

Kinship Care Review Report

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**Government
of Alberta** ■
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Youth Services

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1. EXECUTIVE SUMMARY

In February 2009, the Honourable Janis Tarchuk, Minister of Alberta Children and Youth Services, announced that the ministry was undertaking an internal review of Alberta's Kinship Care Program to learn what is working well and what can be improved. At this time, Minister Tarchuk reaffirmed Alberta's commitment to kinship care as a placement option that achieves positive outcomes for many vulnerable children and youth by placing them with extended family or other significant people in the child or youth's life in a safe and nurturing environment.

Kinship care in Alberta is defined as a family home that is approved to care for a specific child because of a family connection or significant relationship to the child. Kinship care is a part of Alberta's approved placement continuum along with foster care, group care and residential care. Kinship care is unique, in that it recognizes the importance of prior relationships between the child, caregiver and community, as well as the child's biological family, and is based on the understanding that these relationships require a unique approach to nurture and sustain.

The proclamation of the *Child, Youth and Family Enhancement Act (CYFEA)* in 2004 legislated for the first time the inclusion of extended family and significant others as one of the first placement options to look at when children need to come into care. As a result, policy was developed and kinship care was formalized as a program. Since that time, the number of children in kinship care homes in our province has increased significantly. In 2005-2006, Alberta had 373 kinship care homes. In the first quarter of 2009-2010, 802 families were providing kinship care (Source: Alberta Children and Youth Services, July 2009). The 2009-2010 Children and Youth Services business plan reaffirms the ministry's commitment to kinship care for Aboriginal children as a viable, permanent family option.

Kinship care is rooted in traditional connectedness between children, caregivers and community and has long been a custom in Aboriginal communities. Kinship care helps ensure children, including Aboriginal children, remain connected to their families and culture. The importance of kinship care as a placement option is significant considering that it is the preferred placement option for Aboriginal people and that 62% of all Albertan children and youth in care are Aboriginal (Source: Alberta Children and Youth Services, July 2009).

This report provides an overview of the kinship care program in Alberta and considers evidence-based leading practice and cross-jurisdictional comparisons, highlighting what is working well and providing recommendations for continued improvement.

Review Process

The Provincial Kinship Care Steering Committee was established to examine evidence based leading practices in relation to current kinship care policy and practices, and provide recommendations for continued improvement.

The Provincial Kinship Care Steering Committee is chaired by Children and Youth Services and is comprised of department staff that practice in the field of kinship care, along with representatives from Child and Family Services Authorities (CFSAs) and Delegated First Nation Agencies (DFNAs).

In addition to examining current policy and practice in kinship care, the committee heard presentations from Children and Youth Services' Research and Innovation Branch. This included information regarding leading practice literature and its relationship to Alberta's current kinship care policy (see Appendix A).

The Research and Innovation Branch also facilitated the involvement of the Alberta Centre for Child, Family and Community Research (ACCFRC), which sponsored Dr. Bruce McLaurin, a recognized kinship care expert, to present his work on kinship care (see Appendix B).

A meeting was held with Jean Lafrance, Associate Professor of the University of Calgary's Faculty of Social Work, and two members of the Creating Hope Society to discuss Alberta's Kinship Care Program and the Society's research in the area of kinship care.

In addition, cross-jurisdictional research was conducted to examine the implementation of kinship care programs in other provinces and territories (see Appendix C).

Review Summary

Overall, the Provincial Kinship Care Steering Committee agreed that Alberta's commitment to kinship care and its current kinship care policies are aligned with leading practice research currently available, and are comparable to other jurisdictions.

Specifically, the committee found that:

- Alberta's policy supports the careful consideration of finding a placement within the child's extended family or significant relationship network when a child or youth is brought into care as required under the CYFE Act;
- The approval process for a kinship care home is designed to confirm the significant relationship between the caregiver and the child and ensure that the home will provide a safe, nurturing and culturally appropriate placement for the child;
- The financial supports provided to kinship caregivers for basic maintenance and respite are the same as those provided to foster caregivers, and
- A child or youth in kinship care is entitled to receive the same services and supports as a child in foster care.

Areas for enhancements to policy and practice are grouped under the following broad themes:

- **Safety and Assessment:** Immediately placing children with family or significant others prior to the final approval of the home is often in the best interests of the child because it provides them with familiarity during a difficult time in their life and helps reduce the need for multiple moves within the system. However, this practice also presents unique challenges regarding initial assessment of the caregiver's ability to keep the child safe and the impact on the caregiver.
- **Supports:** Kinship care is unique because of the existing relationship between the caregiver and the child(ren) placed. Kinship caregivers require placement supports that acknowledge this relationship and address the needs of the children in their care as well as their capacity as caregivers.
- **Training:** Training for kinship caregivers should address the specific needs of the child or children in their care as well as provide tools to assist caregivers with managing the impact of the placement on their immediate and extended family. These needs are unique to kinship placements due to the existing relationships within the family/community.

Summary of Recommendations for Improvement

1. Collaborate with the Solicitor General to develop a provincial process enabling caseworkers to receive a criminal risk assessment of a kinship caregiver within 48 hours of placing a child.
2. Develop policy regarding timely and frequent contact with the kinship care providers and the children placed when placement occurs prior to the completion of full approval activities.
3. Strengthen policy to clarify that the Kinship Care Agreement must be signed within 48 hours of placement to enhance and support the kinship caregivers' understanding of their role and responsibility associated with caring for a child in government care.
4. Enhance policy to include a kinship care support plan that addresses circumstances unique to the kinship care provider's capacity to meet the needs of the children being placed (such as the number and ages of the children).
5. Support kinship caregiver training by modifying the current foster care Orientation to Caregiver Training so that it has enhanced relevancy to issues related to kinship care.

Next Steps

1. As part of its ongoing work, the Provincial Kinship Care Steering Committee will lead the development and implementation of the recommendations for improvement.
2. The Provincial Kinship Care Steering Committee will continue to collaborate with Aboriginal and other stakeholders.
3. The Research and Innovation Branch and the Provincial Kinship Care Steering Committee will continue to work together to gather leading practice information that will inform the continued enhancement and improvement of the kinship care program.

2. KINSHIP CARE IN ALBERTA - RATIONALE

For many generations, it has been relatively common for extended family members and other community members to provide care to children when parents, for a variety of reasons, are unable to do so. However, only in the past decade has the formalization of kinship care become an approved placement option within child welfare systems. In fact, kinship care has become a primary focus for child welfare in most western jurisdictions. The dramatic increase in kinship care can be attributed to the following:

- Recognition of the benefits to the child of maintaining familial contact and cultural connections,
- Preference for family-based care versus residential care facilities when such care is able to meet the needs of the child/youth, and
- Challenges recruiting and retaining foster parents due to changing work roles of women, rising costs for foster parents, increasing expectations on foster parents, and attrition as foster parents' age.

Extended family or people with a significant relationship to a child are often identified as potential caregivers when the decision to bring children into care is made, particularly in Aboriginal communities where there is a long tradition of extended family and community caring for children when their parents cannot.

Research suggests that, overall, children in kinship care experience better outcomes than children in non-kinship care. Compared to children in other placements (such as foster care and group care), children in kinship care are more likely to be placed with their siblings, and have more contact with biological parents and siblings. Furthermore, research suggests that kinship caregivers are more likely to have a personal investment in the well-being and long-term outcomes of children who are related to them. Research evidence also suggests that the early identification of potential kinship care providers and the immediate placement of children can minimize secondary trauma and ensure placement stability. (See Appendix B: Literature Review for summary of research outcomes.)

3. OVERVIEW OF THE KINSHIP CARE PROGRAM

Some parents are unable or unwilling to protect their children from neglect or abuse. In these situations, children and youth are removed from the family home and placed in a safe and secure environment. Kinship care placements are included in the range of placement options for children and youth who come into care.

A kinship care home is defined in Alberta Children and Youth Services' policy as a family home that is approved to care for a specific child because of a family connection or significant relationship to the child. The *Child, Youth, and Family Enhancement Act* supports the placement of a child who is brought into care with extended family, to maintain connection with the child's community, and his/her familial, cultural, social, and religious heritage:

- 2(i) *“any decision concerning the placement outside the child's family should take into account*
- (i) The benefits to the child of a placement within the child's extended family,*
 - (ii) The benefits to the child of a placement that respects the child's familial, cultural, social and religious heritage,*
 - (iii) The benefits to the child of a placement within that child's significant relationship network,*
 - (iv) The benefits to the child of stability and continuity of care and relationships,*
 - (v) The mental, emotional, and physical needs of the child and the child's mental, emotional, and physical stage of development, and*
 - (vi) Whether the proposed placement is suitable for the child.”*

Caseworkers have a responsibility to explore a child's extended family to determine if there is a potential caregiver available. While the goal is to reunite children with their parents as soon as it is safe to do so, in situations where children cannot be reunited with family, they may be adopted or the caregiver may pursue private guardianship.

Screening and Approval Process

While Alberta's kinship care homes are exempt from licensing regulations as it is a relationship-based placement, they are required to meet the same standards as homes within the foster care program, which are licensed. The approval process is designed to confirm the significant relationship and to ensure that the home will provide a safe, nurturing and culturally sensitive placement for the child.

Extended family or significant others are often identified when a child comes into care. It is not unusual for children to be placed with extended family at short notice, as a result of an emergent situation. Under these circumstances, children may be placed prior to the completion of all of the approval activities. This has led to two types of approval processes for kinship care homes: approval prior to placement and approval after placement.

1) Approval prior to placement:

Intervention Record Check

Prior to the placement of a child, written consent must be obtained from each adult in the home to complete an Intervention Record Check through the ministry's Child Youth Information Module (CYIM). If the check indicates that an adult caregiver within the home had prior involvement with a child that placed the child at risk, the information is reviewed with the supervisor to assess the current suitability of the caregiver.

Criminal Record Check

Prior to the placement of a child, the kinship care applicants are advised that all adults in the home must provide the results of a Criminal Record Check before the home study begins. Criminal record checks that come back indicating previous convictions are evaluated to determine how the criminal record affects the caregiver's ability to parent. Some applicants may be denied depending on the nature of the conviction; for example, any conviction of a sexual or violent nature against a child would prevent an applicant from being approved.

When evaluating an applicant's criminal record, the caseworker does not rely solely on the applicant's self report but will also request that the applicant provide detailed circumstances of the offence from the police, including:

- a written description of the offence;
- details of the initial charge, any subsequent charges and any plea bargaining; and
- any resulting convictions and sentence.

The caseworker or casework supervisor must consult with the appropriate manager for further evaluation. The evaluation would consider such issues as, the nature of the offences(s) and relevance to the care of the child, the age of the applicant at the time of the offence, length of time since the offence occurred and changes that have occurred in the applicant's life since the time of the offence. The evaluation is focused on determining whether the offence would indicate a risk to a child. The manager makes the final decision, which must be documented on the file.

Safe Environment Assessment for Caregivers

A Safe Environment Assessment for Caregivers must be completed prior to or at the time of the initial placement. The applicant must meet all requirements indicated in a safety checklist, including an adequate and safe physical environment, fire safety, safe storage of medications, firearms, and other weapons. Following approval of the home, the assessment is completed once per year on the anniversary of the approval date.

Application to become a Kinship Care Provider

An application to become a kinship care provider must be completed. As part of the application process, three personal references are required, one of which must be from a non-relative. Two of the three references must be interviewed by phone or in person.

Home Study Report

A home study is a comprehensive evaluation of family functioning and suitability to parent. The home study practitioner gathers and analyses demographic, relational and financial information, and evaluates how family dynamics, applicant history and the physical environment will impact the safety of a child placed in the home. Home studies must be completed by a qualified professional, most often a Registered Social Worker or other professional with relevant education and experience.

Medical Reference

Kinship care applicants must provide a medical report from a physician confirming their capacity to provide care for the child. The report provides a medical opinion concerning the general physical and mental health of the applicant.

Training

Kinship caregivers are required to participate in orientation training as part of the approval process. The Orientation to Foster Caregiver training consists of eight three-hour modules that give an overview of some of the parenting issues they may encounter. While training is not required beyond the orientation training, kinship care providers are encouraged to access foster care training or other training that would further support their ability to care for the child placed in their home. If a child is placed in their care, kinship care providers are reimbursed for costs associated with orientation training, including babysitting and transportation.

Kinship Care Agreement

A Kinship Care Agreement is signed after all the documentation and training is completed and the home has been approved. The agreement outlines the expectations of the kinship caregiver with regard to child management and providing quality care to meet the physical, social, emotional, cultural and spiritual needs of the child.

2) Approval after Placement

Every effort must be made to approve a kinship home prior to the placement of a child. However, in emergency situations, for example when a child comes into care in the middle of the night, a placement is needed before the full approval process can be completed. This is done to minimize moves and limit further disruption for the child, during the emotionally difficult time of having to leave the familiarity of parents and the family home.

In these exceptional circumstances, a preliminary check of the caregivers and the home must be completed before or at the time of placement, with the understanding in writing that the placement is conditional until the home is approved.

At minimum, an Intervention Record Check is completed for all adults in the home. If the check indicates prior involvement, the information is reviewed with the casework supervisor and its effects on the applicant's ability to provide care is determined. In addition, each adult in the home must apply for a Criminal Record Check. The applicant has 30 days to submit the completed record check. When an applicant has a criminal record, the same process applies as described on page eight for approval prior to placement.

A Safe Environment Assessment for Caregivers must also be completed before or at the time of placement. Safety requirements are the same as described on page eight. The remaining screening and approval activities noted previously in the *Approval Prior to Placement* section must be completed within 60 working days from the time of initial placement.

Information detailing all exceptional circumstances regarding placement of a child prior to the approval process must be clearly documented, along with manager approval, and placed on the file.

Supports and Services

Supports and services that are available to a child placed in a kinship care home are the same as for a child in a foster care home. Financial compensation supports include:

- Basic Maintenance plus \$2.60/ day for respite as follows:

Age Breakdown	As of April 1, 2009
0 - 1	\$21.49
2 - 5	\$21.85
6 - 8	\$23.96
9 - 11	\$25.68
12 - 15	\$28.67
16 - 17	\$32.77

- Recreation Fund (\$625.00/year for children aged 0-11; \$725.00/year for children aged 12-17)
- Vacation Allowance (\$425.00/year)
- Lunch room fees
- School fees, school trips, supplies, tutors
- Pre-school fees
- Mileage/transportation
- Babysitting or homemaking
- Respite (extra can be supported as required)

Monitoring

Upon approval of a kinship care home, the caseworker will support and monitor the care provided. This includes minimum monthly contact with the caregiver and face-to-face contact with the caregiver at least once every three months. All contact must be documented on the kinship care file.

The child's caseworker retains responsibility for casework and permanency planning activities. The caseworker will have at least one contact with the child monthly and face-to-face contact with each school-aged child without the caregiver present at least once every three months. The caseworker will invite the caregivers to any concurrent planning that may occur, and will provide a copy of the plan to the caregivers.

Annual Evaluation

An annual evaluation is completed on the anniversary date of the approval of the kinship home. This process includes identifying whether the home is meeting the needs of the children in the home, and whether the caregiver has adequate supports. The findings from the evaluation process provide a basis for a learning plan and goals for the caregiver.

Responding to Allegations

If a concern about a caregiver is reported, it is assessed and responded to as per ministry policy in order to ensure the safety of the child. This may involve the removal of the child from the home, or additional supports being provided.

4. CROSS-JURISDICTIONAL COMPARISONS

Many Canadian provinces and territories have specific kinship care programs that allow for the placement of children in care with extended family or within their significant relationship network. While processes and requirements for kinship care are similar across Canada, each program is unique (see overview in Appendix C).

The names given to kinship care programs vary by jurisdiction. The placement of children in care with relatives or others with whom they share a significant relationship or cultural/community connection are referred to as Extended Family Care (Yukon), Relative/Significant Other Caregivers (Newfoundland), Alternate Care Providers (Saskatchewan), and Provisional Homes (New Brunswick).

Alberta's kinship care program is comparable to other Canadian jurisdictions that have recognized formal kinship care as part of their placement continuum. Like Alberta, some provinces (such as British Columbia, Ontario and Saskatchewan) have a statutory requirement to consider placement within the child's extended family or significant relationship network before considering other options, such as foster care.

When discussing their kinship programs, most jurisdictions differentiate between children with status (when a child has been determined to be in need of protection and admitted to the care of the Province or Director – also referred to as 'formal' kinship care) and children without status (when the parent or guardian retains legal responsibility of the child – also referred to as 'informal' kinship care). When parents are unable or unwilling to provide care and have arranged for another adult caregiver to care for their children, many jurisdictions will provide, at minimum, financial supports to offset some of the cost to the caregiver. Alberta (Child and Youth Support Program), Ontario (Kinship Service Program), Saskatchewan (Persons of Sufficient Interest Program) and Newfoundland (Child Welfare Allowance Program) have supports for children without status in addition to their kinship care programs.

Kinship care programs in most jurisdictions provide kinship caregivers with supports similar to those provided to foster parents. Most jurisdictions provide for general day-to-day costs, as well as all child-related costs. All jurisdictions have provisions for respite funding as well as policy expectations ensuring face-to-face contact with kinship caregivers within specified timeframes.

Policy and standards for kinship care programs in jurisdictions across Canada are similar to their foster care programs; however, most jurisdictions do not license their kinship homes (with the exception of Ontario) and allow for children to be placed prior to the full approval of the home. Like Alberta, Saskatchewan, Nova Scotia, Newfoundland and Yukon have provisions in policy for emergent placement of children with kinship caregivers, provided full approval occurs within a specified time frame. However, most jurisdictions require criminal record checks, intervention record checks and safe environment checklists at the time of placement. All jurisdictions with formal kinship programs require a home study as part of their full approval process.

Training expectations for kinship caregivers vary across Canada. Saskatchewan, Nova Scotia, and Newfoundland do not require kinship caregivers to complete formal training but offer it to interested caregivers. With the exception of Alberta, jurisdictions that require kinship caregivers to attend training use PRIDE Caregiver Pre-Service Training (www.cwla.org). Alberta Children and Youth Services uses internally developed training.

Please refer to Appendix C for more information on cross-jurisdictional comparisons of kinship care.

5. THEMES AND RECOMMENDATIONS FOR IMPROVEMENT

The Provincial Kinship Care Steering Committee agreed that Alberta's current kinship care policies are aligned with the leading practice research currently available.

However, some recommendations for improvement to policy and practice were identified under the following three broad themes:

Safety and Assessment

While immediately placing children with family or significant others prior to the final approval of the home is often in the best interests of the child because it provides them with familiarity during a difficult time in their life and helps reduce the need for multiple moves within the system, this presents unique challenges regarding initial assessment of the caregiver's ability to keep the child safe and the impact on the caregiver.

The Child Welfare League of America (2000) recommends that when it comes to child safety and protection, kinship homes should be held to the same standards as foster homes. While they suggest there should be some flexibility when assessing family, this is only in regards to standards and expectations that are not specifically related to child safety and protection. The Child Welfare League of America further recommends it is also important to assess the quality of the relationship between the caregiver and the birth family and the impact this may have on visitation, protection and willingness to comply with child welfare policy on corporal punishment.

In Alberta, policy outlines preliminary checks that must be completed to ensure the safety of a child when placed prior to the completion of all assessment activities to approve a kinship care home. These include an assessment of the kinship caregivers' Intervention Record Check, the applicant's completion and submission of a Criminal Records Check within thirty (30) days of placement and the completion of a safety environment assessment regarding the kinship care home.

Recommendation for improvement:

More timely access to information regarding potential risk associated with any criminal history related to the identified kinship caregiver or other adults residing in the kinship care home would significantly assist caseworkers to assess the suitability of a kinship caregiver and ensure the safety of children in the placement, while awaiting the results of a formal criminal records check.

1. Collaborate with the Solicitor General to develop a provincial process enabling caseworkers to receive a criminal risk assessment of a kinship caregiver within the first 48 hours of placing a child.

Recommendation for improvement:

While policy addresses supervision following the approval of a kinship care home, it is not specific to supervision and monitoring of the kinship care home when children are placed prior to full approval of the home.

2. Develop policy to address timely and frequent contact with the kinship care providers and the children placed when placement occurs prior to the completion of approval activities.

Recommendation for improvement:

Similarly, current policy addresses informing the kinship caregiver of ministry expectations when the Kinship Care Agreement is signed following the full approval of the kinship care home.

3. Strengthen policy to clarify that the Kinship Care Agreement must be signed within 48 hours of placement to enhance and support the kinship caregivers' understanding of their role and responsibility associated with caring for a child in government care.

Supports

Kinship care is unique because of the existing relationship between the caregiver and the child(ren) placed. Kinship caregivers require placement supports that acknowledge this relationship and address the needs of the children in their care as well as their capacity as caregivers.

Current policy indicates that kinship care providers are compensated at the same basic maintenance rate as foster care providers and that a child in kinship care is eligible for all services and supports that a child in foster care would receive. Policy does not take into account the findings from leading practice literature review and research indicating that kinship care providers differ in significant ways from foster care providers.

These findings indicate that, typically, kinship care providers are older, tend to have more health problems, have lower incomes and are unemployed or, if employed, are working full time. Kinship care providers are also more likely to be unprepared for the immediate placement of children and more likely to accept placement of sibling groups of two or more.

Recommendation for improvement:

Supports required by kinship care providers must take into account the unique circumstances of each kinship care provider and the number and ages of children placed. Issues such as child care, placement start up costs, transportation of children, and respite must be addressed.

4. Enhance policy to include a kinship care support plan that addresses circumstances unique to the kinship care provider's capacity to meet the needs of the children being placed (such as the number and ages of the children)

Unique Training Needs

Training for kinship caregivers should address the specific needs of the child or children in their care, and provide tools to assist caregivers with managing the impact of the placement within their extended family. These needs are unique to kinship placements due to the existing relationships within the family/community.

Recommendation for improvement:

Policy currently requires that a kinship care provider complete Orientation to Caregiver Training prior to becoming approved and within 60 days of taking a placement. Due to some of the unique circumstances of kinship caregivers as outlined previously, it is often a challenge for kinship caregivers to attend the eight three-hour sessions in such a time frame.

In addition, much of the curriculum is geared to providing potential foster caregivers with information to make an informed decision as to whether fostering is the appropriate choice for them. Sessions explore issues such as motivation to foster, where foster children come from and integrating foster children into one's family and community. There are no sessions that address issues specific to kinship care, such as the impact of emotional ties between kinship caregivers, birth parents and the children placed, or the child specific nature of kinship care placements.

5. Support kinship caregiver training by modifying the current foster care Orientation to Caregiver Training so that it has enhanced relevancy to the issues related to kinship care.

Future Directions in Kinship Care

A review of research and literature related to kinship care identified a lack of research specific to kinship care, particularly in relation to longitudinal studies. As kinship care as a formalized placement option for children in government care is a more recent practice over the past decade, this finding is not surprising. However, it does speak to the need for further research to inform leading practice.

To address this gap, the Research and Innovation Branch has committed to collaborate with the kinship care program area to develop research priorities specific to kinship care in Alberta. The proposed research will include reviews of relevant literature surveys and focus groups, key client and service provider interviews as well as jurisdictional scans. The objective of the research program will be to inform the continued enhancement and improvement of Alberta's Kinship Care Program.

APPENDIX A: POLICY AUDIT

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
<p>9.1 Kinship Care Policy Definition: A family that is approved to care for a specific child because they are related to the child or have a significant relationship to the child.</p> <p>Matters to be Considered in Section 2 of the CYFE Act. Any decision should take into account:</p> <ul style="list-style-type: none"> • <i>Benefits to the child of a placement within the child’s extended family</i> • <i>Benefits to the child of a placement within that child’s significant relationship network.</i> • <i>By providing an approved placement within the child’s extended family network, kinship care offers an alternative placement with extended family or significant other rather than placing a child in a licensed residential resource.</i> <p>Kinship Care placements are to be considered as part of the range of placement options for a child in care.</p>	<ul style="list-style-type: none"> • Child welfare agencies are relying more often on kinship care as a viable option for out-of-home placements because more children are being separated from their biological parents due to AIDS, substance abuse, mental and physical illness, incarceration, and child abuse and neglect.¹ • Social work practice in Illinois has seen a dramatic increase in the number of children known to the child welfare system who are cared for by relatives. The large number of children placed with relatives has resulted in opportunities to find effective ways of serving these children, their parents and their caregivers.² • Policy - Current policies that give preference to kinship care when placing children in out-of-home care do not appear to harm their future prospects of permanence and may even contribute to well-being. Research out of Illinois suggests that kinship may become an asset to attain permanent homes.³ • Kinship care provides more initial stability for children in care because they happen at the early stages of out-of-home placement and diminishes as the duration of a child’s stay in the same setting lengthens.⁴ Current best evidence suggests that children in kinship care may do better than children in traditional foster care in terms of their behavioral development, mental health functioning, and placement stability.⁵ Furthermore, there was no detectable difference between the groups on reunification, length of stay, family relations, or educational attainment. However, children placed with kin are less likely to achieve adoption and utilize mental health services while being more likely to still be in placement than are children in foster care.⁶ • Practice: In Illinois, care of children by relatives is practiced as a distinct form of care founded on the following principles: Broad view of the family – means developing a network that goes beyond the child, caregiver and parent group (“kinship network”) and includes commitment by child welfare professionals to build and/or strengthen the network.⁷ • Cultural competence: The child and parents must be aware of the family’s culture and develop knowledge of the strengths and helping traditions of that culture. Social workers must value diversity and recognize the enduring nature of the child’s cultural history and family ties. Collaboration in decision making – requires that the worker identify, convene and motivate the relevant members of the kinship network to participate on a child and family team basis.⁸ • The family network members should be empowered to collaborate in assessing and planning by building long-term management capacities of kinship networks, and preparing the kinship network to work without the child welfare system.⁹ • Expedited termination - Expedited termination cases are those which require, because of the parent’s conduct or behavior towards the child, immediate consideration of termination of parental rights. The kinship network - if capable of meeting the child’s needs for safety, well-being and permanency - may in fact be the primary placement resource.¹⁰

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
<p>9.1 Kinship Care Policy Definition (Continued)</p>	<ul style="list-style-type: none"> • Child and Family Teams are also a key practice for Department staff - These teams, which are multi-disciplinary in nature; involve the family, professionals, paraprofessionals, caregivers and other formal and informal supports that the family and children can utilize. The identification and involvement of the kinship network as participants in the Child and Family Team can give the worker an early advantage in pursuing permanency.¹¹ • Decision-Making Process - There is an expected level of collaboration and an inclusiveness that needs to be fostered as the worker engages with the parents and the kinship network. While actual decisions and recommendations rest within the formal child welfare system (supervisor, court, etc.), these should be made in conjunction with the parents and kinship network. These decisions should be based on participant performance and actual behavior - and should never compromise the child’s safety, well-being and permanence. Workers, whenever possible, should be making decisions with family and not for them.¹² • Engagement of the Kinship Network - The primary modification that is being proposed is that engagement, assessment, service planning, family meetings and visitation should be done in connection and conjunction with the kinship network. Gleeson and Bonecutter suggest several characteristics for social workers to consider in evaluating and intervening in kinship social networks: size, helpfulness, intensity, durability, accessibility, and reciprocity.¹³
<p>9.2 Referrals to Kinship Care Program:</p> <ul style="list-style-type: none"> • Kinship care should be considered if there is a person in the child’s extended family network with whom the child has a significant relationship and that person would be an <i>appropriate caregiver</i> and is available to provide care to the child. When a prospective Kinship Care provider is identified, the caseworker shall explore a Kinship Care placement with that person and make an <i>initial judgement</i> about the feasibility of a Kinship Care placement with that person. When the matter has been discussed with the prospective caregiver and indications are <i>positive</i> that a Kinship Care placement could occur, a referral for a Kinship Care Application shall be made. • Kinship Care placements are to be considered as part of the range of placement options for a child in care. An <i>initial judgement</i> by the child’s caseworker must be made before 	<ul style="list-style-type: none"> • The literature indicated that workers should have considerable discretion to make valid decisions about interventions and placement of children in kinship settings.¹⁴ • Collaboration and inclusiveness needs to be fostered as the worker engages the kinship family network: Child welfare decisions and recommendations should be made in conjunction with the parent and the kinship network. They are based on participant’s performance and actual behaviour and should never compromise the child’s safety, well-being and permanence.¹⁵ • The Literature added that placing children with relatives should include: assessment of child’s family of origin, the child and the caregiver and the larger kinship network.¹⁶ As far as implications for practice, the literature also stated that the goal of kinship should be to enhance the behavioural development, mental health functioning, and placement stability of children which the evidence base supports.¹⁷ However, findings did not support implementing kinship care only to increase the permanency rates and service utilization of children in out-of-home care.¹⁸ • Emotional: Kin are more likely to persevere with children in their care who have emotional difficulties.¹⁹ Children in kinship care have more positive outcomes in the domain of feelings of belongingness. • Stability: Kinship care is more likely to support placement with siblings, move less frequently and have more stability.²⁰ Placements were less likely to disrupt if children shared the placement with brothers and sisters.²¹ • Cultural Values and Affection: Kinship care offers another approach to family connectedness (i.e. blood, marriage, or adoption including siblings, grandparents, uncles, aunts, nieces, nephews, first cousins, spouses, step-parents), and allows the child to thrive and continue to grow up in an environment with cultural values and affection.²² Thus, one of the strengths of the kinship care is its support to develop and preserve the identity for First Nations children.²³

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
<p>9.2 Referrals to Kinship Care Program (Continued) referring the matter for a <i>Kinship Care Application and Home Assessment</i>.</p>	
<p>9.3 Approval of a Kinship Care Home:</p> <ul style="list-style-type: none"> • Kinship Care homes must be approved by the procedures indicated in this policy. Every effort must be made to approve a Kinship Care home prior to the placement of a child. Where this is not possible, an approval process is outlined for approval after the placement has been made. • The approval process for a Kinship Care home recognizes that the child and the caregiver have an existing relationship and the caregiver is part of the child’s extended family network or a significant person in the child’s life. The approval process is designed to confirm the ‘significant relationship’ between the caregiver and the child and ensure that the home will provide a safe, nurturing and culturally appropriate placement for the child. • Procedure: The Kinship Care approval process consists of the following activities: <ul style="list-style-type: none"> ▪ Completion of an Application to Become a Kinship Care Provider [CS3600]. ▪ Completion of a Home Assessment for Adoption, Foster Care and Private Guardianship and Kinship Care [CS3461]. • Prior to the approval of the Kinship Care home, the following information must be received and reviewed: 	<ul style="list-style-type: none"> • In some states of the United States, in order to receive federal foster care reimbursement, kin relatives need to meet the same licensing and safety standards as non-relative family foster homes.²⁴ • Even with relatives, workers must match the child’s needs with the skills and abilities of the relative. While the initial assessment may provide limited information, the ongoing assessment and evaluation of a child’s needs may indicate that the child requires a more suitable placement.²⁵ • While the importance of good assessment has been previously stressed by practitioners, researchers and policy makers, kinship care has been recognized as a complex issue which is likely to be time consuming and uncomfortable for both the worker and the family.²⁶ • When foster parents perceive their foster children as kin, they may be more likely to provide them with safe, adequate care, thus diminishing the risk of maltreatment in care.²⁷ • The literature did not show statistically significant differences for physical and emotional health of the grandparent caregivers prior to starting caring for their child.²⁸ However, being consumed with one’s own emotional or physical problems may not be a priority in the context of actively parenting a child on a daily basis and having to deal with all the caregiving demands.²⁹ When looking after children, the concern is around the age of the children which may also impact the health of grandparents. Respite care is a desirable service, yet one of the most unavailable and underfunded.³⁰ • The literature shows that too much attention has been paid to differences between kinship and non-kinship foster care, and not enough time to the quality of care.³¹ In the context of placement shortages and concerns about the quality of care, some of the kinship care literature from the United Kingdom states that there is uncertainty on how to best deal with placements. There is also variation in how family assessments are made, who undertakes them and some are made once the child is already in the placement.³² Professional judgement from child welfare practitioners should be used to assess the individual needs of children and the ability of kin parents to attend to these needs.³³ In addition, careful assessment is required of the capacity of kin parents to meet the needs of children who have already experienced adverse life circumstances and the supports which will be necessary to enable them to be more effective.³⁴ There is urgency around the provision of adequate financial and material assistance.³⁵ • Older literature out of California uses an expanded assessment requiring that a detailed background check (i.e. criminal record check) be conducted for kinship caregivers.³⁶ Similar literature from other parts of the United States suggests that the responsibility in many states requires, at a minimum, a background check of the relatives and at least a cursory inspection of the home.³⁷ The literature shows that almost all states require a criminal background check, and a child abuse and neglect registry check.³⁸ • Newer literature from the United States suggests that a relative caregiver must undergo: a background check, a

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
<p>9.3 Approval of a Kinship Care Home (Continued)</p> <ul style="list-style-type: none"> • Intervention Record Check • Criminal Record Check • Assessment of the home • Medical Reference • Personal References • Recommendation (Acceptance/Denial) 	<p>home study, and complete foster parent training classes in order to become an “approved foster home” for the child.³⁹ The Child Welfare League of America states that similar standards regarding child protection and safety used with unrelated foster parents should apply in the approval/licensing of kinship homes, with flexibility around standards unrelated to child protection and safety.⁴⁰ In addition, a complete check of criminal records and child protection and safety records should be completed for kinship caregivers and all adult members residing or moving into the kinship household.⁴¹ In some states of the United States, kin parents are required to meet the same standards as non-kin foster parents. In other words, no standards are waived or modified for kin parents.⁴² Licensing standards should be examined to ensure that they guarantee the safety of children, but not overly prescriptive to deny persons, who can be caregivers, the opportunity to become kin parents.⁴³ Thus the licensing options for kin parents directly influence the type and availability of financial assistance and support services.⁴⁴</p> <ul style="list-style-type: none"> • In Canada, a review of the literature by the BC Ministry of Child and Family Development found that kinship caregivers usually receive less support and services than traditional foster caregivers. Therefore, increased emphasis on kinship care placements must include both a concern for the best interests of the child and financial support.⁴⁵ Similar research from Yukon found that financial support was the primary service needed. Thus, social workers contacted for the Yukon study believed that kinship caregivers should follow the same standards and expectations as foster parent caregivers.⁴⁶ In Ontario, it was found greater placement stability when kinship care providers receive full allowance.⁴⁷ The argument centers on the government’s responsibility for children in care, rather than on licensing standards or relative status of the caregiver. In other words, government financial support should not be based on whether the kin care provider meets certain licensing criteria only.⁴⁸ In Manitoba, it was found that while kinship practice may be inconsistent with provincial legislation in general, provincial legislation, standards, and resources appear inconsistent with the requirements to better support kinship homes.⁴⁹ For example, agencies are required to use kinship care placements as a first placement option, but the province and agencies do not have a consistent definition of kinship care. The main implications for policymakers is whether licensing standards should be required for kin caregivers, and whether additional financial resources should be made available to these providers.⁵⁰
<p>Future Considerations:</p> <ul style="list-style-type: none"> • There needs to be better coordination of services between social agencies and kinship care providers to ensure adequate financial support for children and assistance to families in absorbing the cost of children.⁵¹ • Research has shown that kin foster parents and the children in their care receive fewer services. This misalignment may be the result of differences in the service needs of kin and non-kin foster parents. Social welfare workers may also treat kin and non-kin foster parents differently.⁵² • Given the nature of kinship networks, social workers indicated that it may result in the following: division of the family against itself, gives children mixed messages, decreases the focus on the child, and promotes different agendas of involved stakeholders.⁵³ • Specific training may be required to prepare caseworkers to assist families, and weigh the benefits and shortcomings of becoming a kin parent.⁵⁴ Collaborative training, with all stakeholders, may be essential to support the development of a common vision regarding the importance of permanency for children in kinship care. <p>Future Considerations: (Continued)</p>	

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
	<ul style="list-style-type: none"> • Caseworkers should develop a service planning model which translates the objectives and tasks to be used to achieve the desired permanency outcome.⁵⁵ It represents the roadmap for safety, well-being and permanency for children in care. • A service plan should be collaborative and inclusive, create an understanding and facilitate communication, foster ownership and cooperation, be flexible to meet formal and informal system needs, utilize strengths of the kinship network, support the network (emotionally and financially), assure safety, well-being and permanency and pursue these in contact with the kin caregivers.⁵⁶ When developing a strategy for kinship care, kinship care would need to become much more high profile and move up the agenda of government policy.⁵⁷ Three overall goals are suggested when developing a strategy on kinship care: Every child who is unable to be cared for by his/her biological parents safely and effectively within their family/social network. Outcomes for all children cared for by relatives are as equal or better when compared to children in non-related care. Systems for dealing with all forms of family care are transparent, family-friendly, experienced as fair and supportive and minimally intrusive.⁵⁸ • Aboriginal children are currently overrepresented in Alberta’s child intervention system. 59% of the children currently in care in Alberta are Aboriginal, although they make up only 9% of the total child population in the province.⁵⁹ This pattern of overrepresentation of Aboriginal children in care is similar to many other provinces, and is a serious concern for governments, elders, leaders and communities across the country.⁶⁰ In Canada, and according to the Aboriginal Children’s Survey (ACS), 11% of children living off reserve were being looked after by grandparents in 2006.⁶¹ These figures suggest that if more resources were put in place, it might be possible to increase the number of aboriginal children in kinship placements. Kinship care can provide First Nation children and youth with enhanced placement stability. Research has shown that children placed in kinship care at the time of their removal were more likely to remain in the kinship home.⁶² Kinship care may also enable First Nations to rebuild their communities and be used as a mechanism to preserve their identity and culture of aboriginal children in care.⁶³ While placement matching data must be interpreted with caution in individual cases, cultural background is only one of many factors to be considered when finding the most suitable placement for aboriginal children.⁶⁴ Other factors that must be taken into account include: appropriate caregiver support systems, concrete financial and housing supports, meeting the child’s immediate and long-term safety and well-being needs, protecting the child from maltreatment, meeting the child’s long-term permanency needs, the caregiver has no drug or alcohol abuse, unresolved child welfare issues, and criminal history.⁶⁵ Policy makers and service delivery agents are well advised to bear these strong connections in mind, and to do all that they can to support and strengthen these.⁶⁶ • Further research is required to determine the similarities and differences between private, voluntary and formal kinship care.⁶⁷ While researchers have continued to study kinship care, the amount of kinship care research available is still extremely limited compared to the scope of kinship care. In order to keep kinship care a viable option in social work practice, researchers must work closely with practitioners to design, implement, and disseminate innovative studies of intervention.⁶⁸ Thus, new predictor variables and outcome measures should be included in data collection instruments to facilitate richer analyses on the effect of kinship care.⁶⁹ • Increased cooperation among researchers, practitioners and decision makers is needed in order to develop more effective kinship placements.⁷⁰ The research evidence suggests that kinship care policies and practice remain inconsistent, and this may lead to risks. Evidently, the policy context to support more children in kinship care placements might increase the risk level.⁷¹ Although the literature review supports the practice of treating kinship care as a viable out-of-home placement option for children removed from the home for maltreatment, policies mandating kinship placements may not always be in the best interest of children and families.⁷² • The Evaluation Factor in Kinship Care Policy: While in the policy cycle, the implementation and realization of kinship care may still be underway, evaluation provides the task of identifying the temporary effects and results of programs and measures. In addition, evaluation has the essential function of feeding relevant information back into the implementation process to adjust, correct or redirect the implementation process or other relevant key policy decisions.⁷³

- ¹ Okagbue-Reaves Janet. Kinship Care: Analysis of the Health and Well-Being of Grandfathers Raising Grandchildren Using the Grandparent Assessment Tool and the Medical Outcomes Trust SF-36 TM Health Survey. *Journal of Family Social Work*, Vol. 9(2) 2005.
- ² Kinship Care. Illinois Best Practice Manual. Department of Children and Family Services. State of Illinois. October 2000.
- ³ Ibid.
- ⁴ Koh, Eun and Mark F. Testa. Propensity Score Matching of Children in Kinship and Nonkinship Foster Care: Do Permanency Outcomes Still Differ? *Social Work Research* Volume 32, Number 2, June 2008.
- ⁵ Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment (Review). The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- ⁶ Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment. The Campbell Collaboration.
- ⁷ Kinship Care. Illinois Best Practice Manual. Department of Children and Family Services. State of Illinois. October 2000.
- ⁸ Ibid.
- ⁹ Ibid.
- ¹⁰ Ibid.
- ¹¹ Ibid.
- ¹² Ibid.
- ¹³ Ibid.
- ¹⁴ Kinship Foster Care: Filling the Gaps in Theory, Research, and Practice. *Children and Youth Services Review*, 26 (2004) 613-621.
- ¹⁵ Kinship Care. Illinois Best Practice Manual. Department of Children and Family Services. State of Illinois. October 2000.
- ¹⁶ Ibid.
- ¹⁷ Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment (Review). The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- ¹⁸ Ibid.
- ¹⁹ Farmer, Elaine and Sue Moyers. 2008. Kinship Care: Fostering Effective Family and Friends Placements. London: Jessica Kingsley Publishers.
- ²⁰ Kinship Care. Illinois Best Practice Manual. Department of Children and Family Services. State of Illinois. October 2000.
- ²¹ Farmer, Elaine and Sue Moyers. 2008. Kinship Care: Fostering Effective Family and Friends Placements. London: Jessica Kingsley Publishers.
- ²² Ibid.
- ²³ Carrierre, Jeannine. 1995. Kinship Care in Two First Nations Communities: An Exploration. Major Paper Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Social Work.
- ²⁴ Geen, Rob. Summary: the Evolution of Kinship Care Policy and Practice. Children, Families, and Foster Care. www.futurechildren.org
- ²⁵ Kinship Care. Illinois Best Practice Manual. Department of Children and Family Services. State of Illinois. October 2000.

- ²⁶ Hunt, Joan, Suzette Waterhouse and Eleanor Lutman. 2008. *Keeping them in the Family: Outcomes for Children Placed in Kinship Care Through Care Proceedings*. London: BAAF Adoption and Fostering.
- ²⁷ Herring, David J. *Foster Care Safety and the Kinship Cue of Attitude Similarity*. University of Pittsburg School of Law. Year 2005, paper 28. <http://ssrn.com/abstract=1166922>
- ²⁸ Okagbue-Reaves Janet. *Kinship Care: Analysis of the Health and Well-Being of Grandfathers Raising Grandchildren Using the Grandparent Assessment Tool and the Medical Outcomes Trust SF-36 TM Health Survey*. *Journal of Family Social Work*, Vol. 9(2) 2005.
- ²⁹ Hayslip Bert, Jennifer K. King, and Jane L. Jooste. 2008. *Grandchildren's Difficulties and Strengths Impact the Mental Health of Their Grandparents*. In *Parenting the Custodial Grandchild*. New York: Springer Publishing Company.
- ³⁰ Campbell, Lenora and Margaret Shandor Miles. 2008. *Implementing Parenting Programs for Custodial Grandparents*. In *Parenting the Custodial Grandchild*. New York: Springer Publishing Company.
- ³¹ Barth, Richard, Shenyang Guo, Rebecca L. Green and Julie S. 2007. *Kinship Care and Nonkinship Foster Care: Informing the New Debate*. In *Child Protection: Using Research to Improve Policy and Practice*. Editors: Ron Haskins, Fred Wulczyn and Mary Bruce Webb. Washington: The Brookings Institution.
- ³² Farmer, Elaine and Sue Moyers. 2008. *Kinship Care: Fostering Effective Family and Friends Placement*. London: Jessica Kingsley Publishers.
- ³³ Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. *Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment (Review)*. The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- ³⁴ Hunt, Joan, Suzette Waterhouse and Eleanor Lutman. 2008. *Keeping them in the Family: Outcomes for Children Placed in Kinship Care Through Care Proceedings*. London: BAAF Adoption and Fostering.
- ³⁵ Ibid.
- ³⁶ *Foster Care: Kinship Care Quality and Permanent Issues*. 1999. Report to the Chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives.
- ³⁷ Hornby, Helaine, Dennis Zeller, and David Karraker. 1996. *Kinship Care in America: What Outcomes Should Policy Seek?* Child Welfare League of America.
- ³⁸ Jantz, Amy. 2003. *Licensing and Payment of Kinship Foster Parents*. In *Kinship Care: Making the Most of a Valuable Resource*. Edited by Rob Geen. Washington: The Urban Institute Press.
- ³⁹ Paine, Donald F. *Understanding the Best Evidence Rule*. *Tennessee Bar Journal*, March 2005.
- ⁴⁰ Child Welfare League of America. 2000. *Standards of Excellence: CWLA Standards of Excellence for Kinship Care Services*. Washington: Child Welfare League of America, Inc.
- ⁴¹ Ibid.
- ⁴² Jantz, Amy, Rob Geen, Roseana Bess, Cynthia Andrews and Victoria Russell. 2002. *The Continuing Evolution of State Kinship Care Policies. Assessing the New Federalism: An Urban Institute Program to Assess Changing Social Policies*.
- ⁴³ Geen, Rob. *Kinship Care: Paradigm Shift or Just Another Magic Bullet*. In *Kinship Care: Making the Most of a Valuable Resource*. Edited by Rob Geen. Washington: The Urban Institute Press.
- ⁴⁴ Allen Tiffany, Kerry DeVooght and Rob Geen. 2008. *State Kinship Care Policies for Children that Come to the Attention of Child Welfare Agencies. Findings from the 2007 Casey Kinship Foster Care Policy Survey*. The Annie E. Casey Foundation.

- ⁴⁵ Goertzen, April, Adrienne S. Chan and Gloria Wolfson. *Kith and Kin Care: A Review of the Literature*. British Columbia Ministry of Child and Family Development.
- ⁴⁶ NA DOONEA CHI: *Kinship Care in the Yukon Research Report*. 2008. Walter and Duncan Gordon Foundation and Little Salmon/Carmacks First Nations.
- ⁴⁷ Ontario Kinship Model. 2004. Ontario Association of Children's Aid Societies. Consultation.
- ⁴⁸ Ibid.
- ⁴⁹ Wright, Alexandra and Diane Hiebert-Murphy, Janet Mirwaldt and George Muswaggon. 2005. *Final Report: Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nation Kinship Care Program* Funded by the Centre of Excellence for Child Welfare and Health Canada.
- ⁵⁰ Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. *Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment (Review)*. The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- ⁵¹ Okagbue-Reaves Janet. *Kinship Care: Analysis of the Health and Well-Being of Grandfathers Raising Grandchildren Using the Grandparent Assessment Tool and the Medical Outcomes Trust SF-36 TM Health, Survey*. *Journal of Family Social Work*, Vol. 9(2) 2005.
- ⁵² Geen, Rob. *Summary: the Evolution of Kinship Care Policy and Practice*. *Children, Families, and Foster Care*. www.futurechildren.org
- ⁵³ Peters, Jay. *True Ambivalence: Child Welfare Workers' Thoughts, Feelings, and Beliefs About kinship Foster Care*. *Children, and Youth Services Review* 27 (2005) 595-614.
- ⁵⁴ Mason, Sally J. and James P. Glesson. 1999. *Adoption and Subsidized Guardianship as Permanency Options in Kinship Foster Care: Barriers and Facilitating Conditions in Kinship Care: Improving Practice Through Research*. Washinton: Child Welfare League of America.
- ⁵⁵ *Kinship Care. Illinois Best Practice Manual*. Department of Children and Family Services. State of Illinois. October 2000.
- ⁵⁶ Ibid.
- ⁵⁷ Hunt, Joan, Suzette Waterhouse and Eleanor Lutman. 2008. *Keeping them in the Family: Outcomes for Children Placed in Kinship Care Through Care Proceedings*. London: BAAF Adoption and Fostering.
- ⁵⁸ Ibid.
- ⁵⁹ 2009 Environmental Scan. Business Strategies Branch. Alberta Children and Youth Services.
- ⁶⁰ Blackstock, C. & N. Trocme, "Community Based Child Welfare for Aboriginal Children: Supporting Resiliency Through Structural Change", In Ungar, M. (Ed.). *Pathways to resilience: A handbook of theory, methods and interventions*. Thousand Oaks, CA: SAGE. 2004. Program, Quality and Standards Division, Percentage of Aboriginal Children in Care, December 2008.
- ⁶¹ O'Donnell, Vivian. *Selected Findings of the Aboriginal Children's Survey 2006: Family and Community*. Statistics Canada – Catalogue 11-008.
- ⁶² Wright, Alexandra and Diane Hiebert-Murphy, Janet Mirwaldt and George Muswaggon. 2005. *Final Report: Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nation Kinship Care Program* Funded by the Centre of Excellence for Child Welfare and Health Canada.
- ⁶³ Carriere, Jeannine. 1995. *Kinship Care in Two First Nations Communities: An Exploration*. The Faculty of Graduate Studies: School of Social, University of British Columbia.
- ⁶⁴ Trocme, Nico, Buth Nutter, Bruce MacLaurin and Barbara Fallon. *Child Welfare Outcome Indicator Matrix*. October 1999. Centre of Excellence for Child Welfare. www.cecw-cepb.ca.
- ⁶⁵ *Kinship Care. Illinois Best Practice Manual*. Department of Children and Family Services. State of Illinois. October 2000.

- ⁶⁶ McKay, Sharon and Shelley Thomas Proko. Identity, Community, Resilience: The Transmission of Values Project. In Putting a Human Face on Child Welfare: Voices from the Prairies. Centre of Excellence for Child Welfare. www.cecw-cepb.ca
- ⁶⁷ Anderson, Steven G. The Impact of State TANF Policy Decisions on Kinship Care Providers. 2006 Child Welfare League of America.
- ⁶⁸ Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment (Review). The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- ⁶⁹ Ibid.
- ⁷⁰ Dufour, Sarah and Claire Chamberland. 2003. The Effectiveness of Child Welfare Interventions: A Systematic Review. Centre of Excellence for Child Welfare.
- ⁷¹ Broad, Bob, Kinship Care: What Works? Who Cares? Social Work and Social Sciences Review 13 (1) 2007 pp.59-74.
- ⁷² Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment. The Campbell Collaboration.
- ⁷³ Wollmann, Hellmut. 2007. Policy Evaluation and Evaluation Research. In Handbook of Public Policy Analysis: Theory, Politics and Methods. Edited by Frank Fisher, Gerald Miller, and Mara Sidney. New York: CRC Press, Taylor & Francis Group.

APPENDIX B: LITERATURE REVIEW

This appendix contains a summary of a presentation from Bruce McLaurin, Faculty of Social Work, University of Calgary, to the Provincial Kinship Care Steering Committee/Working Committee on recent kinship care research. The presentation occurred on March 26 2009.

Literature Review on Kinship Care – Key Findings

Relevant Results of the 2003 Canadian Incidence Study

- Approximately 20% of all foster care placements are kinship care placements.

Relevant Results of the 2003 Alberta Incidence Study

- 29% of all foster care placements are kinship care placements.
- Kinship care placements are utilized primarily in cases involving neglect or emotional maltreatment.
- Non-kinship care placements reflect all forms of maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment and witnessing domestic violence).

How does kinship care differ across jurisdictions?

- Kinship care has become a major focus in most western countries/jurisdictions.
- The US requires child welfare agencies to consider relatives and kin as first placement options.
- Australia's *Aboriginal Child Placement Principle* has increased the use of kinship placements.
- Use of kinship care in other countries/jurisdictions varies depending upon orientation with respect to child safety and family support.

Why is kinship care being used more often?

Several factors account for the increasing utilization of kinship care, including:

- Increasing numbers of reported and substantiated maltreatment investigations.
- Research indicates differential outcomes for children in long-term care.
- Increasing numbers of sibling placements.
- Shift to acknowledging the value of continuity in extended family.
- Capacity issues related to non-kinship care.
- The duration of kinship care is seen to be longer than other forms of placement, thus increasing the numbers of children in kinship placements.

The literature indicates that kinship care successfully balances competing child welfare principles in a manner that addresses the best interests of children within a framework of extended family while ensuring that the issues of child safety are addressed.

What are the characteristics of kinship caregivers?

Relative to non-kinship care providers, kinship care providers are more often:

- First Nations (MacLaurin, 2008)
- Older adults (Gaudin and Sutphen, 1993)

- Grandparents (Fuller-Thomson & Minkler, 2001), especially grandmothers (Burnette, 1997; Fuller-Thompson & Minkler, 2000)
- Less educated (Cuddeback & Orme, 2001)
- Unemployed (Franck, 2001)
- Of lower annual income (Fuller-Thomson & Minkler, 2001)

The literature also reveals that:

- Relative to foster parents, caseworkers typically have less information about kin caregivers at the time of placement (Chipman, Wells, & Johnson 2002) and that kinship care providers are more likely to care for large sibling groups (Ehrle & Green 2002).
- Relative to non-kinship caregivers, kinship caregivers are more favourable toward physical discipline, but have more positive perceptions of children (Gebel, 1996).
- Relative to non-kinship caregivers, kinship caregivers showed more sense of responsibility for the children in their care than did non-relative caregivers and indicated significantly stronger feelings of responsibility to maintain the child's contacts with his/her family of origin (Le Prohn, 1994).

What are the experiences and needs of kinship caregivers?

- Kinship caregivers receive less case management, public support services, and supervision from the child welfare system than do non-kinship foster parents (Berrick, 1998; Berrick et al., 1994; Brooks & Barth, 1998; Gebel, 1996; Iglehart, 1994; Scannapeico et al., 1997).
- Kinship care providers want services and support, including financial support, counseling, and respite services (O'Brian, Massat, & Gleeson, 2001).
- Kinship caregivers indicated varied service needs, including assistance to meet foster care home requirements; respite programs; support groups; day care; counseling for children; information about agency policies, procedures, and case progress; and time to prepare for the arrival of children (Davidson, 1997).

What does the literature say on the key issues of training and support?

The relevant literature, which primarily features studies from the US, indicates that:

- While kinship families are eligible for the same services as non-kinship care families, they often request fewer services, and face greater challenges than non-kinship foster homes including less training, fewer services and less support (Inglehart, 1994; Scannapieco, et al., 1997, Franck, 2001).
- Foster care qualifications and training mandates are consistent, while kinship care qualifications are not (Berrick 1998).
- Kinship care providers overall receive less support, fewer services, and have less contact with child welfare workers than foster parents (Berrick 1998; Chipman, Wells, & Johnson 2002; Ehrle & Green 2002; Kang 2003).
- Kinship care providers generally receive less financial support than foster parents (Berrick 1998; Ehrle & Green 2002).

How should standards be applied to kinship care homes?

The Child Welfare League of America (2000) recommends that:

- Kinship foster homes be held to the same safety and protection standards as non-kinship homes but that there should be flexibility around standards not specifically related to safety and protection.

What are the experiences of children in kinship care?

Education:

- Children in kinship care do less well in school than children in the general population and equally as well as children in non-kinship care (Franck, 2001).
- Children in kinship care achieve below grade level more often than children in the general population (Inglehart, 1995).
- Children in kinship care have better school attendance, fewer suspensions or expulsions than children in the general population (Dubowitz & Sawyer, 1994).
- Children in kinship care are less likely than children in non-kinship care to repeat grades or be referred to special education programs (Berrick, 1994).
- Children in kinship care have below average academic performance and cognitive skills, with common school-related problems being poor study habits and low attention skills (Dubowitz et al., 1993; 1994; Dubowitz & Sawyer, 1994; Sawyer & Dubowitz, 1994).
- Children in kinship care often present developmental and school behavioral problems due to prenatal drug exposure (Grant, 2000).

Health

- Children in kinship care have greater health problems (Keller, 2001), but fewer emotional or learning disabilities and emotional disturbances than children in non-kinship care (Franck, 2001).
- Children in kinship care show substantial health care needs, yet receive inadequate health services (Dubowitz et al., 1993; 1994; Dubowitz & Sawyer, 1994; Sawyer & Dubowitz, 1994).

Overall

- There is no conclusive evidence that children in kinship care function differently than children in non-kinship care placements.

Research

- Research is not conclusive and should be interpreted with caution.
- The literature does not contain many rigorous studies that, for example, include random selection or control for kinship or non-kinship care and studies do not control for pre-existing functioning.

What are the outcomes of kinship care?

According to the relevant literature, the outcomes of kinship care include:

- Increased placement stability, fewer placements, and fewer placement disruptions (Wulczyn & Goerge, 1997; Courtney et al., 1997; Berrick, 1998; James, 2004; Terling-Watt, 2001; Testa, 2001; 2002; Wulczyn, Hislop, & Goerge, 2000; Zinn, DeCoursey, Goerge, & Courtney, 2006).

- Increased ability to initiate and maintain family contact over time (Berrick, 1994), and that increased family contact has a positive impact on future reunifications (Testa & Slack, 2002).
- Fewer behaviour problems and psychiatric disorders (Holton & Valentine, 2009)
- Improved adaptive behaviours, psychological well-being, and emotional stability (Holton & Valentine, 2009).
- Fewer mental health problems and a lower likelihood of requiring mental health services (Iglehart, 1994).

The literature also indicates that:

- There is limited evidence that children in kinship care are less likely to re-enter care (Courtney et al., 1997).
- Children in kinship care are reunited with their biological families at a slower rate than children in non-kinship care (Testa, 1997); however, children who remained in kinship care placements only were more likely to be reunited than children who had episodes in more restrictive settings (Leslie, et al., 2000).
- Studies exploring the likelihood of kinship care providers adopting (Gleeson, 1999) or accepting legal custody of children (Ritter, 1995) are inconclusive.
- There are no significant differences between adults who had been in kinship care and those who had been in non-kinship care in terms of adult functioning in education, employment, physical and mental health, stresses and support, and risk-taking behaviors (Benedict, Zuravin, and Stalling, 1996).
- Children placed with kin are more likely to indicate that they are satisfied with their placements than children in non-kinship care placements (Berrick 1998; Lorkovich, Piccola, Groza, Brindo, & Marks 2004).

APPENDIX C: CROSS JURISDICTIONAL COMPARISON CHART

Note: No information was received from Nunavut, Prince Edward Island or Quebec.

Approval Process	AB	SK	MB	ONT	NS	NB	NFLD	YK	BC
Criminal Record Check	prior to placement	required	Prior to placement	Initiated w/in 7 days	prior to placement	yes	prior to placement	prior to placement	prior to placement
Child Intervention Record Check	prior to placement	prior to placement	Prior to placement	Initiated w/in 7 days	prior to placement	yes	prior to placement	prior to placement	prior to placement
Medical Reference	required	not required	Prior to placement	required	required		within 30 days	prior to placement	within 60 days of placement
References	required	not required	4 references or recommendation from local child care committee	required	required		required	required	prior to placement
First Aid Certificate	not required	not required	not required	not required	not required		N/A	N/A	not required
Safety Checklist (environment)	prior to placement	prior to placement	prior to placement	required	prior to placement		after placement	prior to placement	prior to placement
Home Study	prior to or after placement	prior to or after placement	prior to placement	required	short form prior to placement	yes	after placement	emergency approval	within 60 days of placement
Training						new Kinship Care Model-		up to 45 days	
Orientation/Pre-Service Training	required	not required	orientation provided	pride pre-service	not required	awaiting legislative approval	not required	PRIDE Pre-Service	required-same as foster
Mandatory?	yes		no	yes	no, but can attend		no but can attend	yes	yes
Supports									
Funding for Respite	\$2.60 per diem	as needed	Foster care standards apply	yes-as per CAS	same as foster care		respite rates apply	as per foster care rate	as per foster care rate
Face to Face Contact w/ home	Contact monthly, and face-to-face every three months with caregiver	Personal contact at least once every 120 days.	Frequency determined by level of risk identified at intake, minimum is once every 30 days for low risk children	Face-to-face contact within first seven days of placement, then at least once within 30 days, then every three months thereafter	Required, no further information	N/A	One monthly in person contact with caregiver; contact with child on day of placement and again in seven days	Required, no further information	In person contact once every 90 days
Compensation									
Basic Maintenance Per Diem	as per foster care rate	\$410-\$463/month	as per foster care rate	as per foster care rate	as per foster care rate	yes	foster care rate	as per foster care rate	as per foster care rate
Skill Fees	no	no	no	yes-as per CAS	not eligible		N/A	special rate as per need	no