Differences in Child Well-Being Between Children in Kinship and Non-Kinship Foster Care: A Systematic Literature Review

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Abstract

Introduction: Foster children are at great risk for lower levels of well-being. The type of placement plays a significant role in this. This systematic literature review aims to compare the differences in child well-being for children 0 to 18 between kinship care and non-kinship care. **Methodology:** Using the PRISMA guidelines, a systematic search was done. This resulted in 26 relevant studies that were analysed thematically to uncover different important protective and risk factors for the different placement type. **Results:** The findings reveal no statistically significant advantage for either placement types. Kinship care was associated with protective factors such as family connectedness, placement stability and fewer behavioural problems. However, studies also reported risks including lower levels of mental health assessment and intergenerational conflict. Non-kinship care showed protective factors such as positive contact with birth parents and carers, while risk factors included placement instability and little foster carer training. **Discussion:** Many of the included studies report trends favouring kinship care and the greater number of protective factors in comparison to non-kinship care. However, findings remain inconsistent due to differences in the measurement of child well-being and lack of comparative studies.

Keywords: kinship care, non-kinship care, child well-being, protective factors, risk factors

Samenvatting

Introductie: Pleegkinderen hebben een verhoogd risico op lager niveau van welzijn. Het type plaatsing speelt hierin een belangrijke rol. Deze systematische literatuurreview heeft als doel de verschillen in het welzijn van kinderen tussen 0 en 18 jaar in netwerkpleegzorg en bestandspleegzorg te vergelijken. **Methode**: Met behulp van de PRISMA-richtlijnen werd een statistische zoekstrategie uitgevoerd. Dit heeft geresulteerd in 26 relevante studies die thematisch werden geanalyseerd om belangrijke beschermende en risicofactoren binnen de verschillende plaatsingstypen te identificeren. **Resultaten**: De bevindingen tonen aan dat er

geen statistisch significant voordeel voor één van de plaatsingstypen is gevonden. Netwerkpleegzorg werd geassocieerd met beschermende factoren zoals familieverbondenheid, plaatsingsstabiliteit en minder gedragsproblemen. Tegelijkertijd rapporteerden studies ook risicofactoren, waaronder lagere niveaus van mentale gezondheidsbeoordeling en intergenerationele conflicten. Bestandspleegzorg liet beschermende factoren zien zoals positief contact met biologische ouders en pleegouders, terwijl risicofactoren onder andere plaatsing stabiliteit en beperkte training voor pleegouders waren. **Discussie**: Veel van de geïncludeerde studies rapporteerden trends die netwerkpleegzorg bevoordeelden en wezen op een groter aantal beschermende factoren in vergelijking met bestandspleegzorg. De bevindingen bleven echter inconsistent door verschillen in de meting van het welzijn van het kind en het gebrek aan direct vergelijkbare studies tussen beide vormen van pleegzorg.

Trefwoorden**:** netwerkpleegzorg, bestandspleegzorg, welzijn, beschermende factoren, risico factoren

Introduction

According to the NJI there were 19.918 children living in foster care in the Netherlands in 2024. In 2024 there were 14.713 foster parents, this was 500 less than in 2023. Additionally, 52% of the children in foster care have a child protection matter in place. Which means that a juvenile judge has authorised an out-of-home placement (Nederlands Jeugdinstituut, 2025). According to Dubois et al. (2021), foster children have a significantly higher chance of some form of mental health issues. One of the factors that may influence children's well-being is the type of foster care placement. In 2024, 45% of the foster children were in kinship care, meaning that children are placed with family members like grandparents, aunts, uncles or other familiar adults such as neighbours (Pleegzorg Nederland, n.d.). Non-kinship care refers to placements in which a child is placed with someone they did not know before.

This study focuses on child well-being among foster children. According to OECD (2021), child well-being can be defined as a multi-dimensional construct encompassing emotional, material, social and physical functioning. It is also important to mention the developmental perspective of child well-being, this highlights the importance of acquiring skills and resources. Another foundational principle is the importance of the child's environment. Across scientific literature, studies operationalise child well-being with different closely overlapping concepts. This inconsistency presents challenges for the direct comparison across different studies. Most foster care research focuses on the dimensions directly influenced by placement type and caregiver relationships; these are psychosocial and emotional functioning. According to Choi & Organisation de Coopération et de Développement Économiques (2018), emotional well-being during childhood and adolescence is particularly important. The development of social and emotional skills will contribute to growing up into happy and confident adults. As a result, in this specific review

the concept of child well-being will be focused on the dimensions of psychosocial and emotional functioning relevant to children's experiences within foster care environments.

According to the NJI there are still many questions about the quality of kinship care and what kind of guidance is important in this specific kind of foster care. It is a necessity to conduct research about the possible opportunities and obstacles in using kinship care (Nederlands Jeugdinstituut, n.d.). For example, children are often placed without research on the suitability of grandparents or other family members, simply because they are family (Fuentes-Peláez et al., 2014). These factors raise concern about whether the best interest of the child is the primary consideration in these placements.

The importance of analysing this is a relevant perspective for research about the differences between kinship care and non-kinship care. There is a clear empirical gap in the literature. Systematic research about the well-being of children between kinship care and non-kinship care remains inconsistent. Because almost half of the foster care placements in the Netherlands is in kinship care. Understanding the well-being of the child in this type of placement is essential for future policy decisions and evidence-based interventions. Without more research, it can result in children being placed in a setting which cannot contribute sufficiently to their development.

Therefore, this research aims to examine differences in child well-being of children between 0 and 18 years old in the different types of foster care placements. This age group is relevant, because foster children range between all those ages and examining outcomes across childhood and adolescence provides a comprehensive overview. The biggest group of children in foster care is between 5 and 11 years old (33%), followed by 15 to 18 years old (20%) and 12 to 14 years old (19%). The lowest percentage represents the children under the age of 5 (11%) (Nederlands Jeugdinstituut, 2025).

This gap in the literature will be studied with the use of a systematic literature review, this will include high-quality scientific research. This will result in a systematic and replicable research in which bias will be minimised. Based on the identified gap in the scientific literature, a research question has been formulated which compares kinship care with non-kinship care and specifically looks at the outcomes for child well-being. The following research question is formulated: *What does the existing literature show regarding differences in child well-being between children (0-18 years) placed in kinship versus non-kinship foster care?*

Methodology

Design

This study was a systematic literature review. A systematic research approach was chosen to ensure a transparent and replicable overview of the existing scientific research on the differences between kinship care and non-kinship care. This led to a comprehensive overview in which bias will be minimised. This review has a clearly defined research question with predefined inclusion and exclusion criteria. The goal of this review was to answer the following research question: *What does the existing literature show regarding differences in child well-being between children (0-18 years) placed in kinship versus non-kinship foster care?* This approach helped identify research gaps in the existing literature and can contribute to future research or policies. This review used established methodological frameworks, such as the PRISMA guidelines, to enhance the transparency of the review.

Search Strategy

When searching for scientific studies to use, the decision was made to use the databases PsycINFO and SocINDEX. PsycINFO was used because it provides psychological and developmental research. SocINDEX was included because it contains social science and child welfare literature. These tools allowed for filtering based on peer-reviewed studies. This

search was conducted in April of 2026. The following search query was used: (Kinship care OR foster care OR network foster care) AND (Child OR Children OR Adolescent* OR Foster child*) AND ("Emotional well being" OR Emotional wellbeing OR Child well being). The search focused on whether these terms appeared in the title or the abstract of the article. The decision was made to use only articles published in the last ten years, because of the fast changes in policies surrounding foster care. This resulted in the use of only articles discussing the foster care system and policies which are currently relevant. After entering this search led to a total of 264 articles after the removal of duplicates. Ultimately, after full text screening, 26 articles were used in this systematic literature review.

Inclusion and Exclusion Criteria

Before searching for scientific research articles, a list of inclusion and exclusion criteria was created. This was to ensure only relevant studies would be included in this research. To ensure the use of only relevant and scientifically valid research, only studies published in the last ten years were included. The studies had to be peer-reviewed and be written in Dutch or English. Furthermore, studies had to be focused on children between the ages of 0 and 18. It was important that the studies explicitly addressed aspects of child well-being. Given the inconsistency within the scientific literature regarding this concept, outcomes related to subjective well-being, emotional well-being, mental health and general well-being were also considered relevant to include in this review. Child well-being was used as an umbrella term which encompasses multiple dimensions of children's life satisfaction, psychological health, emotional well-being and behavioral adjustment. Although the review acknowledges the multidimensional nature of the concept of child well-being, this review primarily focused on psychosocial and emotional aspects of child well-being in the different foster care settings.

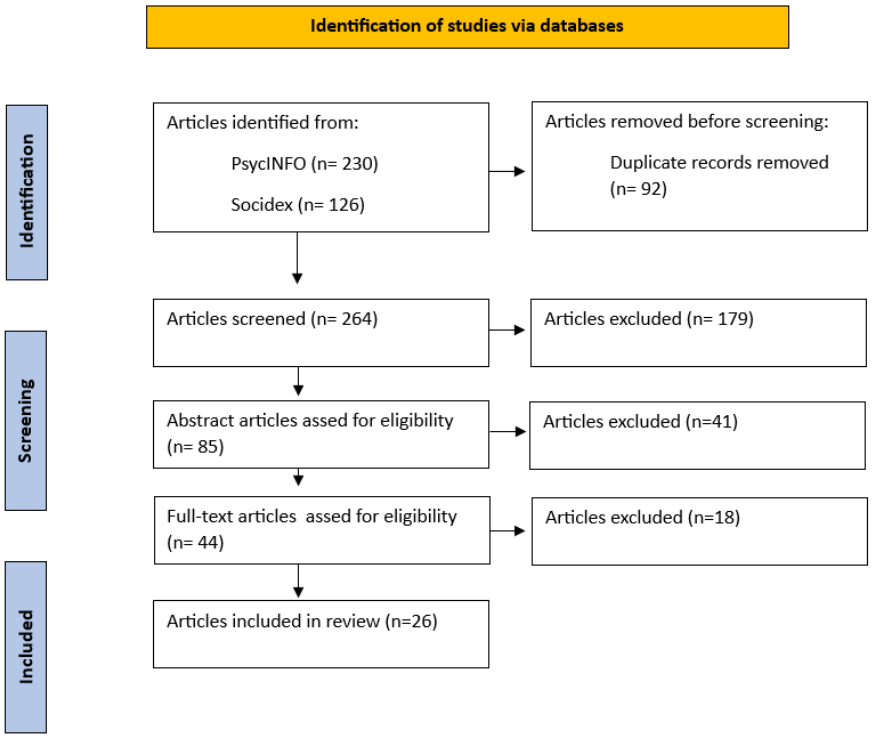
In this review the different types of placements served as the comparison factor, comparing between kinship and non-kinship care. The outcome of interest was child well-being, which was operationalized through psychosocial and emotional aspects as described above. All different types of empirical scientific research designs were included, this would allow an overview of all the existing scientific research. To make sure the articles actually captured the research question one of the inclusion criteria was that the review specifically focused on the well-being of children in foster care and excluded studies in which the well-being of the foster parents or biological children was the main focus. In addition, to ensure a homogeneous study population, studies involving children with disabilities were excluded.

Study Selection Process

When filtering the studies, there were multiple stages to ensure a systematic and transparent approach. When the search string was implemented in the databases, the keywords had to be in the title or abstract of the article to be included. When this was executed, all articles were imported to the reference management software Rayyan, where first the duplicates were removed. With the remaining articles, the title and abstract were quickly screened using the inclusion and exclusion criteria in deciding whether the article would fit this research. After this, the full text of the remaining articles was read for eligibility. Only the articles that fully met all inclusion and exclusion criteria were used. While reading the full articles, extra attention was paid to possible references in the articles useful for this research. The screening process was carried out by one reviewer. When there was uncertainty about whether to involve a certain article, the inclusion and exclusion criteria were critically read or the article would be discussed with a supervisor. The systematic screening steps are recorded in a PRISMA flow diagram (Figure 1). This showed the number of articles included and excluded at each stage of the selection process.

Figure 1

PRISMA Flow Diagram



To ensure consistency across studies, a standardized form of data extraction was used. For each article included after fitting the inclusion and exclusion criteria, relevant information was collected. A data extraction table was developed in Excel, this included the year of publication, country, sample characteristics, age categories of the children, definition of child well-being, limitations and key findings of the research. This extracted data was used to systematically formulate an answer on the research question with all relevant information.

Data Analysis

In analysing the data, a narrative synthesis was used primarily. This method was chosen to be able to compare studies systematically. Findings were organized thematically to improve comparability across studies with different designs. The main focus of the analysis was identifying differences and patterns in the outcomes of child well-being for children in kinship foster care and non-kinship foster care. Key findings of the included studies were summarized and compared for patterns and recurring themes. Similar findings were grouped,

such as the different protective and risk factors for the different types of placements. The analysis used the structured summaries of the included articles in analysing the results. There was no data analysis software used in this step.

Results

The studies included in the literature review involved children aged 18 or younger in kinship or non-kinship care. After reading the full articles, 26 were of good enough quality and substantively relevant to be used in this research. Most studies were conducted in the United States (n= 14), followed by European countries (n=7), Australia (n=3) and Canada (N= 2). Different designs were used, the majority used qualitative interviews and several used quantitative designs. Most articles reported on the vulnerability of children in foster care and the importance of acknowledging this. In the articles selected, 13 studies reported on differences between kinship care and a different form of foster care. The remaining articles looked at the impact of foster care in general or only focused on one type of foster care and did not make the comparison within the study.

Child Well-Being in Foster Care

Children in foster care are more frequently exposed to adverse childhood experiences in comparison to children in the general population. For example, being exposed to parental incarceration or household member substance abuse (Turney & Wildeman, 2017). These pre-existing adversities are important to consider when interpreting well-being outcomes for foster care, these may contribute to poorer child well-being outcomes regardless of the type of placement. Several of the included studies described the higher rates of child well-being difficulties, according to Turney & Wildeman (2016) children placed in a form of foster care are in worse mental and physical health in comparison to children in the general population and have a greater likelihood of anxiety, behavioral problems and depression. However, this was a cross-sectional study which limits the ability to research the long-term outcomes for

these children and whether the trauma exposure was before or during foster care. In addition, the study primarily focused on caregiver reports, this may have led to subjective bias of the assessment of well-being. Findings from Wade (2024) shows that children in out-of-home care are at a higher risk of negative life outcomes. The long-term well-being of these children is affected by protective and risk factors of the child and family. This study highlighted the complex interaction of different influences like environmental and developmental factors on the child's well-being. This might help explain the inconsistency across the literature regarding child well-being in kinship and non-kinship care.

Stable relationships and connectedness to school and the community in improving child well-being emerged as an important theme. According to Hindt & Leon (2022), friendships can serve as protective factors and the loss of contact with siblings can be seen as a punishment for which they are responsible. This results in the loss of contacts. However, this study relied on the self-reports of children, this may result in subjective perceptions rather than measurable well-being outcomes. This is supported by Hassall et al. (2021), in their research they concluded that child-caregiver attachment quality and connectedness are directly related to child well-being.

Kinship and foster parents are in the position to contribute to an improved well-being for foster children. In acknowledging the protective and risk factors they can offer a stable and safe environment. Foster children can learn to trust the importance of relationships and connectedness. They can learn to regulate their behavior and emotions. In the foster care system, placement disruption remains a common problem. This adds to the difficulties for foster parents to create a stable environment and the ability for children to build relationships (Kemmis-Riggs et al., 2018). This is supported by Williams-Butler et al. (2018), they concluded that placement changes are associated with lower psychosocial well-being in foster children. The ability to stay in contact with biological parents has proven to result in a child's

developing sense of self. But caregivers who reported to often have conflicts were associated with child mental health problems. These kinds of treats to a child's emotional security can negatively impact well-being (Gable et al., 2024). It is important to note that these findings were based on the report of caregivers, when interpreting the results the influence of subjective perceptions should be considered.

Overall, the literature suggests that supportive relationships, social connectedness and placement stability are consistently associated with positive child well-being outcomes across foster care placements.

Comparison Between Kinship and Non-Kinship Care

Protective and Risk Factors in Kinship Care

In the studies specifically focused on kinship care or the comparison with kinship care, a recurring theme was the different protective and risk factors. These factors can give a clear understanding of the benefits and disadvantages of kinship care for a child's well-being. Some important factors are having a sense of normality and belonging and being close to birth family members, which results in stability. This stability contributes to a child's well-being in kinship care. For example, Llosada-Gistau et al. (2019) found that the subjective well-being scores of children in kinship care was lower than for the general population, but higher than children in residential care. However, this study relied on the self-report of children, therefore the findings may reflect personal perception rather than comparable scores of well-being. Similarly, according to Winokur et al. (2018), using observational data comparing placement types, children in kinship care reported positive emotional health twice as often in comparison to children in foster care. This study mentioned better well-being, less placement disruptions and fewer behavioral problems for children in kinship care. However, this study was non-randomised, it is difficult to determine whether these differences resulted from placement types or other pre-existing differences for the child or families. A strong determinant of a

child's well-being was the relatedness to the caregiver, living with close relatives results in better well-being. However, the study concluded that living with biological parents is the best care setting, but kinship care is a sustainable option after that (Ariyo et al., 2019). It is important to note that this study focused on children in kinship care in Ghana, where family caregiving is more common in comparison to Western countries, this may influence the generalisability of these findings. A caregiver's mental health is an important protective factor. This can buffer the negative adverse childhood experiences children in care have to deal with (Xu et al., 2023).

Kinship involvement can serve as a protective factor against externalizing behavior problems as well (Bai et al., 2016). However, the findings of this research are based on observational foster care data, when interpreting these results, it remains difficult to determine if the results are from kinship involvement or pre-existing differences in circumstances. Similar findings were reported by Kiraly & Humphreys (2016), frequent contact with wider family and siblings is associated with positive well-being outcomes, which suggests that continuity of relations may function as a protective factor. Supporting this, Hassall et al. (2021) reported that children in kinship care were connected more with their families, which was positively associated with child well-being. However, caution when interpreting these results is needed, because connectedness was measured through self-report and relational experiences. Likewise, Lin (2018) found that children in kinship care show less mental health and behavioral problems, compared to non-kinship care. Although, the differences in placement stability, caregiver characteristics and prior traumatic events could have influenced these findings.

According to Fergeus et al. (2019), kinship carers have an advantage in that they know the family history and possible problems in this. They know the child's birth parents and the

underlying problems the parents and consequently the child is facing. They are more likely to identify problems and know what support is needed.

At the same time this leads to possible risk factors. The relationship between the birth parents and kinship carers can be difficult. This can lead to difficulties for the child in where their loyalties lie. A problematic conclusion from this research is that most kinship carers don't receive any training (Fergeus et al., 2019).

Another important risk factor is that according to research from Swanson & Font (2026) children in kinship care have lower levels of treatment and assessment. Current guidelines aren't sufficient for this type of care. Even though the mental health assessment is important for child well-being. However, access to services may also be influenced by differences in institutional involvement or placement monitoring, it is difficult to determine whether these gaps reflect broader systemic factors or actually placement type itself.

Intergenerational conflict was identified as another risk factor in kinship care. In kinship care, the tensions between biological parents and kinship caregivers can run high compared with non-kinship care. This can threaten a child's emotional security (Gable et al., 2024). So, even though a great protective factor of kinship care is the connectedness with family, it can at the same time be a risk factor. In addition, the placements in kinship care are found to be longer lasting, which is good for the continuity. But if there are problems they are looked over more quickly. The risk of problems like abuse are smaller in kinship care, but if this does happen it gets picked up later (Hallett et al., 2023).

Caring for a foster child as a family member is difficult and comes with risks for the child. The split loyalties are difficult and certain family members can be a risk for the child. Carers want to put the child's well-being and safety first, but they struggle with their previous relationship they had with the birth parents. They describe the decision making by external parties and the changing family dynamics as difficult (Rose et al., 2022). Also, the contact

with the parents can be a risk. It is seen as very important for well-being and connectedness. But it can also have a negative impact on the child's well-being or even safety (Kiraly & Humphreys, 2016).

Protective and Risk Factors in Non-Kinship Care

An important protective factor in foster care is to keep connections with family members. McWey et al. (2022), using mental health and behavioural assessments, found that having positive relationships with birth parents brings the odds of externalizing or internalizing symptoms significantly lower. However, these results were measured through self-report and the perspectives of caregivers, this may result in influenced findings with subjective perceptions of family functioning. Both relationships with biological parents and the foster caregivers are a protective factor for children's mental health in foster care. When both these relations are positive, it provides a stronger protection than either of them alone (McWey et al., 2023). Also, supportive relations in the further environment are seen as a protective factor, for example within school (Magee et al., 2019). Children in foster care report higher levels of subjective well-being than in residential care. The overall life satisfaction is higher, there is less loneliness and better kept relationships (Carvalho et al., 2020). However, this study focused on self-reported subjective well-being, the findings may not reflect the full concept of child well-being.

A difficult risk factor is the lack of foster carer training. Foster carers find it difficult to navigate ‘’the system’’. This suggests that the lack of support and training can have negative effects on their role to positively influence the mental health and well-being of children in foster care (Fergeus et al., 2019). According to Konijn et al. (2019), placement instability stays a major issue in foster care. Non-kinship foster care was associated with the higher levels of instability and disruption (in comparison to kinship care). Supporting this, Euillet (2020) reported that more placement changes lead to lower self-esteem and lower well-being

among children in foster care. However, it remains difficult whether placement instability itself causes poorer outcomes or whether children with more complex emotional and behavioral needs are also more likely to experience placement disruptions.

It is important to note that fewer studies specifically examined protective factors within non-kinship foster care. This resulted in a more limited amount of evidence regarding factors that may promote child well-being in non-kinship placements. This may reflect a pattern in foster care research, where there is more research done about the protective factors for kinship care in comparison to non-kinship care.

In summary, the literature shows that both kinship and non-kinship care have protective and risk factors related to child well-being. Kinship care was associated with family connectedness, placement stability and less behavioural problems. However, at the same time studies identified unique risks, such as intergenerational conflict, reduced access to mental health services and divided loyalties. With both forms of foster care placement types, placement stability, attachment and keeping positive family relationships emerged as important factors in child well-being.

Discussion

In this systematic literature review the differences in child well-being between kinship and non-kinship foster care were examined. In examining this the different protective and risk factors of these types of foster care were researched. Overall, the studies suggest that both forms of foster care have multiple protective and risk factors that contribute to a child's well-being. Studies suggest that risk factors in non-kinship care are the placement instability and the lack of training for foster carers, while kinship care was associated with the lack of mental health assessment, intergenerational conflict and the difficulties for the carer that impacts the child's well-being. This suggests that both types of foster care have risks for the child, but also protective factors. For non-kinship care protective factors are having positive relations

with birth parents, carers and the overall environment of the child. For kinship care, the protective factors that are identified by the included articles are a sense of belonging and normalcy, less placement disruptions, relatedness to caregivers and the knowledge the carers have of the family situation.

In case of the protective factors, it stands out that the protective factors of non-kinship care are similar to the protective factors of kinship care, but that kinship care has more protective factors that don't apply to non-kinship care. These studies show that with both types of foster care there are multiple difficulties, but also protective factors that can improve the well-being of the child. The findings suggest that kinship might provide more protective factors to combat the risk factors in comparison to non-kinship foster care. However, the greater number of protective factors for kinship care may reflect a stronger research focus on kinship placements. The protective factors for non-kinship placements may be underrepresented in the literature rather than genuinely less common. Another note why these findings need to be interpreted with caution is the possible selection effect. Children placed in kinship care may differ from children placed in non-kinship care before placement. Children who are placed in kinship care may have more suitable relatives available and stronger family networks in comparison to children in non-kinship care. Therefore, some of the positive outcomes associated with kinship care may reflect the pre-existing differences rather than the placement type.

According to a study by Bramlett et al. (2017) findings suggest that kinship care has potential benefits for internalizing behaviors. But overall, according to this study there was no significant effect on children's behavioral outcomes. This is supported by a study from Ferraro et al. (2022), where they accounted for child and caregiver characteristics, there was no significant difference found between kinship care and non-kinship care. However, there was a consistent trend in favour of kinship care, which suggested it might be slightly more

beneficial to the children's well-being, but this was not statistically significant. This may suggest that although kinship care offers more protective factors, these protective factors alone may not be sufficient to overcome the psychological difficulties experienced by children in foster care.

A possible explanation for these findings can be understood through the Ecological framework by Bronfenbrenner (1979). This highlights the importance of stability across children's entire environment. A child's well-being is a multi-dimensional construct, which incorporates many different environments for a child. The findings of this review suggest that kinship care may preserve important microsystem connections. For example, the relations with grandparents, siblings and other family members. In contrast, children who are placed in non-kinship care experience disruption of these existing relationships and have to adapt to new systems. Maintaining connections, placement stability and a sense of belonging may therefore serve as important protective factors for children in kinship placements. Preserving these microsystem relationships may contribute to a child's well-being.

Another possible explanation is through attachment theory (Bowlby, 1969). Kinship care may support emotional security because of the continuity of relationships and family identity. Placement with grandparents or other familiar relatives may therefore reduce attachment-related stress and result in easier adjustment, because of the already established internal working models of these caregivers. In contrast, children in non-kinship care must often develop an attachment with a new caregiver, while also coping with the stress of the removal from their home. This could explain why children in kinship care report stronger connectedness and less behavioural difficulties.

Another possible explanation for the apparent trend favouring kinship care concerns the way child well-being was measured across the different studies. Most of the included studies didn't incorporate the entire multidimensional construct of child well-being. Many

studies focused on the relational and emotional factors, such as connectedness, placement stability and a sense of belonging. These are areas in which kinship care may offer more advantages because children remain connected to family they already know. In contrast, fewer studies researched the other dimensions of child well-being, such as material circumstances and physical advantages. Therefore, the advantage of kinship care may partly reflect the differences in what researchers choose to measure rather than an actual better effect across all dimensions of child well-being.

Overall, the findings indicate a tendency towards more favourable outcomes in kinship care, regarding connectedness, placement stability and belonging. However, the evidence does not show statistically significant differences between placement types. The absence of studies with significant results in favour of kinship or non-kinship care might suggest that child well-being is influenced by a complex interaction of different factors and can not only be determined by the placement type.

Limitations of the Study

This research does have limitations that should be considered when the findings of this review are interpreted. Firstly, the topic was relatively under-researched and there were very few articles which specifically focused on the research question. Only a small amount of comparative studies specifically focussed on kinship care versus non-kinship care. As a result of this, part of the included research in this review provided indirect evidence.

Secondly, another important limitation was the different definitions and measurements used for child well-being. This makes the comparison less strong. The terms emotional well-being, mental health, child well-being and subjective well-being were used with very short or no clear definition and there is a lot of overlap in these concepts. In addition, the measurements of these concepts differentiated between clinical indicators of mental health, self-report by foster children, opinions from professionals or a standardised checklist such as

the Child Behavior Checklist (CBCL). As a result of this, comparisons between these studies must be interpreted with caution. A positive outcome in one dimension of child well-being, doesn't necessarily indicate improvement across the whole multidimensional concept of child well-being.

Thirdly, several of the studies used cross-sectional designs, this limits the ability to make conclusions about the consequences over time and causal relationships between the different placement types. Children in foster care differ significantly in prior trauma exposure or other adverse childhood experiences. This is important to acknowledge when interpreting these findings.

Furthermore, the screening and selection of this research was conducted by one reviewer. Although inclusion and exclusion criteria were applied systematically, the possibility of selection bias cannot be fully excluded.

Another limitation is that there were only two databases used in this research. Relevant studies not included in these databases might have been missed. Also, some studies were not made available, which could also have resulted in the loss of relevant studies.

The included studies differed in study design, age groups, sample size and characteristics, this made it difficult to make the direct comparison. Another limitation is that some studies relied on children's self-report, this can result in socially approved answers because of the sensitivity of the subject. Other studies relied on caregiver or professional reports, this can also have resulted in answers that are influenced by their own opinions and perspectives.

Another limitation was that only English and peer-reviewed articles were included, this could have resulted in the exclusion of important articles on this topic.

Lastly, most studies were conducted in the United States and a big part of the included studies were in Western countries, this limits the generalisability of the findings. Also, the different policies and cultures between different countries makes it difficult to compare.

Recommendations for Future Research

This systematic literature review provides valuable information on the importance of child well-being assessment on children in foster care and the differences between kinship and non-kinship care. But there is still more research to be done on this topic.

Firstly, the amount of studies that specifically compare kinship care and non-kinship care is limited. There is little scientific research done on which policy can be based, making it difficult to draw strong conclusions. Given the amount of kinship care placements, consistent assessment procedures should be implemented to evaluate the caregiver's capacity and children's well-being across placement types. Future research should therefore prioritise longitudinal comparative studies to examine how placement type influences the different dimensions of child well-being.

Secondly, future research should focus on creating more consistent definitions and measurements for child well-being. Across the included studies, the concepts such as mental health, subjective well-being, psychosocial functioning and emotional well-being were used interchangeably, this complicated the ability to directly compare the results. If the operationalisation of child well-being can be more standardised future research can create more reliable comparative research.

Furthermore, more research needs to be done to better understand the long-term effects of kinship and non-kinship care. Most of the included studies used cross-sectional designs, this limited the outcomes regarding causality over time. Future research should consider the influence of other factors on child well-being, for example adverse childhood experiences, family instability and trauma exposure.

Recommendations for policy

It is important to note that the different placement types don't necessarily result in better child well-being. Policymakers should approach the decision making on placement type carefully and consider the quality of the specific caregiver. The placement type should be individually screened and the multidimensionality of child well-being should be taken into account.

In addition, many of the included studies identified concerns regarding little mental health assessment and professional oversight within kinship care placements. A possible explanation is that kinship care is perceived as safer and more stable because of the suspected connectedness to the relatives in advance. As a result, this placement type may receive less professional monitoring and assessments than non-kinship care placements. Policies should therefore focus on improving the well-being assessments and promote the mental health assessment screenings. Reducing the barriers for support may contribute to earlier identification of mental health needs and improved outcomes for children well-being in kinship care.

Recommendations for practice

Research showed that both forms of foster care can benefit from more support. For example, in training for carers and well-being assessment for foster children. Foster children are often reported to be at an increased risk of mental health difficulties, this indicates the importance of early assessment and intervention for this specific group. Foster care professionals should therefore receive adequate training to be able to provide this. Better access to mental health services and good support systems for foster families can improve the foster children's overall well-being. The findings of this research show the importance of connectedness. Therefore, foster care practice should also focus on strengthening the relationship between the caregiver and foster child.

Conclusion

In conclusion, this systematic literature review aimed to explore the differences in child well-being between children aged 0-18 in kinship care and non-kinship care. Overall, the reviewed studies mentioned more protective factors for kinship care in comparison to non-kinship care. However, these advantages should be interpreted with caution, as differences in research focus and measurement approaches may have influenced the findings. Several studies reported stronger connectedness, sense of belonging, better placement stability and familiarity with the child's family background. However, some other studies concluded no significant differences between placement types, although even these studies identified a small favouring trend for kinship care.

These findings suggest that kinship care may provide environmental and relational protective factors for children's well-being. At the same time, the variations in these findings indicate the difficulty of the concept of child well-being. As a result, the advantages of kinship care may not be equally visible across all dimensions of child well-being. Furthermore, pre-existing differences between children placed in kinship and non-kinship care may partly explain some of the reported differences.

The findings of this review highlight the importance of more scientific research in this field. The use of standardized definitions and measurements of child well-being and more longitudinal research are needed to strengthen future research. Additionally, only a limited number of studies specifically compared kinship and non-kinship care, making it difficult to draw conclusions. Future research would therefore benefit from more longitudinal designs and comparative studies.

Finally, regardless of placement type, better training for caregivers, mental health assessment and increased professional support are essential for contributing to foster children's well-being.

References

Ariyo, E., Mortelmans, D., & Wouters, E. (2019). The African child in kinship care: A systematic review. *Children and Youth Services Review*, *98*, 178–187. https://doi.org/10.1016/j.childyouth.2018.12.013

Bai, G. J., Leon, S. C., Garbarino, J., & Fuller, A. K. (2016). The Protective Effect of Kinship Involvement on the Adjustment of Youth in Foster Care. *Child Maltreatment*, *21*(4), 288–297. https://doi.org/10.1177/1077559516669043

Bowlby, J. & Tavistock Institute of Human Relations. (1969). Attachment and Loss. In *Basic Books: Vol. I* (Nr. 83–71445; Second Edition). Basic Books. https://mindsplain.com/wpcontent/uploads/2020/08/ATTACHMENT_AND_LOSS_VOLUME_I_ATTACHMENT.pdf

Bramlett, M. D., Radel, L. F., & Chow, K. (2017). Health and Well-Being of Children in Kinship Care: Findings from the National Survey of Children in Nonparental Care. *Child Welfare*, *95*(3), 41–60.

Bronfenbrenner, U. (1979). *The ecology of human development : experiments by nature and design*. https://doi.org/10.4159/9780674028845

Carvalho, J. M. S., Delgado, P., Montserrat, C., Llosada-Gistau, J., & Casas, F. (2020). Subjective Well-Being of Children in Care: Comparison Between Portugal and Catalonia. *Child and Adolescent Social Work Journal*, *38*(1), 81–90. https://doi.org/10.1007/s10560-020-00675-3

Choi, A. & Organisation de Coopération et de Développement Économiques. (2018). Emotional well-being of children and adolescents: Recent trends and relevant factors. In *OECD Education Working Papers* (No. 169).

https://www.oecd.org/content/dam/oecd/en/publications/reports/2018/02/emotional-well-being-of-children-and-adolescents_a4aee966/41576fb2-en.pdf

Dubois-Comtois, K., Bussières, E., Cyr, C., St-Onge, J., Baudry, C., Milot, T., & Labbé, A. (2021). Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Children And Youth Services Review*, *127*, 106100. https://doi.org/10.1016/j.childyouth.2021.106100

Euillet, S. (2020). Foster care in France: children's perception of their own well-being. *Child & Family Social Work*, *25*, 160–168. https://doi.org/10.1111/cfs.12743

Ferraro, A. C., Maher, E. J., & Grinnell-Davis, C. (2022). Family ties: A quasi-experimental approach to estimate the impact of kinship care on child well-being. *Children and Youth Services Review*, *137*. https://doi.org/10.1016/j.childyouth.2022.106472

Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2019). Supporting foster and kinship carers to promote the mental health of children. *Child & Family Social Work*, *24*(1), 77–83. https://doi.org/10.1111/cfs.12583

Fuentes-Peláez, N., Amorós, P., Pastor, C., Molina, M., & Mateo, M. (2014). Assessment in Kinship Foster Care: A New Tool to Evaluate the Strengths and Weaknesses. *Social Sciences*, *4*(1), 1–17. https://doi.org/10.3390/socsci4010001

Gable, S., Holliday, A., Zars, J., Simelus, S., Nickell, A., & Anderson, B. (2024). Intergenerational conflict, contact with biological parents, and child functioning in kinship caregiver families. *Children and Youth Services Review*, 160. https://doi.org/10.1016/j.childyouth.2024.107581

Hallett, N., Garstang, J., & Taylor, J. (2023). Kinship Care and Child Protection in High-Income Countries: A Scoping Review. *Trauma, Violence & Abuse*, *24*(2), 632–645. https://doi.org/10.1177/15248380211036073

Hassall, A., Janse van Rensburg, E., Trew, S., Hawes, D. J., & Pasalich, D. S. (2021). Does Kinship vs. Foster Care Better Promote Connectedness? A Systematic Review and Meta-Analysis. *Clinical Child and Family Psychology Review*, *24*(4), 813–832. https://doi.org/10.1007/s10567-021-00352-6

Hindt, L. A., & Leon, S. C. (2022). Ecological disruptions and well-being among children in foster care. *The American Journal of Orthopsychiatry*, *92*(1), 39–50. https://doi.org/10.1037/ort0000584

Kemmis-Riggs, J., Dickes, A., & McAloon, J. (2018). Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review. *Clinical Child and Family Psychology Review*, *21*(1), 13–40. https://doi.org/10.1007/s10567-017-0247-0

Kiraly, M., & Humphreys, C. (2016). 'It's about the whole family': family contact for children in kinship care. *Child & Family Social Work*, *21*(2), 228–239. https://doi.org/10.1111/cfs.12140

Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G.-J., Colonnesi, C., Lindauer, R., & Assink, M. (2019). Foster care placement instability: A meta-analytic review. *Children and Youth Services Review*, *96*, 483–499. https://doi.org/10.1016/j.childyouth.2018.12.002

Lin, C.-H. (2018). The relationships between child well-being, caregiving stress, and social engagement among informal and formal kinship care families. *Children and Youth Services Review*, *93*, 203–216. https://doi.org/10.1016/j.childyouth.2018.07.016

Llosada-Gistau, J., Casas, F., & Montserrat, C. (2019). Factors Influencing the Subjective Well-Being of Adolescents in out-of-Home Care. A Mixed Method Study. *Applied Research in Quality of Life : The Official Journal of the International Society for Quality-of-Life Studies*, *15*(3), 835–863. https://doi.org/10.1007/s11482-019-9708-6

Magee, C., Guhn, M., Schonert-Reichl, K. A., & Oberle, E. (2019). Mental well-being among children in foster care: The role of supportive adults. *Children and Youth Services Review*, *102*, 128–134. https://doi.org/10.1016/j.childyouth.2019.05.005

McWey, L. M., Cui, M., & Wojciak, A. S. (2022). Parent and Caregiver Relationships and Mental Health Symptom Profiles of Youth in Foster Care. *Child and Adolescent Social Work Journal*, *39*(5), 573–581. https://doi.org/10.1007/s10560-022-00834-8

McWey, L. M., Cui, M., & Stevenson Wojciak, A. (2023). Current caregiver involvement and contact with biological parents are associated with lower externalizing symptoms of youth in out-of-home child welfare placements. *Journal of Social Work Practice*, *37*(1), 63–78. https://doi.org/10.1080/02650533.2022.2034767

Nederlands jeugdinstituut. (2025, July 15). *Cijfers over pleeggezinnen.* https://www.nji.nl/databanken/cijfers/cijfers-over-pleeggezinnen

Nederlands Jeugdinstituut. (n.d.). *Werken aan de Kennisagenda Pleegzorg: vijf belangrijke onderzoeksthema's*. Retrieved March 10, 2026, from https://www.nji.nl/kennis/pleegzorg/werken-aan-de-kennisagenda-pleegzorg-vijf-belangrijke-onderzoeksthemas

OECD (2021), *Measuring What Matters for Child Well-being and Policies*, OECD Publishing, Paris, https://doi.org/10.1787/e82fded1-en

Pleegzorg Nederland. (n.d.). Feiten en cijfers over pleegzorg. Retrieved March 10, 2026, from https://www.pleegzorg.nl/bibliotheek/31-kennismaken-met-pleegzorg/1-wat-is-pleegzorg/37-feiten-en-cijfers-over-pleegzorg

Rose, L., Taylor, E. P., Di Folco, S., Dupin, M., Mithen, H., & Wen, Z. (2022). Family dynamics in kinship care. *Child & Family Social Work*, *27*(4), 635–645. https://doi.org/10.1111/cfs.12912

Swanson, A. S., & Font, S. A. (2026). Receipt and Timeliness of Mental Health Assessment, Treatment, and Acute Services Following Foster Care Entry. *Child Maltreatment*, *31*(1), 9–16. https://doi.org/10.1177/10775595251318934

Turney, K., & Wildeman, C. (2016). Mental and Physical Health of Children in Foster Care. *Pediatrics*, *138*(5). https://doi.org/10.1542/peds.2016-1118

Turney, K., & Wildeman, C. (2017). Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey. *Child Abuse & Neglect*, *64*, 117–129. https://doi.org/10.1016/j.chiabu.2016.12.009

Wade, C. (2024). Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability. *Child Abuse & Neglect*, *149*. https://doi.org/10.1016/j.chiabu.2023.106398

Williams-Butler, A., Ryan, J. P., McLoyd, V. C., Schulenberg, J. E., & Davis-Kean, P. E. (2018). Relational Permanence and Psychological well-being among African American Adolescents in Foster Care. *Journal of Child and Family Studies*, *27*(10), 3277–3287. https://doi.org/10.1007/s10826-018-1155-8

Winokur, M. A., Holtan, A., & Batchelder, K. E. (2018). Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes. *Research on Social Work Practice*, *28*(1), 19–32. https://doi.org/10.1177/1049731515620843

Xu, Y., Jedwab, M., Lee, K. A., & Levkoff, S. E. (2023). The Negative Effects of Adverse Childhood Experiences (ACEs) on Behavioral Problems of Children in Kinship Care: The Protective Role of Kinship Caregivers' Mental Health. *Journal of Emotional and Behavioral Disorders*, *31*(1), 41–53. https://doi.org/10.1177/10634266221076475

Accountability for the use of generative AI-tools

Introduction

- Used AI-system: ChatGPT via www.chatgpt.com
- Used definitive prompts: ‘’Welke verschillende vormen van pleegzorg bestaan er in Nederland?’’; ‘’Hoe kun je welzijn van het kind definiëren?’’
- Application: used to get to know my subject, how are the important concepts defined and what is interesting to research on this topic
- Adjustments: All AI-generated texts are used in the stage of brainstorming. This was only used to get started and after this be able to search more specifically.

Methodology

- Used AI-system: ChatGPT via www.chatgpt.com
- Used definitive prompts: ‘’What belongs in the methodology of a systematic literature review?’’ ‘’Can you check the following alinea on correct use of English and punctuation?’’
- Application: Used to get to know the layout of a systematic literature review and to check my work
- Adjustment: all AI-generated texts were only used to either get started and have the right structure of text or check my own work.

Results

- Used AI-system: none

Discussion and Conclusion

- Used AI-system: ChatGPT via www.chatgpt.com
- Used definitive prompts: ‘’What is the layout for a discussion in a literature review?’’ ‘’What is the difference between the discussion and conclusion in a literature review?’’

- Application: Used to get to know the layout for a discussion and conclusion.
- Adjustment: All AI-generated were only used to get to know the correct layout and learn about the differences between the discussion and conclusion. No AI-generated texts were used in the writing of the text.