PART
Using Evidence to Promote Excellence in Child Welfare

Kin Caring for Children & Youth Involved with the Child Welfare System: Myths and Evidence

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This fact sheet presents research evidence to address some common myths about children and youth involved with child welfare living with kin. Each myth is addressed using multiple studies. Evidence-informed decision making is offered as a method of reducing vulnerability to myths.

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Myth: Children and youth living with kin experience more placement disruptions and less permanency than those who live in foster care placements.

THE EVIDENCE:

There is some evidence to suggest that children and youth living with kin, on average, have fewer placements than children or youth living in a foster care setting. Further evidence suggests that children and youth living in foster care experience almost double the odds of experiencing a change in placement than their counterparts living with kin. There is, however, no evidence to suggest differences in rates of reunification or length of placement stay between children and youth living with kin versus those in foster care settings.

These findings are based on results from multiple studies, whereby Winokur and colleagues (2018) calculated the strength of the relationship, taking sample size into consideration. Thus, while stability and permanency findings were only based on five or six studies each the studies were not of the highest rigor; the studies, however, were "good enough" to be used for this type of analysis.

See references: 1, 2, 6, 8-14, 19-24, 26-28, 36, 37-39, 41, 45, 46, 49, 51, 52, 54, 59, 60, 62, 65, 66

CRITICAL THINKING:

Did you believe this myth to be true or not? Why? Some potential reasons include: comparison with your own caseload, discussion with colleagues, or the perception of the placement department. What are your thoughts about reunification and length of placement not being significantly associated with either kin or foster care settings? How does this research correspond with policies or norms within your organization?

Myth: Children and youth are at greater risk of harm living with kin than those who live in foster care settings.

THE EVIDENCE:

Few studies with methodological rigor have compared the likelihood of re-abuse of children and youth living with kin versus children and youth living in foster care settings. Three studies, however, were used to calculate the overall odds of children or youth experiencing maltreatment while in these different types of placement settings.

Results from three studies suggest that children living in foster care had greater than three and a half times the odds of experiencing maltreatment in their placement setting. The current evidence, therefore, suggests that children and youth living with kin are less likely to experience maltreatment than those living in foster care settings. It is important to note that types of maltreatment and contextual information are not reported in most of these studies.

See references: 19, 32, 49, 54, 60, 62, 65, 67

CRITICAL THINKING:

What evidence led to your beliefs about the rate of maltreatment while in the care of kin or foster care? Do your beliefs about the rate of maltreatment with kin or foster care influence your practice? If so, how?

Myth: Kin caregivers have less access to services and supports than foster parents.

THE EVIDENCE:

The most commonly studied type of supports for children and youth living in out-of-home care are mental health services. Examination of several studies in this area was used to assess the overall difference between mental health service utilization of children and youth living with kin and those living in foster care settings. Results indicate that children living in foster care settings were almost two and a half times more likely to receive mental health services than children or youth living with kin.

Three studies involving developmental service utilization and seven studies involving physician service utilization, suggests no identifiable differences between children and youth living with kin and those living in foster care settings.

As with all research, applying these findings to practice or policy requires critical thinking. The methodology used in these studies does not indicate the level of service need for children and youth living in either setting. We do not know, therefore, whether the children and youth living in foster care in these studies had greater need for mental health services.

See references: 7, 17, 27, 40, 42, 43, 58, 60

CRITICAL THINKING:

What does this research tell you about how kin may experience the child welfare system and community resources? How can you and your organization use this evidence to support children and youth living with kin?

Myth: Children and youth living with kin are at greater risk of mental health issues.

THE EVIDENCE:

Six methodologically rigorous studies were used to assess whether mental health well-being levels were different between children and youth living with kin and those living in foster care settings.

Results suggest that children and youth living in foster care settings had "two times the odds of experiencing mental illness as did children in kinship care." (Winokur et al., p.24)

Furthermore, children and youth living in kin care had two times the odds of reporting positive emotional well-being versus their counterparts living in foster care.

As always, methodology of these studies is important and provides context for application to practice. Because children and youth are not randomly placed in kin or foster care, results cannot suggest that living with kin reduces risk of mental health issues. Children and youth living in foster care may have mental health needs greater than kin believe they can support, for example.

See references: 3, 4, 25, 31, 35, 40, 44, 55-58, 60, 64

CRITICAL THINKING:

Given their methodology, these studies cannot conclude that foster care results in poor mental health for children and youth. What are some additional factors that may result in mental health differences between children and youth placed with kin versus foster care?

Discussion

Many people are susceptible to myths, which are common in any field. Decision making in child welfare is especially difficult – child welfare workers make decisions under time constraints, emotionally charged situations, and without the ability to estimate the likelihood of a positive or negative outcome. [16, 53] These decisions are made while working with some of the most vulnerable people in their communities. Decision-making environments such as in child welfare, results in decisions being made *under uncertainty*. Decisions *under uncertainty* are especially susceptible to cognitive biases and heuristics. [33, 34]

Biases and Heuristics

The concepts of biases and heuristics are important especially in a field such as child welfare, where there are pressures to make decisions quickly and in high stress situations. A heuristic is "a simple procedure that helps find adequate, though often imperfect, answers to difficult questions." (Kahneman, 2013, p. 98) Heuristics are an important way the brain simplifies difficult tasks and important for daily life and are not inherently negative. Without critical thinking, however, heuristics can lead to biases. Biases develop through various processes; heuristics are one of these processes. A bias is the tendency to make a decision based on individual perception rather than on evidence – this is where myths have a tendency to come in. Fact checking is an important method of making decisions in child welfare. There are certain heuristics and biases that are more common when decision-makers are faced with time pressures, complex social issues, and within an organizational context. It is these biases and heuristics that may lead to decisions based on a lack of or faulty evidence. One method of making informed and deliberate decisions is evidence-informed decision making.

Evidence-Informed Decision Making

Evidence-informed decision making (EIDM) involves the diligent and judicious use of various types of information when making decisions about policy and practice. Rather than one specific task or action, EIDM is a decision-making method that is developed and sustained over time, from individual practice decisions to organizational change initiatives, program implementation, and policy development. In gathering evidence from a range of sources, EIP considers four key areas:

Case circumstances and context

- Evidence in this dimension of EIP could include community factors, client history, family dynamics, behaviours a child is displaying, and so on.

Child, youth, and caregiver preferences and values

- Each family is unique. EIP supports critical thinking by continually asking questions as we hear from children, youth, and families on what works for them, what is important to them, and how we can work together to promote the best possible outcome.

Practitioner and organizational knowledge and experience

- There are multitudes of factors that can influence decision-making (including organizational and community factors such as caseload and community resources). What we learned from prior work on similar cases, organizational guidelines and protocols, biases and heuristics, and our personal feelings towards a client or situation, are just a few considerations in this area.

The best available research evidence

- When utilized appropriately, research does not, and should not, provide a direct answer to apply to specific practices. Instead, research evidence should be approached as tool to incorporate into the decision-making process. "Research evidence" refers to a wide range of research methods, drawn on to inform practice. Importantly, practice and policy questions must be matched with the appropriate methodology and then applied to each situation.

The following graph is PART's EIDM map. This map was developed to support EIDM in child welfare and support your decision-making process, along with some critical thinking questions to get you started.

Conclusion

There is some strong evidence to suggest that children and youth living with kin and foster care differ in number of placement disruptions, re-abuse rates, some service utilization, and mental health well-being. There is little evidence, however, to indicate there are differences in permanency rates between kin and foster care settings. While this research provides evidence to suggest there are differences for children and youth living in kin and foster care settings – we do not know why these differences exist and whether they contribute to the type of setting in which children are placed. A key part of being evidence informed is being aware of the contextual factors for each individual family or situation and applying the research accordingly.

For more information on EIDM go to www.partcanada.org under EIP Academy or take a look at our resource: A Guide for Evidence-informed Decision Making.

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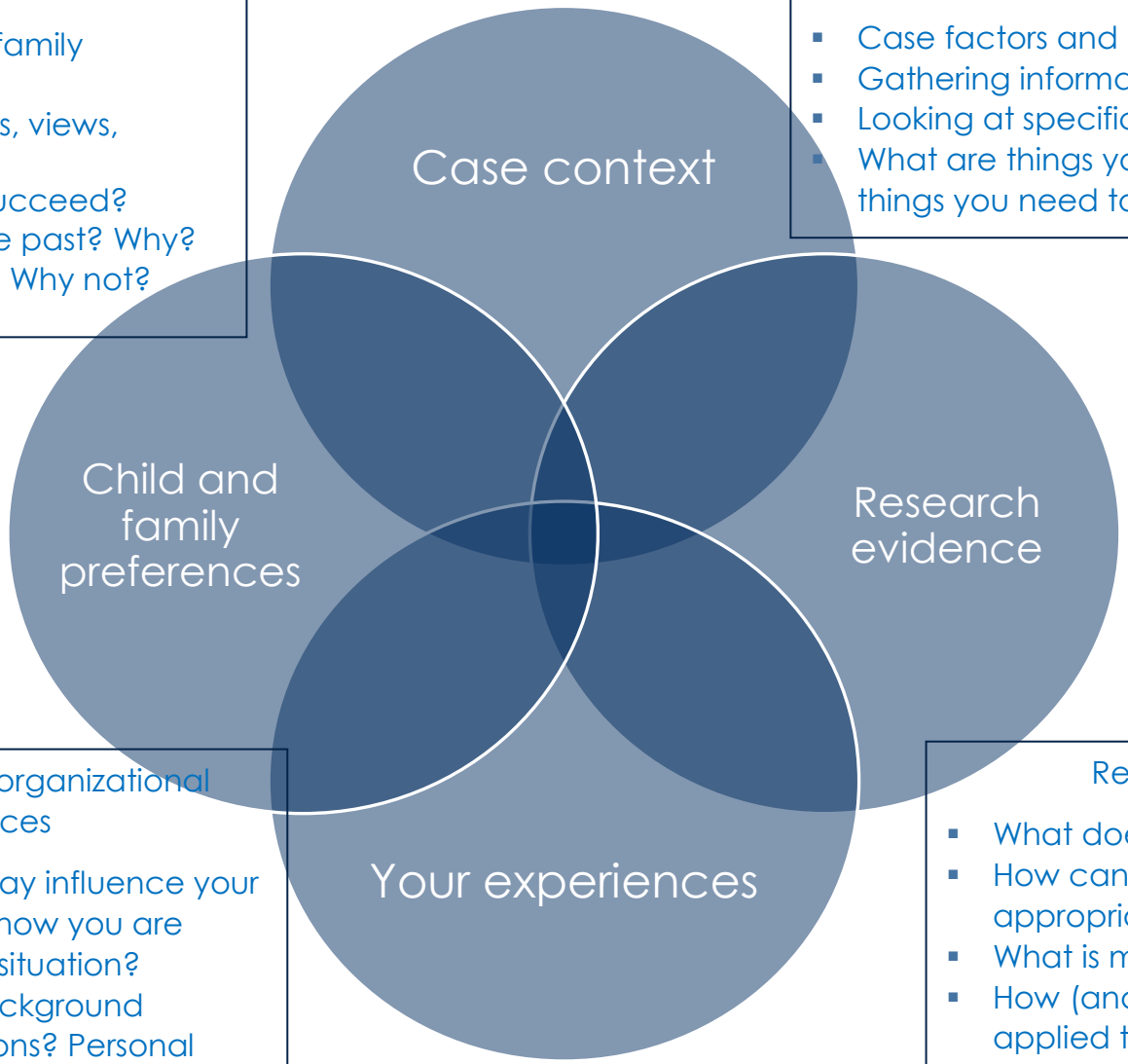
Child, youth, and family preferences

- History of the child or family
- Strengths and needs
- Their personal opinions, views, biases, etc.
- What will help them succeed?
- Have they failed in the past? Why?
- Do they buy in? Why? Why not?

Case context

- Case factors and information
- Gathering information/asking questions
- Looking at specifics of your case
- What are things you know? What are things you need to know?



Worker, supervisor, organizational experiences

- What in your past may influence your decision-making or how you are viewing the current situation?
- Your education? Background experiences? Opinions? Personal beliefs/prejudices/biases/attitudes?

Research evidence

- What does the research say?
- How can we use research/findings appropriately?
- What is my researchable question?
- How (and should) this research be applied to my decision?

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