect of the children's needs, a feeling that the custodial parent is unable to cope and related alcohol abuse. Not all, or course, cite all these reasons, and the stories often differ from whanau to whanau (p. 80).

Other reasons cited by grandparents were: mental illness of the parent (299); child abuse (210); very young parent (187); abandonment (178); imprisonment of parent (140); death

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[6] Notwithstanding this, for simplicity this research report generally describes all participants as 'grandparents' or members of 'grandparent families', and children as 'grandchildren'.

of parent (69); physical illness of the parent (41); intellectual disability of the parent (34); physical illness of the child (33); intellectual disability of the child (24); mental illness of the child (12); with 145 respondents noting various other reasons.

While a third (34%) of grandparents reported no involvement with CYF, for the other two-thirds (66%) CYF played one or more roles in the shift to grandparent care as follows:

- CYF undertook an assessment/investigation and had concerns about the grandchild’s welfare (499)
- CYF asked grandparents to get parenting/custody orders from the Family Court (498)
- CYF convened a Family Group Conference (380)
- a family/whānau meeting was held with CYF (335)
- CYF asked grandparent to take on the care of the child (331)
- CYF got court orders and placed the child in the grandparent’s care (201) and
- the child was in the grandparent’s care through the home for life programme, for children formerly in the care of the state (88).

Issue	**Whether a child is cared for by an informal kinship carer involves three factors: (1) a reason why the parent cannot care for the child; (2) the informal kinship carer’s motivation; and (3) if and how the kinship carer asks or is asked**
Country	United States (Illinois)
Source	Becoming involved in raising a relative's child: Reasons, caregiver motivations and pathways to informal kinship care (Gleeson et al., 2009)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Informal kinship carers in Cook County, Illinois

Using structured interviews (n=207), this empirical research found a dynamic process in place that influenced how children come to live with a relative other than their parent. “This process involves three overlapping and often simultaneously occurring [antecedent] factors: (1) the reasons the children’s parents were unable to care for them (parental substance abuse/addiction; parental neglect/abandonment/abuse; parental incarceration; young, inexperienced; unstable home life/homeless; lack of resources and general inability; biological parent’s mental illness; and biological parent deceased/physically ill); (2) the caregiver’s motivation for assuming responsibility for the child (keep children with family and out of the foster care system; protect children/keep them safe/ensure child’s wellbeing and sense of belonging; obligation/legacy/default; ‘I do it out of love’; and spiritual influence) and (3) the pathways or routes that children took to the caregiver’s home (caregiver stepped in without being asked; mother asked, father asked, the child asked, or another relative asked; Department of Children and Family Services asked/diversion from custody of the CPS; and complex pathways)” (p. 300).

The authors argue that we need to understand these three factors and how they relate to each other, as we shape policies, programmes and interventions to support those considering whether to care for a relative’s child and those who have assumed this responsibility.

<table>
<tr><td>Issue</td><td>Growth in informal kinship care in the UK has been driven by resource and cost pressures on child welfare agencies, alongside concerns about removing children from their wider families</td></tr>
<tr><td>Country</td><td>United Kingdom</td></tr>
<tr><td>Source</td><td>The poor relations? Children and informal kinship carers speak out (Selwyn et al., 2013)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: B (supported)</td></tr>
<tr><td>Research population</td><td>Children in informal kinship care arrangements aged 8-18 from across the UK and their informal kinship carers (n=80) (and national census data on children living with relatives)</td></tr>
<tr><td colspan="2">Drawing on the wider literature as background, this empirical study states that in recent years, the number of children living privately with relatives or friends has been growing in the UK, and other Anglo-American countries including the US. In the UK, such growth is believed to have been driven by pressures on child welfare agencies and foster placements caused by a number of factors, including increased reporting of child maltreatment, growing problems with HIV infection, parental drug and alcohol misuse, and higher levels of family breakdown. In addition, a desire to diminish the role of the state and the costs of public services and concerns about removing children from their wider families and communities have encouraged the use of kinship care.</td></tr>
</table>

<table>
<tr><td>Issue</td><td>In the US, the prevalence of informal kinship care peaked with the impacts of the 2007-2008 Global Financial Crisis and severe economic downturn</td></tr>
<tr><td>Country</td><td>United States</td></tr>
<tr><td>Source</td><td>Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care (Berrick & Hernandez, 2016)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: D (promising insights)</td></tr>
<tr><td>Research population</td><td>Children in informal kinship care and associated systems</td></tr>
<tr><td colspan="2">This theoretical research study, citing the Pew Research Center, states that ”during the Great Recession it appears that large numbers of children moved into their relatives' homes, though this trend stabilized once the economy regained strength” (p. 24).</td></tr>
</table>

Issue	**Parental substance abuse most commonly identified across 18 studies as a reason for informal kinship care arrangements**
Country	United Kingdom
Source	Understanding informal kinship care: A critical narrative review of theory and research (MacDonald et al., 2018)
Research relevance & strength	Relevance: 1 (very high) Strength: A (well supported)
Research population	Informal kinship care studies

Across 18 research studies where the reasons for an informal kinship care arrangement was identified these, as reported by informal kinship carers, were identified by this systematic (critical narrative) review as follows:

- Parental substance misuse (16/18 studies and the most common reason in several)
- Parental incarceration (11/18 studies)
- Parental physical or mental health (6/18 studies)
- Child abuse or neglect (6/18 studies)
- Domestic violence (5/18 studies)
- Abandonment (6/18 studies with 50-75% in one)
- Parental death (6/18 studies).

Synthesis of evidence on why children go into informal care arrangements

Notwithstanding the importance of national economic circumstances and specific events (e.g. the 2007-2008 global financial crisis), across the empirical and theoretical research literature there is a strong consensus on the individual circumstances that leads to family breakdown and children moving into an informal kinship care arrangement. While usually based solely on reports from informal kinship carers, these circumstances often include: parental substance misuse; incarceration; physical or mental health; abandonment and death; child abuse or neglect; and domestic violence, or a combination of these and other reasons.

However, as well as the existence of such individual circumstances, for an informal kinship care arrangement to come into place, there also needs to be a motivated carer with the capability and/or capacity to care for a child, as well as a need for that kinship carer to ask or be asked. As such, whether and why children go into informal kinship care arrangements is also shaped by statutory child welfare legislation, the policies of child welfare agencies and local practice, the nature and availability of family support services and formal kinship care, and the interface between public and private law.

Numbers of children

Issue	**The number of New Zealand children living with informal kinship carers may be significantly higher than those with OB or USB recipients**
Country	Aotearoa New Zealand

Source	The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa (Gordon, 2016)
Research relevance & strength	Relevance: 2 (high) Strength: C (promising research)
Research population	Predominantly members of the organisation Grandparents Raising Grandchildren (the New Zealand 2013 Census research population was ‘grandparents in a parent role where the parent was not in the household’)

As well as presenting detailed data from the New Zealand 2013 Census on the characteristics of 9,543 ‘grandparents in a parent role where the parent was not in the household’, most of this empirical research study comprised of findings from a survey of 951 Grandparents Raising Grandchildren members (mainly but not exclusively grandparents) augmented by 149 non-members (n=1,100); the survey was predominantly online but included some postal questionnaires and phone interviews.

One finding from this survey was that 35% (407) of these grandparents reported that they were not in receipt of either Unsupported Child’s Benefit, Orphan’s Benefit or Foster Carer Allowance. While only 6% (67) reported that they received no income for the children they were raising, other reported sources of finance were the Disability Allowance (133), IRD tax credits (126), liable parental contributions (51), ACC payments (17) as well as payments received within benefits (no figure given). While not a specific finding per se, this would appear to suggest that the number of informal kin carers across the country may be significantly higher than the total number who currently receive Unsupported Childs’ Benefit or Orphan’s Benefit. While the report does state that “some have chosen not to apply for state support despite eligibility”, more research is needed. While some respondents may have been caring for those aged 18 or older e.g. with disabilities), other possible explanations given include:

- Lack of awareness of UCB/OB and eligibly criteria
- Application process perceived as demeaning, difficult or intrusive
- Applications rightly or wrongly rejected or caregiver provided with incorrect information and
- Alternative sources of income that do not involve becoming a Work and Income beneficiary.
  - However, taking a different approach, this study does estimate that in 2013 there were 17,000 children in New Zealand being raised informally and formally by their grandparents; this estimate was based on the 9,543 ‘grandparents in a parent role’ identified in the 2013 Census, along with this study’s survey finding that the average respondent cared for 1.8 grandchildren. While not cited in the study, this compares with 11,941 nominated UCB/OB children in 2013, with the UCB/OB total also including aunts, uncles, siblings, other extended family/whānau, former foster carers and other non-family/whānau.

Issue	**In England and Wales an estimated 200,000 to 300,000 children live in informal kinship care arrangements**
Country	United Kingdom
Source	The poor relations? Children and informal kinship carers speak out (Selwyn et al., 2013)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Children in informal kinship care arrangements aged 8-18 from across the UK and their informal kinship carers (and analysis of national census data on children living with relatives)
The number of children living in informal kinship care in England and Wales is not known. However, this empirical study includes the authors estimate (2013) that there are 200,000 to 300,000 children in such private arrangements; this compares to only 6,900 in formal kinship care. Their estimate draws on 2001 Census data showing about 173,200 children growing up with a relative, which represents a doubling in the 10 years since the 1991 Census.	

Issue	**Internationally, most children not living with their biological parents are in informal kinship care**
Country	United States
Source	Informal kinship-based fostering around the world: Anthropological findings (Leinaweaver, 2014)
Research relevance & strength	Relevance: 1 (very high) Strength: D (promising insights)
Research population	Children in informal kinship care globally
From this theoretical research article: “Informal care…is more common than institutionalization for the 163 million children worldwide who do not live with a biological parent” (p. 131).	

Issue	**The US saw a significant increase in children being raised by relatives from 2000 to 2010.**
Country	United States
Source	Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care (Berrick & Hernandez, 2016)

<table>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: D (promising insights)</td></tr>
<tr><td>Research population</td><td>Children in informal kinship care and associated systems</td></tr>
<tr><td colspan="2">Citing a 2011 Federal Interagency Forum on Child and Family Statistics report and a 2013 Pew Research Center report, about 3 million children in the US now live with a relative with no parent present; the vast majority of these US children are in informal rather than formal kinship care arrangements. Furthermore, “according to the U.S. Census, the number of children raised by relatives increased by 18% from 2000 to 2010, while the growth in the overall child population increased by only 3%” (p. 24).</td></tr>
</table>

<table>
<tr><td>Issue</td><td>Informal kinship care for Indigenous children in the US widespread but under-counted in government data</td></tr>
<tr><td>Country</td><td>United States</td></tr>
<tr><td>Source</td><td>Kinship care for children who are American Indian/Alaska Native: State of the Evidence (Sahota, 2019)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: D (Promising insights)</td></tr>
<tr><td>Research population</td><td>Informal kinship care of American Indian/Alaska Native children</td></tr>
<tr><td colspan="2">This theoretical research article posits that many informal kinship care arrangements for American Indian/Alaska Native (AI/AN) children may not be included in government administrative data and so may be more hidden. However, citing Fuller-Thomson & Minkler’s 2005 analysis of the US 2000 Census, AI/AN grandparents are three times more likely to be caring for their grandchildren than non-AI/AN populations with 55,000 such grandparents identified. Citing 2009 research from Carter and 2015 research by Maher and colleagues, the author states that “children who are AI/AN are less likely [sic] to be placed in [formal] kinship care than children who are non-AI/AN” (p. 75). However, AI/AN children who are in care are more likely to be placed in group care or residential programmes, and at a younger age.</td></tr>
</table>

Synthesis of evidence on numbers of children in informal kinship care

Notwithstanding the involvement of the Courts in many or most cases, with the exception of those jurisdictions with private fostering legislation, generally informal kinship care arrangements are by definition informal and private; not necessarily something that statutory child protection agencies are either involved in or notified about. As such, in many jurisdictions including New Zealand, information on the number of children living in informal kinship care arrangements has not been collected by governments or meaningfully estimated.

From the limited New Zealand research that we do have, our total may be significantly higher than the growing number of children, currently 20,000, living with those informal kinship carers who have become Work and Income Unsupported Child’s Benefit or Orphan’s Benefit recipients.

However, while we do know that family and household structures in New Zealand continue to evolve we do not know whether, as is the case in both the UK and US, the overall number of New Zealand children living in informal kinship care arrangements has grown markedly too.

Characteristics of children

Issue	**For children in either informal or formal kinship care: the majority may be of primary-school aged or older, and potentially even secondary-school-aged; half had lived with their grandparents for five years or longer; and the majority were living with a sibling. However, some grandparents “may have a flow of resident children into and out of their homes” (p. 59).**
Country	Aotearoa New Zealand
Source	The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa (Gordon, 2016)
Research relevance & strength	Relevance: 2 (high) Strength: C (promising research)
Research population	The New Zealand 2013 Census research population was ‘grandparents in a parent role where the parent was not in the household’, while the research population for the survey was predominantly members of the organisation Grandparents Raising Grandchildren

This study included analysis of data from the New Zealand 2013 Census on the characteristics of 9,543 ‘grandparents in a parent role where the parent was not in the household’. While there is no data from the 2013 Census on the total number of children being cared for by ‘grandparents in a parent role’, there was a question on the age of the youngest child living in the household. The ages of these youngest children were largely distributed across the 0-13 years age spectrum, be it with more aged 7-13 than 0-6, and with less aged 14 years of age and over. Considering that some ‘grandparents in a parent role’ would be raising two or more children, this analysis would seem to suggest that the majority of children being raised by ‘grandparents in a parent role are primary-school aged or older, and potentially even secondary-school-aged. However, it should be noted that in some instances these youngest children’s parents may have also been a member of the household.

That said, most of the study was reporting on a survey of 951 Grandparents Raising Grandchildren members augmented by 149 non-members (mainly but not exclusively grandparents) (n=1,100); predominantly online although including some postal questionnaires and phone interviews. Despite the focus of the study on the characteristics of Grandparents Raising Grandchildren, the report does include some limited information below in relation to children in their care:

- From the 1324 (75%) of 1763 grandchildren for whom respondent provided individual information, 54 (4%) were aged less than 1 year, 281 (21%) were aged 2-5, 501 (38%) were aged 6-10, 319 (24%) were aged 11-14, 145 (11%) were aged 15-18 and 24 (2%) were aged 18+[7]. Notably, the age band with the largest number of grandchildren with 501 (38%) was 6-10 years of age, the number of grandchildren who are teenagers is relatively low, and these grandparent families include very few babies and toddlers.
- Approximately half of the 1314 grandchildren for whom individual information was provided on length of time with grandparents, had lived with them for five years or longer.
- A majority (72.5%) of the 1763 grandchildren being cared for by grandparents in this study were living with one or more sibling or other grandchild, with 27.5% being the sole grandchild living with the grandparent family. On average grandparent carers were looking after 1.8 children. However, the range was very wide with some grandparent families reporting having 3, 4, 5, 6, 7, 8, 9, 13 and 15+ children currently living with them.
- 284 (27%) respondent reported having grandchildren who were no longer living with them. The author partially attributes this ‘high figure’ to the fact that those who were no longer caring for grandchildren (i.e. not current ‘Grandparents Raising Grandchildren’) were encouraged to participate in the survey in order to ‘tell their stories’, and partly because grandparents “may have a flow of resident children into and out of their homes” (p. 59). While the report does include information on the ‘destination’ of ‘children’ leaving grandparent care, it cannot be assumed that all of these ‘children’ were under the age of 18 when they left. With that caveat, approximately a third (34%) of these 284 grandparents had cared for grandchildren who had left their care to live independently, a third (37%) of the grandparents had cared for grandchildren who left them to live with one or both parents, and a third (29%) of the grandparents had cared for grandchildren who went elsewhere including ‘other’ destinations, extended family/whānau, and CYF foster care or institutional care. As well as leaving to live independently, other cited reasons for leaving captured from the qualitative data included: court orders; grandchild’s death; grandchild removed by Police because of mental health concerns, and grandchild asked to leave because of behaviour. “Demonstrating the complexity of [some of] the families in this study” (p. 59), in other instances arrangements seemed to be temporary, periodic, or fluid.

Issue	**Māori is the largest single ethnic group for nominated UCB/OB children**
Country	Aotearoa New Zealand
Source	Caregivers raising children with the Orphan’s Benefit and the Unsupported Child’s Benefit – a survey of caregivers. (Kantar Public & Oranga Tamariki Evidence Centre, 2019).

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[7] There appear to be two age category errors in the table on page 79 of the research report from which this data is taken i.e. it is likely that ‘less than 1’; should read ‘less than 2’ or ‘0-1’, and that ‘18+’ should either read ‘19+’ or ‘15-18’ should read 15-17’.

Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	UCB/OB recipients

Māori is the largest single ethnic group for nominated UCB/OB children. In this telephone survey of UCB/OB recipients (n= 1,300 with overall response rate of 60%), ethnicity of nominated children on the basis of any mention (multiple options allowed) was:

- UCB: *Any* Māori 69%, NZ European 48%, *Any* Pacific 18%, Asian 5%, and Other 10%
- OB: *Any* Māori (59%), NZ European (43%), *Any* Pacific (15%), Asian 4%, Other 8%

Issue	**UCB/OB nominated children are generally older than children in care**
Country	Aotearoa New Zealand
Source	Draft high-level overview of the life experiences of children with the Orphan’s Benefit/Unsupported Child Benefit (OB/UCB), compared to children in care and the overall child population (Ernst & Young, 2022)
Research relevance & strength	Relevance: 1 (very high) Strength: C (promising research)
Research population	Children with UCB/OB compared to those in care and the general population

This study used Statistics New Zealand’s Integrated Data Infrastructure to compare children whose carers receive UCB/OB (10,600), children in care (4,480) and those neither UCB/OB nor in care (1,110, 000) (there’s also another group of 4,220 transitioning to care from UCB or vice versa). In terms of age profiles there are important differences:

- The majority of UCB/OB children are aged 10-17 while the majority of children in care are aged 0-9
- 27% of children in care are under the age of five while the corresponding under-five’s figure for UCB/OB is 15%.

Issue	**Minority ethnic children are over-represented in informal kinship care, and teenagers more likely than younger children**
Country	United Kingdom
Source	The poor relations? Children and informal kinship carers speak out (Selwyn et al., 2013)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)

<table>
<tr><td>Research population</td><td>Children in informal kinship care arrangements aged 8-18 from across the UK and their informal kinship carers (and national census data on children living with relatives)</td></tr>
<tr><td colspan="2">Findings from analysis of the 2001 Census for England and Wales:
• at 30%, minority ethnic children (all ethnic groups except White British) were over-represented in informal kinship care; more than twice their representation in the general population, and
• teenagers were more likely to be in informal kinship care arrangement than younger children</td></tr>
</table>

<table>
<tr><td>Issue</td><td>Indigenous children feature prominently in formal kinship care</td></tr>
<tr><td>Country</td><td>Australia (Victoria)</td></tr>
<tr><td>Source</td><td><i>Independent assurance report to Parliament</i> (Victorian Auditor-General’s Office, 2022)</td></tr>
<tr><td>Research relevance & strength</td><td>Research relevance 4 (low), but provision relevance 3 (medium)[8] Strength: B (supported)</td></tr>
<tr><td>Research population</td><td>Carers of children in formal kinship care</td></tr>
<tr><td colspan="2">“Aboriginal and Torres Strait Islander children in Victoria are 20.1 times more likely to be in kinship care than non-Aboriginal and Torres Strait Islander children” (p. 14)[9]. However beyond that, unlike for carers, this report contains little additional information on the characteristics of the children in formal kinship care in Victoria.</td></tr>
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[8] While this report relates specifically to children in formal kinship care, some limited elements of the Victoria kinship care model are also available to informal kinship carers – see appendix B for more information on the Victoria kinship care model.

[9] It is not clear from the report whether this is viewed as a strength or a weakness of the Victoria system?

Synthesis of evidence on characteristics of children

Internationally, we know remarkably little about the characteristics of children in informal kinship care arrangements, and the same can be said for New Zealand; for whatever reason there is little recognition of children in informal kinship care as a group or as a research population of interest. What we do know primarily comes from research on the characteristics, needs and perspectives of informal kinship carers.

Across Anglo-American countries, there is evidence that children in informal kinship care are more likely to be indigenous or 'non-white'. There is evidence that in some such jurisdictions, including New Zealand, they might be older than children in care with the majority possibly being of secondary-school age. There is also some limited evidence that while many children remain with the same informal kinship care for years, in other instances arrangements can be highly fluid with children variously passing between different informal kinship carers and/or parents.

Needs of children

Issue	**The extent to which UCB/OB nominated children have needs similar to those in care**
Country	Aotearoa New Zealand
Source	Draft high-level overview of the life experiences of children with the Orphan's Benefit/Unsupported Child Benefit (OB/UCB), compared to children in care and the overall child population (Ernst & Young, 2022)
Research relevance & strength	Relevance: 1 (very high) Strength: C (promising research)
Research population	Children with UCB/OB compared to those in care and the general population

This study found that children whose carers receive UCB/OB have needs that are much more similar to those in care, than they are to children in the general population. As previously indicated, this study used Statistics New Zealand's Integrated Data Infrastructure to compare children whose carers receive UCB/OB (10,600), children in care (4,480) and those neither UCB/OB nor in care (1,110, 000) (there's also another group of 4,220 transitioning to care from UCB or vice versa).

However all designs and data collection methods have their inherent weaknesses and linked or linking administrative datasets is no exception. More specifically, one possible weakness of the study design is that the UCB/OB and care age profiles are rather different with UCB/OB nominated children generally being quite a bit older than children in care. Firstly eight of the 16 selected child indicators (excludes the 11 parent indicators and four care and protection contact indicators that are not discussed) capture events over the child's lifetime to date, i.e. if UCB/OB nominated children are older by definition they will have experienced more events over their lifetime to date than had they been the same age as the children in care. Secondly, none of the indicators relating to (school) suspensions, stand-downs, truancy and Police recorded offences (collectively described as measures of development), will be relevant to the 27% of children in care under the age of five (the corresponding under-five's figure for UCB/OB is 15%). And thirdly, the care group appears to exclude those in secure youth justice residences.

As such, these findings may overstate the degree to which the needs of UCB/OB are comparable to children in state care.

Issue	**The vast majority of children in their care (89%) are viewed by UCB caregivers as having ‘good’, ‘very good’, or ‘excellent’ overall wellbeing**
Country	Aotearoa New Zealand
Source	Caregivers raising children with the Orphan’s Benefit and the Unsupported Child’s Benefit (Kantar Public & Oranga Tamariki Evidence Centre, 2022)
Research relevance & strength	Relevance: very high (1) Strength B: (supported)
Research population	UCB/OB recipients

In this follow up survey (n=1,300 with overall response rate of 55%) to Kantar Public and Oranga Tamariki Evidence Centre (2019). The vast majority of children in their care (89%) are viewed by UCB caregivers over the last 12 months as having ‘good’, ‘very good’, or ‘excellent’ overall wellbeing; the corresponding figure for OB caregivers is 93%.

Issue	**In promoting family systems and partnerships, children and their needs, should nonetheless always be at the centre of comprehensive assessments of prospective formal kinship carers**
Country	United Kingdom
Source	Relative benefits. Placing children in kinship care (Broad & Skinner, 2005)
Relevance & strength	Relevance: 3 (medium) Strength: D (supported)
Population	Children in formal kinship care with some coverage of children in (generally permanent) informal kinship care

From the UK, these authors emphasise the principles that:

- the child should always be at the centre of all kinship care assessments, and
- the importance of making a thorough assessment of a prospective placement.

However for them this “locates [formal] kinship care within a new child welfare paradigm which emphasises family systems and partnerships” (p. 21). They also cite multiple good practice and case management principles that practitioners may find useful. While there are now a range of kinship care assessment models available, Irrespective of whether assessing the prospective formal kinship carers capability and capacity in the context of family preservation or permanency, they argue that any single assessment tool is unlikely to be appropriate for all kinship carers; some flexibility may be required. That said, the authors also cite and promote the formal kinship care assessment model for grandparents used by Plymouth Social Services (see Pitcher, 2001); this assessment model comprises nine individual sessions and assesses the grandparent’s capability and capacity to care for, and meet the needs of, the child on behalf of the agency. This assessment should include at least one individual consultation with the child or children concerned or, if too young, specific periods of observation.

Issue	**While some privately fostered children were perceived to be less vulnerable than others, it was clear that some others had multiple, complex needs**
Country	United Kingdom (England & Wales)
Source	Research into private fostering (Shaw et al., 2010)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	The carers of children in private foster care – extended family members and non-kin
Evidence from this study indicates that the circumstances surrounding private fostering arrangements in England and Wales are extremely diverse and varied, as are the characteristics and needs of the children in them. The main situations discussed by research participants were African and Caribbean children with parents abroad, children attending language schools or other UK educational establishments, children living away from home because of parental problems, ‘sofa-surfing’ adolescents and unaccompanied immigrant children. Some privately fostered children were perceived to be less vulnerable than others; however, it was clear that some children had multiple, complex needs (p. xi).	

Issue	**While children moving into an informal kinship arrangement will have likely experienced serious adversity, most in this study were developing within the normal range. Nonetheless, just over a third had emotional and behavioural difficulties, and some informal kinship carers struggled to meet the children’s needs**
Country	United Kingdom
Source	The poor relations? Children and informal kinship carers speak out (Selwyn et al., 2013)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)

Research population	Children in informal kinship care arrangements aged 8-18 from across the UK and their informal kinship carers (and national census data on children living with relatives)

Most of the children who entered [informal] kinship care had experienced a range of serious adversities…Despite these adversities, our findings from the standardized measures, together with the accounts given by both carers and children, suggest that most of the children were developing within the normal range. When compared with the general population, children's evaluations of their self-concept and the security of their attachment to their main carer were very similar [informal] kinship children's self-concept average score 47 whilst general population average scores 45-55. Kinship children's attachment security average score 23 whilst general population average score 22]. That said, a minority of the children had serious problems across a range of dimensions (p. 44).

Both the Strengths and Difficulties Questionnaire (SDQ) and the Birieson Depression Scale were also administered (n=80) and then scores compared to those scores of the general population and children in other types of care:

…more of our children in informal kinship care had abnormal scores on the SDQ [34%] than children in the general population [10-16%], the proportion with difficulties was smaller than for children growing up in unrelated foster care [45%-74%]. A similar pattern can be seen for the scores on depression [11% compared with 4% for the general population and 28% for those in unrelated foster care]. The scores on the SDQ were similar to those reported for children growing up in formal kinship foster care [31.5-35%] (p. 44).

That said, one group of children had significant mental health problems. Just over a third (34%) had emotional and behavioural difficulties that were in the abnormal range, as scored by their carer on the Strengths and Difficulties Questionnaire. This is higher than the 26% in Hunt and Waterhouse's 2012 sample of 76 kinship children aged 3-18, as would be expected since the young people in our study were older.

Overall, we found that the greatest area of difficulty for the children was in their ability to express and manage their emotions, where 39% scored in the abnormal range. This meant, for example, that they had many fears, were easily scared or were often unhappy. However, it should be noted that the proportion of children with behavioural and emotional difficulties was lower than that reported for children who are looked after (p. 66).

From the study the following six psycho-social needs of children in kinship care were identified:

- bereavement
- understanding why they lived with kin and help in coping with parental rejection
- knowing about contingency plans
- maintaining sibling links
- dealing with bullying and stigma and
- help for children with serious emotional and behavioural difficulties: (pp. 68-69).

Recommendations include recognition by relevant government agencies and professionals of this group of children and their needs, e.g. schools and Child & Adolescent Mental Health Services (CAMHS). More generally:

Carers bringing up teenagers sometimes faced difficulties, as the young people chafed against the restrictions imposed on them, especially when they had experienced few boundaries whilst living with their parents. Other carers were worn down by children whose emotional and behavioural difficulties would have challenged even the most experienced foster carers. Carers spoke with desperation about their struggles to meet the children's needs, the battles they fought to get help and about their feelings of having lost their own lives and sense of themselves (p. 66).

Issue	**Many children in informal kinship care arrangements are under-served by child welfare agencies**
Country	United Kingdom
Source	Understanding informal kinship care: A critical narrative review of theory and research (MacDonald et al., 2018)
Research relevance & strength	Relevance: 1 (very high) Strength: A (well supported)
Research population	Informal kinship care

Many children may display significant emotional and behavioural difficulties due to their adverse experiences including conduct disorders, Foetal Alcohol Syndrome, educational difficulties, self-harm, eating disorders, violent outbursts, promiscuity and ADHD. Quoting a 2006 article by Gibbs and colleagues:

to the extent that these children would have received services from a child welfare agency had their circumstances being known or if a relative had not intervened, they are substantially underserved… [they] do not have access to the comprehensive assessments, support services, financial support and permanency planning provided to those in state custody (p. 9).

Issue	**Children in informal kinship care may have experienced multiple episodes of child maltreatment and be in need services**
Country	United States
Source	The cumulative effect of prior maltreatment on emotional and physical health of children in informal kinship care (Lee et al., 2020)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	A subgroup of children in informal kinship care known to social service and community agencies (but appears to exclude statutory Child Protection services)

Maltreatment may have precipitated out-of-home care arrangements, but most children in informal kinship care are not being tracked or receiving services. Importantly, the extent of previous child welfare involvement and its association with well-being among this population are not well known" (p. 299). This study was carried out across five county social service districts in New York State (n=365 children/274 families). Two linked data collection methods were used – administrative data analysis alongside a caregiver survey which also included the administration of 2 assessment tools. However, these findings are not generalisable to all informal kinship carers as the sample was specifically aimed at "families who are in need of services through social services agencies i.e. population-based sampling was not deemed to be *feasible* (p. 300).

Findings were as follows:

- Reasons reported by the kin carer for the child living with kin were mothers: with mental health issues (55%), with substance misuse issues (52%), with Child Protective Services (CPS) involvement (55%) and/or incarcerated (13%).
- three-quarters had prior CPS involvement (i.e. one or more allegation of child maltreatment – averaging 2.37), and one-quarter did not.
- 56% had one or more prior substantiated allegation of child maltreatment – over half of this had been for "problematic parenting, often categorized as neglect" (p. 302).
- 18% of the children had a prior experience of foster care.
- Children had better physical health on average than children in the general population.
- Children had significantly poorer emotional health on average than children in the general population.
- The number of prior allegations of child maltreatment, and kin caregiver's parenting stress, were inversely associated with child's physical and emotional health. The presence of maternal mental health problems was significantly associated with poor child emotional wellbeing (p. 299).

Issue	**Education attainment may be poorer than for those in formal kinship care**
Country	United States (North Carolina)
Source	*Academic trajectories of children in formal and informal kinship care* (Washington et al., 2021).
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Racially diverse students aged 8 to 11 years

Children in informal kinship care are almost always excluded from research on the education of children in kinship care. This linked administrative data comparative study (n=519,306), includes children in both formal and informal kinship care, and compares their educational attainment to those in non-kin foster care and other students.

The average attainment scores of children in informal kinship care were six months behind their peers in maths and four months behind in reading. These results were lower than for those in formal kinship care and closer to those in non-kin foster care:

While children in informal kinship care are generally better off than children in nonkin foster care, their academic struggles relative to non-OOHC children highlight the need to reduce barriers to services that may assist these children in succeeding both in and

out of school (p. 2313).

The study points to the potential value and improved outcomes that could arise from providing educational support for children in informal kinship care.

Synthesis of evidence on needs of children

With the same caveat that there is also very little research on the needs of children in informal kinship care, while one US study found that the average educational attainment of primary-aged children in informal kinship care was poorer than for children in formal kinship care, overall the research and literature does suggest that on average, children in informal kinship care arrangements likely have needs that are less than those of children in non-kin foster care or formal kinship care, but more than those in the general population.

However, children in informal kinship care are not a homogeneous group, and while the prevalence of, thresholds for, and interface between, informal and formal kinship care differ across jurisdictions, there is certainly some evidence that the ‘range’ of the extent to which they have significant needs is particularly wide; or in other words some children will have few if any long-term needs while others who may already be known to statutory child protection agencies or were previously in care, will likely require the support of a range of agencies on an ongoing basis e.g. some of those with serious emotional and behavioural difficulties. That said, while some children may require some specific short-term help (e.g. with bereavement), all children in informal kinship care may have the following four psycho-social needs:

- understanding why they lived with kin and help in coping with parental rejection
- knowing about contingency plans
- maintaining sibling links (as many will have been separated) and
- dealing with bullying and stigma (Selwyn, 2013, pp. 68-69).

Number and characteristics of carers

Issue	**Two per cent of New Zealand grandparents are raising one or more of their grandchildren**
Country	Aotearoa New Zealand
Source	Changing roles: The pleasures and pressures of being a grandparent in New Zealand (Families Commission, 2010).
Research relevance & strength	Relevance: 2 (high) Strength: B (supported)
Research population	Grandparents generally, with an additional focus on five subgroups including grandparents raising grandchildren
This broad mixed methods grandparenting research study which included a nationally representative survey of grandparents (n=1,178) found that that 2% (17) of respondents were raising one or more of their grandchildren whether informally or formally. Across all grandparents, this study also found that many want to spend time with their grandchildren and perceive this as pleasurable, particularly the joy of nurturing and observing	

grandchildren’s development. However, unlike kinship carers, most are able to balance involvement with their grandchildren with their other commitments.

Issue	**The New Zealand 2013 Census (but not 2018), collected information on ‘grandparents in a parent role where the parent was not in the household’ – some limited information is included in this summary publication**
Country	Aotearoa New Zealand
Source	2013 Census QuickStats about families and households (Stats NZ, 2014)
Relevance & strength	Relevance: 2 (high) Strength: A (well supported)
Population	Those who deemed themselves to be ‘grandparents in a parent role where the parent was not in the household’ (a census Family Type)
This report provides a summary of 2013 Census information as it relates to families and households. For the first time, the census collected information on 9,543 families with ‘grandparents in a parent role where the parent was not in the household’; over two-thirds (6,429) of these grandparents were in 'couple with children' families. The Auckland region had the highest number of such families, with 2,571 people (26.9 percent), followed by Waikato with 1,410 people (14.8 percent) and Bay of Plenty with 921 people (9.7 percent). For Stats NZ information about their ages, family formation, incomes and a range of other factors (as cited in Gordon, 2016) see below. However, updated information is not available from the 2018 Census (Stats NZ, personal communication, 13 July 2022). The 2013 Census also includes information on other characteristics of ‘grandparents in a parent role’. The term ‘grandparents in a parent role’ does not appear to be defined further, and is for individuals to interpret for themselves; the term is potentially less clear than the more commonly used ‘grandparents raising grandchildren’.	

Issue	**Additional Stats NZ 2013 census information on ‘grandparents in a parent role where the parent was not in the household’ is cited here, as well as the results of a survey of predominantly Grandparent Raising Grandchildren members**
Country	Aotearoa New Zealand
Source	The empty nest is refilled: The joys and tribulations of raising grandchildren in Aotearoa (Gordon, 2016)
Research relevance & strength	Relevance: 2 (high) Strength: C (promising research)

Research population	The New Zealand 2013 Census research population was ‘grandparents in a parent role where the parent was not in the household’, while the research population for the survey was predominantly members of the organisation Grandparents Raising Grandchildren

This study presented detailed data from the New Zealand 2013 Census on the characteristics of 9,543 ‘grandparents in a parent role where the parent was not in the household’. Additional information beyond the high-level Stats NZ (2016) information above is summarised below:

- The largest stated main ethnicity of ‘grandparents in a parental role’ was Pākehā (45%), closely followed by Māori (42%); Pacific People’s were 13%, with other ethnicities including Asian at 10%[10]
- The age range was from under 35 to over 85 (some of the older families were great-grandparents), averaging 55-59 years of age
- Using social deprivation deciles, while these grandparents were spread across all deciles, over 40% of them were clustered into deciles 9 and 10
- Half reported being in the paid workforce
- Reported household income varied widely from zero (or expressed as a loss) to $150,000 or more, with an average of $60-70,000. However over half of the sole grandparent families reported incomes of below $25,000
- The main source of income was wages and salaries, followed by NZ Superannuation for partnered grandparents and the Domestic Purposes Benefit for sole grandparents. Beyond a general ‘other Government Benefits’ category, there is no information on the extent to which UCB/OB was a source of income
- Almost half of partnered families owned their own home and more than a third were in rental accommodation. By contrast just over a quarter of sole grandparents owned their own home with almost two-thirds in rental accommodation. Some others lived in a house owned by a family trust (10% and 5% respectively).

The study also included a survey of 951 Grandparents Raising Grandchildren members (mainly but not exclusively grandparents) augmented by 149 non-members (n=1,100), predominantly online although including some postal questionnaires and phone interviews, the following specific demographic characteristics were identified:

- three quarters reported that they were New Zealand European and a third Māori, with significant overlap (multiple responses allowed); other ethnicities appear to have been under-represented
- The average age was 55-59 years ranging from under 35 to over 80
- More than half were partnered (58%) with the remainder being sole grandparents (42%) and
- Almost half were either employed (40%) or self-employed (8%)

However, the overall finding from this research was that:

the participants in this study are socially and economically diverse and at different ages and stages of their lives. They are united in having, in parenting terms, skipped a

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- [10] While the report includes an ethnicity pie chart, ethnicity figures are only provided for Pākehā, Māori and Pacific People’s. The above 10% for ‘other ethnicities including Asian’ is simply a count of those not identifying as Pākehā, Māori or Pacific People’s, and may or may not include any nil responses.

generation (or two). The outcomes for them depend on a range of internal and external factors, including family resources, quality of housing, their health, single or partnered families, the relationship with the children (including reasons for the grandchildren coming into care), issues in custody, treatment by state agencies and, finally, the needs of the children (p. 98).

Issue	**This survey found that almost half of OB and UCB recipients are Māori**
Country	Aotearoa New Zealand
Source	Caregivers raising children with the Orphan's Benefit and the Unsupported Child's Benefit – a survey of caregivers. (Kantar Public & Oranga Tamariki Evidence Centre, 2019)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	UCB/OB recipients
Just under half of USB recipients are Māori; for OB carers (census of all approximately 270 recipients) the corresponding UCB figure was 45%.	

Issue	**Kinship carers tend to be older and poorer**
Country	United States
Source	Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care (Berrick & Hernandez, 2016)
Research relevance & strength	Relevance: 1 (very high) Strength: D (promising insights)
Research population	Children in informal kinship care and associated systems
Citing the Annie E. Casey Foundation, 'kin caregivers can be differentiated from the general population of parents in that they are older, poorer, less well educated, more likely to be single, and less likely to be employed" (p. 24).	

Issue	**In the UK informal kinship carers are mostly white**
Country	United Kingdom
Source	Supporting informal kinship care (Saunders & Selwyn, 2008)

Relevance & strength	Relevance: 1 (very high) Strength: C (promising research)
Population	'Children in need' and their informal kinship carers
While in the US most kinship carers are African-American and Latino, this empirical research found that in the UK they are mostly white.	

Issue	**Most informal kinship care was provided by single female carers. However, while the majority of these are the children's grandparents, a third were siblings. Many informal kinship carers had a disability or long-term illness, were living with ongoing pain and/or were clinically depressed**
Country	United Kingdom
Source	The poor relations? Children and informal kinship carers speak out (Selwyn et al., 2013)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Children in informal kinship care arrangements aged 8-18 from across the UK and their informal kinship carers (and national census data on children living with relatives)

This two-stage UK study comprised of analysis of 2001 census data and interviews with children (n=80) and their informal kinship carers.

Findings from 2001 census analysis:

- "The majority of the kinship children were living with a grandparent but surprisingly, more than a third (38%) were being brought up by a sibling. Most kinship care was provided by a single female carer" (p. 3).
- "The rates of long-term illness or disability amongst kin carers were much higher than in the general population" (p. 3).

Findings from interviews with children (n=80) and their informal kinship carers (n=80):

- Half (51%) of the carers had a tertiary education qualification including 12% with a Master's degree or PhD.
- Nearly three-quarters (72%) of the informal kin carers had secured a legal order: "Where Children's Services were involved at the outset, carers said that sometimes they had been coerced or bullied by them into taking out a private law legal order, with the threat that otherwise the child would be taken into care. However, much more often carers had obtained a legal order on their own initiative so that they were able to sign school forms, apply for a passport or for welfare benefits. In addition, carers had sometimes taken out an order to protect the children from maltreating parents who made threats to remove them from the kinship carer" (p. 9).
- "Over a third (37%) of the carers' lives were restricted by pain (affecting all types of carers, except siblings) and as many as two-thirds of the carers were clinically

depressed on the measure we used, although only a small proportion (27%) had been diagnosed as such” (p. 65).

Issue	**Possibly some wider diversity amongst formal kinship carers in Victoria than is generally seen in the international literature**
Country	Australia
Source	Strong carers, stronger children – Victorian Carer Strategy: Findings of the home-based carer census (Ernst & Young, 2021)
Research relevance & strength	Relevance: 4 (low) Strength: C (promising research)
Research population	Formal kinship care

This comprehensive (pp. 150) report on a home-based carer online survey (n=1,788) of kinship carers (n=923), foster carers, and permanent carers (commissioned by the Department of Families, Fairness and Housing in Victoria), found that responding statutory kinship carers in Victoria are predominantly female (94%), have an average age of 54 years, and care for 1 (53%) to 5 + (3%) children. The majority are grandparents or great-grandparents, and the majority of them live in Greater Melbourne rather than the rest of Victoria. Despite this being a census the response rate (not explicitly provided) was low overall, and much lower again in response to some questions. However, while respondents did appear to share some of the characteristics seen elsewhere and also as compared to non-kin foster carers, there may be more diversity in Victoria (or older and poorer kinship carers may be less likely to respond to an online survey). As such:

- 31% had not completed the Victorian Certificate of Education (VCE) certificate (or equivalent) that the majority of students receive on satisfactory completion of their secondary education, and have no other qualification – yet 58% had undertaken tertiary education.
- 40% had a household income of under $40k – yet 26% had a household income above A$70k and 14% above A$100k (non-responses).

Issue	**Caregiving grandparents generally experience more adverse mental health outcomes than their non parenting grandparents**
Country	United States
Source	Kelley et al. (2021). The mental health well-being of grandparents raising grandchildren: A systematic review and meta-analysis.
Research relevance & strength	Relevance: 1 (high) Strength: A (well-supported)
Research population	Informal kinship carers (custodial grandparents)

This systematic review and meta-analysis examines whether raising grandchildren is related to “diminished mental health well-being in custodial grandparents” (p. 329) as compared to other grandparents who are not raising grandchildren. Six studies met the inclusion criteria: all were from the US (one of the inclusion criteria) and published in 1997, 1999(2), 2000, 2002 and 2011). The results yielded a statistically significant small to moderate summary effect size indicating “caregiving grandparents generally experience a larger degree of adverse mental health outcomes than their non parenting counterparts” (p. 329). However, the study does not explore whether this was a correlational or causal relationship.

Synthesis of evidence on number and characteristics of carers

As with the number of children in informal kinship care, we do not know how many informal kinship carers there are in New Zealand. However while one study found that 2% of grandparents were raising grandchildren, there is other evidence to suggest that the overall figure may be significantly higher than the number of UCB/OB Work and Income recipients.

That said, whether in the US, UK, Australia or New Zealand, while there is some diversity, the overall demographic characteristics of those informal kinship carers who can be identified or reached, appear to be remarkably similar. Gathering such demographic data has been an important focus of many studies and in some countries relevant data can also be sourced from their national census (e.g., New Zealand Census 2013 on ‘grandparents in a parent role’).

As compared to parents raising their own children, informal kinship carers tend to be poorer, less well educated, more likely to have health and disability issues, and non-Caucasian, although any comparisons with foster carers tend to be more variable. Generally grandparents who are kinship carers may have poorer mental health than grandparents who are not. While grandparents appear to be the largest group of informal kinship carers, others include great-grandparents, great-uncles, great-aunts, uncles, aunts, cousins, siblings and non-family/whānau. However, other than former foster carers with a child who is no longer in state care (e.g. the Permanent Caregiver Support Service in New Zealand) there is very little specific research on those informal kinship carers who are not grandparents. Young siblings, who from census data make up a third of kinship carers in England and Wales, internationally appear to be a particularly under-recognised and served group.

Needs of carers

Issue	**Those raising grandchildren are one of five groups of grandparents identified through this study who are most likely to feel under pressure as grandparents. As well as information and support needs as grandparents, grandparents who are raising their grandchildren may have additional information and support needs related to low income, employment or separated/blended families etc.**

Country	Aotearoa New Zealand
Source	Changing roles: The pleasures and pressures of being a grandparent in New Zealand (Families Commission, 2010).
Research relevance & strength	Relevance: 2 (high) Strength: B (supported)
Research population	Grandparents generally, with an additional focus on five subgroups including grandparents raising grandchildren

This broad multi-method grandparenting study found that specific information and support needs of grandparents raising grandchildren (does not differentiate between informal and formal care) included:

- access to reliable information about legal rights, guardianship, day-to-day care and contact and benefit eligibility, particularly for grandparents who are raising grandchildren
- assistance with financial needs (including housing and accommodation, educational, medical and other costs associated with raising grandchildren)
- developing positive relationships with government agencies, particularly Child, Youth and Family, and Work and Income
- access to counselling, regular respite care and to subsidised out-of-school care and recreation programmes
- social and emotional support – from other grandparents in the same situation, as well as more widespread understanding of the unique needs and circumstances of grandparent-led families (e.g., amongst educators and employers)
- information about the education system (from early childhood onwards), including curriculum changes, NCEA and current approaches to supporting the development of literacy and numeracy skills

cess to services available to parents (as grandparents are in a parenting role)
cognition of and protection against vulnerability to elder abuse and neglect (pp. 132-133*)*.

Māori grandparents, including those who are raising grandchildren, may have other particular information and support needs that include:

- recognition of the important role that grandparents play within an iwi context in teaching, role modelling and supporting younger whānau members
- awareness that Māori grandparents hold cultural knowledge and wisdom and the generation of opportunities for this to be transmitted (in the face of challenges such as urbanisation, emigration)
- recognition of both kaumatua and grandparenting roles, and support and acknowledgement for Māori who undertake multiple roles within iwi and whanau (p. 133).

Migrant grandparents, also including those who are raising grandchildren, may have the following specific information and support needs:

- support to counteract isolation, such as developing and maintaining social and cultural networks and providing regular opportunities to develop and strengthen English language skills
- recognition of grandparents’ responsibilities regarding the transmission of language, culture and values, and the maintenance of traditional roles and obligations
- learning ‘how to grandparent’ in the New Zealand context (pp. 133).

As well as information and support needs as grandparents, grandparents who are raising their grandchildren may have additional information and support needs related to low income, employment or separated/blended families etc. In particular:

- A number of grandparents caring for grandchildren were unclear about their own legal rights.
- Grandparents raising grandchildren described difficulties accessing appropriate support and information from government agencies.

Issue	**As well as financial support, almost all carers interviewed wanted more support across a range of areas**
Country	United Kingdom
Source	The poor relations? Children and informal kinship carers speak out (Selwyn et al., 2013)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Children in informal kinship care arrangements aged 8-18 from across the UK and their informal kinship carers (and national census data on children living with relatives)

In their UK study interviewing children (n=80) and their informal kinship carers (n=80):

- "Ninety percent of the carers said that they wanted more support, confirming our finding that carers had a great many unmet needs…the majority said that better financial support was what they needed the most…[However] carers also said that they needed practical help (such as respite/child care for the children), emotional support for themselves and the children (including bereavement counselling), help in managing children's behaviour, and sometimes contact, as well as better general information about kinship care*"* (p. 61).
- Some groups of kinship carers had more specific needs:
  - Young kinship carers, including sibling carers
  - Carers with serious health problems or disabilities
  - Carers with multiple caring responsibilities (those who combined caring for the kinship child with caring for others, particularly the child's parent).

Recommendations include:

- local authorities should adopt a "Never say 'no'" (p. 73) position in relation to kinship carers who say they need help
- recognition by relevant government agencies and professionals of this group of carers and their needs, e.g. solicitors, GPs, and health professionals
- recognised as a priority group for SureStart early years family support services
- expanding the availability of peer support groups – both local face-to-face and online
- voluntary agencies being proactive about the services and support that they provide

- telephone helplines for grandparents be expanded to incorporate other types of kinship carers
- occasional day or weekend respite for kinship carers under severe strain
- help with child-sitting, and afterschool and holiday programmes and
- buddying or mentoring arrangements for new kinship carers and especially young kinship carers or those facing particular challenges

Issue	**Across 18 research studies on informal kinship care financial assistance was identified as a clear priority with some carers not even receiving their existing entitlements. In terms of non-financial support a number recommendations from the research literature, are made**
Country	United Kingdom
Source	Understanding informal kinship care: A critical narrative review of theory and research (MacDonald et al., 2018)
Research relevance & strength	Relevance: 1 (very high) Strength: A (well supported)
Research population	Informal kinship care studies

From this review, *"financial assistance to alleviate poverty was identified across most studies as the inexorable priority for supporting informal kinship carers"* (p. 13) and not all informal kinship carers were receiving the financial benefits to which they were entitled.

The following recommendations for informal kinship care support development from the research literature, were made:

- family therapy or family mediation to improve complex family relationships; bereavement counselling following the death of the child's parent
- parenting advice and support with managing children's emotional and behavioural difficulties:
- educational support
- advocacy and advice to help navigate legal, educational, child welfare, and healthcare systems:
- assistance with referrals to services and
- legal advice and funding for custody applications.

In relation to the US, they also cite a 2008 article on legal and policy dilemmas facing grandparent caregivers by Letiecq et al. which recommends legislative changes to enable informal kin carers to give consent in medical and educational matters.

Issue	**A manifesto for change in Wales from their kinship carer advocacy organisation**
Country	United Kingdom (Wales)

Source	Kinship’s manifesto for Wales (Kinship Cymru, 2021)
Relevance & strength	Relevance: 1 (very high) Strength: E (possible insights)
Population	Informal kinship carers

Kinship Care Manifesto for Wales Election 2021:

- Kinship care must be recognised in law.
- Specialist and independent advice, including free legal advice
- Comprehensive support for as long as carers need it
- An informed and supportive network with all agencies, organisations and service providers trained and working together to provide an integrated response to the challenges of kinship care.

Issue	**Similar to Wales above, a call for change in England from their kinship carer advocacy organization**
Country	United Kingdom (England)
Source	Out of the shadows: A vision for kinship care in England (Kinship, 2022)
Relevance & strength	Relevance: 1 (very high) Strength: E (possible insights)
Population	Informal kinship carers

Kinship, the kinship carers’ advocacy organisation is calling for the following changes in England now and in the future.

Recommended changes now:

- Financial support: All kinship carers should receive the financial support they need, including a non- means tested financial allowance that matches the current minimum fostering allowance. They should also be entitled to kinship care leave (on a par with adoption leave) when the child first moves into their care.
- Information and advice: All kinship families should have access to independent information and advice, including free legal advice, from the point they are considering becoming kinship carers. Access to this information and advice should be available for as long as the family needs.
- Practical and emotional support for kinship carers and their children - including peer support: All kinship families should have access to all the support they need. This support should include health, education, and therapeutic support for the children. It should also include: preparation and training; practical, emotional, and therapeutic support; peer support; and support with contact for the carers (p. 5)

Recommended changes for the future:

- Robust research and data collection: Data and research is needed to know how many kinship families there are, their demographics, and what their level of need is. More research is needed to help understand the best ways to support kinship families. This will enable the development of evidence-based support services.

- Legal rights for all kinship carers: Kinship carers have very few legal rights. All kinship carers should have the legal right to: legal aid for any legal proceedings for the child; a role in legal proceedings; and the support they need.
- Kinship care aware policy making and public service delivery at national and local levels of government: All decisions that affect children and families at both a national and local level should specifically take into consideration the needs of kinship families. All public services that have direct contact with kinship families should have policies in place explaining how their services are able to meet their needs.
- An ambitious plan to raise awareness of kinship care: More must be done to raise awareness of kinship care among the professionals who work with them and among society more generally.
- Workforce development: Every local authority should have specialist kinship care teams with specially trained practitioners. All professionals from other agencies who work with kinship carers should have a basic level of training on kinship care. To achieve this, relevant qualifying programmes should cover kinship care and there should be continuing professional development courses on kinship care for professionals working directly with kinship families (p. 6).

Synthesis of evidence on needs of carers

There has been a strong focus in many jurisdictions over recent years on growing formal kinship care; for example as with New Zealand, in Australia formal kinship care is now the largest form of state care provision. This has in part given rise to a small but significant body of research on the experiences and views of kinship carers. Generally small-scale with membership surveys being a commonly used data collection tool, much of this research has been commissioned or undertaken by kinship care advocacy organisations e.g. Grandparents Raising Grandchildren in New Zealand and their equivalents in some other Anglo-American countries. While these studies tend not to differentiate between formal and informal kinship care and carers, their findings and recommendations, supported by related literature, reflect a strong need for both financial and non-financial support for informal kinship carers. From this research, the non-financial needs of informal kinship carers include: advocacy and recognition of their role by relevant state agencies, information and advice including free legal advice, emotional support, help in managing children’s behaviour and sometimes contact, and out-of-school and holiday care and/or respite. However, these needs tend be to expressed in rather ‘high level’ terms; there is little in the way of research studies that have systematically assessed the individual and collective needs of informal kinship carers and explored the extent to which their needs (and preferences) are similar or different.

Developing provision

Issue	**Identification of essential and additional components necessary for the development and effective implementation of a US Kinship Navigation programme**
Country	United States (California, Oklahoma, New York, and Florida)

Source	Congressional brief: Lessons learned from four Kinship Navigator federal demonstration projects (Littlewood et al., 2018)
Research relevance & strength	Relevance: 3 (medium) Strength: D (promising insights)
Research population	Programme managers and evaluators from four (predominantly formal) Kinship Navigation Demonstration Projects under the 2012 Fostering Family Connections Kinship Navigator Grantee Cluster

From the study essential and additional components were found as follows:

- Essential organisational components: Understand information and resource needs; build community partnerships; system coordination; and create data sharing agreements.
- Essential direct service components: Modify and update community resources and gaps in services and systems; provide referrals or assist caregivers with self-referral; provide education to caregivers about available resources: recruit participants; conduct intake and needs assessment; and engage and build relationships with kinship families.
- Additional components: Develop a crisis plan; integrate data across systems; provide education on policy and legislation; conduct follow up with clients; use public and private data sharing and integration to serve families; provide peer-to-peer support through support group, peer navigators and/or grandparent ambassadors; o services to specialised populations i.e. immigrants; provide advocacy; engage youth and promote leadership development; provide parenting education; use technology innovations and online portals and e-applications; offer case planning and management (p. 1).

Issue	**Policy and practice considerations for building and implementing a community Kinship Navigation model**
Country	United States
Source	Kinship navigator programs: Preparing to meet your match Cooper (2019)
Relevance & strength	Relevance: 1 (very high) Strength: E (possible insights)
Population	Formal (predominantly) and informal kinship carers

In 2018, the Family First Prevention Services Act offered states a 50:50 cost split on the cost of kinship navigator programmes. The purpose of such programmes is to assist kinship caregivers become familiar with and access supports and services to help meet their families’ needs i.e. to better navigate their way through the system. There are a number of criteria that programmes need to meet including: coordination with other state and local agencies; planned and operated in consultation with kinship carers and others;

strong information and referral systems, training for kin carers and outreach to kinship care families. While informal kin carers are not excluded, the Act particularly focuses those who are removed from their parents by child welfare systems. However, there was one important caveat; this funding is only available to so-called kinship navigator models that are deemed to be ’evidence-based’ by a newly established federal clearinghouse – the Title IV-E Prevention Services Clearinghouse. At the time of publication only one programme, Ohio’s Kinship Supports Intervention, had been approved, although because this model now attracts Federal funding it is likely that others will be able to base their programmes on this model too.

Issue	**Explores common challenges in evaluating (and developing and implementing effective) Kinship Navigation programmes, and some possible solutions**
Country	United States
Source	Strategies to build evidence for kinship navigator programs Under the Family First Act (Rushovitch et al., 2021)
Relevance & strength	Relevance 2 (very high) Strength: E (possible insights)
Population	Formal kinship carers (predominantly)

The 2018 Family First Prevention Services Act (Family First Act) provides Federal funding for kinship navigator programmes. However, only those that can demonstrate evidence of effectiveness will receive funding. Key challenges and solutions discussed relate to:

- defining the programme models
- selecting a comparison group
- determining sample size
- selecting appropriate reliable and valid measures and
- collecting data

Issue	**Three kinship care programmes have been deemed by the Federal government to be evidence-based and so are eligible for Federal funding**
Country	United States (Arizona, Colorado, and Ohio)
Source	*Find a [kinship care] program or service* [webpage search] (Title IV-E Prevention Services Clearinghouse, 2022).
Research relevance & strength	Relevance 2 (high) Strength: B (supported)

<table>
<tr><td>Research population</td><td>Formal kinship carers with some possible provision for informal kinship carers</td></tr>
<tr><td colspan="2">Three kinship care programmes have to date been deemed by the Federal government’s Title IV-E Prevention Services Clearinghouse to be evidence-based and so are eligible for Federal funding. The first to be recognised (Kelly, 2021) was Ohio's Kinship Supports Intervention/ProtectOHIO which was rated as ‘promising’. As stated by the Title IV-E Prevention Services Clearinghouse, this programme is:

designed to promote and support [formal] kinship placements to meet children’s physical, emotional, financial, and basic needs by connecting kinship caregivers with federal, state, and local resources. The kinship caregiver support plan is a key component of the intervention and focuses on case management activities, financial assistance, referral services, and training for kinship caregivers. This plan is intended to be individualized, incorporating information from tools such as the home assessment and needs assessment, and to be reviewed and updated regularly. Monthly home visit services with a kinship coordinator are also offered. These face-to-face interactions are an opportunity to establish trust between the kinship caregiver and coordinator and to promote more effective communication, education, assessment, planning, and support for the family (para 1).

The other two recognised programmes are:
• Arizona Kinship Support Services (supported)
• Colorado Kinnected Kinship Navigator Program (promising)

Ohio's Kinship Supports Intervention has also been rated as ‘promising research evidence’ by the California Evidence Based Clearinghouse for Child Welfare (2021a).</td></tr>
</table>

<table>
<tr><td>Issue</td><td>Some possible lessons on the development of new kinship care provision</td></tr>
<tr><td>Country</td><td>Australia (Victoria)</td></tr>
<tr><td>Source</td><td><i>Independent assurance report to Parliament</i> (Victorian Auditor-General’s Office, 2022)</td></tr>
<tr><td>Research relevance & strength</td><td>Research relevance: 4 (low), but provision relevance 3 (medium)[11]
Strength: B (supported)</td></tr>
<tr><td>Research population</td><td>Carers of children in formal kinship care</td></tr>
<tr><td colspan="2">With possible lessons for other jurisdictions who are developing kinship care provision, the overall finding of this highly critical statutory Auditor-General’s report on the new Victoria kinship care model was that:</td></tr>
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[11] While this report relates specifically to children in formal kinship care, some limited elements of the Victoria kinship care model are also available to informal kinship carers – see appendix B for more information on the Victoria kinship care model.

the DFFH [Department of Families, Fairness and Housing] cannot be assured that it is providing timely, safe and stable placements for children and young people at risk. This is because it does not systematically monitor or report on whether it is achieving the new model's objectives. DFFH also does not ensure that staff and service providers complete mandatory assessments on how safe a home is, what support the carer needs and the child's wellbeing. This puts children in care at risk because DFFH cannot confirm if they are being cared for in a safe environment. Kinship carers are also not receiving the support they need to provide stable homes for children and young people in their care (p. 1).

Three of the report's findings were particularly stark and point to a range of implementation challenges:

- "Between June 2019 and March 2021, DFFH [only] referred approximately 37 percent of eligible placements to CSOs [Community Service Organisations] and ACCOs [Aboriginal Community-controlled Organisation], who deliver the First Supports programme" for new formal kinship carers (p. 9).
- Target completion timeframes for their three mandatory assessments were not met:
    - Part A: 86% not met and 14% not completed at all (to assess if a placement is safe when it starts)
    - Part B: 98% not met and 56% not completed at all (to assess what support the carer and child need for a safe and stable home)
    - Part C: 99% not met and 85% not completed at all (to assess: the child's progress, wellbeing and development; the placement's stability; and the level of care allowance the carer needs)
- Cited Departmental surveys in 2018 and 2021 (Ernst & Young, 2021) of all foster carers reported that while there had been a slight improvement, more than half of kin carers remained dissatisfied with DFFH support. However, the 2021 survey showed a significant improvement in carers' views about CSOs and ACCOs support (from a lower base), although more than a third remain dissatisfied with them too.

All 12 of the report's recommendations have been accepted by the Victorian government and the relevant community organisations including: setting clear benchmarks for identifying kinship networks early; ensuring mandatory training for child protection social workers; updating the Child Protection manual to include specific triggers for referrals to Kinship Engagement Teams; implementing consistent monitoring and reporting on referrals, time taken to identify a kinship placement, and completion of the three mandatory assessments; reviewing care allowance decision-making processes to increase transparency and equity; ensuring that all eligible kinship carers are referred to the First Supports programme; and design an appropriate outcomes framework and associated data collection system to ensure that the new model is indeed contributing towards 'high-quality, safe and stable placements'.

Synthesis of evidence on developing provision

In Anglo-American countries, what financial and non-financial informal kinship care provision there is, varies across and often within jurisdictions. However, no other existing informal kinship care provision has been identified that comes close to what Oranga Tamariki is proposing; some examples of available provision specifically for, or including, informal kinship carers are outlined in Appendices 1 and 2 respectively.

As such, the research and literature on developing informal (and formal) kinship care provision is also limited. What does exist generally comes from the US. While primarily focused on building, implementing or evaluating community Kinship Navigation models to better connect formal kinship carers to existing resources, the Federal legislation does allow for the inclusion of informal kinship carers and this is reflected in at least some of the recent programmes. However, while it is on formal rather than informal kinship care, the highly critical statutory Auditor-General’s report on the new Victoria kinship care model, highlights a number of challenges in relation to system-wide change that may also have some relevance for the development of informal kinship care provision.

Specific evidence

This part of the report presents evidence from the empirical and theoretical research and other literature, relating to specific issues identified by Oranga Tamariki for inclusion as follows:

1. The impact of a support worker or a social worker on addressing stressors that might lead to 'placement' breakdown, and connecting the caregiver to support that they and the child require.
2. The types of direct or indirect support (including discretionary funding) that the caregiver and child would be expected to access e.g., counselling, therapy, respite, etc.
3. Provision of financial and non-financial support to help children connect to their whānau and culture.
4. Support from community groups and providers on addressing care and protection concerns.
5. Culturally responsive services to support informal kinship caregivers.
6. Support that is caregiver and whānau-led, flexible and optional for caregivers.
7. Provision of upfront financial assistance to establish or set up a 'placement', and for other costs such as those associated with education.
8. Peer support and training.
9. Oranga Tamariki long-term objectives for the system.

However again, it is important to emphasise just how limited the international evidence on informal kinship care is. While this section also draws on evidence from formal kinship care, as stated in the only identified systematic review of the research (MacDonald et al., 2018) "because of the paucity of service provision the studies offered little evaluation of supports targeted specifically to informal kinship placements" (p. 13).

Furthermore, for children in informal kinship care, some or potentially all of the *Ten Principles of the Wraparound Process* (Bruns et al., 2004) may also be useful. Framed very broadly, these authors adopt Burns and Goldman's (1999) definition of wraparound as "a philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualised for that child and family to achieve a positive set of outcomes" (p. 13). The 10 principles (Bruns et al., 2004) are reproduced below:

- 1. Family voice and choice. Family and youth/child perspectives are intentionally elicited and prioritized during all parts of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects the family values and preferences…
- 2. Team based. The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and services relationships…
- 3. Natural supports. The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support…

- 4. Collaboration. Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team members' work towards meeting the teams' goals…
- 5. Community based. The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible, and that safely promote child and family integration into home and community life…
- 6. Culturally competent. The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the child/youth and family, and their community.
- 7. Individualized. To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, support and services…
- 8. Strengths-based. The wraparound process and the wrap around plan identify build on and enhance the capabilities knowledge, skills and assets of the child and family, their community and other team members…
- 9. Persistence. Despite challenges the team persists in working towards the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required…
- *10. Outcome-based*. the team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly (pp. 5-11).

Connecting to support

This section addresses the evidence in relation to the impact of a support worker or a social worker on addressing stressors that might lead to 'placement' breakdown, and connecting the caregiver to support that they and the child require. Evidence is presented chronologically but with New Zealand evidence first.

Issue	**A New Zealand model that connects one particular subgroup of informal (kinship) carers to support if and when they want it**
Country	Aotearoa New Zealand
Source	Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Existing and prospective permanent caregivers
Social workers at the Permanent Caregiver Support Service (PCSS) national call centre do not work directly with permanent caregivers to address stressors, or provide support or advice services. However, from this largely positive 2017 PCSS mixed methods (immediate) outcomes evaluation of the service as it existed then, if and when requested	

by a permanent caregiver, PCSS social workers do where deemed appropriate as per their service model, contracts with one or more third parties to provide social work support to address any such stressors and/or other forms of needed support.

- All PCSS social workers were qualified and registered with the Social Work Registration Board
- PCSS social workers recognised that for existing permanent caregivers in particular, phoning PCSS was "sometimes the result of them being 'in crisis...[or]…at the end of their tether'" (p. 29). Caregivers also reported that they often sought help when they felt exhausted or out of options. As such, PCSS social workers were required to provide emotional support whilst also determining eligibility for the service and assessing the situation, needs and options. Almost every interviewed caregiver engaged with as part of the evaluation reported that they felt supported and heard in their contacts with PCSS social workers.
- However, if a social work service is requested it will if necessary be contracted from a third party organisation once the assessment has been undertaken and a permanent care support plan developed and approved.
- That said, while there could be delays of days, weeks, or even months (p. 28), the evaluation did find that PCSS was able to fund and connect permanent caregivers and/or the child to support and other assistance; from this and some of the quotations it can be summarised that to varying degrees PCSS likely addressed stressors. However as the evaluation only examined immediate outcomes, we do not know whether PCSS had a positive impact on 'placement' breakdowns and stability.

Issue	**Insights from a positive evaluation of a local authority social work team largely using a relationship-based casework model; both strengths and areas for improvement are identified**
Country	United Kingdom
Source	Supporting informal kinship care (Saunders & Selwyn, 2008)
Research relevance & strength	Relevance: 1 (very high) Strength: C (promising research)
Research population	'Children in need' and their informal kinship carers and birth mothers

An evaluation of the London Borough of Greenwich's Kinship Care Team (KCT) was undertaken by the Hadley Centre at the University of Bristol. In operation since 2004 the team consisted of two social workers and a support worker and offered support to informal kinship carers, children and young people and birth parents. The team specifically worked with children and young people deemed to be *children in need* with the aim that they could remain living within their family network, rather than those in a formal kinship care placements (essentially a subset of children in informal kinship care). The range of support services included: advice on welfare rights and legal options; emotional support and counselling; advice on managing difficult behaviour and attachment issues; help to access other services such as Child and Adolescent Mental Health Services; supervised contact; and payment for bedding, furniture, and clothing, and occasionally a small weekly allowance.

For the evaluation, 58 case files were analysed, and semi-structured interviews were undertaken with 12 kin carers, four birth mothers and nine children and young people. The evaluation found that the programme was generally working well, and without it many of the children would have likely had to enter foster care. However, the following three areas for improvement were identified: Firstly, there was a need to improve multi-agency working with a particular focus on Education, Heath, Housing, Police and Transport. Secondly, there was a need to better address the support needs of a small subgroup of children and young people who had more complex needs and early instability in their lives, multiple carers and challenging behaviour and/or whose kinship carers lacked warmth and were very ambivalent about the children living with them. Thirdly none of the children and young people had been given a phone number for *their* (emphasis added) kinship social worker; something that should be rectified.

Issue	**The Children's Home Network kinship navigator programme has been shown to be effective in terms of both child safety and placement stability**
Country	United States
Source	Safety and placement stability for the Children's Home Network kinship navigator program (Littlewood et al, 2020)
Research relevance & strength	Relevance: 4 (low) Strength: B (supported)
Research population	(Likely formal) kinship carers (not stated)

Kinship navigator programs may improve longer-term child safety and placement stability. The primary purpose of the US Federal Kinship Navigator programme established under the 2018 Family First Prevention Services Act, is to connect kinship carers with information and referrals on available resources and services, and to help them navigate large, complex service systems, (i.e., child welfare, Medicaid, Temporary Assistance to Needy Families, education). 240 randomly selected kinship caregivers were enrolled in one of three Children's Home's Network-Kinship Navigator Program (CHN-KN) treatment groups (Standard Kinship Navigator, Kinship Navigator with Innovations, Kinship Navigator with Peer-to-Peer only), or a Usual Child Welfare control group (60 participants in each). This study examined the 12, 24 and 36 month follow up child safety (substantiated abuse record) and placement stability (disruption in placement) outcomes. This RCT found that children living with caregivers who received Kinship Navigator Programs (Kinship Navigator Peer to Peer and Kinship Navigator with Innovations) were the least likely to be involved in a substantiation of child abuse or neglect and most likely to remain in the home of a relative at 12, 24 and 36 month follow up. However it is not clear whether this can be attributed to a support worker or social worker, rather than access through the programme to other information, supports and services.

Issue	**Some kinship care arrangements can be stabilised with the right support**
Country	United States
Source	Strategies to build evidence for kinship navigator programs Under the Family First Act (Rushovitch et al., 2021)
Relevance & strength	Relevance: 3 (medium) Strength: E (possible insights)
Population	Formal (predominantly) and informal kinship carers
Accessing additional in-home support as one of a suite of supports, in this case through a trusted kinship navigator, can improve ‘placement’ stability.	

See also appendices 1 and 2 for examples of relevant provision.

Synthesis of evidence on a support worker or a social worker on addressing stressors that might lead to ‘placement’ breakdown, and connecting the caregiver to support that they and the child require

In those jurisdictions where any non-financial provision exists for some or all informal kinship carers, social workers and others, can and do support informal kinship carers to address stressors and/or connect them to other supports that they may require. In terms of how this is done the main approach across Anglo-American countries appears to be helplines that provide information on specialist and universal services, support, and/or advice, with some also making referrals to other agencies. As well as the purchase of social work support and other services on an individual basis as used by the New Zealand Permanent Caregiver Support Service, other identified approaches sometimes used with informal kinship carers overseas, either in relation to children with high needs or risks and often mirroring or an extension of provision for formal kinship carers, include:

- relationship-based case management and
- service coordination-based case management.

However, no comparative research across approaches has been identified. Furthermore, while individual service and programme studies do find that informal kinship carers value the support that they receive from social workers and others, and may be able to demonstrate some other positive immediate outcomes, there are challenges in isolating and specifically attributing outcomes to how social workers and others help informal kinship carers address stressors, as opposed to any other form of support that the informal kinship carer may receive.

Types of support

This section addresses the evidence in relation to the impact of the types of direct or indirect support (including discretionary funding) that Oranga Tamariki expects the caregiver and child to access e.g., counselling, therapy, respite, etc. Evidence is presented chronologically but with New Zealand evidence first.

Issue	**Despite the theoretical availability of a plethora of different types of support, almost half (48%) of all approved support plans were for ‘social work support’**
Country	Aotearoa New Zealand
Source	Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Existing and prospective permanent caregivers

Almost half (48%) of all approved PCSS support plans were for ‘social work support’, with ‘contact’ (e.g. supervised access or travel to see whānau) at 13%, being the second most common category. This largely positive 2017 PCSS mixed methods (immediate) outcomes evaluation of the service as it existed then, included some analysis of administrative data in relation to the services first year of operation. In particular it includes a breakdown of approved support plans by assistance type as follows:

- 48% (322 instances) Social Work Support (Home for Life transition packages, advocacy, words & picture/life stories, crisis support) – although the report provides little detail, this was by far the most frequently funded request
- 13% (84 instances) Contact (supervised access, travel to see whānau) – the report highlights that the need for contact may be Family Court-driven
- 10% (66 instances) Education (teacher aide/tuition for high needs learners)
- 8% (52 instances) Respite; from the permanent caregiver interviews respite care was reported as the most appreciated form of support
- 6% (38 instances) Specialist Services (trauma sensory processing assessments, therapy)
- 6% (34 instances) Sport and Recreation (Riding for the Disabled, swimming/art therapy)
- 4% (29 instances) Counselling and Therapy (psychological assessments and interventions)
- 3% (23 instances) Health (orthodontics, glasses, cochlear implants)
- 2% (12 instances) Other costs (property repairs) and
- <1% (1 instance) Clothing.

However, there is no analysis of the extent to which the support plans align with what the permanent caregivers asked for, or the extent to which support plans were fully implemented: as previously mentioned, there were instances where “it was *difficult* (emphasis added) to find a service provider in the caregiver’s region” (p. 59).

<table>
<tr><td>Issue</td><td>This demonstration project for grandparents caring for a child with disabilities combined case management with peer support groups</td></tr>
<tr><td>Country</td><td>United States</td></tr>
<tr><td>Source</td><td>Grandparent caregivers II: Service needs and service provision issues (McCallion et al., 2000)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 3 (medium)
Strength: C (promising)</td></tr>
<tr><td>Research population</td><td>Grandparents caring for a child with disabilities</td></tr>
<tr><td colspan="2">In this researched New York City demonstration project for formal and informal kin care by grandparents caring for children with disabilities (n=97), primarily using a conventional case management approach, the following services to grandparents were provided or facilitated by the three delivery agencies: speech/physical/occupational therapy (22); housing (11); parenting skills training (38); connections to other human services agencies (21); healthcare (41); benefits – Medicaid/food stamps/social security/public assistance (28); respite (36); telephone reassurance (62); budgeting assistance (12); nutrition assistance (44); home modification (11); transportation (23); and support group (88). In addition, children also received: residential provision (3); health care (6); benefits – Medicaid/food stamps/social security/public assistance (21); transportation (28); and summer camp (45). However, while the impact of support groups was measured in the primary author’s 2004 follow-up study was deemed to be effective, measuring the impact of the case management provision was not part of the design.</td></tr>
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<table>
<tr><td>Issue</td><td>While the Victoria government’s brokerage scheme for formal kinship carers can be used for a very wide variety of specified purposes as outlined, expenditure is limited to an average A$1,000 per child over the 12 month on the First Supports programme</td></tr>
<tr><td>Country</td><td>Australia (Victoria)</td></tr>
<tr><td>Source</td><td><i>First Supports brokerage guide</i> (Victoria Department of Health and Human Services, 2020b)</td></tr>
<tr><td>Relevance & strength</td><td>Relevance: 4 (low)
Strength: E (possible insights)</td></tr>
<tr><td>Population</td><td>Formal kinship carers (predominantly)</td></tr>
<tr><td colspan="2">In Victoria, providers are funded to act as intermediaries in order to secure forms of support that are additional to those that are meant to be provided by other organisations. These can cover: extra furniture or larger appliances; household maintenance connected with the needs of the child; payment for a service, item or programme that will support the placement; items or services that support the placement to promote cultural connectedness; one-off vehicle maintenance where cost is above the care allowance;</td></tr>
</table>

modifications required to the home, e.g., security doors; items or services that will support the child to integrate into the household (this may include family outings or social/recreational activities or play equipment where this is related to the child integrating to the placement, not to support a developmental need); contribution to travel/accommodation costs for family holidays/outings; school holiday programs where this is to support the placement, not the child's development; therapeutic support/counselling for the carer; petrol vouchers for time limited excessive transport requirements; babysitting/child care gap payment where accessed to support the placement and over and above Commonwealth supports; and time limited payment of utilities where this is over and above the care allowance. Averaging A$1,000 per child, this is only available for those in statutory kinship placements and on the 12 month First Supports programme.

Issue	**From this programme, informal kinship carers felt more knowledgeable and supported. However, while satisfied they also reported needing more financial support and time with their worker**
Country	United States
Source	Kinship caregiver perception of a state-supervised kinship navigation program (Woodruff et al., 2014)
Research relevance & strength	Relevance: 1 (very high) Strength: C (promising research)
Research population	Informal kinship care
This small study (n=92) evaluated a state-administered Kinship Navigator (KN) information and support programme for informal kinship carers. Carers reported feeling supported, gaining knowledge about services, and feeling highly satisfied with the programme. However, carers also reported needing additional financial assistance and more time with their Kinship Navigator.	

Synthesis of evidence on the types of support that the caregiver and child would be expected to access.

As well as relationship or coordination-based case management and different types of helplines (as well as peer support and training which is discussed separately), the literature includes descriptions of other available supports that some informal carers may be provided with or supported to access. While there is little research on the effectiveness or impact of these individually, in some services and programmes, and in particular Kinship Navigator programmes in the US that include informal kinship carers alongside formal kinship carers, the range of potential supports can be considerable and diverse.

While there is some form of limited financial and/or non-financial support available for informal kinship carers in many or most Anglo-American jurisdictions, the types and availability of support, and delivery mechanisms (e.g., administration of a discretionary fund) vary considerably. Furthermore, most support is small-scale or piecemeal, with no little in the way of comprehensive jurisdiction-wide systems being identified for informal kinship carers generally, or where there has been a family break-down in particular.

Furthermore, no research has been identified on the optimal service mix of:

- relationship-based in person (e.g., social worker or navigator)
- coordination-based in-person (e.g., case manager or navigator)
- peer support (e.g. group or mentoring)
- training (e.g. in-person or face-to-face)
- programmes (e.g., parenting or managing challenging behaviour)
- information websites (e.g. specific or universal entitlements)
- helplines (e.g. advice including legal advice, or support).

Family/whānau and culture

This section addresses the evidence in relation to the impact of providing financial and non-financial support to children to help them connect to their whānau and culture. Evidence is presented chronologically but with New Zealand evidence first.

Issue	**As well as a need for strengthened capability to support permanent caregivers to help children connect to their whānau and culture, the PCSS largely relies on permanent caregivers recognising the value of this and requesting it**
Country	Aotearoa New Zealand
Source	Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Existing and prospective permanent caregivers

From this largely positive process and (immediate) outcomes evaluation, the following on supporting children to help them connect to their whānau and culture, can be said about the Permanent Caregiver Support Service (PCSS) as it was in 2017.

Whānau contact is described by the evaluators as “a *unique* (emphasis added) aspect of permanent caregiving, in that, when it is deemed appropriate, children remain in contact with their families of origin so that they many develop relationships over time with them” (p. 58). As previously stated, over 2016/17 there were 84 instances of support plans approved in relation to contact, i.e. supervised access including that required by the Family Court, and travel to see parents, siblings and other whānau. The report highlights that costs can be quite high if they involve multiple flights across the year. However, the evaluation report does not comment on whether 84 instances or 13% was deemed low, although presumably some children had contact with whānau that was not funded by PCSS.

As for wider cultural connections, a Māori cultural social work supervision framework under development includes “practical cultural activities and pathways that encompass cultural values including connection, whakapapa and identity for caregivers to access for Māori children in their care” (p. 64). The following examples were provided: “facilitating children in permanent care to register with their iwi, and facilitating access to biological whānau members, Māori language education and cultural activities (e.g. kapa haka groups)” (p. 64). However at the time of the evaluation the Māori cultural social work supervision framework had yet to be finalised. Overall the report found that “more could be undertaken to facilitate cultural identity development and participation for Māori children…when requested, further cultural assistance was not provided by PCSS (e.g., identification of and facilitation to Kaupapa and Te Reo Māori education, and access to Māori advocacy services)” (p. 69). The report also identified the need for Māori cultural support for non-Māori caregivers who had permanently homed Māori children (no data was referenced in relation to the number of Māori children with non-Māori permanent caregivers); “PCSS staff were not always able to aid with this” (p. 40).

Furthermore, it is important to note that as well as PCSS having the capability and capacity to provide financial and non-financial support, such support can only be requested by permanent caregivers i.e. not children, their families or social workers etc as would be the case for children in state care.

Issue	**Recommendations on ensuring that Aboriginal children in out-of-home care have ‘meaningful’ access to their culture**
Country	Australia (Victoria)
Source	Always was, always will be Koori children: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria. (Commission for Children and Young People, 2016)
Research relevance & strength	Relevance: 5 (very low) Strength: C (promising research)
Research population	Children in care

Among Aboriginal children in Victoria’s out-of-home care system:

- 42% are placed away from family
- 60%+ are placed with non-Aboriginal carers and
- 40%+ are placed separately from siblings.

This inquiry into services provided to Aboriginal children in out-of-home care in Victoria made seven specific recommendations on ensuring “Aboriginal children in out-of-home care have meaningful access to their culture” (p. 15) as below:

- State-wide system to search their family history and create family genograms to help identify and connect.
- Develop and maintain a web-based portal for children and their carers to access information about Aboriginal community activities.
- Provide opportunities for Aboriginal children in out-of-home care to meet with each other, and engage with their community and their culture.
- Establish long-term mentors (including family members) for Aboriginal children to assist in building the child’s cultural identity and connection to Country and community.
- Resource Aboriginal Community Controlled Organisations to contribute to the cultural plans of some of the 86% of children who were case managed by a non-Aboriginal agency.
- Cultural plans to include arrangements for the child’s ‘Return to Country’.

- Make cultural programmes available on a local and regional basis: may include healing camps, access to the arts, connection to Country activities, recreation and educational opportunities.
- Prioritise the oversight of cultural plans, including the establishment of key performance indicators on their being developed, implemented, reviewed and updated in a timely manner.

Issue	**Addressing cultural connection and the centrality of strengthening family relationships**
Country	Australia (Victoria)
Source	“*We live and breathe through culture”: Conceptualising cultural connection for Indigenous Australian children in out-of-home care* (Krakouer et al., 2018)
Research relevance & strength	Relevance: 5 (very low) Strength: C (promising research)
Research population	Children in state care

This article “highlights the vital importance of cultural connection for Indigenous child development, arguing that for Indigenous children, family connection strengthens cultural connection…and…that family needs to be recognised as a critical component of cultural connection (p. 265). The authors argue that although policies and practice guidelines invariably highlight the importance of culture for Indigenous children in out-of-home care, some responses have been “cursory” (p. 270), ineffective, or “arguably threaten cultural connection” (p. 265).

Victoria has the *Aboriginal Children in Aboriginal Care program*, with oversight from the Victorian Commissioner for Aboriginal Children and Young People. This programme includes:

- monitoring adherence to the nationally recognised Aboriginal and Torres Strait Islander Child Placement Principle
- cultural support planning policies
- organising Return to Country trips, and
- section 18 of the Victorian Children, Youth and Families Act 2005, which endows Aboriginal Community Controlled Organisations (ACCOs) guardianship rights over some Indigenous children in care.

“Statutory and community organisations responsible for Indigenous children in OOHC must focus on facilitating and strengthening family relationships, not only to foster cultural connection, but also to explore reunification possibilities” (p. 265).

Issue	**Given that timely kinship placements and strengthened cultural connections cannot be demonstrated in Victoria, the importance of ensuring that individual model components are effectively integrated**

Country	Australia (Victoria)
Source	*Independent assurance report to Parliament* (Victorian Auditor-General's Office, 2022)
Research relevance & strength	Research relevance: 4 (low), but provision relevance 3 (medium)[12] Strength: B (supported)
Research population	Carers of children in formal kinship care

Notwithstanding the highly critical nature of this Auditor-General's report, the early identification of 'kinship networks' and so helping more children to maintain existing connections with, and develop new connections to, family members and their culture, is a key component of the new Victoria kinship care model. Departmental Kinship Engagement Teams (44 full-time workers) have been established across the state with the early identification of 'kinship networks' a primary focus.

With specific reference to Aboriginal and Torres Strait Islander children in care, the Victoria kinship care model's stated aims are to:

- "strengthen their self-determination by ensuring that Aboriginal and Torres Strait Islander people can make decisions about their children and families

- support the outcomes of Aboriginal and Torres Strait Islander children in Aboriginal and Torres Strait Islander care by:

- identifying their cultural needs early

- strengthening their cultural safety and connections

- promote compliance with the Aboriginal child placement principle under the CYF [Children, Youth and Families] Act" (p. 24).

The model includes the establishment of the Aboriginal Kinship Finding programme to specifically find kinship networks for Aboriginal and Torres Strait Islander children across the state. Delivered by the Victorian Aboriginal Child Care Agency notably the programme is also for children at risk of entering care, and some reunification support is also available.

However, citing a 2019 evaluation of the Aboriginal Kinship Finding programme commissioned by the Department of Families, Fairness and Housing:

- 56% of children were placed with non- Aboriginal and Torres Strait Islander carers
- Over 50% were separated from their siblings and
- 56% had no cultural support plan.

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[12] While this report relates specifically to children in formal kinship care, some limited elements of the Victoria kinship care model are also available to informal kinship carers – see appendix B for more information on the Victoria kinship care model.

Although the report also cites a more positive 2020 evaluation of the Aboriginal Kinship Finding programme which found that the programme was “contributing to self-determination in Victoria because an all-Aboriginal team deliver it and it is aligned with the Aboriginal child placement principle” (p. 28), the Auditor-General’s overall finding in relation to Aboriginal and Torres Strait Islander children was that “DFFH [Department of Families, Fairness and Housing] cannot demonstrate if the Aboriginal Kinship Finding program is leading to timely kinship placements and cultural connections” (p. 5). With particular challenges around referrals and timeliness, this finding was largely attributed to poor programme set-up and monitoring by the Department.

Synthesis of evidence on providing financial and non-financial support to children to help them connect to their whānau and culture

For children in state care, while little in the way of empirical research has been identified, the importance of helping children to maintain or develop, relationships with their extended family, as well as strong connections with their culture, are clearly recognised in the wider literature. There is also some coverage around individual government agencies in particular not being sufficiently focused on these two related areas and needing to strengthen their capability and capacity.

However, no specific literature on helping children in informal kinship care to connect with family and culture has been identified. While this may be because most informal kinship carers are by definition a member of the child’s extended family and many will also share the child’s cultural identity, the issue is no less important. Furthermore Family Court decisions aside, the extent to which children in informal kinship care arrangements are helped to connect to their family, whether that be parents, siblings and/or extended family members, and their culture, is more likely to be reliant on the informal kinship carer recognising the value of this and acting on this, than it is for children in state care

The New Zealand study on the Permanent Caregiver Support Service (Waldegrave et al., 2017) is an example of research that does include some coverage of issues around connection to family and culture. One study finding was that only 13% of approved support plans relating to contact (e.g. supervised access, and travel for children to see whānau including those required by the Family Court). It may be that connecting children to family/whānau is less of a priority for permanent caregivers, and potentially other informal kinship carers, than it is for Oranga Tamariki. In terms of culture, this evaluation also highlighted some challenges in relation to securing provision to help children connect with their culture and the report appears to identify no approved support plans that (primarily) related to helping children to connect to their culture.

Care and protection concerns

This section addresses the evidence in relation to the impact of support from community groups and providers on addressing care and protection concerns. Evidence is presented chronologically but with New Zealand evidence first.

Issue	**The focus of this programme was on care and protection needs rather than concerns, and children generally appeared to have no current involvement with the statutory child protection agency**
Country	Aotearoa New Zealand

<table>
<tr><td>Source</td><td>Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: B (supported)</td></tr>
<tr><td>Research population</td><td>Existing and prospective permanent caregivers</td></tr>
<tr><td colspan="2">From this largely positive process and (immediate) outcomes evaluation, the following relating to the impact of support from community groups and providers on addressing care and protection concerns, can be said about the Permanent Caregiver Support Service (PCSS) as it was in 2017.
The legislative focus of PCSS is “care and protection <i>needs</i> (emphasis added) or the extraordinary health, education, or developmental needs of the child or young person” (section 388A 2(a)). However, beyond the impact of such historical care and protection needs, whether and how any new care and protection concerns are addressed by PCSS, and the interface with Oranga Tamariki reports of concern, is not discussed. What does seem to be clear from this report on the scheme as it operated in 2017, by is that once approved as permanent caregivers, PCSS only accepts service requests from permanent caregivers themselves, i.e. it does not accept referrals from Oranga Tamariki, other agencies or indeed the children in permanent care or others acting on their behalf. Nor does PCSS initiate contact with permanent caregivers. Children with a permanent caregiver are by definition no longer in the care and custody of the Oranga Tamariki Chief Executive.
Therefore beyond child protection professional responsibilities that PCSS and their funded social workers and other service providers share with the rest of the sector in relation to all children, it can be inferred from this report that addressing any new care and protection concerns will only be considered if permanent caregivers themselves request it, and then following assessment, their being addressed would then need to be approved by PCSS.</td></tr>
</table>

<table>
<tr><td>Issue</td><td>Some informal kinship carers are fearful of engaging with the state</td></tr>
<tr><td>Country</td><td>United States</td></tr>
<tr><td>Source</td><td>Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care (Berrick & Hernandez, 2016)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: D (promising insights)</td></tr>
<tr><td>Research population</td><td>Children in informal kinship care and associated systems</td></tr>
<tr><td colspan="2">Some evidence indicates that caregivers are reluctant to call public notice to their situation to avoid unwarranted family intrusions, and to maintain full control of their family; some caregivers fear that engagement with the state through the juvenile or probate courts or child welfare agencies may see the child placed in a non-relative's home (p. 25).</td></tr>
</table>

Issue	**Some informal kinship carers are fearful of engaging with the state**
Country	United Kingdom
Source	‘You try to keep a brave face on but inside you are in bits’: Grandparent experiences of engaging with professionals in Children’s Services (Tarrant et al., 2017)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Grandparents caring for children

Key themes from this research on a national (legal) advice line, were that grandparents were either struggling to work effectively with statutory children’s services or were being offered no help, or were fearful of statutory children’s services and in particular the possibility that their grandchildren might be taken into care and put up for adoption, and valued getting independent legal advice on their rights:

Parents and indeed grandparents who are intimidated and frightened of losing their grandchildren are less likely to be able to work constructively with professionals; this is heightened if professionals are not transparent and come across as unwilling to engage with family members and the individual complexities of their cases (p. 21).

However, from the report it is difficult to know how representative the views of these kin carers were as these findings likely relate to the reasons they contacted a national (legal) advice line in the first place.

Issue	**Not effectively supporting children in informal kinship care may place some at risk of maltreatment**
Country	United States
Source	Strategies to build evidence for kinship navigator programs Under the Family First Act (Rushovitch et al., 2021)
Relevance & strength	Relevance: 2 (high) Strength: E (possible insights)
Population	Formal (predominantly) and informal kinship carers

“The tremendous need for services and other supports among private and voluntary kinship caregivers, especially low-income grandparent caregivers, may place these families at special risk for placement disruption and potentially child maltreatment” (p. 112). Note this quote was sourced from the background section of the article and was not presented as a study finding.

Synthesis of evidence on support from community groups and providers on addressing care and protection concerns

As well as Oranga Tamariki, in Aotearoa New Zealand iwi social services, cultural social services, and child and family support services, both in their own right and as Oranga Tamariki programme providers (e.g., Early Start and Social Workers in Schools), frequently deal with care and protection concerns. However, beyond low instances of abuse or entry into state care being a success measure for some kinship care programmes, no specific international evidence has been identified on addressing care and protection *concerns*, as opposed to care and protection *needs*, of children specifically living with informal kinship carers. This is a key gap in the literature as we come to learn more about the experiences of children coming into informal kinship arrangements. The inference across the literature is that any care and protection concerns are addressed in the same way as they would be for any other child who was not in the care of the state, and given the paucity of non-financial support for informal kinship carers internationally, to a large degree that may well be the case.

Whether justified or not, there is also literature to suggest that some informal kinship carers may be anxious or even fearful of engaging with statutory child protection agencies or those contracted to deliver a service on their behalf. This can result in them not asking for help, not accessing services, not trusting or fully engaging if a service is offered, being very careful about what information is disclosed, experiencing an adversarial relationship with the agency, or not getting a service at all.

While the research is limited, generally informal kinship carers may be more comfortable with services that are provided by community organisations, and engaging with people who are experienced kinship carers in particular. This would also seem to suggest the importance of reaching and building trust with informal kinship carers individually and collectively by being clear on both the benefits of support and the service and child protection parameters, and offering some choice in support arrangements.

Culturally responsive services

This section addresses the evidence in relation to the impact of receiving a service from a culturally responsive service which represents caregivers.

Issue	**This service did not sufficiently meet expectations of being a culturally responsive service**
Country	Aotearoa New Zealand
Source	Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Existing and prospective permanent caregivers

Although the report does not use the term 'culturally responsive service', from this otherwise largely positive process and (immediate) outcomes evaluation of the Permanent Caregiver Support Service (PCSS) as it was in 2017, it can be inferred that in this regard, PCSS still had some way to go. Certainly cultural supervision was available, and the evaluation also found that "most Māori caregivers felt supported" (p. 69). However, at the time "PCSS did not appear to have any full-time Māori staff" (p. 40) and their comprehensive cultural framework and strategy for the organisation was yet to be finalised and implemented. From the report, it would also appear that ‘representing’ and advocating for permanent caregivers was not part of the service design.

Issue	**As well as contracting with Indigenous organisations there also need to be a strong focus on the cultural responsiveness of the wider system**
Country	Australia (Victoria)
Source	*Independent assurance report to Parliament* (Victorian Auditor-General’s Office, 2022)
Research relevance & strength	Research relevance: 4 (low), but provision relevance 3 (medium) Strength: B (supported)
Research population	Carers of children in formal kinship care

Critically, cultural responsiveness is not explicitly discussed in this report. Certainly, Aboriginal Community-Controlled Organisations feature strongly in the new Victoria kinship care model:

- 13 Aboriginal Community-Controlled Organisations to provide kinship care support services across Victoria (alongside 28 Community Services Organisations), deliver the First Supports programme for new formal kinship carers
- the state-wide Aboriginal Kinship Finding programme to find kinship networks for Aboriginal and Torres Strait Islander children is delivered by the Victorian Aboriginal Child Care

Furthermore, two Aboriginal Community-Controlled Organisations are authorised under Victorian legislation to take responsibility for Aboriginal and Torres Strait Islander children in out-of-home care on court orders as part of the Aboriginal Children in Aboriginal Care programme.

However, the report does seem to infer that while Aboriginal Community-Controlled Organisations and their practitioners may have been culturally responsive, the wider system was not.

Synthesis of evidence on receiving a service from a culturally responsive service who represents caregivers

While the need for services to children and families to be culturally responsive is increasingly accepted, actually delivering culturally responsive services remains challenging for many practitioners, teams, and organisations, and the wider systems that they operate within. That said, no research or other literature *specifically* on receiving a service from a culturally responsive service who represents kinship caregivers has been identified. However, as informal and formal kinship care develops, this is likely to change. For example, under the 2018 Family First Prevention Services Act, American Indian and Alaska Native tribes are eligible to apply for funding to establish their own Kinship Navigator programmes and in 2020, 11 American Indian and Alaska Native tribes were awarded funding, to develop, enhance or evaluate their own kinship navigator programmes (Administration for Children & Families, 2020).

Being caregiver and whānau-led, flexible and optional

This section addresses the evidence in relation to the impact of delivering a service that is caregiver and whānau-led, flexible and optional for caregivers.

Issue	**A caregiver-initiated, flexible and optional service design that works for many, but the approach does have some disadvantages or trade-offs**
Country	Aotearoa New Zealand
Source	Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Existing and prospective permanent caregivers

This mixed methods (immediate) outcomes evaluation of the service as it existed then, describes PCSS overall as an "innovative child-focused approach [that] holds promise" (p. 69). Elsewhere the service is referred to as providing "solid caregiver and child-focused assistance" (p. 54). While it is less clear from the report how child-focused the approach is, PCSS is permanent caregiver-led in the sense that only permanent caregivers, and only if they wish to do so, can make requests for PCSS services or assistance. While there is no reference to permanent caregiver involvement in the design or governance of the service, "the provision of tailor-made support proved to be successful and is greatly appreciated by caregivers, who are now receiving individualised support. Caregiver, including Māori caregiver feedback, highlighted an informed and sensitive approach from PCSS staff" (p. 13).

In terms of flexibility, as long as a request following a PCSS assessment meets the service's criteria for approval, with the not insignificant caveat that such services and assistance exist in the permanent caregiver's area, potentially services and assistance could take many creative shapes or forms, i.e. responses are not limited to those from a single organisation and its staff. While this meant that solutions could be personalised, the evaluation also found that the experience of many permanent caregivers as reported was that PCSS social workers were more focused on addressing immediate presenting problems than exploring their needs more deeply. As one interviewee put it: "The social worker was very helpful about what I called for, but the social worker did not tell me about any other service" (p. 52). Related to this, some carers also wanted more clarity on service entitlements and the scope of the service.

As to whether PCSS is optional, irrespective of what is in the support plan, PCSS will only offer a service or assistance if and when a permanent caregiver specifically requests it at the time that it is wanted i.e. PCSS will not initiate contact. Permanent caregivers may have agreed to particular Family Court undertakings, but requesting and taking up a PCSS service or assistance is entirely optional. There has been some recent work with national community groups and organisations (e.g., Grandparents Raising Grandchildren, Fostering NZ, Open Homes Foundation, and Barnardos), but as there was no “systematic awareness raising or promotion when the scheme was launched…it is possible that there are a significant number of long-standing caregivers unaware of the changes to legislation and potential entitlements for the children and young people in their care” (p. 9). Furthermore, “the researchers were informed that Oranga Tamariki is not able to identify caregivers who have chosen permanency/home for life before late 2010” (p. 27). As such, an unknown number of permanent caregivers may not have been given the option to participate in PCSS, and take up their ‘entitlements’. More generally: “the greatest barrier for caregivers to access PCSS was an overall lack of information about the service. Many caregivers interviewed who initiated contact through requests, noted frustration at the lack of information provided to them about the PCSS. Many struggled unnecessarily without assistance because they did not know about the service” (p. 27).

Synthesis of evidence on delivering a service that is caregiver and whānau-led, flexible and optional for caregivers

No overseas evidence identified. From the informal and formal kinship care literature services do exist that have been developed and delivered by ‘caregiver-led’ organisations, and certainly some individual studies do explicitly or implicitly support the value of this. However, no examples were identified of the involvement of informal or formal kinship carers in:

- programme-specific needs-based research
- co-design or
- governance.

In terms of being ‘caregiver-led’ and ‘flexible’ in the sense that informal kinship carers individually initiate requests and receive the services and support that they want in the way that they want them, the New Zealand Permanent Caregiver Support Service research, with one particular subset of informal kinship carers, does demonstrate an important tension or trade-off between offering a clear ‘menu’ of services that informal kinship carers are entitled to, and individualised support and assistance based upon a social workers' assessment of their individual needs; both approaches could potentially be framed as ‘caregiver-led’ – or not. As for services and support being ‘optional’, no research has been identified on any informal kinship care provision that was ‘compulsory’, although some further exploration of the research on other forms of kinship care arrangements in jurisdictions where they exist might be fruitful i.e. state-mediated (Kinship diversion and legal guardianship) and/or state-mandated (voluntary placement agreements, kinship guardianship, kinship adoption, and potentially formal kinship care).

Upfront financial assistance

This section relates to the evidence in relation to the impacts of providing upfront financial assistance to establish or set up a placement and to cover school costs.

Issue	**School attendance allowance**
Country	Australia (Victoria)

Source	First Supports program guidelines kinship care: Appendix B - First Supports brokerage guide (Victoria Department of Health and Human Services, 2020b).
Relevance & strength	Relevance: 4 (low) Strength: E (promising insights)
Population	New formal kinship carers
As part of the First Steps 12 month programme for new formal kinship carers, a school attendance allowance can be paid (quarterly in arrears) to cover books, equipment and software, and fees for extracurricular activities.	

Synthesis of evidence on providing upfront financial assistance to establish or set up a placement and cover school costs

No evidence identified. While the provision of upfront financial assistance to establish or set up an informal kinship care ‘placement’ was a feature of both the Home for Life programme and the Permanent Caregiver Support Service, the specific impact of this is not explored in either of their respective evaluation studies. While it is possible that some services and programmes overseas do provide upfront financial assistance as either an entitlement or on a discretionary basis, no specific examples have been identified from the literature.

As such, no evidence has been identified on the impact of specifically providing upfront financial assistance to cover school costs either. As part of the formal kinship care First Steps programme in Victoria, a school attendance allowance can be paid to cover books, equipment and software, and fees for extracurricular activities. However this is paid quarterly in arrears and informal kinship carers are not eligible for it.

Again, further exploration of the research in those jurisdictions that permit diversionary informal kinship care, as well as other permanency alternatives to adoption, might be useful.

Peer support and training

This section addresses the evidence in relation to the impact of peer support and training, in additional to that which currently exists. Evidence is presented chronologically but with New Zealand evidence first.

Issue	**Mixed views from informal kinship carers on the helpfulness and relevance of foster carer training**
Country	Aotearoa New Zealand
Source	Grandparents and whānau/extended families raising kin children in Aotearoa/New Zealand (Worrall, 2009)
Research relevance & strength	Relevance: 2 (high) Strength: B (supported)
Research population	Informal and formal kinship carers who were predominantly members of Grandparents raising Grandchildren
In this New Zealand study, there were mixed views on the helpfulness and relevance of the Child Youth & Family (CYF) foster care training programme. 13% of the 104 kinship carers “who have attended the Child Youth and Family courses stated that they felt that while some of the content was helpful, other issues did not apply or that their particular problems were not discussed. 129/171 (75.4%) respondents stated that they would attend discussion forums and 42 (24.6%) stated that they would not” (p. 67).	

Issue	**Peer support groups valued by many kinship carers**
Country	United States
Source	Grandparent caregivers II: Service needs and service provision issues (McCallion et al., 2000)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Informal kinship carers caring for children with a disability
Offered with outreach, case management and advocacy, this study found that support groups for grandparents caring for children with a disability can provide them with both reassurance and relief.	

<table>
<tr><th>Issue</th><th>Peer support groups more effective than casework alone</th></tr>
<tr><td>Country</td><td>United States</td></tr>
<tr><td>Source</td><td>Controlled evaluation of support groups for grandparent caregivers for children with developmental disabilities and delays (McCallion et al., 2004)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: A (well supported)</td></tr>
<tr><td>Research population</td><td>Informal and formal kinship carers caring for children with a disability</td></tr>
<tr><td colspan="2">This three-month (agency facilitated) peer support group programme was for kinship carers caring for a child with a disability. The RCT used three assessment instruments (Center for Epidemiological Studies Depression Scale (CES-D), Family Empowerment Scale, and Caregiving Mastery Scale) pre- and post (as well as demographic and care-related questions and standardised outcome-related measures). Significant reductions over the course of three months in symptoms of depression and increases in sense of empowerment and caregiving mastery were found for the treatment group. Similar effects were found for the control group when they received the intervention three months later. Interestingly, both intervention and control groups had casework support; as the control group saw no such reduction, the support group in combination with the casework seems more effective than casework alone.</td></tr>
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<table>
<tr><th>Issue</th><th>A peer mentoring model for kinship carers</th></tr>
<tr><td>Country</td><td>United States</td></tr>
<tr><td>Source</td><td>A strength-based mentoring program for resilient grandparent caregivers (James & Ferrante, 2013)</td></tr>
<tr><td>Research relevance & strength</td><td>Relevance: 1 (very high)
Strength: D (promising insights)</td></tr>
<tr><td>Research population</td><td>Informal and formal kinship carers</td></tr>
<tr><td colspan="2">In this local programme, formal and informal kinship carers were able to be part of a peer support group and also be peer mentored with fortnightly home visits over 12 months.
The Skip Generation Gap programme provides kin care support group sessions, outreach and advocacy. There are three levels of programme participation :
• L1 offers access to an educational support group for new kinship caregivers who have never been part of Skip before. Members also have the option of participating in a mentoring programme where a pair of trained kinship carers provide twice monthly mentoring and support home visits for 12 months. Kin carers also have access to a Parents As Teachers (PAT) programme designed for grandparents who have children in their care under the age of five.</td></tr>
</table>

- L2 is a support group for kin carers who have been part of Skip for longer with access to two parenting programmes – *Incredible Years* and the *Effective Black Parenting Program*.
- L3 is a program for prospective mentors which involves the completion of a 15-week curriculum, and a twice a month commitment to visit L1 kin carers.

Internal evaluation of the programme involved a pre- and post-training efficacy survey for mentors along with a weekly pre- and post-training knowledge survey over the course of the programme, a regular protective factors survey for mentees, and a customer satisfaction survey for all kinship carers involved in Generation Gap – results reported in the chapter are positive but brief and incomplete.

Issue	**Recognition of the importance of training**
Country	United States
Source	Kinship navigator programs: Preparing to meet your match (Cooper, 2019)
Relevance & strength	Relevance: 2 (high) Strength: E (possible insights)
Population	Formal (predominantly) and informal kinship carers
One of the specific Kinship Navigator programme funding criteria under the 2018 Family First Prevention Services Act, is that programmes include training for (predominantly formal) kinship carers.	

Issue	**Benefits of a structured peer support programme**
Country	United Kingdom
Source	An evaluation of Kinship Connected for Grandparents Plus (Starks & Whitely, 2020)
Research relevance & strength	Relevance: 1 (very high) Strength: B (supported)
Research population	Informal kinship carers, most of whom have been granted a special guardian order for their children.
Kinship carers reported benefiting from attending peer-to-peer support groups because they believed other kinship carers better understood their experiences. The mental wellbeing of kinship carers who engaged in Kinship Connected support overall (peer support was one programme component) improved such that they no longer met the threshold of being at risk of experiencing long-term psychological stress.	

Synthesis of evidence on peer support and training

From the literature, peer support provision specifically for informal kinship carers is rare, with only one UK example being identified. However, some peer support and in particular local peer support (or more informal coffee) groups may be open to both informal and formal kinship carers. As such there is some evidence that structured in-person peer support is valued by those informal (and formal) kinship carers for whom it is available and who decide to take it up. In particular kinship carer support groups may offer a range of possible benefits including improving carer wellbeing. However, whether and how such groups promote the development of supportive relationships between individual kinship carers is less clear. As for training, internationally, this appears to be even less of a feature in informal kinship care provision and in one New Zealand study informal and formal kinship carers had mixed feelings on the value of participating in generic foster care training courses.

Connecting impacts to long-term system objectives

No literature on assessing their collective impacts on long-term objectives for the system has been identified.

Conclusion

This evidence brief explores the international informal kinship care literature. It includes a small but growing body of empirical research specifically on, or inclusive of, informal kinship care. Notwithstanding some significant limitations, most of this research comes from Anglo-American countries including Aotearoa New Zealand.

Within this international context, whether ahead of or out of step with other countries, or simply reflecting our own particular needs, the proposed Oranga Tamariki non-financial support model, and indeed the Ministry of Social Development's earlier alignment of UCB/OB benefit payments with base foster care allowances, is in many ways unique; no other country (or state or province) with a similar informal kinship care support approach has been identified.

Across Anglo-American countries the numbers of children in informal kinship care may be rising. While largely privately arranged and generally not known to state child protection agencies, internationally there is a growing understanding of the characteristics, needs and wants of some informal kinship carers. Indeed there is a growing consensus, at least across Anglo-American countries, that informal kinship carers deserve, want, and need more support from or through the state, whether that be financial and/or non-financial support. While there is much less research or other literature on the characteristics, needs, voices and wellbeing of children, they may also deserve, want and need more support.

However, despite some limited growth in some jurisdictions over recent years, internationally informal kinship care non-financial (and financial) support provision remains very limited. Consequently this constrains the research and evaluation evidence base. While not strong, there is certainly some research evidence from small studies and other literature to both individually and broadly support most of the five proposed design features and 10 proposed elements. Despite this, beyond one narrative review of individual studies, no large-scale research and evaluation studies on 'what works' in informal kinship care have been identified. As such while likely, the international evidence on whether (how, for whom, and in what circumstances) non-financial support for informal kinship carers is effective remains very limited, and particularly so in relation to child wellbeing.

In addition to drawing on Oranga Tamariki organisational values, and learning from other Oranga Tamariki provision and Whānau Ora (Te Puni Kōkiri, 2016, 2018), particular focus may need to be applied to child welfare evidence-based practices (e.g. Chorpita, Becker, Daleiden, 2007; Embrey & Biglans, 2008), co-design, and ongoing (action) research and monitoring when developing new services

There may also be a strong case for developing a comprehensive and detailed logic model to further guide the design, testing and implementation, monitoring and evaluation processes. Through ongoing attention to programme components and how they interact with each other, this system-wide tool could help ensure that the overall objectives for the model are achieved i.e.:

- More (and not fewer) Tamariki Māori are thriving under the protection of whānau, hapū and iwi.
- More (and not fewer) children are living in safe and stable homes.
- More (and not fewer) children's care, protection and wellbeing needs are met.
- The need for children to enter state care is reduced (and not unnecessarily increased).

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Appendix 1: Specific informal kinship care provision examples

Across Anglo-American countries, there is very little provision available specifically for informal kinship carers. What does exist tends to be limited to particular subgroups of informal kinship carers (or children). However, the following programmes and services have been found. These come from Aotearoa New Zealand, the UK (England) and the US; no Australian examples have been identified.

Aotearoa New Zealand

<table>
<tr><td>Provision</td><td>Former Home for Life programme – since replaced by the Permanent <i>Caregiver Support Service</i></td></tr>
<tr><td>Coverage</td><td>Nationwide</td></tr>
<tr><td>Source</td><td><i>Home for Life evaluation findings</i> (Centre for Social Research and Evaluation, 2012)</td></tr>
<tr><td colspan="2">
While framed as <i>permanent</i> rather than i<i>nformal kinship</i> care, <i>Home for Life</i> was a specialist support model for one specific subgroup of informal kinship carers, i.e. kin and non-kin foster carers who had become permanent carers and were no longer part of the state system of care.
Established in 2010, <i>Home for Life</i> was a policy initiative aimed at achieving permanency for children in care when a return home was not deemed possible. The programme involved, where appropriate, Child, Youth and Family supporting the child’s kin or non-kin foster carers, financially and non-financially, to secure parenting and guardianship orders under The Care of Children Act 2004. Thereafter the child would be expected to remain with them permanently with custody orders in favour of the Chief Executive being discharged. As well as (assistance to gain) Unsupported Child Benefit from MSD, the support package included:
reasonable legal costs incurred in securing orders
$2,500 lump sum payment for each child once orders were granted, as well as a baby starter pack for children under two years old, and
ongoing (relationship-based) support for up to three years to help sustain the permanent care arrangements after CYF ceased to be involved, from one of the three NGO Home for Life providers: Open Home Foundation, Te Puna Whaiora, and Barnardos.
</td></tr>
</table>

Provision	Permanent Caregiver Support Service 2016 to 2019, delivered by Kiistone (Business Infrastructure) on behalf of Oranga Tamariki (and previously Child, Youth and Family)

Country	Aotearoa New Zealand
Source	Permanent Caregiver Support Service evaluation report (Waldegrave et al., 2017)

The *Permanent Caregiver Support Service* was established in 2016, *replacing Home for Life*. However, unlike the predecessor programme, the *Permanent Caregiver Support Service* is underpinned by new legislative powers and duties under section 388A of the Oranga Tamariki Act 1989 as follows:

"(1) The chief executive may from time to time provide financial and other assistance to a permanent caregiver of a child or young person for the purpose of assisting the permanent caregiver to care for the child or young person.

(2) The chief executive must provide financial and other assistance under this section to a permanent caregiver of a child or young person if—

(a) **the need for assistance arises from the care and protection needs or the extraordinary health, education, or developmental needs of the child or young person; and**

(b) **those needs are greater than it is reasonable to expect the permanent caregiver to meet; and**

(c) **those needs cannot be met by existing sources of support under this Act or any other enactment, and are unlikely to be provided otherwise; and**

(d) **it is reasonable in the circumstances for the chief executive to provide the assistance; and**

(e) **the provision of assistance is consistent with any general or special directions (not inconsistent with this section) given to the chief executive in writing by the Minister."**

In relation to subsection (2)(e) the Minister also issued *Direction on financial and other assistance to permanent caregivers* (Tolley, 2016).

The base financial support package remained largely as before, i.e. assistance with legal costs and lump sum payments (Oranga Tamariki, n.d.). However, instead of the provision of ongoing (relationship-based) non-financial support of up to three years from one of **three designated NGO Home for Life providers, under t**he Permanent Caregiver Support Service both **non-financial and additional financial support are available from and through a single provider i.e.** Kiistone **(was a wholly-owned subsidiary of the Open Homes Foundation) from** 2016 to 2019.

The service distinguished between two social worker intake processes, namely *referrals* and *requests*. Caregivers who were in the process of gaining permanent care and custody orders were referred by social workers from Oranga Tamariki or another approved organisation; the referring organisations worked in consultation with PCSS to develop a support plan to help the caregiver meet the needs of the child/young person. However, once the permanent orders were made, permanent caregivers could make individual *requests* for support from PCSS, subject to an assessment and case approval process. Such support was (and is still) available until the child/young person turns 18 years of age. Kiistone (2016 to 2019) had some discretion in how they delivered the PCSS.

As a subsequent policy initiative, eligibility for financial and non-financial Permanent Caregiver Support Service provision was extended to include the following whānau caregivers:

> **"Whānau Caregivers (taking care in substitution for previous custody status to Chief Executive)' who have committed to care for a child or**

young person permanently. This decision must be agreed by Oranga Tamariki and the whānau using an appropriate comprehensive decision-making process such as a family group conference, hui ā-whānau or family meeting prior to the discharge of custody under section 78, 101, 102 or 110(2)(a), or the expiry of an agreement under section 140 of the Oranga Tamariki Act 1989” (Oranga Tamariki, 2022, p. 10).

Provision	*Permanent Caregiver Support Service* 2019 to current, delivered by **Turuki Health Services** on behalf of Oranga Tamariki– replaced the Kiistone-**delivered** *Permanent Caregiver Support Service*
Coverage	Nationwide
Source	Permanent Caregiver Support Service [website] (Turuki Health Services, n.d.-a)

“The [Permanent Caregiver Support Service] **PCSS is a national service. Assistance can range from providing advice or social work support through to financial help or other assistance. The PCSS team are qualified and registered social workers and are available through a national call centre… We will also help caregivers to develop or update a Care Plan that sets out what support is required to meet the needs of tamariki in their care. Permanent caregivers can request assistance from us at any point in time until tamariki reach 18 years of age” (para 2).**

From other sources, while the PCSS was established in 2016, since 2019 it has been delivered by **Turuki Health Care Charitable Trust in Auckland (Oranga Tamariki, 2019b).** However, although **there is some additional information available on the Turuki Health Care-delivered programme, for example the current service specifications (Oranga Tamariki, 2022) and a (five year) contract value of $23,463,000 (MBIE, 2019), beyond what else is on the Turuki Health Care (n.d.-b) organisation website, public information on the current** *Permanent Caregiver Support Service* is limited.

United Kingdom

Provision	**Kinship Connected programme**
Coverage	England – country-wide
Source	An evaluation of Kinship Connected for Grandparents Plus (Starks, & Whitley, 2020)

Kinship Connected is a programme of support for informal kinship carers, most of whom have been granted a special guardian order for their children. Grandparents Plus (now called Kinship) project workers undertake an assessment of the kinship carers’ needs and offer support to help them meet these needs using a strengths-based model of intervention. Furthermore, Kinship Connected also uses a social action model of support to develop peer support groups, run by kinship carers and supported by Grandparents Plus project workers. Over the two years covered by the evaluation, Kinship Connected was delivered in 17 local authorities and

supported over 400 kinship carers. Kinship Connected continues to be delivered across the country.

United States

Provision	**Kinship Navigator programme**
Coverage	Not stated – 7 counties in a ‘mid-Atlantic’ state
Source	A kinship navigator program: A comprehensive approach to support private and voluntary kinship carers (Rushovitch et al., 2017)

This US Kinship Navigator (KN) research study is specifically on a programme that supports private and voluntary kinship caregivers. This ‘mid-Atlantic’ programme had nine components that were delivered by seven KNs across seven county Departments of Social Services (one per county) in a single state:

(1) the target population – private and voluntary kinship caregivers with no statutory child protection involvement;
(2) selection/training of the KN – all were trained in the Family Connections Model and received technical assistance from a senior consultant, and most received monthly supervision;
(3) program initiation activities and ongoing advertising – aimed at kin carers and meetings with service providers to raise or maintain awareness about the programme and referral mechanisms;
(4) needs assessment done by the KN – with informal conversations based around a programme checklist;
(5) the KN service delivered in five counties by the respective Departments of Social Services – with all but one component being delivered by ‘private’ (assume non-government / community) organisations in the other two counties (the in-home services component (see below) was);
(6) a resource and referral service – through a dedicated phone line with encouragement to call as often as needed;
(7) kinship caregiver in-person support groups run by the KN with on-site childcare or concurrent children’s activities – mix of peer support, relationship-building with others in a similar situation, and educative sessions with outside speakers, e.g. legal, medical and education;
(8) KN referrals for an in-home service worker (i.e. not the KN) – in response to a kinship caregiver’s need for additional (time-limited) support and operated by the Departments of Social Services across all seven counties; and
(9) County advisory ‘councils’ comprising community partners and kinship caregivers – established by each KN to promote and support the programme, e.g. assist with developing a resource guide, advertising the programme, and developing ideas to advocate for the needs of private and voluntary caregivers.

Appendix 2: Shared formal and informal kinship care provision examples

The following kinship care provision in Aotearoa New Zealand, Australia, the UK and the US, is to varying degrees inclusive of both informal and formal kinship care. Provision includes programmes, services, helplines and membership organisations.

Aotearoa New Zealand

<table>
<tr><td>Provision</td><td>Grandparents Raising Grandchildren advocacy and support organisation</td></tr>
<tr><td>Coverage</td><td>Nationwide</td></tr>
<tr><td>Source</td><td>www.grg.org.nz</td></tr>
<tr><td colspan="2">Established approximately 20 years ago, Grandparents Raising Grandchildren is an Auckland-based national membership organisation, open to anyone, whether a grandparent or not, who is raising someone else’s child. It receives funding from Oranga Tamariki amongst others. Free membership provides access to support, advice and advocacy services, including financial and legal support. Grandparents Raising Grandchildren has support groups across the country, facilitated by a local volunteer support coordinator; notwithstanding any coordinator vacancies the number of these groups, along with some less formal coffee groups, remains stable with around 50 groups across the country.</td></tr>
</table>

<table>
<tr><td>Provision</td><td>Respite care programme</td></tr>
<tr><td>Coverage</td><td>Nationwide</td></tr>
<tr><td>Source</td><td>KidzaCool Adventures (Stand Tū Māia, n.d.).</td></tr>
<tr><td colspan="2">KidzaCool Adventures is a five-day holiday residential respite care programme for children aged 5-12 years of age living with kinship carers or non-kin foster carers. Offering a mix of sports, arts and craft activities, and outdoor adventures, the programme operates three times a year. Written applications need to be made four weeks before a holiday programme commences.

KidzaCool Adventures is open to anyone who has been caring for a child for more than 12 months and who is not their biological or adoptive parent i.e. includes informal kinship carers. However, those who are deemed to have high needs are prioritised (along with first-time applicants). As such informal kinship carers will be ‘competing’ with formal kinship carers and non-kin foster carers for places.</td></tr>
</table>

Provision	**Caring Families Aotearoa**
Coverage	Nationwide
Source	www.caringfamilies.org.nz
Caring Families Aotearoa (registered as the New Zealand Family and Foster Care Federation and formerly known as Fostering Kids) is a national membership organisation which was established in 1976. While its initial focus was non-kin foster care, free membership is open to anyone who is caring for or raising a child who is not their own, including informal kinship carers. As well as information and advocacy, provision includes individual support, training and over 60 local peer support groups facilitated by support group liaisons. The organisation receives funding from Oranga Tamariki (2020c).	

Australia

Provision	**Kinship Carers Victoria**
Coverage	State-wide
Source	*Kinship carers handbook* (Kinship Carers Victoria, 2014)
Kinship Carers Victoria is a membership-based advocacy organisation for grandparents, siblings, other relatives and family friends caring for children. However, while inclusive of informal kinship carers, this handbook (and website) has a strong focus on formal kinship care and the out-of-home care system	

Provision	**Superseded Victoria kinship care model**
Coverage	Victoria
Source	*Kinship carers handbook* (Kinship Carers Victoria & Department of Health and Human Services, 2017)
This since superseded kinship care model formed the basis for current kinship care provision in Victoria. In 2014, 21 community services organisations were contracted by the Department of Health and Human Services (now Department of Families, Fairness and Housing), to deliver the following kinship services: • **very intensive placement support services for families referred by Child Protection (appears to exclude informal kinship carers)** • **information, referral and advice services which could include informal kinship carers** • **27 kinship carer support groups which could include informal kinship carers** **Community services organisation providers included Anglicare Victoria, Wesley Mission, and OzChild.**	

Provision	***First Supports: Program* Victoria kinship care model**
Coverage	Victoria
Source	*First Supports: Program guidelines kinship care* (Victoria Department of Health and Human Services, 2020a)
***First Supports*, one major plank of Victoria's new kinship care model rolled out in 2018, aims to support newly established and statutory kinship care placements through the provision of early comprehensive assessments, brokerage and family support. Contracted community service organisations (CSOs) and Aboriginal community-controlled organisations (ACCOs) are funded to deliver the program to statutory kinship carers for up to 12 months – individual referrals are made by Department of Families, Fairness and Housing social workers. However:** **Private or non-statutory kinship arrangements without child protection involvement do not have access to First Supports. Non statutory kinship carers requiring support can continue to access the existing 'information and advice' component of**	

kinship care services through agencies funded to deliver this service, including kinship carer peer support groups. Where a non-statutory kinship arrangement requires family services support, they should be directed to Child FIRST/The Orange Door[13] to access these [generic] services (p. 7).

Provision	**Current Victoria kinship care model**
Coverage	Victoria
Source	*Independent assurance report to Parliament* (Victorian Auditor-General's Office, 2022)

The Department of Families, Fairness and Housing introduced a new kinship care model in 2018 to both accommodate the significant growth in the number of children in kinship care, and to address kinship care support issues. The aims of the new, predominantly formal, kinship care model were to "help child protection practitioners find carers early in a timely manner, strengthen community connections for Aboriginal and Torres Strait Islander children in care [and] deliver better and more flexible support to carers (p. 3).

The main components of the model as described include:

- **establishment of departmental Kinship Engagement Teams (44 full-time workers) to; identify 'kinship networks' early, embed the kinship care model locally; support kin carers and children including emotional support and administering brokerage support where required including placements at risk of breakdown; and operate the kinship carer support line**

- ***First Supports* programme with time-limited (12 months) support for new formal kinship carers from Community Service Organisations and Aboriginal Community-controlled Organisations including: three assessments, linking formal kinship carers and children to support, providing up to 110 hours of family support services and "flexible brokerage to keep placements stable" (p. 65)**
- **Aboriginal Kinship Finding programme provides a statewide Aboriginal kinship findings service for children in care, and notably also for children at risk of entering care. Delivered by the Victorian Aboriginal Child Care Agency, some reunification support is also available.**

However, casework responsibility usually remains with Department of Families, Fairness and Housing social workers.

Provision	**Grandparent, Foster and Kinship Carer Advisor Line**
Coverage	National

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[13] Orange Door (replacing Child FIRST) is the new community-based access point for women, children and young people who are experiencing family violence, or families who need assistance with the care and wellbeing of children.

Source	Support for non-parent carers (Services Australia, 2022)
Grandparent, Foster and Kinship Carer Advisor Line was expanded and renamed in 2022 to incorporate foster carers and informal carers. It is provided by Services Australia (formerly the Department of Human Services and before that the Department of Social Security), the federal government agency responsible for Centrelink (the social security system), Medicare (health system) and the Child Support Agency. It provides information and advice across all three of these portfolios.	

United Kingdom

Provision	**Family Rights Group national advice line**
Coverage	England – country-wide
Source	You try to keep a brave face on but inside you are in bits": Grandparent experiences of engaging with professionals in Children's Services (Tarrant et al., 2017)
The Family Rights Group advises parents, grandparents, relatives and friends about their rights and options when social workers or courts make decisions about their children's welfare. It operates a national advice phone line which is free, independent and confidential. The service supports around 7,000 families each year and is staffed by highly qualified lawyers and social workers, or advocates with comparable experience. A focus of the service is to provide legal information to help callers understand their options and to make choices.	

United States

Provision	**Support groups for grandparent caregivers of children with developmental disabilities and delays**
Coverage	New York state
Source	Controlled evaluation of support groups for grandparent caregivers for children with developmental disabilities and delays (McCallion et al., 2004)
On the basis of the primary author's earlier demonstration project research in 2000 (as described elsewhere in this report), the New York City programme *Support Groups for Grandparent Caregivers of Children with Developmental Disabilities and Delays* is recognised by the California Evidence Based Clearinghouse for Child Welfare (2021b) as having 'promising research evidence'. **In this study, grandparents who were caring for one or more children (and young adults) with multiple problems or disability were recruited (n=97) and randomly assigned to either the treatment or wait list control group. Notably, both groups received a comprehensive case management service. 24% of the grandparents were looking after children on an informal care basis i.e. not kin-foster care. The**	

remaining 76% were kinship foster care (8%), legal adoption (12%) and ongoing court involvement to establish legal status (55%). Most participants were African American, the average age was 60, a quarter had undertaken some form of tertiary education and a third were in employment.

Groups of eight to 10 grandparents were offered a minimum of six support group meetings, mostly held fortnightly during the day and lasting approximately 90 meetings. Each of the three participating agencies identified an individual to lead their grandparent support groups. Leaders attended group training and received individual instruction and supervision from the programme designer; content was influenced by prior focus groups held with grandparents and grandparent advocates, as well as incorporating existing evidence informed materials. Each group selected 6 six of the following 10 topics: Developmental Delays and Disabilities; Getting Services; Your Grandchild's Education; The Teen Years; State Developmental Disabilities Agency Services; Skills for Caring; Problems Behaviours; Helping a Child With a Disability; Custody and Guardianship and Your Grandchild's Parents; and Planning for the Future. Each session also included a segment on Taking Care of the Caregiver. The groups provided mutual support and agencies offered in-home or on-site respite and assistance with transportation.

Using three assessment instruments[14] significant reductions over the course of three months in symptoms of depression and increases in sense of empowerment and caregiving mastery were found for the treatment group. Similar effects were found for the control subjects when they received the intervention three months later. Other findings from the demonstration project on "working with older adults who assume later age parenting roles was: grandparent recruitment needed to be extensive in order to reach grandparents and overcome their suspicions; pressing grandparent problems that needed to be addressed; challenging unresponsive service systems; falling between the cracks between agencies and systems; and the need for long term planning" (McCallion et al, 2000, p. 63).

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[14] Center for Epidemiological Studies Depression Scale (CES-D), Family Empowerment Scale, and Caregiving Mastery Scale pre- and post (as well as demographic and care-related questions and standardised outcome-related measures)