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**Formal & informal kinship care:  
complexities, dilemmas and a way forward?**

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# Formal & Informal Kinship Care: Complexities, Dilemmas and a Way Forward?

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## Introduction

Formal kinship care has been evolving over the last two decades and now provides a significant number of placements for children deemed by statutory agencies to be in need of care and protection. Informal kinship care, on the other hand, is an age-old tradition used by families in times of need and crisis to look after children. However, informal care and the pathways between it and formal care have remained largely under-analysed in family policy and child welfare spheres. While there is a level of information available now regarding formal kinship care trends, there is limited knowledge about informal kinship care practice, as well as about the connections between the formal and informal domains.

There is a level of evidence suggesting that both formal and informal kin carers are under-resourced and under-supported, albeit in different ways. It is contended in this chapter that the trends, practices and paradoxes surrounding the inter-section between formal and informal kinship care need to be better understood, for kinship care to continue to meet the needs of children requiring support, care and protection.

This chapter explores the interplay between formal and informal kinship care against a backdrop of the *UN Practice Guidance for Children in Alternative Care 2009*. This was developed to augment *the Convention of the Rights of the Child*. The chapter draws on an analysis of international literature, policy papers and consultancy in Irish and international contexts. The work examines the drivers shaping the relationships, and points to the need for a more robust analysis of kinship care as family support, family preservation and alternative care. It suggests there is a need for a greater understanding of the intersection of state, nuclear and extended family responsibilities towards child-rearing. It identifies key research gaps in respect of informal care. The chapter is focussed on the situation in countries that have well developed child welfare systems, as it is in these contexts that the repercussions of

differences is most apparent between formal and informal kinship carers and the limited policy analysis and guidance protocols available. This is not to disregard the important part that informal kinship and community care plays for children in need of alternative care in countries where child welfare systems remain quite underdeveloped (Roby 2011). This contribution is intended to improve understanding of the topic primarily and to stimulate a dialogue among practitioners, policy-makers, researchers and politicians. It is hoped that this chapter has something to offer across jurisdictions, regardless of the level of development of the child welfare system.

Definitions: Kinship Care

**Formal kinship care**, for the purpose of this paper, refers to children in the homes of kin carers which have been approved or licensed or are in the process of obtaining such approval from state agencies. Thus,

‘in the USA, 24% of all children in foster care are with ‘kin carers’ (Annie Casey 2012); in Scotland the figure is also 24% (Scottish Government 2012); in the United Kingdom, 11% of children are with ‘family or friends’ (Department of Education, 2012), though the rate varies from 6% to 32% across individual areas of the country (Sinclair et al 2007); in Northern Ireland, 33% of children are with ‘relatives’ (Department of Health, Social Services and Public Safety 2010), while in the Republic of Ireland, children in ‘relative care’ now account for 32% of all children in the foster care system (HSE 2012)’ (O’Brien 2012b p.1).

**Informal kinship care** distinguishes between children where the state has had involvement at a child protection / family support level or where the child had been in statutory care and the state diverts children back to the care of the family. Informal care is where the state has had no involvement with the setting up, the oversight or the supporting of such an arrangement. A limited support or finance package may be offered in respect of placements when the State is involved in diverting the child back to the family, but this is not always necessarily the case.

Data in respect of formal kinship is accessible (if kin are licensed and the placements are approved in the foster care system) and accounts for up to one third of all family-based foster care placements in many jurisdictions. The numbers involved in informal kinship care, regardless of whether state agencies have been involved or not in the establishment of such placements, is much more difficult to appraise. This is

due to complexity in the pathways that exist for movement between informal and formal kinship arrangements; limitations and/or differences in data systems concerning children and families in general and a lack of agreed definitions as to what constitutes informal kin care. However, based on a review of studies that have utilised a range of methods to capture trends, it is estimated that up to 95% of all kinship placements in the UK occur in the informal and private domain (Nandy et al 2011; Selwyn and Nandy 2012; Farmer et al 2012). In the USA, it is estimated that 3% of the total population of children in the US live in homes with kin, without a parent present (Hegar and Scannapieco 2012; Wallace and Lee's 2013). The figures for informal kinship care in Australia are also significantly higher than the formal placements (Humphries and Kiraly 2012; Brennan et al 2013). In many under-developed countries, this is the form of care that is most common, according to Roby (2011).

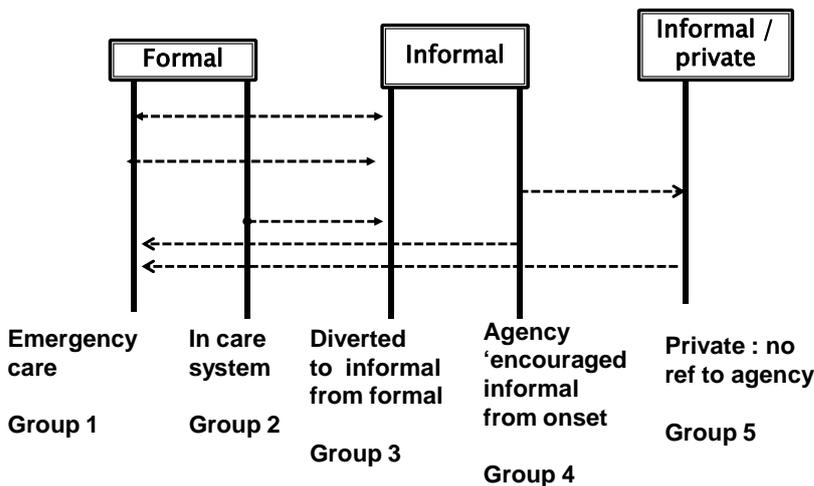
#### The Pathways between Formal and Informal Care.

A focus on the complexity in the pathways between informal and formal kinship arrangements is a first step in understanding the issues involved in the relationship between these two types of care. In Figure One, five groups of children and their carers, and their connection to formal and informal kinship care are presented as a continuum (O'Brien 2014b; O'Brien 2015). The various ways in which movement between the different positions may occur is illustrated by a series of arrows. Movement may arise due to the dynamic and fast-changing nature of the situations involved. It may also arise from planned decision-making, carried out in partnership with family members, or in response to a crisis in children's living situation which warrants an emergency response. *Formal kinship care* encompasses children in Groups 1 and 2. Group 1 describes children in the care of relatives where the placement was set up by the authorities in response to a particular emergency. Group 2 refers to children in the care of the state who are placed with licensed kin and the placement is fully approved. Children in Groups 3, 4 and 5 are involved in *informal care*. This care may be organized either *privately* by family members themselves without any recourse to the agency (Group 5), or it may arise from a level of *professional encouragement/facilitation*. Group 3 describes children who were

previously in state care with relatives and, when the placement is stabilized, the family is encouraged to become informal carers. There are no regulatory processes in place usually and no automatic access to financial help. Group 4 describes situations where the agency were previously involved through family support and/or child protection interventions and the extended family were 'encouraged to set up an informal arrangement' to avoid the child entering the care system. Limited financial help may (or may not) be paid in these instances.

At the heart of each group are carers and children with varying experiences in terms of financial provision, regulation, support and supervision services. The issues of how and why 'gatekeeping' occurs; how 'necessity for an alternative placement' is formulated and how 'a home is deemed as suitable' are key to understanding the different contexts and cohorts involved.

**Fig 1 : Formal to Informal Kinship Care Continium – Range of Pathways .**



## Key Factors in Progressing Understanding of the Relationship

A number of factors are now discussed which aim to enhance the analysis of the issues involved in the relationship between formal and formal care. These include:

- (1) The nature and level of need of carers and children;
- (2) International developments and how the underlying principles of the UN Guidelines for the Alternative Care of Children could be useful;
- (3) The identification of key research gaps.

### The Nature and Level of Need of the Carers and Children involved in the Kinship Care Arrangements.

Kinship care is reported in various literature reviews as producing a number of positive outcomes for children in terms of enhanced child protection, identity formation, maintaining contact with family, greater chance of being placed with siblings and being cared for by people who are more tolerant of behavioural issues (Flynn 2002, Nixon 2007, Winokur 2009, Hunt 2010, O'Brien 2012, Brennan et al 2013). However, there is a lack of comparative research across the formal and informal kinship care continuum.

This research gap is a major limitation when it comes to considering the nature and level of need of both kin carers and the children in their care. The consequence of limited research is especially worrying when the challenges known to be involved in formal kinship care are considered. These key challenges include kinship carers receiving less services, namely support, supervision and training, when compared to non-kin foster carers (Broad 2001, Ehrle and Geen 2002, Flynn 2002; Nixon 2007; Farmer & Moyers, 2008; Gleeson et al 2009; Hunt and Waterstone 2013); reunification rates are lower (O'Brien 2012) and intra familial dynamics can be difficult for the carers to manage (Ziminski 2007; Roby 2011; Kiraly & Humphries 2014).

Looking at what is known about informal care, there is a level of evidence that shows that supports available to informal kin carers are much smaller still than for formal kinship carers (Aziz et al 2012; Farmer et al 2012; Brennan et al 2013). There is also

evidence that shows that many kin carers, regardless of status, feel let down and abandoned by agencies (Broad, & Skinner 2005, Citywide Family Support Network 2004, Coakley et al, 2007, Farmer & Moyers, 2008). Furthermore, the family profile and assessed needs of children in both formal and informal kinship care are similar (Erhle and Geen 2002; Nixon 2007). The demographic profile shows kin carers are largely comprised of older, poorer families headed by single women, (many grandparents), who often suffer from a range of health issues and who have had limited educational opportunities open to them over the course of their lives.

The trends in kinship care have led to claims that ‘a three tier system of carers’ is in operation, while the profile of the children being cared for is similar in terms of need across the three different tiers. The first tier contains the formal carer who has access to a range of services akin to a regular foster carer, (although there is ample evidence that the reality is they receive fewer services than foster carers). The informal kin carer is in the second tier and, while they may have some financial package, this is usually discretionary. In the third tier are the informal/ private kin carers who have no entitlement to any kinship care service or allowance. A professional quoted in Hunt and Waterhouse’s study aptly portrays this situation by stating:

“We have those lucky people who are treated as foster carers and even people on orders are sort of lucky that they’ve got somewhere they can go. If you’ve got an order, there’s a legislative part to it because we have to provide post order support... Then you get the others, the grandparents that are struggling looking after little Timmy on benefits and not being able to access services” (Hunt and Waterhouse 2013:65).

The limited support to kin carers has major implications not only for the individuals involved in caring for children and for the children themselves (Nandy et al 2011, Selwyn & Nandy 2012, 2014; Selwyn et al 2013). The situation has led some commentators to ask if there is a danger that the limited support services will amplify the inherent challenges associated with kinship care, and that it could lead to a shift away from this care option (Brennan et al 2012). In this scenario, there is a real risk that the lack of supports will be forgotten or minimised as a causal factor and in the process, kin will be blamed for failing to protect and nurture. This, in turn, may herald a return to certain beliefs in respect of family pathology and dysfunction (Doolan et al 2004; O’Brien 1997; 2012; 2014a) and kin care will once again be lost as a viable option for children in need of care and protection.

The issue of making adequate supports available and accessible is key and needs to take into account the levels of ambivalence that surrounds this care. Ambivalence is ever present in kinship care (O'Brien 2012b). Some examples include where kin want assistance/help but show reluctance to ask for what they need for fear that state authorities will interfere and lead to them losing the children. On the other hand, there are many in key decision-making roles who profess to see kinship care as the best place for children in need, and yet they are reluctant to finance the placement as they feel families should be looking after their own.

Financing of the kin care option across the formal to informal continuum is a profound policy issue that is embedded in debates surrounding family and state responsibilities and models of welfare provision. However, resolution of this core issue is urgently required, as there is a body of evidence that suggests that governments are increasingly using kin care as a cheap option (Uniting Care Burnside 2010; Boetto 2010; Selwyn and Nandy 2013; O'Brien 2014). While the financial issue is primary and will remain so, it is important that kin carers have access also to information and services to address other key issues such as “respite, formal and informal support groups, legal assistance, caseworkers, parent training and childcare” (Brennan et al. p. 121). They also need access to the range of services required by the children in their care (Hegar and Scannapieco 2012)

The dilemma remains that, in stringent times, the state resources available to discharge child care responsibilities are finite, and public monies need to be used in an efficient manner and geared to optimising outcomes. The needs of the child should be the paramount principle in the resolution of the financial policy issue and, while the child cannot be seen in isolation from its familial and cultural context, a brief examination of the UN Convention of the Rights of the Child (CRC) as a basis for providing direction is explored next.

### *Convention on the Rights of the Child as a Template to Enhance Understanding*

The 1989 *Convention on the Rights of the Child* (CRC) seeks to protect children who are unable to live with their parents or remain in a stable family setting, most notably, though not only, in Article 20. The CRC has been adopted widely, though

not yet by the USA. The CRC itself does not describe what measures should be taken in any depth. In 2009, *Guidelines for the Alternative Placement of Children* were published by the UN to augment the original convention. Their status as an UN-approved set of principles is important in itself and enables them to be used, among other things, as a guide to practice. The Guidelines are a non-binding international instrument and only apply to informal care when this term is explicitly mentioned (§ 56 and 76-79). So, while their general merit for informing the approach to alternative care for children is clearly recognized, they place no obligations on states or any other of the parties concerned. It is also important to acknowledge that, as is the case for virtually all similar international instruments, the Guidelines primary role is to set out a path that should be followed and it does not take resource availability vis-a-vis implementation requirements into account. This step needs to be done at a country level, and also needs to appraise local laws, culture, and welfare models in addition to the country's economic, social and political contexts.

Roby (2011) asserts that the Guidelines provide a set of foundational concepts to aid the establishment of national policies for children in alternative care. It is to these principles I turn now to appraise if the guidelines and their foundational principles could be beneficial in advancing an understanding of the relationship between formal and informal care. However, in drawing from the Guidelines and using the resource developed by the Scottish Government to augment the guidelines - *Moving Forward* (2008), I am reminded of the distinction made in the Guidelines between State responsibilities in the case of children in 'informal' and those in 'formal' care situations. The drafters were mindful of striking a balance between adhering to the State's child protection obligations (§ 79) and respecting decisions parents (or, in their absence, the informal carers themselves) made with the best interests of the child in mind. Therefore, once again, attention is drawn to the public and private domain of family and state as spheres of influence in respect of children and how the need for fluidity, dynamism and creative responses is needed in appraising the intersections between formal and informal care. This is especially important when the complexities of meeting need and service on the alternative care, family support and child protection continuum is taken into account

## Foundational Concepts

Four foundational concepts contained in the Guidelines are helpful in advancing both analysis and pointing to how the inter-sectionality between formal and informal care can be advanced. These include the two key principles of alternative care for children, namely:

- (1) Such care is genuinely needed - *the 'necessity principle'* which asserts that children should never be placed in alternative care unnecessarily; and
- (2) If alternative care is required, it is provided in an appropriate manner (*the 'suitability principle'*) and addressed to each child's specific interests, needs and circumstance.

The third key concept in the Guidance is the '*gatekeeping mechanism*' and is defined as the means employed to ensure that children are admitted to the alternative care system only if all possible means of keeping them with their parents or wider (extended) family have been examined. The implications here are two-fold: adequate services or community structures are needed to which referrals can be made and a gatekeeping system is in place to ensure that the placement is required and that the placement chosen is suitable (Roby 2011). I would contend that a key to understanding how gatekeeping works is making explicit processes that are in place and which sometimes remain invisible. These include issues such as attitudes, values, and unwritten rules.

The fourth concept addressed in the Guidance is the '*best interests of the child*' and this is to be welcomed. However, while widely accepted in child welfare domains, much confusion surrounds the meaning and implications of this concept in the context of promoting and protecting children's rights. Misinterpreting the aims and scope of the '*best interest principle*' can lead to harmful and inappropriate responses to children who are, or who are at risk of being, without parental care. Vital questions remain unanswered such as: what criteria should constitute the basis for a decision? what type of information is used in the process? and what type of decision-making models are utilized? In other words, how are best interests to be determined and how is this getting played out in systems where the intersection points in the

pathways between formal and informal care are fluid, unclear and characterized by lack of accountability?

Arising from the 'best interests of the child', all children have rights in relation to their care and protection, including children in informal care. In order for these rights to be realised, it is not enough that the CRC has been ratified, or that domestic legislation has been developed and enacted, although those are important first steps. Roby asserts that for children to enjoy the rights to which they are entitled, 'there is a need for a concerted effort at all levels to create an environment of support and protection' (2011 p 31).

The principles of 'necessity', 'suitability', 'best interest of the child' and 'gatekeeping' as laid down in the Guidance are useful in mapping the role of the state, family and child along the continuum of formal to informal care. However, it is imperative also that these concepts are augmented with principles of 'fairness', 'equity', 'accountability' and 'justice' to enable optimal decision-making and allocation of resources when addressing the child and carers' situation. The combination of principles may enable greater accountability in how the state situates itself in relation to formal and informal care. In particular, it may help to focus on how the state is involved in gatekeeping in respect of formal care and also how and why children in need of care and protection are being diverted into informal family situations where kin's recourses are likely to be limited.

#### A Framework to Assist Decision-Making

The issue of how gatekeeping mechanisms work, the basis by which kinship care placements can and should continue to occur on both formal and informal levels and the accountability of the state and family in ensuring the child is cared for adequately are intrinsically linked. A number of questions are offered to guide assessment, decision-making and appraising the role of the State and Family that are aimed at providing a roadmap. These questions can be used alongside the Guidance and Moving Forward documents discussed previously, as well as other tools and frameworks commonly used in child welfare contexts. They include:

#### *Assessment*

How can children's 'needs assessments' be used to ensure that discrimination does not occur in respect of children?

What safeguards are needed to ensure assessments happen in accordance with guiding principles discussed above?

How does a child-centred approach fit with other rights and responsibilities and how is this best mediated, taking into account different cultural, political and economic contexts?

#### *Role of State*

Do policies and practices ensure that needs of children and families are determined, respected and attended to?

What are the gatekeeping mechanisms in place in respect of children in need of care and protection to be cared for by their extended families?

What laws, policies & practices are in place for kinship care as a formal care option in the alternative care system?

What is (or should be) the role of the state when it is involved in diverting placements to informal care?

What is (or should be) the role of the state in overseeing private informal family placements?

#### *Decision-Making*

In whose interests, and at what cost, are decisions being made and are all parties equipped with information to enable proper consent to be given?

What decision-making processes are needed to work with extended family and networks of professionals charged with child care, family support and protection responsibilities?

Are the decision-making models used producing the type of optimal outcomes possible?

Are extended family decision-making models (such as Family Group Conferences) which research shows lead to good outcomes (O'Brien and Alohen 2015b) available and being utilised and, if not, what are the barriers to this development?

Are there oversight processes in place and, if so, where does their mandate derive from and to what extent is information arising from this oversight responsibility made available in the public domain?

## Child's Whereabouts should be Known: A Bottom Line?

As a bottom line, there is a need to have a range of formal and informal kinship care options, but there is a corresponding need for policy makers to know who is carrying the cost. As a minimum, children's whereabouts should be known to state authorities, so the State is in a position to evaluate and offer protection and support as required. The *time period* within which this should occur, distinguishing between short term i.e. hospitalization or longer term where parents are absent through migration, incarceration, or long term illness, *the reasons for such placements* coming into being (this may or not prompt a child protection appraisal), *what members of the child's family and social network should be informed?* (should all grandparents and siblings be included?) are just some of the parameters that need to be worked out.

This oversight arrangement provides a layer of state bureaucracy and may be resisted by both the state and families. Again, the delicate balance between the private and public domain of family and state in terms of rights, responsibilities, vulnerabilities, protection and supports has to be navigated. Many countries are grappling with this balancing act. Issues will be different in countries that are particularly poor and countries that operate particular welfare regimes. In the final instance it would be difficult to argue that Roby's (2011) assertion that children in informal care need to be identified and provided with the same degree of protection as other children enjoy is not the correct one.

### *Need for Clear Information*

Providing clear information to those who are becoming involved on the differences, similarities and overlap in respect of formal and the various types of informal kinship care is crucial. The information gap is a particular feature of both formal and informal kinship care (O'Brien 2012; Annie Casey 2012). There is an urgent need to publish a range of relevant information targeted at key players and to ensure that policies, procedures, guidance and general information are provided in an accessible format. Information needs should be met in a clear, non-jargonistic manner and both written and multimedia formats would be appropriate for the target audience.

Arising from this focus on information provision, kinship carers need to be clear from the very outset how they can contact agencies; what they can expect if they do so, the parameters of how and why decisions get made; what the agency expects of them in respect of the children in their care, the parameters of their work and, most importantly, clarity about the changes that will occur if they move from formal to informal care or vice versa. Similarly, the agency's information about the child's and family needs, and how the agency would like the kinship carer to meet those needs are also crucial. Kinship Navigator programmes developed in the USA provides good examples of work that can be done in this area.

## Research

The third area addressed in this chapter is highlighting deficits in data and information systems and areas of research that, if attended to, will add to the understanding and development of formal and informal kinship care options.

### *Gaps in Data and Information Systems*

While there has been some advances on information in respect of formal kinship care, it is imperative that more reliable research evidence is developed across the formal/ informal continuum. In the first instance, the numbers of children being cared for within the informal sphere, and information on who is involved in providing the care, is required as a matter of urgency. A survey of national laws, conducted by Roby in 2011, shows that informal care is not addressed by many. When such legislation exists, it is often a small piece of the whole law and usually receives little attention or provides little impetus for enhanced data collection. Existing data sets could be reviewed/utilised to yield more information about the children and carers involved in informal care. New questions to target data directly relevant to informal care could be incorporated into existing national and international data collection systems.

Without hard data, it is well nigh impossible to appraise service needs, let alone develop adequate policies geared towards providing an adequate service response. It is clear that children and kin involved in informal care are not homogenous, but

there is strong evidence on the basis of the known demographic profile to indicate that there are high support needs. Hunt's assertion that there is a belief among professionals that this cohort of children are unproblematic generally ..."they are the same as most kids and therefore relatives can manage" is a myth and instead, her evidence shows that many kin are 'taking on challenging children in challenging circumstances' (2010 113). Mythology needs to be replaced by hard information for policy and service development.

#### *Research Gaps*

The available research shows there are many benefits to kinship care, both formal and informal, but this cannot be taken for granted. The benefits attributed to it may also be overrated in some regards, compared to other forms of care. It is important to be attentive to the weaknesses that have been identified already, as well as others that remain unknown. It is critical therefore that more reliable evidence is produced in this area as service delivery systems otherwise may remain ineffectual at both a design and implementation level and outcomes for children and families may be compromised. There is a need for a wide range of studies including longitudinal and controlled studies conducted on a large scale which could inform the long-term advantages/ disadvantages and outcomes of the various types of care and which take account of the perspectives of the various participants involved. The methodological challenges involved in this type of research are not to be underestimated.

Alongside this type of study, smaller-scale studies that examine differences between formal and informal care, pathways analysis and the decision-making involved in how children enter and leave the various types of placement are required. Questions worth exploring include the circumstances that lead to the child being reared apart from their parents; the range of service delivery models required to enable a continuum of formal to informal kinship care to operate as part of family preservation/family support and alternative care; the type of support and supervision requirements and models required that enables fair, equitable and flexible responses to be made in respect of children in need and which takes account of the need to maintain both formal and informal systems all need to be prioritised. Comparative work, attuned to examining variation in culture, differences arising from age and development stage of children, relative wealth or poverty of the care

giver and the psychosocial effects on the children, carers and wider family and network dynamics arising from the care also needs attention.

Research in this area is so limited to date that it is imperative that this aspect is given attention by commissioners of large-scale research operating at international and national levels.

## Conclusion

This chapter set out to explore the interplay between formal and informal kinship as a response to meeting children's need for 'alternative care' or an 'alternative home' when their parents are not able to provide this care and where statutory agencies and families deem that children are in need of care and protection. This chapter highlights that the pathways between these two positions are complex, dynamic and there are multiple processes that aid and impede interaction and connection and shape the relationship between extended family members and professionals.

The chapter is intended as part of a discussion to improve understanding of informal alternative care and to stimulate a wider dialogue among practitioners, policy-makers, researchers and politicians. Kinship care has a place as part of family support, family preservation and alternative care systems. How state, nuclear and extended family responsibilities towards child-rearing is demarcated is core to this issue. Differences across the developed and developing worlds in terms of legislative, economic, cultural, political and social contexts are of critical importance.

It is suggested that the *UN Convention on the Rights of the Child*, provides an overarching framework for consideration of the issues involved, and the principles of 'necessity', 'suitability' 'best interest of the child' and the focus on 'gatekeeping mechanisms' offered in the Guidance for the Alternative Placement of Children, and developed further through the tools offered in Scotland's *Moving Forward* (2008), provide important templates from which the analysis of this complex subject can be progressed.

The relationship between formal and informal care needs to retain a level of fluidity in order to be able to address individual need and to take account of differences

across countries, especially in terms of their stage of development. However, there is also an urgent need to take account of the findings that are emerging in respect of informal care and the troubling issues especially. The issues that require urgent attention include the fact that many carers are confused about what they are taking on in the first place, especially if statutory agencies are involved; the reluctance of state authorities to be responsive to individual need; the lack of support that is all pervasive; the pressures on carers being left to carry the burden of care; the extent to which some carers are afraid to ask for help; and the lack of basic information in respect of the services that are available.

It is suggested that the templates offered by the Guidance could be useful for individual countries to address the more negative experiences, while building on the strengths of informal care. The principles of necessity; suitability; the best interest of the child and gatekeeping are useful in constructing assessments, decision-making and communication strategies. A series of questions designed as prompts to assist individual policy-makers, managers and practitioners are suggested as an aid to this task.

Finally several research gaps in respect of informal care are identified and there are a number of areas that warrant urgent attention. The most critical gap is the need for information systems that identify the profile of the children and carers involved in informal care. If kinship care now accounts for up to one third of all formal foster care homes in respect of children in state care, and yet it is suggested that this may only represent a small percentage of all kin carers (i.e. between 3-5%), it is imperative to act really promptly to establish what is occurring and to devise systems that can support this care option and the people involved. The evidence suggests that there is strong similarity in the profile of children and carers in families across the formal and informal spheres.

Kinship ties bind us together, shape our identity, provide help periodically when there is a crisis, and can drive us mad on occasions! Regardless of where children are ultimately cared for, access to their kin is crucial for positive long-term developmental outcomes. Therefore, it is imperative that advances are made in addressing the legislation, policies, research and practice developments needed in

this area. In these processes, we must ensure that all family members are listened to and that their views are considered carefully.

Lastly, a concluding comment offered by the author to IFCA on the occasion of their thirty-year celebration in 2012 is re-stated here:

**Recognising the uniqueness of kinship care, and building conceptual models in which strengths, complexities and best practices are fitted coherently, is the challenge for all if children are to experience the undoubted benefits which kinship care can offer them at critical stages of their lives' (O'Brien 2012b).**

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