

Kinship care¹

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What is kinship care?

In its broadest sense, kinship care is any living arrangement in which children live with neither of their parents but instead are cared for by a relative or someone with whom they have an emotional bond. “Kin” means “family” or “relative” although many child welfare agencies use the term to refer to godparents, family friends, or others who have an attachment to a child, but are not blood relatives.²

Terms used to describe kinship care vary. “Kinship foster care,” “extended family foster home” or “provisional foster home” can refer to the formal placement of a child with relatives or others within the family support network as caregivers, while the agency retains temporary or full custody. “Informal kinship care,” “kinship service” or “kinship out of care” may refer to arrangements within a family or community, made with, or in some cases, without local child welfare authority involvement.^{3,4}

To what extent is kinship care being used by Canadian child welfare agencies?

Although the overall usage of kinship care has not been calculated in Canada, there are indications that it is increasing. For example,

census figures show that the number of Canadian children being cared for by grandparents, without a parent present in the home, increased by 20% between 1991 and 2001.⁵ Child welfare agencies in many jurisdictions use kinship care as the first choice for placing children, and many provinces and territories report that kinship care is an increasingly popular option (see Table 1 for data from the Northwest Territories, showing that the recent trend has been to place an increasing proportion of children in extended family foster homes). The increase in priority given to kinship care is attributed to family preservation policies, a focus on keeping children connected to their communities and cultural heritage, legal requirements to place children with family members or other adults with significant prior relationships to them if at all possible, and a reduction in the number of traditional foster homes in conjunction with increasing numbers of children needing foster care.⁶

What types of informal kinship care are used in Canada?

Informal kinship care takes many forms. Children are sometimes placed with relatives or other adults within the family support network, either voluntarily by the parents

Table 1: Northwest Territories: Comparative use of different types of foster homes, 2001–2006

Home type/ bed days	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006
A. Extended family foster home	16,766	20,403	20,404	26,184	29,153
B. Provisional foster home (Caregiver identified by the family as being close to the child but not related)	11,234	10,172	11,561	11,879	9,588
Subtotal: bed days for kinship/provisional care (A and B combined)	28,000	30,575	31,965	38,063	38,741
C. Total bed days for non-kinship/provisional care (e.g. emergency care, regular foster care, or group home)	71,328	74,016	72,102	74,376	65,597
Total: bed days for all types of care	99,328	104,591	104,067	112,439	104,338

Source: Northwest Territories Child and Family Information System March, 2006.

Table 2: Policies on kinship care in five provinces/territories

Province/Territory	Historical Perspective	Preference Given to Kin	Standards Set For Kin	Reimbursements Available to Kin
Alberta	With recently increased supports and reimbursement, increased numbers of kin are accepting placements as foster care providers.	Statutory requirement to consider placement within child's extended family or significant relationship network before looking at other options. Expedited placement arrangements are permitted in certain circumstances, providing an initial check and assessment is completed.	Provincial policy in place. Same criteria used to certify kin as foster parents and same casework standards apply. Kin caregivers are not expected to take the levels of training normally required of foster care	Reimbursement rates slightly lower than that for foster parents. Kin are eligible for all services and supports that a child in foster care would receive. Support is also available for informal kin caregivers if there is financial need.
British Columbia	New options made available in provincial legislation in 2002 have increased numbers of children being cared for by extended family or others with a significant prior relationship or cultural responsibility for the child.	Statutory requirement to consider placement within child's extended family or significant relationship network before looking at other options.	Provincial policy and standards in place. All adults screened for criminal records and child protection history before placement. Care provider review necessary but child can be placed before review completed.	Formal kinship foster parents receive equal compensation to non-related foster parents. Informal providers are eligible to receive up to \$450 per month to care for a child.
Northwest Territories	Trend towards increased kinship care over the last five years.	The extended family or another home with a pre-established relationship to the child is the first choice for placement.	All adults screened for criminal records and child protection history before placement. Streamlined home study. Child can be placed before home study completed. Same casework standards as foster homes.	Compensation at same rate as non-kin foster home.
Ontario	Trend to increase options and support for kinship care.	Legislation has been passed but is not yet in force that emphasizes and encourages placement of children with members of the child's extended family or community, including placement for Aboriginal customary care.	Provincial Kinship Model proposed, which would provide consistent standards and supports for informal and formal kinship care.	Compensation rates are variable. New measures will provide more support for informal kinship care arrangements.
Saskatchewan	Trend towards increased kinship care over the last five years.	Kin or others with pre-established relationships to the child are first choice for placement, and can be designated as temporary or permanent guardians if child cannot remain at home safely.	Policy in place. All adults screened for criminal records and child protection history before placement. A home assessment must be made within one month of placement. Care provider must be able to provide a "reasonable" standard of care.	Supports to kinship care providers are under review. Income support, casework services and services for special needs are available for children with developmental or medical disabilities when the department remains involved to support the child, parents, and extended family.

without child welfare authority involvement, voluntarily with child welfare involvement, or involuntarily through a supervision order issued by the courts. In emergency situations, many child welfare agencies identify a relative or significant adult who can take care of the child on a temporary basis until reunification with the parent is possible. In some cases, if reunification in the near future is not possible, custody agreements are signed to indicate that a person other than the parent is a custodian for the child. Expenses incurred in providing informal kinship care may or may not be reimbursed by the agency, and arrangements for financial support vary from one jurisdiction to another.

What are the forms of *formal* kinship foster care most commonly used in Canada?

In formal kinship foster care, relatives or other adults within the family support network are approved by child welfare agencies as foster parents. This approval is usually on a limited basis and only

for the children identified as having a significant prior relationship with the kinship foster parents. Depending on provincial/territorial policy, the child welfare agency may support the placement by providing payment, caseworker supervision and, in some cases, training and respite provision for the kinship caregivers. Child welfare agencies often treat formal kinship care differently from non-kin foster care (see Table 2). Policies and practices for kinship care are generally less prescriptive than those of regular foster care. For example, some agencies allow expedited placement arrangements, lower caregiver training requirements, and lower levels of payment for kinship foster care. Licensing standards are sometimes limited to basic home safety and supervision checks and do not require other quality assurance assessments.⁷ Policies on kinship care vary widely among provincial, territorial, and local jurisdictions. Some jurisdictions do not have policies formulated, or are in the early stages of developing policy or practice guidelines for kinship care.

What are the benefits and drawbacks of kinship care?

There are few evidence-based studies comparing kinship care with other forms of foster care. Many of the studies that do exist originate from the United States, where the number of children in kinship care is rapidly growing, especially in urban areas. Rather than being a defined category of service, as is foster care provided by non-relatives, kinship care is often used flexibly as a way of meeting the needs of children through the strengths of the extended family support network. It includes (but is not limited to): family support, crisis intervention, family preservation, full-time foster care, day care, respite care, co-parenting, mentoring, group support and advocacy.⁸ Since kinship arrangements vary widely, their lack of standardization makes rigorous comparative research difficult. Similar difficulties exist when researchers attempt to compare the outcomes for children in kinship care with those of other kinds of placements. Research results on the benefits and drawbacks of kinship care are often ambiguous.

Generally, the research does suggest that kinship placements, if adequately resourced, are more stable than regular foster care. Children often feel a stronger sense of belonging,⁹ and are less likely to be re-admitted into care once they return home.¹⁰ Kinship placements have the advantage of maintaining cultural continuity and ties to the community, such as with school and friends. The trauma of separation from a parent or parents may be buffered to some extent by providing the child with a familiar environment with known caregivers. Kin are also more likely to accept sibling groups of two or more children into their homes, meaning that family ties among siblings may be maintained with more continuity than in regular foster care.¹¹ In many Aboriginal communities, kinship care is a valued practice that has been passed down from generation to generation, and it allows children to continue to speak their indigenous language and maintain connections to their families and culture that might otherwise be severed. A recent study of kinship care in a Cree community in northern Manitoba reported that many of the kinship caregivers had a strong, culturally-based commitment to kinship care that was rooted in a traditional “connectedness” between the child, the caregiver and the community. Many of these caregivers built upon their own experiences as former kinship foster children.¹²

Kinship caregivers, however, face different challenges than regular foster care providers. Since

“I think our main concern at the time was keeping the family together. That was our main goal, rather than having (our kinship foster children) way on the other side of the reserve, or spread out in the community. We tried... to keep them close.” —Cree kinship foster parent explaining that kinship care allowed the extended family to stay in contact with one another.¹³

they are not always obligated to meet all licensing requirements, they may not have the same degree of training in parenting skills, the same access to supports such as services for special needs children, or the same financial support as non-related foster parents. Their homes may not meet the health and safety standards of the more regulated forms of foster care. Many kinship caregivers are grandparents, coping with hardships such as reduced levels of household income and increased health problems while raising one or more grandchildren.¹⁴

Research has highlighted concerns over the assessment and training of kinship caregivers, their higher rates of poverty compared to non-related foster parents, the lack of resources and services for kinship caregivers, the disruption caused in some cases by the continuing influence of biological parents, and some evidence that placement with relatives may delay adoption or reunification with parents.^{15, 16, 17}

Conclusion

Research on kinship care has many complexities, and as yet too little is known to suggest conclusively that children placed with kin fare better in the long term than children placed in non-kin foster care. The differences between the two types of care are so multifaceted that research comparisons are often inconclusive or contradictory, and raise more questions than answers. There is, however, considerable evidence that kinship care placements are more stable, and stability, in conjunction with other positive factors, is beneficial for a child’s well-being.¹⁸ There is also evidence that foster care policies and practices that have been developed with non-kin foster care in mind may work very poorly for children in kinship care.¹⁹ Child welfare agencies

in many Canadian provinces and territories are taking steps to develop kinship care policies and practices, and to provide more resources and support to kinship caregivers. Best practices for kinship care are beginning to be defined, with a careful approach being taken to issues such as how to define quality of care in kinship placements. More work is needed to develop standards for recruitment, assessment and support of kinship caregivers, and more research is needed to provide evidence-based guidance for best practices.

- 1 This information sheet was reviewed by experts in the field of child welfare. Thanks are extended to the following for their assistance in providing and verifying the information in Table 2: David Tunney, (Alberta Ministry of Children's Services), Karen Wallace (British Columbia Ministry of Children and Family Development), Elske Canam (Department of Health and Social Services, Government of Northwest Territories), officials from the Ontario Ministry of Children and Youth Services, and Janet Farnell (Saskatchewan Department of Community Resources).
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Suggested citation: Gough, P. (2006). *Kinship care*. CECW Information Sheet #42E. Toronto, ON, Canada: Faculty of Social Work, University of Toronto.

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The Centre of Excellence for Child Welfare (CECW) is one of the Centres of Excellence for Children's Well-Being funded by Public Health Agency Canada. The CECW is also funded by Canadian Institutes of Health Research and Bell Canada. The views expressed herein do not necessarily represent the official policy of the CECW's funders.



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