

Focused Literature Search to Inform Kinship Redesign 2.0

ALIGN Association of Community Services

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1.0 Background

The following focused literature search and environmental scan was conducted to support the development of the Kinship Care Redesign in Alberta 2.0 Report for ALIGN Association of Community Services. The report is intended to provide input regarding the provincial design of kinship care in Alberta. The following resources were generated to inform and update the report based on current knowledge of kinship care in Canada, and in similar jurisdictions. Due to space limitations, not all resources listed in this document are included in the report. Therefore, this document is intended to act as a companion piece to the report and can be reviewed for further information or additional resources.

2.0 Search Strategy

The following questions were used to generate the literature search strategy:

1. What types of practical and financial supports are (or should be) provided to kinship homes?
2. How is kinship unique from foster care?
3. What does it mean to be trauma-informed in this context?
4. What are issues/concerns specific to Indigenous children and families in this context?
5. What are other jurisdictions doing with respect to kinship care?

In this search, both academic and grey literature were included (i.e., published works, reports, and findings) specific to jurisdictions within Canada and comparable international nations (i.e., New Zealand, Australia, United Kingdom, etc.). Literature in the updated search strategy was included if it implicitly or explicitly used the concepts or terms: kinship care, foster care, trauma-informed and/or Indigenous children, youth and families; was not used in the previous report (prepared in 2019); and was published or developed after 2017. Search terms were developed as a chain of terms, modified for each database or search engine. If results of the initial search were minimal, terms were used individually to broaden the search. Citation linking was also used to gather additional literature and resources where relevant between 2004-2021.

3.0 Literature Scan Search Results

The four sections below include a list of relevant results from the literature and environmental scans. A brief summary or key highlights are included in the adjacent box.

3.1 Practical and Financial Support

What types of practical and financial supports are (or should be) provided to kinship homes?	Highlights/Summary
<p>1. Annie E. Casey Foundation. (2012). Stepping up for kids: What government and communities should do to support kinship families. https://www.aecf.org/resources/stepping-up-for-kids/</p>	<p>This document includes the following policy recommendations to improve government and community support for kinship families:</p> <ul style="list-style-type: none"> ▪ Increase Financial Stability of Kinship Families (e.g., increase basic income supports) ▪ Strengthen Kinship Families Involved in the Child Welfare System (e.g., subsidized guardianship as permanency option) ▪ Enhance Other Community-Based and Government Responses for Kinship Families (e.g., stable housing, legal representation, ability to enrol children in school, etc.)
<p>2. Child Welfare League of America (2020). Traditions of Caring and Collaborating: Kinship Family Information, Support and Assessment. Trauma Informed Model of Practice. https://www.cwla.org/wp-content/uploads/2020/05/TradOfCarKinship_FlyerRev.pdf.</p> <p>For follow-up: Correspondence with CWLA for additional information about the Trauma Informed Model of Practice and associated tools (Implementation Guide, Facilitator’s Guide and CARE Book)</p>	<p>The CWLA developed a Trauma Informed Model of Practice to support kinship families, including recommended training and support, and 9 key areas unique to kinship families:</p> <ul style="list-style-type: none"> ▪ Legal (who has authority to make decisions?) ▪ Financial/resources (often limited) ▪ Family relationships (complex dynamics) ▪ Health and mental health (access to care) ▪ Child behaviour and trauma ▪ School (who can enrol? Are additional supports needed?) ▪ Fair and equal treatment (research suggests there is discrimination against relatives, often grandparents)

What types of practical and financial supports are (or should be) provided to kinship homes?	Highlights/Summary
	<ul style="list-style-type: none"> ▪ Services & supports (extra support) ▪ Satisfaction and recommendations (importance of asking families, did we serve you well?)
<p>3. Lin, C. (2014). Evaluating services for kinship care families: A systematic review. <i>Children and Youth Services Review</i>, 36, 32-41. https://www.sciencedirect.com/science/article/abs/pii/S0190740913003393</p>	<p>Kinship families should receive adequate support and resources; however, research suggests that they receive less support and fewer resources than foster families. This discrepancy must be resolved.</p> <p>“Despite their needs, kinship care families receive less support and fewer resources than other foster care families.” Examples of potentially helpful services included Kinship Navigator programs, support groups and legal assistance for kinship families; the authors recommend more rigorous research designs to explore what types of programs and services are most beneficial for kinship families.</p>
<p>4. Mann-Johnson, J. (2016) Decolonizing Home Assessment Practice at the Kitchen Table: A Thematic Analysis Identifying the Crucial Elements in the Assessment of Kinship Caregivers. Masters thesis, University of Alberta</p> <p>5. Gardiner, S. (2019) Family systems and kinship care: Challenges and opportunities, <i>Wood’s Homes Journal Evidence to Practice</i>, VOLUME 3, ISSUE 1, WINTER 2019.</p>	<p>(Though assessment is different from support, this is included here because it highlights the importance of understanding kinship as unique from foster care, and further highlights the role of colonization.) “To be successful, kinship home assessments should be approached in a manner that is unique and different than traditional foster care.” (p.32)</p> <p>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.” (p. ii). Mann-Johnson 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</p>

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	<p>strikes at the core of colonization and the institutions, legislation and other structures that surround each decision suggest structural colonization.” (p.87). Gardiner (2019) further suggests that assessment of kinship homes should focus more on relational dynamics and family systems.</p>
<p>6. McCartan, C., Bunting, L., Bywaters, P., Davidson, G., Elliott, M., & Hooper, J. (2018). A Four-Nation Comparison of Kinship Care in the UK: The Relationship between Formal Kinship Care and Deprivation. <i>Social Policy and Society</i>, 17(4), 619-635.</p>	<p>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).</p>
<p>7. Smithgall, C., Yang, D., Weiner, D. (2013). Unmet mental health service needs in kinship care: The importance of assessing and supporting caregivers. <i>Journal of Family Social Work</i>, 16, 463-479. https://www.tandfonline.com/doi/abs/10.1080/10522158.2013.832460</p>	<p>The mental health needs of children and caregivers must be uniquely assessed within kinship families. “Although children in kinship care reportedly have better outcomes than their nonkinship foster care peers, some have unmet mental health needs or delayed service utilization...It is important that child welfare assessments consider caregiver capacity to meet each child's needs and, especially within kinship care where not all caregivers are licensed, respond to the resource, housing, education, and service needs of caregivers.”</p>
<p>8. Substance Abuse and Mental Health Services Administration (2015). Trauma-informed approach: SAMHSA’s six key principles of a trauma-informed approach. Retrieved from https://www.samhsa.gov/nctic/trauma-interventions</p>	<p>There are many resources and training opportunities for becoming more trauma-informed, including for example, resources developed by the Substance Abuse and Mental Health Services Administration. The organization identified the following six key principles of a trauma-informed approach: 1) Safety, 2) Trustworthiness and Transparency, 3) Peer Support, 4) Collaboration and Mutuality, 5) Empowerment, Voice and Choice, and 6) Cultural, Historical, and Gender Issues.</p>

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<p>9. Stiller, R. (2018) What to Expect When You're Not Expecting: Early Lived Experiences of Kinship Caregivers. Masters Thesis. University of Strathclyde</p>	<p>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.”</p>
<p>10. Sullivan, K. M., Murray, K. J., Ake, G. S. (2016). Trauma-informed care for children in the child welfare system: An initial evaluation of a trauma-informed parenting workshop. Child Maltreatment, 21, 147-155. https://journals.sagepub.com/doi/10.1177/1077559515615961</p>	<p>The authors report findings from the evaluation of a trauma-informed parenting workshop. “An essential but often overlooked component to promoting trauma-informed care within the child welfare system is educating and empowering foster, adoptive, and kinship caregivers with a trauma-informed perspective to use in their parenting as well as when advocating for services for their child. In this first evaluation of the National Child Traumatic Stress Network’s trauma-informed parenting workshop (Caring for Children who Have Experienced Trauma), participant acceptance and satisfaction and changes in caregiver knowledge and beliefs related to trauma-informed parenting were examined...Results demonstrate that kinship and nonkinship caregivers showed significant increases in their knowledge of trauma-informed parenting and their perceived self-efficacy parenting a child who experienced trauma.”</p>

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<p>11. Farmer, E. (2009) What factors relate to good placement outcomes in kinship care? <i>British Journal of Social Work</i>, 40, 426-444. (cited in Gardiner, 2019)</p>	<p>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, there were “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.”</p>
<p>12. Xu, Y., Bright, C. L., Ahn, H., Huang, H., & Shaw, T. (2020). A new kinship typology and factors associated with receiving financial assistance in kinship care. <i>Children and Youth Services Review</i>, 110, 104822. https://doi.org/10.1016/J.CHILDYOUTH.2020.104822</p>	<p>This study looked at the financial considerations of kinship families and developed a new typology for kinship families based on funding received. The typology included receiving Temporary Assistance for Needy Families (TANF) only, foster care payment (FC) only, TANF + FC, and None. (American)</p> <p>Receiving foster care benefits was dependent on caregivers’ licensure. If one received foster care payments they also received social services. “This study found that almost one-third of kinship families did not receive any state financial assistance (the None group), even though about half of these kinship families were living below the federal poverty line.”</p>

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<p>13. Berrick, J. D., & Hernandez, J. (2016). Developing consistent and transparent kinship care policy and practice: State mandated, mediated, and independent care. <i>Children and Youth Services Review</i>, 68, 24–33. https://doi.org/10.1016/J.CHILDYOUTH.2016.06.025</p>	<p>Authors suggest changes to current kinship care policies and taxonomy. Three overarching taxonomies include: state-mandated, state-mediated, and state-independent, with groupings underneath each. From their review, the authors have recommended: “The financial and social supports available to families across the various types of mediated care should be similar, as should the supports available to families in mandated care. Policy coherence within these categories of kinship care would be welcomed by caregivers and those tasked with their support. Caregivers routinely suggest that they are acutely aware of the financial inequities between what they receive and what their neighbor down the street may receive (D. Moore,5 personal communication, November 29, 2015).” (Berrick & Hernandez, 2016).</p>
<p>14. Bramlett, M. D., Statistician, S., Radcliff, L. F., Social, S., Analyst, S., Services, H., & Chow, K. (2018). Health and Well-Being of Children in Kinship Care: Findings from the National Survey of Children in Nonparental Care. <i>HHS Public Access</i>. 95(3).</p>	<p>This study uses nationally representative survey data to look at the characteristics, adverse family outcomes, and child wellbeing of children in kinship care with varying involvement of child protective services (CPS).</p> <p>“We found that children with current or former open CPS cases, but who were not in foster care at the time of the survey, had particularly high rates of special health care needs (SHCN) and mental health care compared with children in non-foster relative care with less CPS involvement.” ... “Many adverse family experiences were increasingly likely with greater CPS involvement.... Most were almost twice as prevalent among the open case children as among other nonfoster groups.” ... “Children with current or former CPS cases tended to have poorer health and academic outcomes than other children in nonpublic kinship care and may be particularly vulnerable given the</p>

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	<p>frequency with which they have special health care needs. Aftercare services for children and youth discharged to relatives have received less attention than post-permanency services to support reunification and adoption.”</p> <p>“That more than 40% of caregivers without CPS involvement lack custody may indicate a vulnerability regarding legal permanence.”</p>
<p>15. Hallett, N., Garstang, J., & Taylor, J. (2021). Kinship Care and Child Protection in High-Income Countries: A Scoping Review. <i>Trauma, Violence, and Abuse</i>. https://doi.org/10.1177/15248380211036073</p>	<p>The authors reviewed 26 studies regarding kinship care, primarily in the United States. They found that “rates of re-abuse, and particularly rates of physical and sexual abuse, appear to be lower in kinship care settings when compared to other out-of-home care settings, but rates of neglect are often higher.” (Note - what is labeled neglect may be associated with poverty and lower levels of training and support.) “It was noted that “(the) lack of training and support that is given to kinship carers is likely to exacerbate the risks to some children.</p> <p>A note re: limitations; the authors of this review stated that “There was not enough detail in the studies under review to provide any analysis of child protection risks by ethnicity. We know that black and minority ethnic children, and indigenous children are overrepresented in kinship care settings. What we do not know is whether the benefits that connection to culture, family and community provided by kinship care, which may be especially important for these children, outweigh the risks of further safeguarding issues in these settings.”</p>

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<p>16. Loria, H., McLeigh, J., Wolfe, K., Conner, E., Smith, V., Greeley, C. S., & Keefe, R. J. (2021). Caring for children in foster and kinship care during a pandemic: lessons learned and recommendations. <i>Journal of Public Child Welfare</i>. https://doi.org/10.1080/15548732.2021.1965065</p>	<p>“The objectives of this study were to increase knowledge about the perceived impact of the COVID-19 pandemic on the health and well-being of children in foster and kinship care in Texas and identify potential areas for prevention and intervention during major public health crises.” The following recommendations were provided:</p> <ul style="list-style-type: none"> - Disparities in the child welfare system should be addressed - Expansion of telehealth - The role of cross-sector communication and collaboration - Important to ensure that those involved in the child welfare system work within their systems and the COVID-19 parameters to ensure the safety of those involved in the care of children in foster care. - Enhance placement stability and support for children and caregivers during a pandemic
<p>17. McLean, K., Clarke, J., Scott, D., Hiscock, H., & Goldfeld, S. (2020). Foster and kinship carer experiences of accessing healthcare: A qualitative study of barriers, enablers and potential solutions. <i>Children and Youth Services Review</i>, <i>113</i>, 104976. https://doi.org/10.1016/J.CHILDYOUTH.2020.104976</p>	<p>“This paper explores the experiences of Victorian foster and kinship carers accessing timely health assessment and ongoing healthcare for a child placed in their care; identifying barriers and enablers.”</p> <p>“We identified for the first time that Australian carers, like their international counterparts, had experienced other difficulties including navigating consent processes (Leslie et al., 2005); having the authorization to make health decisions (Hayes et al., 2015; Schneiderman, 2008); and obtaining past medical history for the child/young person in their care (Hayes et al., 2015; Schneiderman, 2008; Tremellen & Van Doorn, 2012). We also confirmed our survey finding that obtaining paperwork in a timely manner was a particular barrier for the carers in our study and found that this was for all relevant documents e.g. Health Care Cards not only Medicare cards.”</p>

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	<p>“The findings in this study suggest that improvements could be made by all parties involved, to improve timely and appropriate healthcare delivery to children and young people in OOHC. Health services could potentially provide more flexibility in appointment times; manage waiting lists differently to prioritise those in OOHC; seek to employ appropriately skilled health clinicians and build capacity among frontline administrative and clinical staff to understand the additional needs of some of these children and young people.”</p>
<p>18. Pasalich, D. S., Moretti, M. M., Hassall, A., & Curcio, A. (2021). Pilot randomized controlled trial of an attachment- and trauma-focused intervention for kinship caregivers. <i>Child Abuse & Neglect</i>, 120, N.PAG-N.PAG. Retrieved from http://10.0.3.248/j.chiabu.2021.105178</p>	<p>This study explored acceptability, fidelity, and preliminary outcomes of an attachment- and trauma-focused intervention for kinship caregivers in Australia. The two programs were Connect for Kinship Parents (Connect-KP) or care-as-usual (CAU), and participants completed assessments at baseline, post-intervention, and 6-month follow-up.</p> <p>“In sum, this pilot RCT of Connect-KP has established a feasible research protocol for future trials conducted in child welfare services and demonstrates initial evidence for high levels of training acceptability and intervention fidelity. Moreover, kinship caregivers perceived Connect-KP to be beneficial and they showed very high attendance and completion rates, which is particularly encouraging in light of their limited engagement in services.”</p>
<p>19. Riehl, C. M., & Shuman, T. (2019). Children Placed in Kinship Care: Recommended Policy Changes to Provide Adequate Support for Kinship Families. <i>Children’s Legal Rights Journal</i>, 39(1), 101.</p>	<p>The authors propose changes to policy for kinship caregivers.</p> <p>The changes “focus on provision of financial support, mental health services and support, childcare and respite services, training, emotional support, and systemic support”.</p>

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<p>20. Taylor, E. P., Di Folco, S., Dupin, M., Mithen, H., Wen, L., Rose, L., & Nisbet, K. (2020). Socioeconomic deprivation and social capital in kinship carers using a helpline service. <i>Child and Family Social Work</i>, 25(4), 845–855. https://doi.org/10.1111/cfs.12763</p>	<p>“This study employed a mixed-method analysis of the association between socioeconomic deprivation and risk factors reported by kinship carers and explored social capital in kinship families.”</p> <ul style="list-style-type: none"> - A main theme prevalent across areas of high or low socioeconomic deprivation was lack of support - Contact with biological parents was reported as a risk across the sample - Whilst seeking financial advice was common across the sample, more serious financial concerns and deficits were more common in areas of higher deprivation, as expected - One of the most notable findings is the greater reporting of child's histories of neglect and abuse and concerns about their mental health in areas of lower socioeconomic deprivation. - Use of helpline services is influenced by factors such as age, gender and most relevant to the present findings, deprivation - Financial worries were reported as the major barrier to social capital growth in kinship carers.
<p>21. Stene, K. L., Dow-Fleisner, S. J., Ermacora, D., Agathen, J., Falconnier, L., Stager, M., & Wells, S. J. (2020). Measuring the quality of care in kinship foster care placements. <i>Children and Youth Services Review</i>, 116, 105136. https://doi.org/10.1016/J.CHILDYOUTH.2020.105136</p>	<p>This study looks at a potential tool to assess kinship care placements. “Thus, the purpose of this study was two-fold: first, to present the development of a scale for assessing the quality of care in a kinship setting and second, to explore the internal consistency of the proposed tool.” “The kinship caregiver assessment provides a tool that can be used to identify strengths (e.g. caregiver capacity) and areas that need support (e.g. neighborhood disadvantage). For instance, a low score on neighborhood scale could indicate that families would benefit from connection to housing resources, whereas a low score on caregiver’s capacity may suggest the need for</p>

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	psychoeducation around the developmental, emotional, and social needs of the child.”

3.2 How is kinship unique from foster care?

How is kinship unique from foster care?	Highlights/Summary
<p>22. Connolly, M., Kiraly, M., McCrae, L., and Mitchell, G. (2017) A Kinship Care Practice Framework: Using a Life Course Approach, The British Journal of Social Work, Volume 47, Issue 1, January 2017, Pages 87–105, https://doi.org/10.1093/bjsw/bcw041</p>	<p>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.”</p>
<p>23. Dill, K (2010). “Fitting a Square Peg into a Round Hole” — Understanding Kinship Care Outside of the Foster Care Paradigm. University of Toronto. PhD Thesis. https://tspace.library.utoronto.ca/bitstream/1807/26167/1/Dill_Katharine_A_201011_PhD_thesis[1].pdf</p>	<p>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.</p>

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<p>24. Hernández J, Berrick JD. Kinship Probate Guardianship: An Important Permanency Option for Children. Families in Society. 2019;100(1):34-51. https://journals.sagepub.com/doi/pdf/10.1177/1044389418803447</p>	<p>This article includes information about an alternative kinship arrangement referred to as kinship probate guardianship. “A growing number of children are being raised by relatives under a variety of different care arrangements...This article focuses on kinship probate guardianship in an effort to build the literature on this understudied population. It examines demographic information about caregivers and children pursuing kinship probate guardianship, the circumstances that necessitate children’s alternative care, and reasons for selecting this custodial arrangement. Findings suggest that children and caregivers who select into kinship probate guardianship have characteristics similar to those of children and caregivers in other types of kinship care.”</p>
<p>25. Jennifer Osborne, Lauren A. Hindt, Nathan Lutz, Nicole Hodgkinson, Scott C. Leon (2021). Placement stability among children in kinship and non-kinship foster placements across multiple placements, Children and Youth Services Review, Volume 126, https://doi.org/10.1016/j.chilyouth.2021.106000</p>	<p>The authors conclude that kinship provides improved placement stability for children; “... kin placements contributed to fewer disruptions across the first three placements. Findings align with policies prioritizing kin placements and suggest that the benefits of kinship care hold even for later disruptions. Thus, caseworkers should continue to consider kinship care, even if prior kin placements have disrupted.”</p>
<p>26. McHugh, M (2009). A Framework of Practice for Implementing a Kinship Care Program. Social Policy Research Centre, University of New South Wales. Accessed March 2019 at https://www.sprc.unsw.edu.au/media/SPRCFile/11_Report_ImplementingAKinshipCareProgram.pdf</p>	<p>The aim of this study was “provide a framework to guide the implementation of statutory kinship services by the Benevolent Society. The countries included in the study (were) Australia, Canada, New Zealand, Norway, United Kingdom and United States of America.”</p>
<p>27. Wright, Hiebert-Murphy, Mirwaldt, Muswaggon (2006). Final Report: Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nation Kinship Care Program. Accessed May 2019 at</p>	<p>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</p>

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<p>http://cwrp.ca/sites/default/files/publications/en/AwasisFinalReport.pdf</p>	<p>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.”</p>
<p>28. Bell, T., & Romano, E. (2017). Permanency and Safety Among Children in Foster Family and Kinship Care: A Scoping Review. <i>Trauma, Violence, and Abuse</i>, 18(3), 268–286. https://doi.org/10.1177/1524838015611673</p> <p>29. Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. <i>Children and Youth Services Review</i>, 26, 623–639. doi:10.1016/j.chilyouth.2004.01.014 (Cited in Bell & Romano, 2017)</p> <p>30. Kelley, S. J., Whitley, D. M., & Campos, P. E. (2010). Grandmothers raising grandchildren: Results of an intervention to improve health outcomes. <i>Journal of Nursing Scholarship</i>, 42, 379–386.</p>	<p>Comparison between kinship care and other child welfare models to quantitatively evaluate two outcomes, permanency and safety (scoping review).</p> <p>“Regarding permanency outcomes, findings across studies were in line with previous reviews (Cuddeback, 2004; Winokur et al., 2009, 2014) which indicated that children in kinship care generally experience greater permanency in terms of lower risk for reentry into care, fewer placement breakdowns, and longer lengths of stay.” (Bell & Romano, 2017).</p> <p>“Turning to safety outcomes, the current review demonstrates no clear pattern....For studies comparing foster family and kinship care placements, there were no significant differences in terms of placement quality.” (Bell & Romano, 2017).</p> <p>“For instance, Cuddeback’s (2004) synthesis of kinship care research found that kinship caregivers are more likely to be older, single, less</p>

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	<p>educated, unemployed, and of lower socioeconomic status in comparison with nonkinship caregivers. Research on grandparents raising their grandchildren (which is often the case in kinship care) also indicates that these caregivers tend to have greater limitations on daily activities, increased depression, less marital satisfaction, and poorer health (Cuddeback, 2004; Kelley, Whitley, & Campos, 2010).” (Cuddeback, 2004 and Kelley, Whitley, & Campos, 2010, cited in Bell & Romano, 2017).</p>
<p>31. Hassall, A., Janse van Rensburg, E., Trew, S., Hawes, D. J., & Pasalich, D. S. (2021). Does Kinship vs. Foster Care Better Promote Connectedness? A Systematic Review and Meta-Analysis. <i>Clinical Child and Family Psychology Review</i>, (0123456789). https://doi.org/10.1007/s10567-021-00352-6</p>	<p>This is a systematic review and meta-analysis to examine whether kinship care better preserves children’s connectedness to caregiver, birth family, culture, and community.</p> <p>“Majority of studies assessing birth parent connectedness reported non-significant differences between kinship and foster care. However, all studies assessing connectedness to family more broadly (i.e., birth and/or OOHC family) reported a significant finding supportive of kinship care.”</p> <p>“Results from these studies indicated that, overall, community connectedness and foster/kinship caregiver–child attachment quality were associated with higher child well-being”</p>
<p>32. Kemmis-Riggs, J., Dickes, A., & McAloon, J. (2018). Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review. <i>Clinical Child and Family Psychology Review</i>, 21(1), 13–40. https://doi.org/10.1007/s10567-017-0247-0</p>	<p>“This systematic review examines the comparative effectiveness of foster and kinship care interventions.”</p> <p>“In respect to program content, effective interventions were developed specifically to meet the needs of foster and kinship families with children who had experienced maltreatment and relationship disruption.” ...“Interventions that were effective in improving parent–child relationship quality (e.g. attachment behaviours, parental sensitivity) used relational skills components</p>

How is kinship unique from foster care?	Highlights/Summary
	<p>that were focused on developing empathic, sensitive, nurturing and attuned parental responses to child need. Effective interventions also provided opportunities for carer skill development via in-session practice with role play and/or direct coaching.”</p> <p>“Common components across the studies that were effective in addressing behaviour problems included content specifically designed to address these problems (i.e. specific discipline strategies and a focus on contingent positive reinforcement for desirable behaviour) and increase positive family interactions by building parental engagement skills. Trauma psychoeducation, problem-solving and social skill development, and parent-related factors (i.e. parental self-regulation, stress management and self reflection) were also relatively common.”</p>
<p>33. Xu, Y., & Bright, C. L. (2018). Children’s mental health and its predictors in kinship and non-kinship foster care: A systematic review. <i>Children and Youth Services Review, 89</i>, 243–262. https://doi.org/10.1016/J.CHILDYOUTH.2018.05.001</p>	<p>“The purpose of this systematic review is to compare the associations of kinship care and non-kinship care with children's mental health and to examine the factors associated with children's mental health in kinship care and non-kinship foster care.”</p> <p>“Children both in kinship care and non-kinship foster care are more likely to have mental health issues than children living with biological parents, although children in kinship care have better mental health status at the baseline across reviewed studies.”</p> <p>“Research suggests providing more supportive services, including financial assistance, support services, and training and education, to kin caregivers (Lin, 2014). We agree that micro-level supporting caregivers will have value for children's mental health.”</p>

3.3 Trauma-informed Approaches

What does it mean to be trauma-informed in this context?	Highlights/Summary
<p>34. Akin, B. A., Strolin-Goltzman, J., & Collins-Camargo, C. (2017). Successes and challenges in developing trauma-informed child welfare systems: A real-world case study of exploration and initial implementation. <i>Children & Youth Services Review</i>, <i>82</i>, 42–52. Retrieved from http://10.0.3.248/j.chilyouth.2017.09.007</p>	<p>This paper looks at three federally funded (US), child welfare sites that aimed to implement trauma and evidence-informed initiatives. The study used an Implementation Stages framework to implement the initiatives and looked at the lessons learned across three sites.</p> <p>“Across the exploration, installation, and initial implementation, these analyses revealed six themes of common successes to include collaboration, building consensus, conducting trainings, teaming, optimizing opportunity, and establishing data systems. Additionally, nine themes of common challenges were workforce, turf, client voice, data sharing, coaching and support for fidelity, time (all three sites experiences delays), competing priorities, momentum, and policies and leadership.” (Akin et al., 2017).</p>
<p>35. Duffee, J., Szilagyi, M., Forkey, H., & Kelly, E. T. (2021). Trauma-Informed Care in Child Health Systems. <i>Pediatrics</i>, <i>148</i>(2), e2021052579. https://doi.org/10.1542/peds.2021-052579</p>	<p>“Trauma-informed care (TIC) in child health care operationalizes the biological evidence of toxic stress with the insights of attachment and resilience to enhance health care delivery to mitigate the effects of trauma.” ... “Urgently needed are successful strategies to interrupt the intergenerational transfer of family violence. Strategies are also crucial to blunt the impact of historical trauma in communities of color and in American Indian and Alaskan native populations in the United States” ... “State-level resources can be directed to implementation, dissemination, and evaluation of trauma-informed community programs, such as interagency and multigenerational strategies for opioid dependency.”</p>

What does it mean to be trauma-informed in this context?	Highlights/Summary
<p>36. Hatzikiriakidis, K., O'Connor, A., Savaglio, M., Skouteris, H., & Green, R. (2021). The Interconnectedness of Disability and Trauma in Foster and Kinship Care: The Importance of Trauma-Informed Care. <i>International Journal of Disability, Development and Education</i>, 00(00), 1–12. https://doi.org/10.1080/1034912X.2021.1921126</p>	<p>The authors discuss the importance of trauma-informed care in foster and kinship care relationships. They all point out the lack of literature in these areas. They end with a call-to-action: “Further research is required to determine the specific needs of carers and CYP which will inform the development of a consistent model of care that has the capacity to improve the wellbeing of this cohort. This paper acts as a call to action for the development of a co- designed, trauma-informed model of care to support foster and kinship carers looking after CYP with disability.”</p>
<p>37. Lotty, M., Dunn-Galvin, A., & Bantry-White, E. (2020). Effectiveness of a trauma-informed care psychoeducational program for foster carers – Evaluation of the Fostering Connections Program. <i>Child Abuse & Neglect</i>, 102, 104390. https://doi.org/10.1016/J.CHIABU.2020.104390</p>	<p>“This study has produced the first empirical evidence to support Fostering Connections as effective in increasing foster carer’s capacity to provide trauma-informed care. Additionally, this study is one of the few studies to suggest that foster carers providing children with trauma-informed care, can may lead to a reduction in children’s’ hyperactivity and peer problems over time.” (While not specific to kinship this was included re: trauma informed approach.)</p>
<p>38. Topalian, S., Ayache, S., Buck, E. T., Burnell, A., Guy, H., Hasler, J., ... Vaughan, J. (2017). <i>Creative Therapies for Complex Trauma : Helping Children and Families in Foster Care, Kinship Care or Adoption</i>. Retrieved from: https://login.ezproxy.library.ualberta.ca/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cat03710a&AN=alb.7816688&site=eds-live&scope=site</p>	<p>“This book aims to provide information about therapy for families living with traumatized children who are not able to live with their birth parents.” Reviewed the third chapter: PUTTING THEORY INTO PRACTICE Implications for Caregivers</p> <p>“For the caregivers to meet the needs of children with complex trauma it has to be accepted that parenting them is no easy task. In all trauma recovery models, safety comes first. The support offered needs to be given with empathy, acceptance, encouragement and patience in order to build a trusting and safe relationship. Caregivers need an opportunity to explore their relationship with the child, their disappointments, fears and anger, along with the successes and joys.”...” Provision of training in understanding complex trauma, developmental re-parenting, secondary trauma, self-care and the importance of support networks are essential.”</p>

3.4 Indigenous Children in Kinship Care

What are issues/concerns specific to Indigenous children in this context? (The following are examples not a comprehensive list.)	Highlights/Summary
<p>39. Absolon, K. (2020). Indigenous Wholistic Theory: A Knowledge Set for Practice. <i>First Peoples Child & Family Review</i>, 5(2), 74–87. https://doi.org/10.7202/1068933ar</p>	<p>This article uses Indigenous Wholistic Theory to establish a knowledge set for Indigenous Social work practices. “Wholistic theory includes an intermixing and consideration of time and space: the past, present, future; directions, doorways of life; the ecology of creation such as earth, sun, water, air, and all their occupants; and values that retain the balance and harmony of all of the above.” ... The article moves through a four directional circle related to spirit and vision, relationships/community, ancestors, healing, and ending in the centre where they all interconnect.</p>
<p>40. Mann-Feder, V. R., & Goyette, M. (2019). <i>Leaving care and the transition to adulthood : international contributions to theory, research, and practice</i>. Retrieved from https://login.ezproxy.library.ualberta.ca/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cat03710a&AN=alb.8594166&site=eds-live&scope=site</p>	<p>Reviewed chapter specific to Indigenous children in Canada: Indigenous Youth Leaving Care in Canada. “As a foreign system imposed on Indigenous nations, the Canadian system of child welfare introduces many practices that do not fit into Indigenous concepts of childhood, parenthood, and families.”</p> <p>“When thinking of Indigenous youth placed in/aging out of home care, the question of identity and the associated the rights and responsibilities embedded in the specific kin relationships is of foremost importance. If youth in the care system are aware of their Indigenous ancestry, can they act on this ancestry and establish reciprocity with all their relations, both while in the care system and once they “age out” of it? Moreover, when considering child welfare for children, does the system allow for continuity and continuance of Indigenous nations and their self-determination, or does it work against Indigenous communities and their sovereignty? As the Union of British Columbia Indian Chiefs put it: “To continue to exist as</p>

What are issues/concerns specific to Indigenous children in this context? (The following are examples not a comprehensive list.)	Highlights/Summary
	<p>Peoples and as Nations, the connection between Indigenous Peoples and our children must remain unbroken” (Union of BC Indian Chiefs, 2002, p. 5).” ... “The outcomes of Indigenous youth in care or aging out of care reveal that 80% of them do not graduate from high school (Feduniw, 2009).” “A qualitative study carried out by Fast (2014) indicates that reconnection with Indigenous identity plays an important role in the healing of youth aging out of care or adopted.” ... “The vicious circle of a continued colonial legacy will be unbreakable unless a resurgence of Indigenous ways of caring for children is incorporated as integral to the right of the Indigenous peoples to sovereignty and self-determination.”</p>
<p>41. Mellor, A., Cloutier, D., & Claxton, N. (2021). “Youth Will Feel Honoured if They Are Reminded They Are Loved”: Supporting Coming of Age for Urban Indigenous Youth in Care. <i>International Journal of Indigenous Health</i>, 16(2), 308–321. Retrieved from http://10.0.128.31/ijih.v16i1.33179</p>	<p>“This paper presents the first phase of a community engagement project that explores (re)connecting to coming-of-age teachings grounded in Indigenous ways of knowing and doing for urban Indigenous youth in foster or away-from-home care.” This initiative embraces cultural practices as healing medicine...“We learned that (re)connecting to Indigenous coming of age teachings strengthens relationships between Indigenous youth, families, and communities. This relationship helps to connect what Nishnaabe Elder Edna Manitowabi refers to as kobade; “a link in a chain—a link between generations, between nations, between states of being, between individuals.” ... “From the Knowledge Holders, we learned that to develop this strength and resilience, youth need to have access to safe spaces where they can experience their adolescence in ways that are healing, loving, accepting, and empowering.” ... Reconnection with teachings is a form of “embodied decolonization”. “Indigenous agencies who work to reclaim Indigenous systems of caring for and protecting their children must</p>

What are issues/concerns specific to Indigenous children in this context? (The following are examples not a comprehensive list.)	Highlights/Summary
	<p>contend with barriers such as the “imposition of Euro Western legislation, inadequate access to financial resources, and the continued marginalization of Indigenous knowledge within Euro-Western social work.”</p>
<p>42. Toombs, E., Drawson, A. S., Bobinski, T., Dixon, J., & Mushquash, C. J. (2018). First Nations parenting and child reunification: Identifying strengths, barriers, and community needs within the child welfare system. <i>Child & Family Social Work, 23</i>(3), 408–416. Retrieved from http://10.0.4.87/cfs.12430</p>	<p>“The purpose of this study was to increase the understanding of the pathways and barriers to reunification of children with their primary caregivers in First Nations communities using a community-based participatory research approach...Kinship care, or placing the child with another willing family member, was reported by many participants to be a viable alternative to a child being placed in care. Placing a child within kinship care is considered to be a strategy to reduce disruption associated with removing children from their families (Wright, Hiebert-Murphy, Mirwaldt, & Muswaggon, 2006). Participants identified that placing a child in kinship care facilitated connections between the child and their family, and also the child and their community. For many First Nations children in kinship care, maintaining relationships within families facilitates access to culture and tradition.”</p> <p>Poverty impacts the community’s ability to support parents and children – “participants spoke about the need to leave communities to receive mental health services and the barriers that are created to engage in such supports.” ... “Some participants spoke about the need to empower parents to advocate for their children. They perceived that the stigma associated with accessing and participating in some child and family services was impeding the benefits of such services.” ... “Service providers should be invested in such programs and have knowledge of local community culture.</p>

What are issues/concerns specific to Indigenous children in this context? (The following are examples not a comprehensive list.)	Highlights/Summary
	Having First Nations community members creating and disseminating these programs was recommended as the cultural knowledge of community members is established from local norms and customs (Lindstrom & Choate, 2016)."
<p>43. Youngwolfe, D. (2017). <i>Miyo-Ohpikāwasowin – Raising our children in a good way: Disrupting Indigenous child removal systems through kinship care in northern Saskatchewan</i>. University of Saskatchewan.</p>	<p>This is a dissertation based on a project that had two objectives: "First, to understand how Canada's Indigenous policy, specifically its child welfare policy, results in legal and political exceptions that disadvantage Indigenous children, and second, to identify Indigenous capacity to disrupt and reverse the status quo of Indigenous overrepresentation in Canada's child welfare system that arises from those exceptions." ... "I have argued that child welfare policy cannot ameliorate Indigenous overrepresentation so long as the structural causes of overrepresentation are attributed to a legacy of colonialism; it is essential to recognize that Indigenous-state relations are not a legacy, but a living reality...The transmission of Indigenous parenting knowledges has been disrupted by settler-colonial assimilation policies that were designed for that purpose, and the result is that Indigenous children raised in out-of-home foster and institutional care facilities face outcomes that are strikingly similar to those of children raised in residential schools"... "There is a need for a paradigm shift in research regarding Indigenous child welfare; currently the focus is on the fiduciary constraints facing ICFSAs and while that is important, it maintains a settler-centric narrative. So long as Indigenous child welfare research is framed by the Indigenous-settler dichotomy, the creative capacity of Indigenous communities remains subjugated by the struggle for settler Canadian recognition and support."</p>

4.0 Environmental Scan Search Results

The following section includes a list of relevant results from the environmental scan of similar jurisdiction and other programs. A brief summary or key highlights/quotes are included in the adjacent box.

4.1 Kinship Care in Other Jurisdictions

What are other jurisdictions doing?	Highlights/Summary
<p>1. Canada, British Columbia</p> <p>Website: https://www2.gov.bc.ca/gov/content/family-social-supports/fostering/temporary-permanent-care-options/placement-with-a-person-other-than-the-parent</p>	<p>British Columbia has the Extended Family Program: “This program provides support for situations when it’s best for a child or teen to live with a relative or close family friend when their parents are temporarily unable to care for them.”</p> <ul style="list-style-type: none"> - This program opens up caregiving to someone with a significant connection to the child or cultural connection. <p>Care providers may receive monthly benefit payments.</p> <ul style="list-style-type: none"> - Age 11 and under: \$994.82 per child - Age 12 – 19: \$1,099.12 per child
<p>2. Canada, New Brunswick</p> <p>Website: https://www.cbc.ca/news/canada/new-brunswick/child-protection-act-guardianship-rules-kinship-care-dorothy-shephard-1.5128823</p>	<p>New Brunswick government is currently proposing a new child protection act that would: “include kinship care as an alternative to foster care, transfer of guardianship as an alternative to adoption and new treatment centres for children with complex mental health needs.”</p>
<p>3. Canada, Manitoba</p> <p>Website: https://kffnm.ca/annual-reports/</p>	<p>The Kinship & Foster Family Network of Manitoba is a not-for-profit organization that provides training, guidance, and assistance to kinship and foster parents. The Network has developed a report on aligning kinship and foster care with the TRC (Fostering Reconciliation An Exploration of the TRC's Calls to Action - 2019/2020 Province Wide Forums). The report explores language</p>

What are other jurisdictions doing?	Highlights/Summary
	<p>and culture, education, child welfare, and justice and highlights responses from the forum participant regarding what can be done as a kinship or foster parent to support the work of the TRC.</p>
<p>4. Canada, Government of Canada</p> <p>Website: https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851</p>	<p>“The Act respecting First Nations, Inuit and Métis children, youth and families came into force on January 1, 2020.”</p> <p>This act will affirm that First Nations, Inuit and Métis peoples have control over child and family services, establish principles that include cultural continuity, and help implement the United Nations Declaration on the Rights of Indigenous Peoples, and provide Indigenous people with the ability to develop and choose their own solutions for children and families.</p> <p>From the Act: https://laws-lois.justice.gc.ca/eng/annualstatutes/2019_24/page-1.html#h-4</p> <p>Principle – cultural continuity</p> <ul style="list-style-type: none"> - Principle — cultural continuity <p>“(2) This Act is to be interpreted and administered in accordance with the principle of cultural continuity as reflected in the following concepts:</p> <ul style="list-style-type: none"> ○ (a) cultural continuity is essential to the well-being of a child, a family and an Indigenous group, community or people; ○ (b) the transmission of the languages, cultures, practices, customs, traditions, ceremonies and

What are other jurisdictions doing?	Highlights/Summary
	<p>knowledge of Indigenous peoples is integral to cultural continuity;</p> <ul style="list-style-type: none"> ○ (c) a child’s best interests are often promoted when the child resides with members of his or her family and the culture of the Indigenous group, community or people to which he or she belongs is respected; ○ (d) child and family services provided in relation to an Indigenous child are to be provided in a manner that does not contribute to the assimilation of the Indigenous group, community or people to which the child belongs or to the destruction of the culture of that Indigenous group, community or people; and ○ (e) the characteristics and challenges of the region in which a child, a family or an Indigenous group, community or people is located are to be considered.”
<p>5. Canada, Government of Canada – First Nations Child and Family Services</p> <p>Website: https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805</p>	<p>Indigenous Services Canada (ISC) supplies funding to First Nations Child and Family Services. “ISC uses a prevention-based funding model to support early intervention and alternatives to traditional institutional care and foster care, such as the placement of children with family members in a community setting.” The program currently has the following banner on their website that describes current program reforms that are being developed: “Indigenous Services Canada (ISC) is working with partners to reform the First Nations Child and Family Services (FNCFS) program and reduce the number of Indigenous children in care. The reform includes fully implementing the orders of the Canadian Human Rights Tribunal by</p>

What are other jurisdictions doing?	Highlights/Summary
	funding the actual costs of First Nations child and family services agencies and working to make the system truly child centered, community directed and focused on prevention and early intervention.”
<p>6. Child Welfare League of America. Traditions of Caring and Collaborating: Kinship Family Information, Support and Assessment. Trauma Informed Model of Practice. https://www.cwla.org/wp-content/uploads/2020/05/TradOfCarKinship_FlyerRev.pdf</p>	(Cited in section re: supports for kinship - The CWLA developed a Trauma Informed Model of Practice to support kinship families, including recommended training and support, and 9 key areas unique to kinship families.)
<p>7. United States, California Government – Kinship Care, Department of Social Services</p> <p>Website: https://www.cdss.ca.gov/inforesources/foster-care/kinship-care</p>	<p>This page describes the California Government’s approach to Kinship Care.</p> <p>The state has the California’s Kinship Support Services Program (KSSP) and this program “is aimed at helping relatives do the best job they can in raising these children, so the family can remain together.”... “Services provided by these programs can include: support groups, respite, information and referral, recreation, mentoring/tutoring, provision of furniture, clothing, and food, transportation, legal assistance, and many other support services needed by kin families.”</p> <p>“A relative or [non-relative extended family member (NREFM)] who is caring for a dependent child is eligible to receive a monthly foster care maintenance payment whether the child is federally eligible or ineligible. This payment is currently about \$688 to \$859 per month, depending on the age of the child. These payments are used to</p>

What are other jurisdictions doing?	Highlights/Summary
	<p>offset the costs of providing the child with food, clothing, extracurricular activities, and other necessities.</p> <p>A relative who is caring for a child who is not a dependent of the juvenile court is ineligible to receive foster care payments. Relatives may apply for the California Work Opportunity and Responsibility to Kids (CalWORKs) Non-Needy Caretaker Fund for relatives, which is a non-income based payment available in each county. This payment currently is at a maximum of \$387 or \$369 per month per child, based on the region, and is adjusted based on numerous factors when there are two or more children.”</p>
<p>8. United States – Grandfamilies.org</p> <p>Website: https://www.grandfamilies.org/</p>	<p>This organization is a national resource that supports ‘grandfamilies’ (grandparent kinship families) both inside and outside of the welfare system. They educate regarding laws and policies regarding kinship, while working to explore policy options with policy makers and advocates.</p> <p>The document ‘wiki How, Creating a Kin First Culture’ is a tool developed to promote kinship placements with input from “Connecticut, District of Columbia, Georgia, Hawaii, Minnesota, Pennsylvania, Tennessee, Washington, and Wisconsin, as well as several key national kinship organizations - the ABA Center on Children and the Law, ChildFocus and Generations United, with support from the Annie E. Casey Foundation.”</p> <p>https://www.grandfamilies.org/Portals/0/Documents/KinshipCareWikiHow_print%20update.pdf</p>

What are other jurisdictions doing?	Highlights/Summary
<p>9. United States – Generations United: National Technical Assistance Center on Grandfamilies and Kinship Families</p> <p>Website: https://www.gu.org/projects/ntac-on-grandfamilies-and-kinship-families/</p>	<p>This organization is committed to connecting generations, specifically children, youth, and older people through collaboration, policies, and programming. They have a specific initiative around Grandfamilies and kinship families: National Technical Assistance Center on Grandfamilies and Kinship Families.</p> <p>“Together, through the NTAC, Generations United will increase the capacity and effectiveness of states, territories, tribes/tribal organizations, nonprofits and other community-based organizations to serve and support grandfamilies and kinship families. We will provide technical assistance that enables peer learning, integrates subject-matter expertise into solutions, and develops and documents replicable models of collaboratively working across jurisdictions to break down silos and holistically support grandfamilies and kinship families.”</p> <p>They also have the GRAND Voice Network which is “comprised of a select group of grandparents and other relative caregivers from across the country. GRAND members serve as strategic partners to inform policies and practices affecting grandfamilies and help reveal family strengths, needs and service gaps.”</p> <p>https://www.gu.org/explore-our-topics/granfamilies/grand-network/</p>
<p>10. United States – The Anne Casey Foundation</p> <p>Website: https://www.aecf.org/</p>	<p>(Also referenced in the section re: support.) This is a private philanthropy that works to improve the outcomes for children and youth, and focuses on strengthening families, communities, and increasing access to opportunities. They develop grants and help advance research more specifically.</p>

What are other jurisdictions doing?	Highlights/Summary
	<p>The Foundation recently posted a report on their website called: Mecklenburg County: Remaking a Child Welfare System. This report recounts the work of a county in North Carolina to improve their child welfare system and keep families together. It lists changes that they made to their kinship care system to recruit and support kinship caregivers.</p> <p>https://assets.aecf.org/m/resourcedoc/aecf-mecklenburgcounty-2021.pdf</p>
<p>11. United States – Child Welfare Information Gateway</p> <p>Website: https://www.childwelfare.gov/topics/outofhome/kinship/</p>	<p>This is a service of the “Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services” that aims to promote “safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.”</p> <p>They cover all child welfare, but have a section on kinship care where they include information and resources for families regarding permanency, changing family dynamics, and legal support.</p>
<p>12. United States, New York State – Kinship Care in New York State</p> <p>Website: https://ocfs.ny.gov/programs/kinship/</p>	<p>Recently (2017) the state of New York expanded their Kinship Guardianship Assistance Program (KinGAP), to support the need for permanency for children and youth. They have modified the law by:</p> <ul style="list-style-type: none"> - “The definition of “prospective relative guardian” is expanded to include an individual who: <ol style="list-style-type: none"> 1. is related to a half-sibling of the child through blood, marriage or adoption and where such person is also the prospective or appointed relative guardian of such half-sibling; or

What are other jurisdictions doing?	Highlights/Summary
	<p>2. is an adult with a positive relationship with the child including, but not limited to, a step-parent, godparent, neighbor or family friend. This positive relationship must have been established prior to the child’s current foster care placement with the prospective relative guardian.</p> <ul style="list-style-type: none"> - Eliminates the existing provision which mandates that a child entering a KinGAP agreement prior to age 16 becomes ineligible for KinGAP payments at age 18. Upon the effective date of the new law, KinGAP payments must be made to the relative guardian until the child’s 18th birthday or, upon consent of the child, until the child attains 21 years of age if specified criteria are met.” <p>They also have a Kinship Navigator that supplies families with information and assistance via an online site or phone number: https://www.nysnavigator.org/</p>
<p>13. United States, Washington State Department of Children, Youth, and Families – Relatives Caring for Kids</p> <p>Website: https://www.dcyf.wa.gov/services/foster-parenting/relatives-caring-for-kids</p>	<p>This webpage describes the requirements and responsibilities of becoming a kinship provider. It also details how kinship providers are compensated: “A relative may be able to receive one of two types of government financial assistance while the child is placed in the home of a relative:</p> <ul style="list-style-type: none"> - TANF - Temporary Assistance for Non-Needy Families - Foster care payments, if licensed <p>The relative may not receive both types of assistance at the same time.”</p> <p>They may also be provided with Non-Needy Child-Only TANF, Relative Support Services Fund, medical care, clothing vouchers, child specific care plans, respite care, child care, assistance with physical care, and counselling.</p>