Kinship Care Redesign in Alberta: ALIGN agency response

ALIGN
Association of Community Services
Together for Children and Families

June 3, 2019

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OVERVIEW

Purpose

The purpose of this report is to provide input regarding the **Kinship Care Redesign** currently being developed by the Government of Alberta, Ministry of Children's Services. ALIGN Association of Community Services is a membership association of agencies providing services to children and families in Alberta. ALIGN has represented child welfare and family service providers in Alberta for over 50 years. Member agencies provide a wide range of financial, emotional and practical supports to kinship caregivers, children, youth and families.

What is the experience of Contracted Agencies with Kinship Care?

ALIGN invited representatives from member agencies to attend a full-day meeting and facilitated conversation regarding kinship care in Alberta. This meeting was held in Innisfail, Alberta on April 5, 2019. (See Appendix A for the participant list.) The meeting was facilitated by Frank Shannon and proceeded with proper protocols including acknowledgement of the land and the first people of the land. Participants shared insights regarding how to build on existing strengths, overcome challenges, and build the best kinship care model in Canada. Their feedback is the focus of this report.

What does the research say about Kinship Care? What are other jurisdictions doing?

In addition, examples from the research literature regarding kinship care outcomes – and examples of kinship care models in other jurisdictions – were gathered to provide context and to further support the ALIGN response to kinship care redesign in Alberta.

AGENCY EXPERIENCE WITH KINSHIP CARE

To explore the agency experience with kinship care, participants were asked to provide feedback regarding the following questions:

1. **Current Design:** What is happening now? How is kinship support and training provided to caregivers in your area?
2. **Strengths:** What are the strengths of the present model? What is working well?
3. **Challenges**: What are the challenges in the present model?
4. **Values:** What are the values of kinship care?
5. **Future Design:** Imagine Alberta had the best kinship model in Canada…How should we design it?

Comments were documented through a combination of flip chart notes and detailed handwritten notes to report what we heard during the conversation. A summary of what we heard was shared with the agencies for review and additional input.

Current Design

What is happening now? How is kinship support and training provided to caregivers in your area?

We acknowledged that a disproportionate number of children receiving child intervention services – including kinship care – are Indigenous. One of the participants said that another way to think about this is that there is a disproportionate representation of the western world view in the lives of Indigenous children and families. Any discussions regarding kinship care redesign should recognize this imbalance. A culturally appropriate response should be embedded in the kinship care design, not included as an afterthought. It's time to do better for Indigenous children and families **"because we know better."**[1]

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[1] Source: Presentation by Cindy Blackstock (September 2018). Accessed online May 2019 at https://www.cerp.gouv.qc.ca/fileadmin/Fichiers_clients/Documents_deposes_a_la_Commission/P-773.pdf

"…Many kinship families are Indigenous families and struggling with poverty and feel a sense of discrimination within the system itself."

There was tremendous wisdom and experience in the room; agency representatives work with a large proportion of kinship caregivers, children, youth and families. We asked for estimates of the number of kinship homes that agencies support (including financial and practical supports). Collectively, the **agencies provide support to approximately 30% of kinship homes** in Alberta (estimated 625 of 2,105 kinship homes[2]).

The way in which kinship homes are supported **varies by region and agency**. For example:

- One region provides kinship support exclusively through collaborative service delivery (CSD) (considered "all-in CSD");

- In some regions there is a mix of CSD and/or other models, and varying types of involvement by Contracted Agency staff;

- In some regions, kinship support and training is provided only by Children's Services staff (the Department).

- In addition, many DFNAs have their own kinship care programs (e.g., Samson, Saddle Lake).

The **range of approaches to funding and support** was further illustrated by the following comments:

- "What are the things we are collectively responsible for? Are we a support or funding source? We're about 50/50 in this room: funding and support versus just support…We hold the funding responsibility for kinship only. The province pays for foster care."

- "In (another region), we receive funding from Children's Services that goes to the Family Support Network, separate from CSD."

- "(In our region) it's all part of the same funding. Though there has been a big change recently as of April 1st regarding funding."

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[2] Source: Communication with agency representatives (April 5, 2019). Individuals at the meeting provided estimates regarding the number of kinship homes within their respective agencies. There was agreement in the room that this was an accurate estimate though not necessarily the exact number; it illustrates the extent of involvement with kinship caregivers, children, youth and families.

Strengths

What are the strengths of the present model? What is working well?

Participants identified the following 5 categories of strengths:

1. **Collaborative Service Delivery (CSD)** and **Block Funded Contracts**
2. **Increased Emphasis on Kinship Care**
3. **Agency Neutrality**
4. **Natural, Voluntary Support(s)**
5. **Family Based Care**

Category	Comments
1. **Collaborative Service Delivery** (CSD) and **Block Funded Contracts**	Among those agencies who used **Collaborative Service Delivery** (CSD), it was described as an effective model that was working well to meet the needs of children and families. "CSD works well". "We're able to be flexible and meet the needs of families, not necessarily always 'the home must be seen every 90 days, check.' Staff are in some homes every week, because that's what families need. There are more supports, faster and more flexible. We focus on wellbeing, not just child safety." Stakeholders from agencies that do not use Collaborative Service Delivery added that "**block funded contracts in (our region) work well** and can effectively support a large number of facilities with great outcomes however the financial obligations are held with (Children's Services)."
2. **Increased Emphasis on Kinship Care**	Participants said there has been a gradual culture shift within the system, with more emphasis on kinship care and family finding. Many agencies are "looking at kinship as the first choice".

Category	Comments
	"Part of the culture shift has been broadening the idea beyond just a 'placement'. There is more involvement of the broader kinship network, not just formal providers." "It's been a 10-year evolution…. It started with Outcomes Based Service Delivery (OBSD) and progressed to Collaborative Service Delivery (CSD)… using Signs of Safety and Family Finding and the four areas of connection… the Child Intervention Practice Framework (CIPF)…The practice principles started about 6 years ago." "We have a variety of conversations, agency support, asking for help…Before it was so much easier to just place in foster care. There has been a shift in the past five years." "10 years ago, pre-OBSD, there was a re-design for kids in care past age 18. We started to look at **life-long connections**." "Also, we were measured on numbers (placement types) – and **kinship had to go up**. That was 3 or 4 years ago."
3. Agency Neutrality	Another example of what was working well was the concept of agency neutrality: that agencies are separate from government authority helps to offer comfort and lessen fear that families may experience. Agencies can help to "provide a voice" for the family and help to make connections to kinship placements. "Caregivers are thankful to work with agencies". "Children's Services is (often feared by families)…We (as agencies) are on neutral ground, can stand alongside them, provide comfort to families."

Category	Comments
4. **Natural, voluntary supports**	"People are more willing to step up in a natural way, versus 'a social worker called and you have to visit your grandson from 12-1'. Going for a weekend with grandma is a natural, normal thing." "Being intentional with language – to talk about things in a natural way, not a systematic way. For example, bring family together with a family reunion or a birthday party, not a formal meeting."
5. **Family Based Care**	Though not part of the current "system" it was mentioned as something that works well and could be a better fit for children where there are no protection concerns. There could be more support provided for Family Based Care (instead of requiring a child to receive In Care status). "Family Based Care is a separate system offered in the Edmonton region – where there are no protection concerns. Though it's only temporary, up to 6 months, and there is no support worker assigned, which is a barrier." "We need more funding models for preventative and therapeutic work (such as functional family therapy and family systems work)."

Challenges

What are the challenges in the present model? Participants identified the following 10 categories of challenges:

1. **Policy**
2. **Inconsistency**
3. **Discrimination & Poverty**
4. **Assessments and tools**
5. **Family systems and dynamics**
6. **Short-term service provision**
7. **Lack of trust**
8. **Lack of respite**
9. **Training requirements**
10. **Wait times**

Category	Comments/Examples
1. **Policy: Foster care policy doesn't apply to kinship**	• "Feedback from our caregivers is that we've taken foster care policy and applied it to kinship. **The foster care model doesn't work.** It re-traumatizes families. Then they're made to feel inadequate, again." • "The amount of professionals in their home can be chaotic; they are often not prepared for what they're signing up for. For example, there was one woman with three kinship kids and multiple different workers." • "Large family groups – going from 0 to 5 kids at once can be overwhelming. Those kinship providers are struggling." • "The system can drive a wedge between family systems. We want to build bridges early on, not tear them down." **"Burning bridges**…**we try not to, but a lot of our policies are set up to have that happen."**

Category	Comments/Examples
2. Inconsistency between regions	• "The **file transfer process between regions is challenging**, if a kinship family is from outside the region." • "We're having problems transferring files… Oh, so many problems!" • "The operationalizing of kinship is so different across Alberta. Unless you put things in at the beginning, it gets forgotten." • "Families are getting different levels of support." • It would help to articulate more clearly what is expected from a kinship caregiver and to clarify the role and expectations of a Kinship support program. The level of support varies by region. For example, one region "is fully implementing ASQ assessments and Developmental support plans as part of the support service function to families where an infant or child has identified developmental deficits and working with the family to support access to the right resources and strategies to address the child's needs."
3. Discrimination & Poverty	• "For example, **many kinship families are Indigenous families and struggling with poverty and feel a sense of discrimination within the system itself**." • "The longer we keep a kinship home 'open', the more eyes on a home, the more things come up… it can be discriminatory." • "Kinship homes are always under the microscope." • "A lot of **families are in poverty.** The child gets 'Status' (child intervention status) to get funding, but the child doesn't need to be 'In Care'."

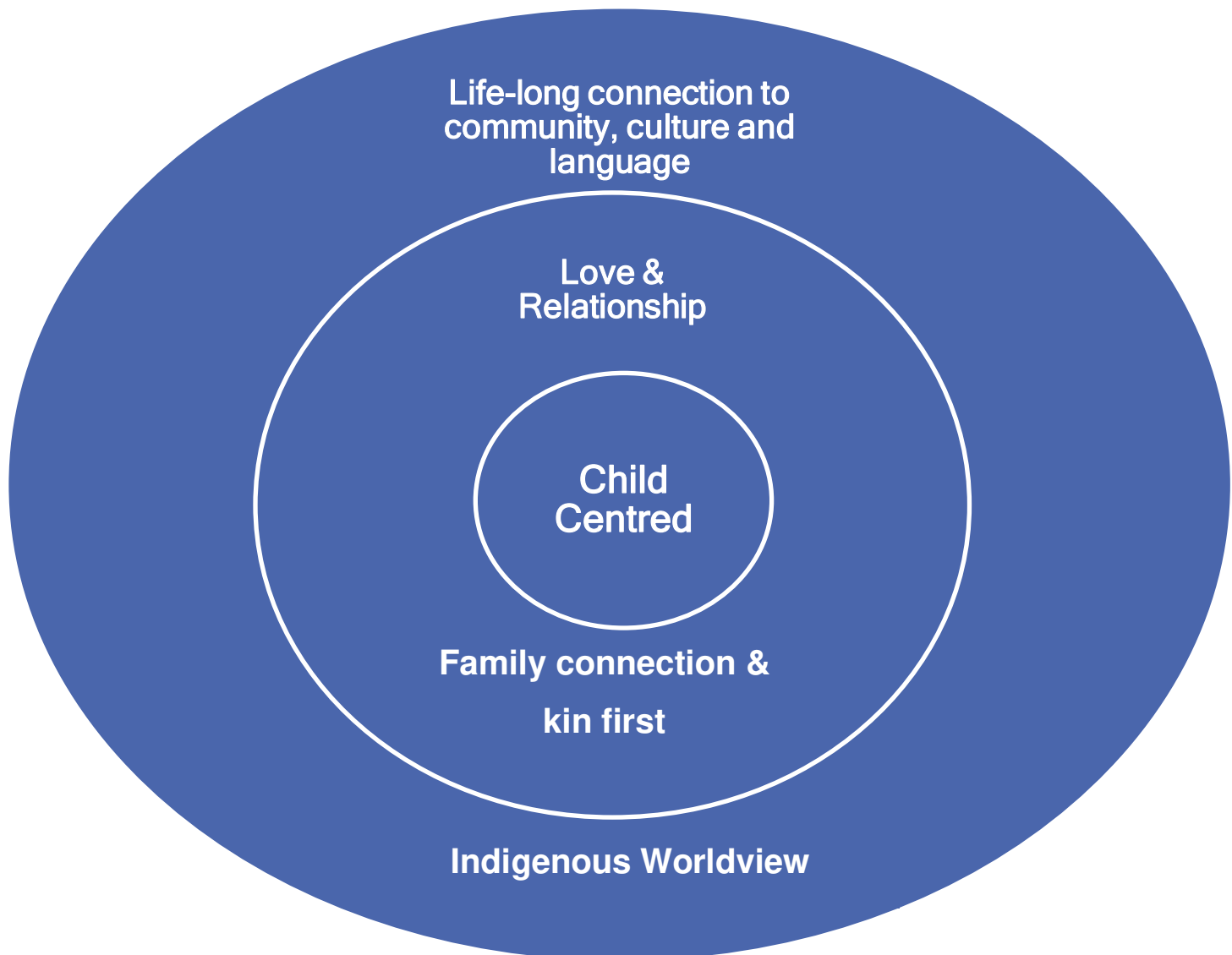| Category	Comments/Examples
4. **Assessments and tools**	• "The standard we are holding kinship to is based on a **culturally inappropriate assessment framework**." • People also described a lack of culturally appropriate home assessments and struggles with PRAT. • "Sometimes there may be a family member that is willing to take care of a child but doesn't meet the criteria in the assessments. For example, a family member that doesn't clear the CYIM (Child Youth Intervention Module check) and can't pass the home assessment but would be a good support." • "In contrast, in some cases, we'll recommend 'non approval' but then they want us to change our approval. The word HAR writers use is bullied. They're bullied into changing the approval." • "**Caregivers don't want to go through the invasive, intrusive process of the home assessment. There is fear.** This experience also differs depending on the individual home assessor."
5. **Family systems and dynamics**	• "**Families are complicated. There is often intergenerational trauma, including traumatized caregivers.**" • "Family is the best place to be, but sometimes there is such a rush to place a child with family we don't spend enough time preparing (the kinship family) for what that means. We need to do more work prior to placing a child with family. Currently there is a high level of breakdown because that's not being done. This can lead to disintegration of their own family system." • "Don't stop at the first identified kin." • "Need to look more at kinship families' expectations." • "The relationship between caregivers (kinship families)

Category	Comments/Examples
	and biological parents is sometimes shattered. Sometimes the caregiver has had a negative experience with the biological family." • "In contrast, having a good relationship with the biological family can be challenging too. There needs to be boundaries." • "Breakdowns lead to multiple family placements, and then the message to the child is 'even my family can't deal with me'. We want to avoid that. Emergency intake is streamlined faster into kinship than foster care." • "Multiple kinship placements for a child can be devastating." • Immediacy versus too immediate: **"that double edged sword is sharp"**. Experience suggests it's not always best to place a child with the first available kin; it's important to keep looking. "We had an example of an immediate placement that didn't work out, the child had to move, but didn't look at it like the placement broke down, instead-you had a 2-week visit."
6. **Short-term service provision and lack of continuity of caseworkers**	• "Contracted services are only short-term. Families need more support. That's a barrier." • "There is a pilot project that is addressing one of the gaps – working toward allowing the caseworkers to complete the home assessment AND follow-up with that family. It's a challenge when the support worker is different than the one who did the assessment." • It was noted that there is research to support this, that is **"it becomes so much more important in kinship – for the worker to be the same person – versus foster care and adoption."** Although, in contrast,

Category	Comments/Examples
	another stakeholder later noted that it is "not a challenge when the SAFE writer is different and research…speaks to these roles being distinct" (thus, further exploration of this issue may be helpful.)
7. Lack of trust in government	• Lack of trust in government was mentioned as a challenge. For example: "Some caregivers don't want anything to do with us because we're funded by government."
8. Lack of respite	• "Respite (funding) is covered, but caregivers must find their own respite providers and there are limited resources."
9. Formal training requirements	• "It can be intimidating to walk into training as a kinship provider with foster parents." (Some regions offer training for foster parents separately from training/orientation for kinship families.) • "Why does this system have to be a 'system'? **Telling grandma: 'you have to do all this training' is unnatural.**"
10. Wait times	• It was said that while emergency kinship placements were often done quickly, there were challenges related to wait times. **"We've had a file open for 8 years with grandma**. There's a plan in place for permanency but it's a not a priority on the caseworker's list." "When it's an emergency placement, it can be quick to kinship, but the longer they're in foster care, the harder it is to move to kinship." • "There was one child who was waiting to go into kinship but there was a roofing issue with the house on reserve – the child never went to kinship because the caregiver got cancer and died."

Values

What are the values of kinship care?

Participants were asked to describe the **values of kinship care**. This is what we heard. Kinship care is based on love and relationship. It's fundamentally different from foster care. It's about building a circle that is significant to a child, valuing family and kin as the first choice of placement, and maintaining life-long connection to community, culture and language. Kinship care is culturally appropriate and honours Indigenous experience and worldview. It's more than a funding model.

Life-long connection to community, culture and language

Love & Relationship

Child Centred

Family connection & kin first

Indigenous Worldview

Future Design

Imagine Alberta had the best kinship model in Canada…How should we design it?

Category	Comments/Examples
Values	
HONOURS INDIGENOUS EXPERIENCE AND WORLDVIEW	• Indigenous understanding**: "If two thirds of children in care are Indigenous, let's bring more Indigenous understanding, rather than the Western perspective intruding so much."** • Indigenous kinship mapping versus Western genograms. Kinship mapping looks more broadly at "who loves the child?" It's not just the next person in line in the western-based family tree or genogram. Kinship mapping looks at "who is around the child?" There could be a significant relationship to the child, but the person wouldn't be in a western genogram. Sometimes a child will look at a genogram and say: "I don't even know a lot of these people." • "You don't have to be my blood-brother to be kin…Kinship mapping looks at all that…I may have an aunt in Toronto, but my little mother is mom's best friend, Lorna. It's not necessarily blood. It's more about the relationship." • There is respect for human rights and self-determination.
CHILD-CENTRED & NATURAL SUPPORTS	• "Pre-colonization worldview had the **child at the centre."** • Kinship care values the child's voice – should look at "who is having those conversations with kids about where they want to be?" • Kinship care helps to preserve the child's identity as part of a family versus being a "PGO kid" or a "foster kid". • Kinship care helps with normalization of their life. For example, 'this is my aunt" or 'this is my grandma' picking me up, versus 'my foster mom'. They are not with

Category	Comments/Examples
	strangers. That circle of family supports the child. • It takes a whole community to raise a child. • The child is supported to live in an environment with physical and emotional safety. Ideally, the child wouldn't need to receive in care status to receive support. **"It seems wrong for a kid to go PGO with Grandma."** • There is room for flexibility and creativity in how we provide support (including practical, financial, emotional support) to children, youth, families and caregivers. • Values the child and family's voice to support true collaboration.
LOVE & RELATIONSHIP	• Kinship care is considered fundamentally different from foster care. It's about asking: **"who loves this child?"** • Kinship care is based on love and relationship. Kinship caregivers represent natural supports and close connections. • The depth of love that kinship caregivers feel for the children is categorically different from the foster care system. Kinship caregivers are not the same as "providers" – they are friends and family helping to raise children who need them. Many are living in poverty themselves but will do anything to help because of their love for the children in their lives. For example, even though "one family had only $800/month to live on – they said, "we'll make it work". • Because of existing relationships, there is increased transparency and understanding. For example, "the child doesn't have to put on a show for a stranger; their kin know their story and who they are outside of the trauma – not being judged based on this situation now." • "In kinship homes, the family knows their story and can keep the good memories alive."

Category	Comments/Examples
LIFE-LONG CONNECTION TO COMMUNITY, CULTURE & LANGUAGE	• Kinship care helps provide stability, increase sense of belonging and sustain life-long connection between children and adults who love them. It helps to maintain **connection to community, culture and language**. • Kinship care also emphasizes keeping siblings together. "The sibling connection can be stronger than with the parent, we know that now." • "Research shows that kids placed in kinship are less likely to come back into care when natural supports are in place." • "We have better outcomes for kinship. More go back to their families or get adopted." • "When I turn 18, I'll come back to this person. With foster care, the funding ends. **It's more than a funding model**."
Program and Policy Design	
Separate from Foster Care	• "It would definitely help to have more consistency and to differentiate between foster care and kinship care in legislation and policy across the province." • "Need alignment between values, policy, legislation, funding, etc." • "**Don't borrow from the professionalization of foster care. This is a separate road.**" • "If it needs to be mirrored on anything, it should be the in-home support road, not foster care. Or Family Based Care." • "Overall, kinship needs to be separate from foster care. Kinship care is not foster care. It's a separate program."
Provincial Consistency (Balanced with	• Participants emphasized the importance of creating a **consistent approach to kinship policy and practice** across the province.

Category	Comments/Examples
Flexibility)	• "There should be shared language and systems." • Easier out-of-region transfers: "When I need to transfer a file from Edmonton to Calgary, the family may or may not get the same level of service, funding, etc. Those equity pieces need to be consistent." • "Our workers need to stay involved and follow-up to make sure transitions are smooth… It's tough on families and workers to navigate (transitions between regions)." • Equitable approach to support (e.g., taking into account differences in rural versus urban capacity). For example: consider travel in rural areas – staff may need to travel 2.5 hours to see one home. Also, "rural staff need to provide a lot of support themselves, versus connecting with other community supports available in urban areas." • "If a kinship family starts out of region, we don't even touch it – we make sure that (original agency) takes it. It's almost like we don't speak the same language." • "Inter-agency transfers within the same region are easier." • "It would be good to have shared language and processes." • "We are lucky (others have helped us), but I can't call another agency for help because they're not CSD. If we had the fluidity to call my colleagues (in another region), and we had shared language and systems, and there's no delay… that would be helpful." • "There is an example of a kinship home that still wants to work with our agency, but we'd need funding from another region. They make it clear they have their own standards. Every region does things differently and they don't like going out-of-region."

Category	Comments/Examples
	• "Instead of a regional kinship contract, have a provincial kinship contract" with room for flexibility in service delivery and supports. • "We need provincial alignment that allows variation in how homes get going, so that it doesn't matter where the child and family lives: they all get the same support."
Natural Kinship and Family Support without requiring In Care status	• There should be support for children and families without requiring an "In Care" status. • "Why can't we put in as much support when a child is Not In Care, as when they are In Care? Why does there have to be an In Care status? There are places in Canada where kinship is not an In Care system – for example, in Manitoba. There is a support program but no care status. The government can fund with different rules and legislation." • "There should be more opportunities for non-status– **why do kids have to be In Care to receive kinship**?" • "Have the option to get kinship care without being In Care. For example, a family enhancement agreement, where the enhancement is kinship. You can do that in British Columbia."
Assessment	
Assessment Tools	• "We want the tool to be three things: **culturally appropriate, trauma informed, and strengths-based**. With the HAR right now, a skilled worker would be okay, but it's not inherently those things. The assessment and safety standards…need to be redesigned." • Safety & Assessments: The approval process, tools used for screening, home study, criminal record checks, etc.

Category	Comments/Examples
	should be appropriate for kinship families and include the relational aspects of the family situation and family dynamics.
Training	
Voluntary Learning Opportunities (vs. Formal Training)	• "Sometimes we push training on a family. There shouldn't be an expectation of 'training' at all. Orientation is okay – varied, based on their needs. But do I have to come to a group? No, no no. Not unless they want to. Some find value in a group. But should not be mandatory. There should be some type of orientation to the system, but with flexible delivery options." • "Also, current training is often through a deficit lens versus strength-based. Need to get better at identifying strengths." • "You'd be surprised how many people would take advantage of the opportunity to learn, versus being told what to do." • "The Child Welfare League of America developed a curriculum that aligns well with the Foundations of Caregiver Support training." • Another participant described the "Kinship Enrichment Empowerment Program" (KEEP) as a positive learning opportunity. • "Opportunities should be there for extended families if they want - experiential learning, resources, support." • "With some accrediting bodies, the training mandated for kinship providers was ridiculous. It's not his 'job', he's a parent." • "Do we have to use the word 'training'? Can we say

Category	Comments/Examples
	'opportunities for support and learning"?" • Participants further recommended "a social education piece for caregivers that addresses the shift in their role as a direct caregiver." For example: "Having 4 children land on your doorstep on a Monday morning is not a normal experience. Now you have to change your identity Monday morning. On Sunday it was Grandma."
Support (Financial and Practical Supports)	
Revisit Funding Formula	• Kinship caregivers need supports (including financial, emotional and practical supports) that will allow the placements to be successful. • "**At the beginning, the funding model for kinship was based on not as many numbers** (fewer kinship homes overall). But as you grow, the pressure and needs increases – daycare, insurance, etc. With increased numbers, the agency can no longer absorb the extra costs." • "With the CSD contract, as your kinship grows, it becomes less sustainable. **Kinship is the most expensive program.**" • One agency has a larger contract – "we have a lot of youth, more homes, it helps to balance out (the funding). It's harder for smaller contracts." • There is also a need to "reassess the approach to paying per diems in CSD". • "The (funding) formula was based on percentages from 7 years ago. Now our percentages are different. It needs to be revised. **Many kinship families are living in poverty and have more expenses than a foster family.**"

Category	Comments/Examples
	• "Daycare costs are the highest per diem."
	• "Almost every kinship family has a support plan for daycare because there are a lot of working families."
	• "It's mileage costs, too."
	• "The reality that child care and mileage will be standard supports." (needs to be considered in funding allocation)
	• There should be more transparency regarding available supports. For example: "Many kinship families don't know what supports they're entitled to." Providing a separate Kinship Care Parent Information Booklet would help to increase family awareness regarding available supports.
	• "Worried that money becomes a factor instead of best practice. Funding is based on a 10-year old formula/funding mix. It is cheaper to foster."
	• **"If you have 45 out of 100 (children) in kinship, you're okay. But if you get to 100 out of 100, you can't afford to pay your staff."**
	• "If we took the child care funding out, that could be a huge short-term solution."
	• Redesign should also include regular funding reviews that consider cost calculations (assumptions, percentage of kinship homes, etc.). Also need to consider costs, assessments, and supports such as respite and home counselling based on family needs.
Caseloads	• "There should be **lower caseloads for kinship** coordinators." There is a need to recognize complexity, trauma experience and diversity: some families need more support than others. "The level of complexity of working with a kinship family is more complex than estimated."

Category	Comments/Examples
	• Estimated caseload size? "It's hard to gauge numbers. We had one home where a worker was in the home every day for a while – working at keeping 5 siblings together and putting in tons of support. That worker might only have 1 home." • Explore use of technology for connecting with families (e.g., Skype calls to reduce travel budget, where appropriate)
Respite	• There should be more respite options for kinship, more networking and natural supports. For example: "it's a sleepover at grandma's, more natural, not necessarily labelled as respite. Respite is hard to get. You're burning people out." • Need additional respite funding for a child with complex needs, behaviours and trauma experiences.
Other Supports and Understanding of Trauma, Family Systems and Dynamics	• Brief Intervention Caregiver Support (BICS) and Functional Family Therapy (FFT) are evidence-based practices, **working in-home with family systems**. • Need increased understanding that kinship caregivers may require additional support due to level of complexity. • Long-term supports for biological families – "support mom and dad to parent", "make it safe for the bio family to be there (part of the child's life)". • Not necessarily parallel to 'skill fees' for foster home, but more understanding of a traumatized child's needs. • One organization further added that they have an Adoption/Kinship program designed to **build attachment and address trauma**. They recommended that similar programs should be offered more broadly across the province. Current demand exceeds available funding. "We

Category	Comments/Examples
	could easily have more staff in the program but don't have the funding. We have a waitlist which is not helpful to our families."
Flexibility (Balanced with Provincial Consistency)	• "We want a design that allows funds to be very **flexible, child-driven and family-driven**." • "We can be really creative and can work with what the family needs. Some don't need a lot of support…In contrast, we had one family that needed 20 hours a week. So it varies." • *"Legacy Contract* says we need to see kinship families once a month. Ideally, some need support once a week, minimum. My caseloads are through the roof. Five kinship workers all have 16 to 20 kids on their caseloads." • "New files need a lot of attention. There is intergenerational trauma, lots going on." • "We need flexible approaches to service delivery and support."
Scope of Work	• Some stakeholders further suggested that "agency does the entire front end piece – collect paper work, write SAFES (HARS) and provide support in order to streamline service delivery and assist in quicker access and more timelier supports for Kinship families." • Agencies and DFNAs are well positioned, if there are sufficient resources and provincial policy support, to serve a larger role in kinship care province wide (i.e., scale up their overall scope of work related to kinship care). It would be helpful to reach out to agencies and DFNAs to work collaboratively with the provincial policy team to finalize the approach to kinship care in Alberta.

EXAMPLES OF RESEARCH ON KINSHIP CARE

Outcomes

To provide additional context for this report, we reviewed a few examples of published literature (including a systematic review, literature reviews and a masters' thesis recently completed by a local agency staff member based on qualitative interviews with Alberta kinship caregivers.) Most of the research suggests **positive outcomes** for children receiving kinship care: kids do better when they are with family who love them. For example, one review of 102 studies found that "as compared to children in foster care, children in kinship care experience fewer behavioral problems and mental health disorders, better well-being, less placement disruption, fewer mental health services, and similar reunification rates." (Winoker et. al, 2015)

Similarly, in a recent literature review completed for Woods Homes, Gardiner (2019) reported that "Child outcomes for kinship care compared to foster care have begun to be examined. In a review of 71 studies, children placed in kinship showed stronger behavioural and adaptive development, mental health and wellbeing and placement stability; these children were also likely to experience fewer incidents of abuse in care (Bell & Romano, 2017 as cited in Gardiner, 2019)."

Keeping children with family helps **preserve cultural and community connections.** For example, Wright, Hiebert-Murphy, Mirwaldt, and Muswaggon reviewed factors that contribute to positive outcomes in the Awasis Pimicikamak Cree Nation Kinship Care Program. The authors reported that: "Kinship care is considered a traditional practice passed down from generation to generation… By definition, the Cree words "minisiwin" (family) and "wahkotowin" (relations) determine the expected roles and responsibilities of extended family. The community stakeholder, staff, and kinship foster parents identified a **connectedness** between the child, the caregiver, and the community. This was reflected in the emotional bond between the child and caregiver, and the child's or youth's connection to culture, language, and community. The majority of children and youth reported being able to communicate in their indigenous Cree language because they remained in their community."

Assessment

Literature suggests that although "the experience for kinship caregivers is very different from adoption and foster care…assessment practice and policy do not reflect these unique elements." (Mann-Johnson, ii). However, "to be successful, kinship home assessments should be approached in a manner that is **unique and different than traditional foster care**." (cited in Mann-Johnson, p.32).

Mann-Johnson further notes: "The **continuing legacy of colonization** exists and is apparent in the analysis of this issue (regarding kinship home assessments). The assumptions surrounding *who* gets to decide what is safe enough or good enough for a child strikes at the core of colonization and the institutions, legislation and other structures that surround each decision suggest structural colonization. For example the reported difficulties with meeting imposed standards, coupled with a lack of resources, further marginalizes these families." (Mann-Johnson, 2016, p.87).

Gardiner (2019) further suggests that assessment of kinship homes should focus more on **relational dynamics and family systems**. For example: "Assessment for kinship placement is typically focused on capacity to meet the child's needs and to provide a safe and nurturing environment. Safety is understandably the first priority. Assessment for kinship families is rarely focused on the relational aspects of the family situation. Dimensions of safe and effective care for children in kinship do not typically include relational dynamics with the parents (Lutman, Hunt & Waterhouse 2009)." (cited in Gardiner, 2019)

Support

Kinship families **often do not receive adequate support**. For example: "Many of these (kinship) carers experience poverty and deprivation, and do not receive comparable levels of support, financial or professional, to other placement types." (McCartan et. al, 2018).

Better outcomes were observed when children were placed with grandparents, together with their siblings, and when kin received adequate financial and practical supports. For example:

"Farmer (2010) in looking at kinship quality and disruption also found lower levels of disruption when children were placed with grandparents (8% disruption compared to 27-30% with other relatives) and when kin received **financial and practical supports**. In addition, there were fewer disruptions when children were placed with siblings." (as cited in Gardiner, 2019)

Stiller (2019) interviewed thirteen caregivers to explore "the lived experience of kinship caregivers during the critical first three months of placement provision, capturing both unmet needs and helpful supports. Results suggest that **relationship is the foundation** of all caregiver experience in the first three months." Regarding the types of supports most helpful to caregivers, Stiller reported that "Although caregivers did note the need for practical supports such as funding and respite care, much of their feedback was rooted in the relational tenets implicit in the lived experience above. According to participants, critical relational supports include effective service team communication, developmental empathy in information sharing, extended family mediation, and a relational practice orientation for professional supports."

Unique Paradigm: Kinship Care is not Foster Care

Kinship care is distinct from foster care. Katharine Anne Dill, in her PhD research, makes a compelling case for the underlying reasons kinship care does not fit within the foster care paradigm. For more information see: "Fitting a Square Peg into a Round Hole"—Understanding Kinship Care Outside of the Foster Care Paradigm (University of Toronto, 2010). Other authors have made similar conclusions. The use of a **Kinship Care Practice Framework** has been recommended to overcome the challenges of working within the existing foster care model. For example: "In recent years, kinship care has become a major contributor to the delivery of out-of-home care services in most Western jurisdictions. Over time, statutory kinship care has been modelled on the more established foster-care system. Yet the particular nature of kinship care differs from stranger care arrangements in important ways. This often results in kinship carers and their children being disadvantaged and poorly responded to within foster-care-dominated systems. This article discusses the development of a kinship care practice framework that responds to the particular needs…of kin carers and the children they care for within statutory systems of care, and which also takes into account the particular complexities of kinship care practice." (British Journal of Social Work, 2017)

EXAMPLES FROM OTHER JURISDICTIONS

Jurisdiction	Example
British Columbia	The Ministry of Children and Family Development, British Columbia, provides different types of care options including "out-of-care or kinship placement". The goals of out-of-care or kinship placement are "to reunite the child with their parents wherever possible" and "put the child or teen at the center of all decisions, which includes considering their views about decisions that affect them." (Source: https://www2.gov.bc.ca/gov/content/family-social-supports/fostering/temporary-permanent-care-options In a document updated April 2019, the Ministry of Children and Family Development further outlines various types of Family Support Services and Agreements, including instructions regarding the "Use of Screening Assessment Tool to determine whether a protection or nonprotection response is required." (Source: https://www2.gov.bc.ca/assets/gov/family-and-social-supports/policies/cf_2_family_support_services.pdf)
Manitoba	"**Customary Care** is a new concept to Child and Family Services in Opaskwayak Cree Nation and Manitoba and requires that the child's First Nation community is involved in placement within OCNCFS. Customary Care refers to the traditional practice of raising a child within the First Nation, where all members of the family, extended family, relatives and community are involved. Traditional Customary Care practices are influenced and determined by the culture and community in which the child is raised, and **does not require agency involvement as the child is not in need of protection** (based on criteria outlined under the Child and Family Services Act.)" (Source: http://ocncfs.ca/service/architecture/) For more information regarding customary care, also see: https://www.southernnetwork.org/site/customary-care-manitoba.

Jurisdiction	Example
Ontario	There are two different models: "In the **Kinship Care model** children come into care and then get placed with kin after following the same assessment process and training that foster parents receive… In the **Kinship Service model**, children don't come into care but are placed with kin families either on a voluntary basis or with a supervision order. An assessment is completed using the **Kinship Service Standards** which assists in determining if the family is able to protect the child and provide a nurturing, safe, and secure home." (Source: http://www.oacas.org/2017/09/keeping-kids-connected-sharon-cabrera-talks-about-how-kinship-families-are-improving-child-welfare-outcomes-for-children-and-families-in-ontario/.)
Australia	The Victorian government's new kinship care model started in March 2018. The new model "identifies kinship networks earlier; promotes placement quality and supports children and young people living in kinship care; promotes placement stability; strengthens reunification where appropriate; builds community connections for Aboriginal children in kinship care; and delivers better, more flexible support." https://services.dhhs.vic.gov.au/kinship-care
New Zealand	"Embedded in (New Zealand legislation) is a focus on Indigenous cultural values for Māori children in care. The Act enshrines the **rights of children to be cared for by their family**, whanau (kin group), hapu (extended kin group with many whanau), iwi (descent group with many hapu) or family group…In New Zealand kinship carers are usually referred to as 'family/ whānau caregivers'." (McHugh, 2009). Recent updates to legislation further ensure **"support to establish, maintain, and improve whānau connections."** Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. http://legislation.govt.nz/regulation/public/2018/0111/latest/LMS56106.html

SUMMARY AND RECOMMENDATIONS

Response to kinship care redesign in Alberta

Cultural and family connections can be strengthened through a well-designed and supported Kinship care program. As the support providers, contracted agencies want to be part of the solution. They want **more consistency but not rigid rules**; they need **room for flexibility** in meeting the individual needs of children, youth and families. This report summarizes their insightful, practice-based suggestions regarding **how to build the best kinship care model in Canada.**

Contracted agency members and other key stakeholders expressed willingness to continue the discussion, including for example, meeting with policymakers, sharing their expertise, participating on committees and contributing to pilot projects to explore alternative ways of practice.

Based on what we heard, we offer the following recommendations for Kinship Care Redesign in Alberta:

1. **Integrate Indigenous Worldview:** Given that the majority of children within the child intervention system are Indigenous, Indigenous worldview should be integrated in all aspects of the kinship care model. This includes, for example, being child-centred, using kinship mapping instead of genograms, focusing on natural supports, love and relationship, and maintaining connection to community, culture and language. It's time to "get serious about the two thirds".

2. **Preserve Family & Cultural Connections:** Kinship care should be pursued as the first alternative when out-of-home care is required. Kinship can help to maintain - not break - the family or tribal connection. "The repair after is what I'm doing now…The aftermath is way worse. Look for the healthy."

3. **Kinship Care Should be a Separate, Unique Program:** Kinship care is separate and distinct from foster care. This difference should be reflected in policy, legislation and practice.

4. **Question: is this Poverty or Protection?** Families should receive preventative supports to help preserve the family unit. Children should not require protection status to receive adequate support. Home assessments should be culturally appropriate and relevant for kinship placements.

5. **Adequate Support:** Kinship caregivers should receive adequate financial, practical and emotional support to facilitate successful kinship placements (including voluntary learning opportunities). Furthermore, families need financial support that is current and relevant to today's standards.[3]

6. **Provide Provincial Consistency with Flexible Delivery Options**: There should be increased provincial consistency balanced with flexible implementation to meet the needs of individual children, youth and families.

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[3] ALIGN Association of Community Services: What would help Alberta's vulnerable children and families the most?

APPENDIX A: PARTICIPANTS

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Ria Warren	Central McMan
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Barb Wittig	Woods Homes Calgary
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Natalie Cox	The Family Centre
Lisa Stern	The Family Centre
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