



# Children's mental health and its predictors in kinship and non-kinship foster care: A systematic review

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## ABSTRACT

The purpose of this systematic review is to compare the associations of kinship care and non-kinship care with children's mental health and to examine the factors associated with children's mental health in kinship care and non-kinship foster care. A comprehensive search was conducted in nine databases, and 237 articles were identified yielding eight studies that met criteria. Study designs, sample characteristics, methodologies, and results were collected and entered into data matrices and data was analyzed narratively. This review found that children in kinship care exhibited better mental health outcomes than children in non-kinship care in the univariate and bivariate comparisons. However, the associations between kinship care and children's mental health in regression models were mixed across studies. The associations depended on research designs (cross-sectional or prospective longitudinal design) and whether statistical models addressed selection bias and controlled for confounders. This review also identified that child maltreatment related factors, placement related factors, child level factors, foster caregiver level factors, foster family environmental level factors, and neighborhood level factors were associated with foster children's mental health. Some implications for practice and research were discussed.

## 1. Introduction

Kinship care has become a high priority form of alternative care in child welfare in the past two decades (Connolly, Kiraly, McCrae, & Mitchell, 2017). In general, foster care, including kinship care and non-kinship foster care, is a temporary placement for children when they are removed from their homes by the child welfare system due to maltreatment (The Annie E. Casey Foundation, 2014a). Kinship care refers to a living situation in which a grandparent, a relative or a close friend of the family raises children (The Annie E. Casey Foundation, 2014b), and it includes formal and informal kinship care, which is distinguished by whether kin caregivers have custody of children (Harris & Skyles, 2008). In 2011, approximately 400,000 children lived in foster care and 27% were placed in kinship care in the U.S. (The Annie E. Casey Foundation, 2013). In some other parts of the world, there has been a significant increase in the number of children who live in kinship care (Connolly et al., 2017). For example, 49% of out-of-home care children were placed in kinship care in Australia (Australian Institute of Health and Welfare, 2017) and 60% of foster children were taken care of by their grandparents in Spain (del Valle & Bravo, 2013). A total of 25% children in Scotland, 10% in England, and 13% in Norway lived in kinship care, according to recent literature (del Valle & Bravo, 2013;

Holtan, Rønning, Handegård, & Sourander, 2005). The paradigm shift from non-kinship foster care to kinship care is because kinship care is a relatively cost-efficient approach to place children (Harris & Skyles, 2008) and it may keep children more connected with their family members, communities, and cultures as compared to non-kinship foster care (Goertzen, Chan, & Wolfson, 2007). In addition, from the attachment perspective, children may have established attachments and bonds with relatives previously, making them less likely to experience attachment disruptions, which results in fewer trauma-related symptoms after removal (Shlonsky & Berrick, 2001). Moreover, some empirical studies have indicated that kinship care provides a relatively stable placement for children (Webster, Barth, & Needell, 2000), and the stability decreases the rate of behavior problems (Rubin, O'Reilly, Luan, & Localio, 2007). However, a large number of studies have indicated that kin caregivers face greater vulnerabilities than non-kin foster parents in their socioeconomic status, physical and mental health, neighborhood environment, and availability of resources (Berrick, Barth, & Needell, 1994; Cuddeback, 2004; University of South Florida School of Social Work Kinship Support Center, 2001). The low social capital of kin caregivers and lack of resources in the neighborhood may negatively affect the well-being of children in kinship care despite the potential benefits of maintaining connections to family or

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community.

### 1.1. Children's mental health in kinship care and non-kinship care

Children's mental health is described as children's developmental, emotional, and behavioral conditions and social skills (Centers for Disease Control and Prevention, 2017). Due to characteristics of the family of origin, child maltreatment history, and placement history, children in foster care or kinship care may exhibit different mental health outcomes. Evidence suggests that children in foster care have worse mental health outcomes than peers of the same age (Leslie et al., 2000; Sawyer, Carbone, Searle, & Robinson, 2007). The prevalence of children's mental health problems in foster care is between 35% and 85% (Farmer et al., 2001; Leslie et al., 2000; Vasileva & Petermann, 2016). Among foster care children, however, some evidence indicates that children placed with relative-caregivers exhibit better child mental health outcomes (Winokur, Holtan, & Batchelder, 2014). The stability of kinship care, established attachment, and cultural connections between relatives and children may support mental health functioning (Berrick et al., 1994; Rubin et al., 2007). A meta-analysis conducted by Winokur et al. (2014) has demonstrated that the children in non-kinship foster care have twice the odds of mental illness of children in kinship care. Also, children in kinship care have lower risk of internalizing and externalizing behavioral problems than children in non-kinship foster care (Winokur et al., 2014). Some recent studies which were not included in the meta-analysis have found that children in kinship care have no differences or mixed results in mental health outcomes if using more advanced statistical models or considering some contextual confounders (e.g., Font, 2014; Vanschoonlandt, Vanderfaeillie, Van Hoken, De Maeyer, & Andries, 2012). From an ecological perspective, children, caregivers, family, and community factors are associated with children's mental health (Bronfenbrenner, 1979; Hurlburt et al., 2004; Orme & Buehler, 2001). However, scant research has examined family- and community-level predictors of children's mental health in kinship and non-kinship care (Rufa & Fowler, 2016). The majority of studies primarily focus on the type of placement, child and caregivers' demographics, and maltreatment history but neglect other potential explanatory factors, such as caregivers' health, family environment, sibling dyad, relationships between caregivers and children, and neighborhood factors. These variables may act as moderators or mediators between the type of placement and children's outcomes (White & Wu, 2014). Therefore, it is critical to compare and examine these contextual variables when comparing outcomes of children in kinship care and non-kinship foster care.

### 1.2. Selection into kinship and non-kinship care

As described above, potential mechanisms through which kinship care might positively affect children's mental health and well-being include promotion of stable relationships and connections with extended family (Goertzen et al., 2007), but these benefits could be attenuated by limited resources. Non-relative caregivers have been found to receive higher levels of financial support, mental health services for youth in care, and parenting supports than kin caregivers (Berrick & Boyd, 2016; Coleman & Wu, 2016; Schneiderman, Smith, & Palinkas, 2012).

One challenge in interpreting existing research on kinship care is the selection bias inherent in children's placements into kinship or non-kinship care. At a basic level, placing children into kinship care or foster care depends on the availability and accessibility of each type of placement (Winokur, Crawford, Longobardi, & Valentine, 2008). Additionally, kinship care may be more culturally aligned with some traditions than with others, for example when familism is a strong influence. In sum, both advantages and disadvantages may accrue to youth in kinship care relative to those in non-kinship care, and unequal selection into type of out-of-home care is a potential confounding factor

in existing research.

### 1.3. Objectives of this review

Although Winokur et al. (2014) did a comprehensive systematic review about kinship care and children's permanency, safety and well-being, it has been six years since their systematic search in March 2011. Since then, the number of children in kinship care has increased dramatically in many countries (del Valle & Bravo, 2013; Goertzen et al., 2007; Kiraly & Humphreys, 2017). Along with the development of statistical methodology in child welfare research, some studies employed advanced statistical methods to evaluate the effectiveness of kinship care on children's outcomes in a more rigorous way. Providing an updated synthesis of literature can inform evidence-based child welfare policy-making and child welfare workers' decision-making regarding out-of-home placements. To provide an update systematic review about mental health outcomes of children in kinship care and non-kinship foster care, this systematic review expands the literature search from April 2011 to June 2017. In addition, the current study builds on the previous systematic review by synthesizing information on factors associated with children's mental health in kinship care and non-kinship foster care. Two main research questions guide this systematic review: 1) Does kinship care, as compared with non-relative care, positively affect children's mental health outcomes? and 2) What factors predict children's mental health in kinship and non-kinship foster care?

## 2. Methods

### 2.1. Search strategy

This systematic review followed the Littell, Corcoran, and Pillai's (2008) systematic review procedure. The search was conducted by using the Boolean operations of (kinship care OR grandparent\*) AND (mental health OR mental illness OR behavior\* problem\* OR behavior\* disorder\*) AND (foster care OR foster home care) in nine databases, including SocINDEX, PsycINFO, Scopus, PubMed, CINAHL, MedlineOVID, Social Work Abstract, ERIC, and Cochrane Center Register of Controlled Trials (CENTRAL) in June 2017. Search dates ranged from April 2011 to June 2017.

### 2.2. Selection criteria

Inclusion criteria are as follows: 1) studies compare kinship care to non-kinship foster care; 2) samples include children or adolescents; 3) a primary outcome of the study is children's mental health; 4) studies are quantitative to allow for comparison of effects; 5) the articles were published as peer-reviewed journal articles from April 2011 to June 2017; and 6) studies were published in English. Included and excluded studies were entered into a PRISMA diagram (Preferred Reporting Items for Systematic Reviews and Meta Analyses; Moher, Leberati, Tetzlaff, & Altman, 2009).

### 2.3. Data extraction

Studies were reviewed and data from studies were extracted and entered into a data matrix (See Table 1) for the following study characteristics: 1) Authors' last names (year)/geography, 2) design, 3) research aims/questions, 4) data source, 5) sample characteristics, 6) independent variables, 7) dependent variables, 8) data analysis, and 9) main findings.

### 2.4. Study quality assessment

The Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies published by National Institutes of Health (NIH) was used to assess the quality of identified studies (NIH, 2014). This

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