



Kinship Care Redesign in Alberta



ALIGN
Association of Community Services
Together for Children and Families

October 2021

TABLE OF CONTENTS

PREFACE	3
OVERVIEW	5
BACKGROUND	5
METHODS	5
GUIDING QUESTIONS	6
KEY FINDINGS.....	7
AGENCY EXPERIENCE WITH KINSHIP CARE.....	8
1. CURRENT DESIGN	8
2. STRENGTHS	11
3. CHALLENGES.....	11
4. VALUES.....	11
5. FUTURE DESIGN.....	12
RESEARCH ON KINSHIP CARE	22
OUTCOMES	22
PRESERVING CULTURAL AND COMMUNITY CONNECTIONS	22
ASSESSMENT	23
SUPPORT	24
TRAUMA INFORMED	25
UNIQUE PARADIGM: KINSHIP CARE IS NOT FOSTER CARE.....	26
EXAMPLES FROM OTHER JURISDICTIONS	28
SUMMARY AND RECOMMENDATIONS	35
RESPONSE TO KINSHIP CARE REDESIGN IN ALBERTA	35
APPENDIX A: PARTICIPANTS.....	37
APPENDIX B: REFERENCES.....	38

PREFACE

Our team with ALIGN met with Elders Dr. Reg and Rose Crowshoe in October 2021 for a conversation about kinship care in Alberta. Discussion questions included: What principles should agencies adopt when supporting/delivering Kinship Care? What standards of practice should be built to ensure best practice? This is a summary of what we heard.

We heard that kinship care redesign should **honour Indigenous world view and traditional practices**, acknowledge natural law as equivalent to written laws, include Elders and Knowledge Keepers, and include provisions for ceremony (e.g., the right to smudge built into policies).

The **transferred right to practice kinship**, in the traditional way of bringing up children as one's own family, should be protected as much as written kinship agreements. There is a transferred right to practice kinship through ceremony, oral practice, song, and natural law. There is kindness through the smudge. Oral practice is valued, not secondary to written documents. Song is equivalent to written policies (e.g., treaty song = written treaties, accountability to both).

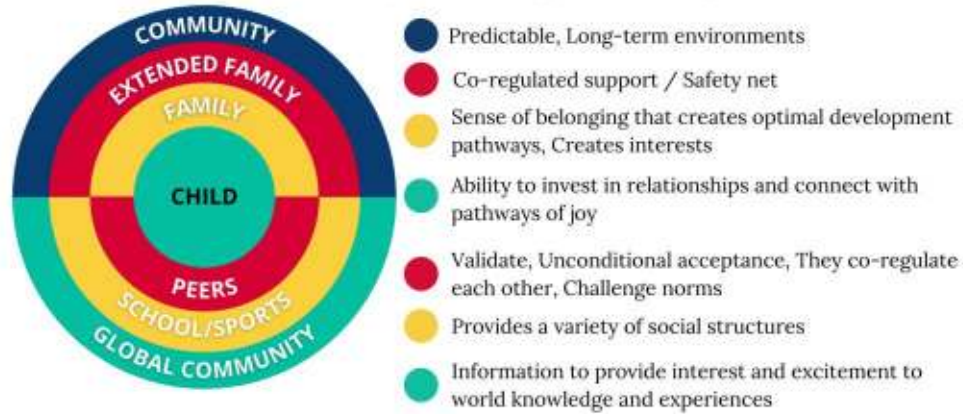
We also heard about the importance of **family, community and relationship**. From an Indigenous perspective, there is a broad understanding of family (more than the nuclear family) and the concept of making relatives. In situations where financial compensation or other supports are needed, it should be acknowledged that this is in contrast to the traditional way of caring for children (not done for financial reasons). When needed, there should be attention to minimizing demands that may sometimes be associated with that support.

Kinship care should be strength-based (emphasize strengths not deficits; overcome stigma) and **trauma informed**. We need to acknowledge the pain of being removed from family, and further seek to keep children with as many natural supports as possible (e.g., with family based on a broad definition of family, community, familiar supports and resources, with an emphasis on comfort, safety, respect and mitigating trauma).

Building on our conversation and ongoing work to develop a trauma informed approach to kinship care, ALIGN created a visual representation to illustrate what happens to a child's emotional regulation when the child is removed from natural resources (family, extended family, community, school, etc.) (See next page.) Three sets of concentric circles depict why it is better to keep as many natural resources consistent as possible, as opposed to removing a child from everything familiar. The upheaval is extremely traumatic and makes it challenging for the child to stay emotionally regulated. This results in the need to address the trauma of the placement in addition to the underlying reasons for the apprehension, which can often be due to poverty and not abuse.

A Trauma Informed Approach To Understanding The Natural Resources In A Child's Life

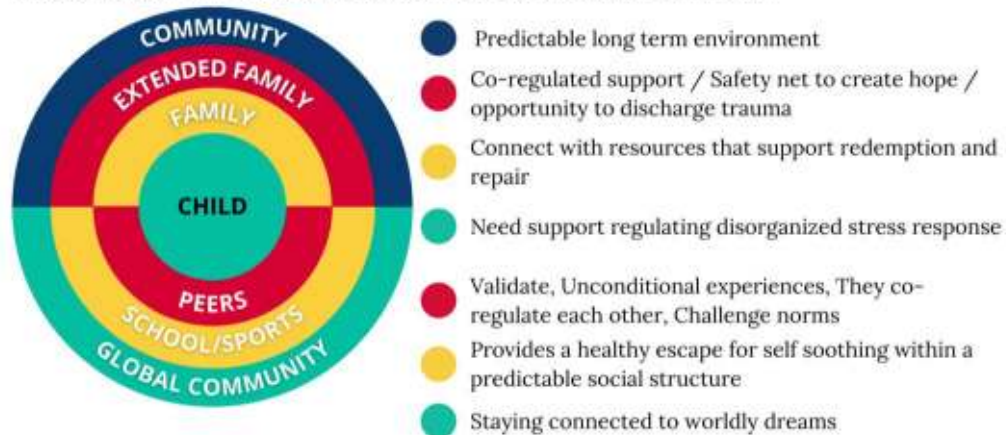
REGULATED SYSTEM (The Child's ability to take in supports and manage stressors)



DYSREGULATED SYSTEM (The Child's inability to take in supports and manage stressors)



KINSHIP PLACEMENT SUPPORTED RESOURCES; EMOTIONAL & FINANCIAL



OVERVIEW

Background

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.

Currently, more than **two thirds** of children and youth receiving services in care (including kinship care) are Indigenous (Government of Alberta, 2021). All children have a right to live with their family and communities of origin, and not in a system.

The purpose of this report is to provide input regarding the **provincial design of kinship care** in Alberta. We are seeking to share the experience of our members, build on what others have reported in the literature, and engage in conversations with the Government of Alberta, Ministry of Children's Services regarding the future of kinship care.

Methods

Facilitated Conversations with Agency Representatives

In April 2019, ALIGN invited representatives from member agencies to attend a facilitated conversation regarding kinship care in Alberta. Participants included agency staff responsible for the delivery/management of kinship programs and one academic researcher/ALIGN board member. The full day, in person meeting was facilitated by Frank Shannon (Haida Nation and cultural liaison with ALIGN) and proceeded with proper protocols including acknowledgement of the land and the first people of the land. The individuals who participated in this session were invited to a follow-up conversation (online focus group) in May 2021. The conversation was also facilitated by Frank Shannon and proceeded with proper protocols including acknowledgement of the land and the first people of the land. The purpose of the gathering was to build on what we heard in early 2019 about kinship care in Alberta. ALIGN facilitated these conversations to ensure that agencies have a voice and to advocate for better kinship policy, practice and support.

Focused Literature Review and Environmental Scan

To provide additional context for the 2019 report, we reviewed a few examples of published literature regarding kinship care outcomes, assessment tools and support. Articles included a systematic review, other literature reviews and a masters' thesis based on the qualitative experience of Alberta kinship caregivers. The literature review was expanded and updated in September 2021.

Guiding Questions

What We Asked Agency Representatives

The following questions were used to guide the facilitated conversations with agency representatives.

1. **Current Design:**

- a. What is happening now? How is kinship support and training provided to caregivers in your area?
- b. Have there been any changes in practice/new services related to kinship since 2019?
- c. What new relationship(s) have been developed with government and/or others in kinship from your organization's experience, if any?
- d. How many children are currently being served in kinship? How many homes? What percent are Indigenous?

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? What needs to happen next? (e.g., policy, funding, other?) In closing, what key message would you like to share?

During the in-person session (April 2019), 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 verification; additional feedback was incorporated into the final report. During the follow-up session (May 2021), comments were documented through type-written notes. Key points were summarized by question and included in this updated report. See Appendix A for the participant list and acknowledgements.

Literature and Environmental Scan Search Terms

The following questions were used to develop the literature review and environmental scan search strategies:

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?

The updated search strategy included both academic and grey literature searches for published works, reports, and findings, nationally (Canada), and internationally (nations comparable to Canada, i.e., New Zealand, Australia, United Kingdom, etc.). The search was limited to literature published or developed between 2017 and 2021, in addition to articles already included in the 2019 report. Literature 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; and was published or developed after 2017. Search terms were used as a chain of terms in search engines and individually depending on the outputs of the initially search (i.e., if the terms did not produce a large result, terms were modified). Resources were also gathered through citation linking from articles that appeared in the search.

Key Findings

Agency representatives shared insights regarding the current approach to kinship care in Alberta, how agencies are involved, ideas for building on existing strengths, overcoming challenges, and strengthening the system moving forward. Their feedback is included in the main body of this report.

The academic and grey literature reviewed for this report provided insights regarding the importance of kinship from an Indigenous perspective, recommended practical and financial supports for kinship homes (including the need for trauma-informed approaches), models describing kinship care as a unique paradigm (e.g., kinship care practice framework), and examples of what other jurisdictions are doing with respect to kinship care. See Appendix B for a summary of included citations.

AGENCY EXPERIENCE WITH KINSHIP CARE

1. Current Design

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

To begin, regarding **what is happening now**, it was acknowledged that there is “a disproportionate representation of the western world view in the lives of Indigenous children and families” (agency representative, April 2019). Any discussions regarding the child intervention system, including kinship care redesign, should recognize and seek to address the current imbalance. More than two thirds of children within the child intervention system are currently Indigenous.

The impact of removing Indigenous children from their families and communities persists today. Children removed from their family and community are dealing with trauma, loss and grief, loss of traditional community connections, natural supports and relationships. These stressors can derail child development. The historical lack of recognition of the impact of residential schools, and the rippling effect from first contact, are increasing issues such as continued over-representation of Indigenous people in the child welfare and justice systems. This understanding should be fully embedded in the kinship care design, not included as an afterthought. The impacts of trauma are significantly reduced by kinship care placements. It’s time to do better for Indigenous children and families “because we know (that we should do) better.”¹

“Many kinship families are Indigenous families and struggling with poverty and feel a sense of discrimination within the system itself.” (agency representative)

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).

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

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.”

Several participants mentioned that training and support for kinship families should be separate from foster care placements because of the unique differences between them. Policies and practice and kinship care itself has developed as a mirror of foster care and “it is absolutely not foster care”. It has also been deemed as “less than” because caregivers are not professional caregivers, yet that is the strength of kinship care and not a detriment. The system should function in a way that recognizes this strength.

*“I’ve been down this road so many times for the past 20 years. I can’t believe 20 years later, we’re still battling...We should not be putting them in the same box as foster care. They’re not in that box. It doesn’t matter what meeting I go to, it’s foster, foster care. And I say, **hello, kinship is here too.**”
(agency representative)*

b) Have there been any changes in practice/new services related to kinship since 2019?

We heard about the following changes in practice between 2019-2021:

- *Pandemic restrictions/changes* (adapting to distancing, shifting online or meeting outside)
- *Increased intensity of support for kinship families, 30-day reviews and annual reviews* (increasing level of support provided to kinship families, meeting more frequently, placement management conferences, and following up after 30 days with questions to determine ongoing support)
- *Pilot testing of tools* (e.g., ASK tool)
- *Kinship mapping or family finding at beginning of assessment* (in some agencies); other agencies stated that this did not start until there was a breakdown though would prefer earlier involvement.
- Increased recognition of the need for a more *trauma-informed approach*.

c) What new relationships have been developed with government and/or others in kinship from your organization’s experience, if any?

- It was noted that “in Edmonton, there is a **kinship working group** with CSD agencies and Children’s Services looking at kinship recruitment...to have all the screening and checks done prior.” Some people questioned “why are we reinventing the wheel? This has been done before.”
- It was also noted that there are some great partnerships as well as some challenges regarding working collaboratively.

d) How many children are currently being served in kinship? How many homes? What percent are Indigenous children?

In April 2019, we asked for estimates of the number of kinship homes that agencies support (including financial and practical supports). Collectively, the **agencies provided support to approximately 30% of kinship homes** in Alberta (estimated 625 of 2,105 kinship homes²). In May 2021, we asked agency representatives to further describe the number of children in kinship homes, the number of homes, and what percentage were Indigenous children.

Table 1. Agency Support for Kinship Homes in Alberta (estimates as of May 2021)

Agency	# children in kinship	# homes	% Indigenous
Bent Arrow	114	70 to 80	80%
Catholic Social Services	61	39 (combination of Legacy, CSD)	69% (42 of 61 kids)
CHIMO Edmonton	43 served directly by agency, 60 in kinship including out-of-region	31	30%
Family Centre Edmonton	128	71	70%
Hull	215	150	30 to 35%
McMan Calgary	(number not stated; estimated 200 based on 166 homes)	166	40%
McMan Central	13	9 (this fluctuates up to as many as 20) homes	50%
McMan Edmonton	62	37	40%
	Approximately 836 children currently living in kinship homes	573 – 583 homes	30 to 80% Indigenous

² Source: Communication with agency representatives (April 5, 2019). Individuals at the meeting provided estimates regarding the approximate number of kinship homes within their respective agencies; this illustrates the extent of involvement with kinship caregivers, children, youth and families.

2. Strengths

What are the strengths of the present model? What is working well? (More detail is available for each of the following categories - reported at length in April 2019 report.)

- Collaborative Service Delivery (CSD) and Block Funded Contracts
- Increased Emphasis on Kinship Care
- Agency Neutrality
- Natural, Voluntary Support(s)
- Family Based Care

3. Challenges

What are the challenges in the present model? (Similar to reported strengths, more detail is available for each of the following categories - reported at length in April 2019 report.)

- Policy
- Inconsistency
- Discrimination & Poverty
- Assessments and tools
- Family systems and dynamics
- Short-term service provision
- Lack of trust
- Lack of respite
- Training requirements
- Wait times

4. 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.

5. 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	<ul style="list-style-type: none"> 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.
THE CHILD’S VOICE IS VALUED NATURAL SUPPORTS ARE VALUED	<ul style="list-style-type: none"> 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 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

Category	Comments/Examples
	<p>receive in care status to receive support. “It seems wrong for a kid to go PGO with Grandma.”</p> <ul style="list-style-type: none"> • 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.
<p>LOVE & RELATIONSHIP</p>	<ul style="list-style-type: none"> • 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.”
<p>LIFE-LONG CONNECTION TO COMMUNITY, CULTURE & LANGUAGE</p>	<ul style="list-style-type: none"> • 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.”

Category	Comments/Examples
	<ul style="list-style-type: none"> • “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	<ul style="list-style-type: none"> • “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 Flexibility)	<ul style="list-style-type: none"> • Participants emphasized the importance of creating a consistent approach to kinship policy and practice across the province. • “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:

Category	Comments/Examples
	<p>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.”</p> <ul style="list-style-type: none"> • “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.” • “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.”
<p>Natural Kinship and Family Support without requiring In Care status</p>	<ul style="list-style-type: none"> • 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.”

Category	Comments/Examples
	<ul style="list-style-type: none"> • “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	<ul style="list-style-type: none"> • “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. 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)	<ul style="list-style-type: none"> • “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.”

Category	Comments/Examples
	<ul style="list-style-type: none"> • 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 ‘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	<ul style="list-style-type: none"> • 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.”

Category	Comments/Examples
	<ul style="list-style-type: none"> • 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.” • “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.

Category	Comments/Examples
<p>Caseloads</p>	<ul style="list-style-type: none"> • “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.” • 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)
<p>Respite</p>	<ul style="list-style-type: none"> • 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.
<p>Other Supports and Understanding of Trauma, Family Systems and Dynamics</p>	<ul style="list-style-type: none"> • 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 could easily have

Category	Comments/Examples
	<p>more staff in the program but don't have the funding. We have a waitlist which is not helpful to our families."</p>
<p>Flexibility (Balanced with Provincial Consistency)</p>	<ul style="list-style-type: none"> • "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." • "<i>Legacy Contract</i> 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."
<p>Scope of Work</p>	<ul style="list-style-type: none"> • Some stakeholders suggested that "agency does the entire front end piece – collect paper work, write SAFES (HARS) and provide support...to streamline service delivery and assist in quicker access and timelier supports for Kinship families." The idea of "whomever does the assessment does the support" serves the family in a more relational way where support is directly connected to the assessment of what they need. • 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.

What needs to happen next?

We asked agencies in May 2021 “what needs to happen next” regarding the overall design of kinship care in Alberta. The following suggestions were made:

- Changes to Tools, Assessments and Support Plans
- Provincial Policy for Kinship
- Provincial Framework for Kinship
- Need to understand kinship as Unique from Foster Care, including, for example, providing specific caseworkers for kinship (not the same as foster care).
- Supports for permanency.
- Provide support to kinship families without requiring in-care status for the child.
- More engagement with people with lived experiences and celebrating successes.

In closing, what key message(s) would you like to share?

The following key messages were offered as of May 2021:

- **Focus on kinship**, not foster care, and remember that 30 to 80% of the children currently in kinship homes are Indigenous.
- **Kinship is not foster care.** Unique policy and framework needed. Balance consistency with flexibility (consistent philosophy, flexible practice). Need to become more trauma informed.
- **Consider the potential to remove need for in-care status, while still providing support.** Some caution was noted with this suggestion, however, as there was also concern that this might lead to reduced support. Reduce barriers to accessing support.
- **Move assessment and support closer together;** more agency involvement.

RESEARCH ON KINSHIP CARE

Outcomes

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 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).”

Preserving Cultural and Community Connections

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.” Toombs and colleagues explored First Nations parenting and child reunification, and the various strengths, barriers, and needs. Participants felt that utilizing kinship care created space for a connection between the child and their family, and community; equally as important, these connections can help bridge the child and their culture and traditions (Toombs et al., 2018).

Western child protection and welfare services may limit the passing of **culture and traditions** for Indigenous children and youth. Mellor and colleagues (2021) explored coming-of-age teachings that are culturally appropriate for Indigenous youth in care; these teachings strengthen their relationships with family and community, and potentially address “structural inequities that have historically

marginalized Indigenous ways of knowing and doing” (p.319). Including aspects that promote cultural understanding and a connection to culture and traditions may increase the capacity of child protection and welfare services to work with Indigenous children and families.

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).

Gardiner (2019) 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).

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). Unfortunately, this system does not match the “Indigenous concepts of childhood, parenthood, and families” creating the notion of disparities or inadequacies (Fast et al, 2019, p.246; Lindstrom & Choate, 2017).

Understanding that child protection services do not adequately assess Indigenous families, Lindstrom and Choate (2016) have examined how current practices need to change in light of the Truth and Reconciliation Commission report. The authors have recommended that as we assess parenting capacity we remove: the Euro-centric notions of family, psychometrics that do not represent Indigenous peoples, and current data gathering tools (Lindstrom & Choate, 2017). To broaden parent assessment practices, we can explore: wider assessments that include ‘extended family’, non-biological mapping tools, community support mapping, approaches based on resiliency, include cultural connection in assessment, consider intergenerational trauma, inclusion of an Elder in assessments, and include primary support system in home visit (Lindstrom & Choate, 2017). Though they insist that this is not universal to all Indigenous communities, they may still be valuable to many other Indigenous communities (Lindstrom & Choates, 2017).

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). Other studies (Lin, 2014; Xu et al., 2020) had similar findings as kinship care families typically receive less support and resources than foster care families. Riehl and Shuman (2019) have proposed that to adequately support kin caregivers, “financial support, mental health services and support, childcare and respite services, training, emotional support, and systemic support” (p.126) should be provided.

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**. Unfortunately, many kinship caregivers report that financial worries act as significant barriers (Taylor et al., 2020). In addition, there were fewer disruptions when children were placed with siblings.” (as cited in Gardiner, 2019).

Stability is an important factor in child welfare and fewer disruptions (i.e., moving between placements) in placements can contribute to healthier outcomes for children (though there are some exceptions; Gypen et al., 2017). Osbourne and colleagues (2021) examined kinship care placements and found that across the first three placements, kin placements were associated with less disruptions, suggesting kin placements should be prioritized in child protection and welfare services. Supportive of this, Bell and Romano (2017) found that kinship care placements resulted in greater permanency, fewer placement breakdowns, and longer placements.

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.” Additionally, in a study that examined the needs of carers (foster and kinship), participants reported that they did not have enough information and understanding prior to taking on the role, and that the demands continued to surprise them (Fergus

et al., 2019). Moreover, the demands of parenting in these roles were suggested to impact carers ability to meet their other human needs (Fergeus et al., 2019).

Looking at programming for psychosocial interventions in foster and kinship care, Kemmis-Riggs and colleagues (2018) found that effective interventions (for those who had experienced maltreatment and relationship disruptions) were typically tailored to meet the needs of the families, and would have clear aims and target specific developmental stages and domains for children. Those that improved parent-child relationships had relational skills components that focused on empathy and sensitivity, and offered skill development training (Kemmis-Riggs et al., 2018). Interventions that focused on building parent-child relationships were informed by attachment theory and “focused on helping parents manage their own emotional reactions to perceived rejection from their foster child and learning to sensitively interpret child cues” (Kemmis-Riggs et al., 2018, p.34), although our team noted that research from an attachment theory perspective has also been criticized as being euro-centric and colonizing with Indigenous families and other non-western collective family systems. Components that addressed child 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” (Kemmis-Riggs et al., 2018, p.34).

Poverty can be a substantial barrier in communities, particularly in Indigenous communities. Toombs and colleagues (2018) noted that participants, who were from First Nations communities, spoke of the need to leave the community to access mental health services. **Establishing services in these communities can support kinship families.** The need for services is inherently linked to poverty, and poverty connects to Residential Schools in Canada and the intergenerational trauma and other negative impacts that has been created as a result, creating a cycle (Lindstrom & Choates, 2017).

Considering the current COVID-19 pandemic, Loria and colleagues (2021) reviewed the lessons learned from caring for children in foster and kinship care and have made recommendations, some of which include: address disparities in the child welfare system, expand telehealth services, and improve placement stability.

Trauma Informed

What does it mean to be trauma informed in the context of kinship care? Removing a child from a family is traumatic; the apprehension of a child is the trauma. **Keeping children with family can help to mitigate the trauma of the apprehension.** Children may have experienced other trauma due to challenging or complex experiences and family situations. To help heal from trauma, **creating a sense of safety, establishing connections (to caregiver), and self-regulating emotions and**

impulses should be an aim in trauma-informed approaches (Bath, 2008). Further, the Substance Abuse and Mental Health Services Administration (2015) has developed six principles for trauma-informed approaches that can be consulted: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; cultural, historical, and gender Issues. Lotty and colleagues (2020) used a specific, trauma-based approach for children in foster care and demonstrated not only its effectiveness as a program, but also a decrease in hyperactivity and peer problems. To support caregivers, programs should provide “training in understanding complex trauma, developmental re-parenting, secondary trauma, self-care and the importance of support networks” (Smith, 2017, p.73). Sullivan and colleagues (2016) also recommend educating and empowering caregivers with a trauma-informed perspective and demonstrate that a workshop on trauma-informed care can increase caregiver’s knowledge and perceived self-efficacy.

The Child Welfare League of America (CWLA) has developed a Trauma Informed Model of Practice to support kinship families, including recommended training and support, and 9 key areas unique to kinship families:

- 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)
- Services & supports (extra support)
- Satisfaction and recommendations (importance of asking families, did we serve you well?)

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.” (British Journal of Social Work, 2017)

Kinship care is becoming increasingly common, and the categories or types of kinship care arrangements are growing as well. Kinship probate guardianship or “guardianship” is an arrangement that has the parents transfer custodial and legal rights of their child to a relative caregiver (Hernández & Berrick, 2019). Hernández & Berrick (2019) examined the demographic information of kinship probate guardianship and found that the participants sampled “reflect the characteristics of kin caring for children in foster care, and in informal care: these caregivers are older, more likely to be single, and less educated than parents in the general population, suggesting their socioeconomic vulnerability” (p.46). Cuddeback (2004) found similar results in a previous synthesis of kinship caregivers, suggesting the demographics has remained fairly consistent. With this in mind, special considerations should be made to kinship care families and how their needs may differ from foster care families. In a review that compared kinship and foster care placements regarding preserving a child’s connectedness to various individuals and groups, kinship care was found to promote connectedness to the broader family, including birth and out-of-home-care (Hassall et al., 2021). In another study that assessed mental health for children in kinship and foster care placements, both groups were more likely to experience mental health issues, however, mental health status was better for kinship care children at the start of the studies reviewed (Xu & Bright, 2018).

EXAMPLES FROM OTHER JURISDICTIONS

Jurisdiction	Example
<p>British Columbia</p>	<p>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)</p> <p>The Government of British Columbia has also developed the Extended Family Program 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.” They receive monthly benefits (11 and under: \$994.82 per child; 12 – 19: \$1,099.12 per child) and support (e.g., dental, child minding, counseling, and training). (Source: 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>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 non-protection response is required.” (Source: https://www2.gov.bc.ca/assets/gov/family-and-social-supports/policies/cf_2_family_support_services.pdf)</p>
<p>New Brunswick</p>	<p>In a news article dated, May 2019, the Government of New Brunswick was said to be 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.” (Source: https://www.cbc.ca/news/canada/new-brunswick/child-protection-act-guardianship-rules-kinship-care-dorothy-shephard-1.5128823)</p>

Jurisdiction	Example
Manitoba	<p>Manitoba’s Bill C15 (The Child and Family Services Amendment Act – Recognition of Customary Care of Indigenous Children) defines customary care as “care provided to an Indigenous child in a way that recognizes and reflects the unique customs of the child's Indigenous community” (https://web2.gov.mb.ca/bills/40-5/b015e.php). For more information regarding customary care see: https://www.southernnetwork.org/site/customary-care-manitoba.</p> <p>Additionally, The Kinship & Foster Family Network of Manitoba is an organization that provides training, guidance, and assistance to kinship and foster parents. The Network has developed a report 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 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. The report can be found here in the archives: https://kffnm.ca/annual-reports/</p>
Ontario	<p>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/.)</p>
Canada (federally)	<p>In Canada more broadly, the “The <i>Act respecting First Nations, Inuit and Métis children, youth and families</i> came into force on January 1, 2020.” 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 <u>United Nations Declaration on the Rights of Indigenous</u></p>

Jurisdiction	Example
	<p>Peoples, and provide Indigenous people with the ability to develop and choose their own solutions for children and families.</p> <p>(Source: https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851)</p> <p>As well, First Nations Child and Family Services, supplied by the Indigenous Services Canada (ISC), alternative interventions to institutional and foster care, which includes family and community placements. The program currently has a banner on their site describing a current reform “to reform the First Nations Child and Family Services (FNCFS) program and reduce the number of Indigenous children in care” through activities like “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> <p>(Source: https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805)</p>
Australia	<p>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</p>
New Zealand	<p>“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).</p> <p>Recent updates to legislation further ensure “support to establish, maintain, and improve whānau connections.” Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018.</p> <p>http://legislation.govt.nz/regulation/public/2018/0111/latest/LMS56106.html</p>
United States, Child Welfare	<p>As stated in the literature review section, the Child Welfare League of America (CWLA) has developed a trauma informed model of practice for kinship family</p>

Jurisdiction	Example
League of America	information, support and assessment. 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
United States – The Annie E Casey Foundation	(Also referenced in the literature review 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. https://www.aecf.org/ 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. https://assets.aecf.org/m/resourcedoc/aecf-mecklenburgcounty-2021.pdf
United States, California Government, Kinship Care, Department of Social Services	The California Kinship Support Services Program (KSSP) “is aimed at helping relatives do the best job they can in raising these children, so the family can remain together.”... “Services...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.” https://www.cdss.ca.gov/inforesources/foster-care/kinship-care “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 offset the costs of providing the child with food, clothing, extracurricular activities, and other necessities. 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

Jurisdiction	Example
	<p>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>United States – 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. https://www.granfamilies.org/</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.granfamilies.org/Portals/0/Documents/KinshipCareWikiHow_print%20update.pdf</p>
<p>United States – Generations United: National Technical Assistance Center 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>https://www.gu.org/projects/ntac-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>

Jurisdiction	Example
<p>United States – Child Welfare Information Gateway</p>	<p>https://www.gu.org/explore-our-topics/grandfamilies/grand-network/</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>https://www.childwelfare.gov/topics/outofhome/kinship/</p> <p>The section on kinship care includes information and resources for families regarding permanency, changing family dynamics, and legal support.</p>
<p>United States, New York State – Kinship Care in New York State</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. https://ocfs.ny.gov/programs/kinship/. “The definition of “prospective relative guardian” is expanded to include an individual who:</p> <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 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>The change 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> <p>There is also a Kinship Navigator that supplies families with information and assistance via an online site or phone number: https://www.nysnavigator.org/</p>
<p>United States, Washington State</p>	<p>This webpage describes the requirements and responsibilities of becoming a kinship provider. https://www.dcyf.wa.gov/services/foster-parenting/relatives-caring-for-kids It also details how kinship providers are compensated: “A relative</p>

Jurisdiction	Example
Department of Children, Youth, and Families – Relatives Caring for Kids	<p>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>

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 suggestions regarding **how to build the best kinship care model in Canada**.

Contracted agency members 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. 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 the family or tribal connection. Embrace a broad understanding of family beyond the nuclear family. Potential kinship caregivers may not be considered “family” based on western standards but might be significantly connected through relationship.
- 2. 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, using kinship mapping instead of genograms, focusing on natural supports, love and relationship, and maintaining connection to community, culture and language. Honour Indigenous world view and traditional practices. Acknowledge natural law and oral practice as equivalent to written laws. Acknowledge and include ceremony, include Elders and Knowledge Keepers.
- 3. Trauma Informed:** Keep children with family to mitigate the trauma of apprehension. Keep as many natural supports for children as possible.

4. **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. Living with family instead of a professional caregiver is a strength, not a deficit, of kinship care.
5. **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. Emphasize strengths (not deficits) and seek to reduce stigma. Recognize the importance of the skill and world view of the assessor.
6. **Adequate Support (including but not limited to financial support):** Kinship caregivers should receive adequate financial, practical, emotional, relational and mental health 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 Reduce unnecessary demands placed on families to access support. Assessment models should focus on identifying needs and how to meet them through relational support.
7. **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.

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

APPENDIX A: PARTICIPANTS

Thank you to **Reg and Rose Crowshoe** for sharing valuable insights and teachings. Thanks to the ALIGN subcommittee members including **Cheryl Whiskeyjack, Adrian Goulet, Pauline Smale, Frank Shannon, Nicole McFadyen, Rhonda Barraclough. Laurie McCaffrey** (writer/consultant). Thanks to **Brittany Molner**, University of Alberta graduate student, for her work on the updated literature review and document summaries. Thanks to **ALIGN agency representatives and other individuals** for attending the facilitated discussions and sharing valuable feedback about kinship care in Alberta.

Discussion Participants (April 2019 and/or May 2021)	Organization
Cathy Mitchell (2019)	ALIGN
Rhonda Barraclough (2019, 2021)	ALIGN
Nicole McFadyen (2019, 2021)	ALIGN
Frank Shannon (2019, 2021)	Facilitator with ALIGN
Laurie McCaffrey (2019, 2021)	Writer with ALIGN
Michelle Hames (2019)	Alta Care Resources
Marlo Spagnolo (2019)	Alta Care Resources
Erin David (2019)	Bent Arrow
Keleigh Larson (2019, 2021)	Bent Arrow
Lynne Downey (2019)	Carya
Carolyn Frew (2019)	Carya
Cheryl Crawshaw (2021)	Catholic Social Services
Garry Biener (2021)	Catholic Social Services Edmonton
Jen Phillips (2019, 2021)	Central McMan
Ria Warren (2019)	Central McMan
Stacey Sawyshyn-Finnson (2019)	Children First – UP, Edmonton
Rebecca Stiller (2019, 2021)	Chimo (Edmonton)
Margaret Martin (2019)	Chimo (Edmonton)
Jody Hoogwerf (2019)	Closer to Home – Calgary
Gayle Murray-Duggan (2019)	CSS – Central Region
Darlene MacLean (2019)	CSS – Central Region
Carrie Deering (2019, 2021)	CSS – Central Region
Crystal Huculak (2019)	Edmonton CSS
Lisa Mercer (2019)	Edmonton CSS
Gail Coates (2019, 2021)	Hull Calgary
Darlene Hodder (2019, 2021)	Hull Calgary
Karin Matthissen (2019, 2021)	McMan Calgary
Sabrina Weber (2019)	McMan Calgary
Aven Strohschein (2021)	McMan Calgary
Pam Brown (2019)	McMan Edmonton
Cindy Mather (2019, 2021)	McMan Edmonton
Sheri Gessner (2021)	Paul Connections Program Coordinator
Natalie Cox (2019)	The Family Centre
Lisa Stern (2019, 2021)	The Family Centre
Julie Mann-Johnson (2019, 2021)	University of Calgary Faculty of Social Work
Carol Hrenyk (2019)	UPCS
Aaron Hachkowski (2019)	WJS Canada
Barb Wittig (2019)	Woods Homes Calgary

APPENDIX B: REFERENCES

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children & Youth*, 17(3), 17–21.

Bell, T. & Romano, E. (2017). Permanency and safety among children in foster family care and kinship care: A scoping review. *Trauma, Violence & Abuse*, Vol. 18(3), 268-286. (cited in Gardiner, 2019)

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.

Children’s Mental Health Research Quarterly (2014). When Relatives are the Best Resource and With a Little Help from their Kin. Accessed online May 2019 at <http://childhealthpolicy.ca/wp-content/uploads/2014/07/RQ-3-14-Summer.pdf>

Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review*, 26, 623–639. doi:10.1016/j.childyouth.2004.01.014 (Cited in Bell & Romano, 2017)

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](https://tspace.library.utoronto.ca/bitstream/1807/26167/1/Dill_Katharine_A_201011_PhD_thesis[1].pdf)

Farmer, E. (2009) What factors relate to good placement outcomes in kinship care? *British Journal of Social Work*, 40, 426-444. (cited in Gardiner, 2019)

Fast, E., Ismail Allouche, Z., Drouin Gagné, M.-E., & Boldo, V. (2019). Indigenous Youth Leaving Care in Canada. In Mann-Feder, V. R., & Goyette, M. (Eds.), *Leaving Care and the Transition to Adulthood*, 243–260. <https://doi.org/10.1093/oso/9780190630485.003.0013>

Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2019). The needs of carers: applying a hierarchy of needs to a foster and kinship care context. *Adoption and Fostering*, 43(2), 155–168. <https://doi.org/10.1177/0308575919845457>

Gardiner, S. (2019) Family systems and kinship care: Challenges and opportunities, *Wood’s Homes Journal Evidence to Practice*, VOLUME 3, ISSUE 1, WINTER 2019.

Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 74–83. <https://doi.org/10.1016/J.CHILDYOUTH.2017.02.035>

Hassall, A., Janse van Rensburg, E., Trew, S., Hawes, D. J., & Pasalich, D. S. (2021). Does Kinship vs. Foster Care Better Promote Connectedness? A Systematic Review and Meta-Analysis. *Clinical Child and Family Psychology Review*, (0123456789). <https://doi.org/10.1007/s10567-021-00352-6>

Lin, C. (2014). Evaluating services for kinship care families: A systematic review. *Children and Youth Services Review*, 36, 32-41. <https://www.sciencedirect.com/science/article/abs/pii/S0190740913003393>

- Lindstrom, G., and Choate, P. W. (2017). Nistawatsiman: Rethinking Assessment of Aboriginal Parents for Child Welfare Following the Truth and Reconciliation Commission. *First Peoples Child & Family Review*, 11(2), 45-59. Retrieved from <https://fpcfr.com/index.php/FPCFR/article/view/305>
- 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. *Journal of Public Child Welfare*. <https://doi.org/10.1080/15548732.2021.1965065>
- 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. *Child Abuse & Neglect*, 102, 104390. <https://doi.org/10.1016/J.CHIABU.2020.104390>
- Lutman, E., Hunt, J. and Waterhouse, S. (2009) Placement Stability for children in Kinship Care; A long-term follow-up of children placed in kinship care through care proceedings. *Adoption and Fostering*, Volume 33, Number 3, 28-39 (cited in Gardiner, 2019)
- 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
- 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. *Social Policy and Society*, 17(4), 619-635.
- 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
- Osborne, J., Hindt, L. A., Lutz, N., Hodgkinson, N., & Leon, S. C. (2021). Placement stability among children in kinship and non-kinship foster placements across multiple placements. *Children and Youth Services Review*, 126, 106000. <https://doi.org/10.1016/J.CHILDYOUTH.2021.106000>
- Riehl, C., & Shuman, T. (2019). Children placed in kinship care: Recommended policy changes to provide adequate support for kinship families. *Children's Legal Rights Journal*, 39(1), 101-[iii].
- Smith, J. (2017). Putting Theory into Practice: Implications for caregivers. In Hendry, A. & Hasler, J. (Eds.), *Creative Therapies for Complex Trauma: Helping Children and Families in Foster Care, Kinship Care or Adoption*, 58-75. 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>
- Smithgall, C., Yang, D., Weiner, D. (2013). Unmet mental health service needs in kinship care: The importance of assessing and supporting caregivers. *Journal of Family Social Work*, 16, 463-479. <https://www.tandfonline.com/doi/abs/10.1080/10522158.2013.832460>
- Stiller, R. (2018) What to Expect When You're Not Expecting: Early Lived Experiences of Kinship Caregivers. Masters Thesis. University of Strathclyde
- 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>
- 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>

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. *Child and Family Social Work*, 25(4), 845–855. <https://doi.org/10.1111/cfs.12763>

Winokur, Holtan & Batchelder (2015). Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes. Accessed May 2019 at <https://doi.org/10.1177/1049731515620843>

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 <http://cwrp.ca/sites/default/files/publications/en/AwasisFinalReport.pdf>

Xu, Y., & Bright, C. L. (2018). Children’s mental health and its predictors in kinship and non-kinship foster care: A systematic review. *Children and Youth Services Review*, 89, 243–262. <https://doi.org/10.1016/J.CHILDYOUTH.2018.05.001>

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. *Children and Youth Services Review*, 110, 104822. <https://doi.org/10.1016/J.CHILDYOUTH.2020.104822>