



Ontario Child Welfare Survey on Kinship Services

Responses and Findings

July 2010

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Ontario Child Welfare Survey on Kinship Services

Executive Summary

PURPOSE AND SCOPE

In November 2006, *Ontario Kinship Service Standards* were introduced to the province as part of the Ministry of Children & Youth Services (MCYS) Transformation Agenda (2005). Although kinship service has become one of the fastest growing resource placements for children who come to the attention of a children's aid society, little is known about the impact of the new standards on practice, what the current practices are, and which models of kinship service are in use across the province.

In 2008, informed by a field driven document prepared by the Provincial Directors of Service and the Provincial Resource Managers that made recommendations to the field and the Ontario Child Welfare Secretariat regarding kinship coupled with related 2005 Transformation Agenda materials and the 2006 Kinship Service Standards, the Provincial Kinship Services Committee (composed of Provincial Directors of Service and Provincial Resource Managers) applied for and received \$15,000 under the Ontario Children's Aid Societies "Local Directors" Provincial Project. The purpose of this project was:

1. To review the current kinship service practices across all the 53 Ontario children's aid societies regarding the introduction of the Kinship Service Standards
2. To examine the intended and unintended consequences of Kinship service including the effectiveness of permanency plans for children based on frequency / ratio of Kinship placement breakdown
3. To examine the impact of financial resources for children and their kin providers should these children have to come into foster care

In early 2009, the Provincial Kinship Services Committee (PKSC) partnered with the Child Welfare Institute (CWI) at the Children's Aid Society of Toronto to conduct the review of the current kinship service practices across the Ontario children's aid societies (CASs).

The scope of the review included the following methodology:

- ***Review of the literature (April 2009)***

Completed by Lisa Richardson. The literature review is titled: *Kinship Service Issues: Resource Inequities, Field Realities in the 21st Century* (Ms. Richardson, who was on educational leave from Chatham CAS, was a MSW Research Student with CWI at the time of the review).

- ***Interviews with Kinship Service Families (July 2009)***

Standardized phone interviews were conducted by CWI with 24 kinship service families from three CASs from different Ontario regions (North, East and West) in summer 2009.

- **Ontario Child Welfare Survey on Kinship Services (Jan 2010)**

In January 2010, 42 of 53 CASs completed a standardized, comprehensive survey on current kinship service models, policies, processes and service characteristics as well as experiences to date with kinship standards, legislation and funding.

This report is a summary of the findings from the 2010 *Ontario Child Welfare Survey on Kinship Services*.

DEFINITIONS

For the purpose of this survey, *kinship service* is defined differently and separately from *kinship care*.

◆ **Care of a Child through Kinship:**

Refers to, *"The full time nurturing and protection of children who must be separated from their parents by relatives, members of their tribe or clans, godparents, stepparents or other adults who have a kinship bond with a child"* [CWLA 1994: 2]

◆ **Kinship Care:**

Formal kinship care occurs where the child has "in care status" with the Society through Temporary Care by Agreement or by court order and has completed the required SAFE and PRIDE training and the child is placed by the CAS with kin. Also known as "kinship foster care". Kin-in-care are included as part of an agency's placement resources for children in care, and as such, are eligible for supports (e.g. per diem rates, training, respite) afforded to placements with an "in care" status.

◆ **Kinship Service:**

Where the child is not in the care of a Society but the home has been approved by the CAS and the child is being cared for by kin; this placement type does not have "in care status" with the Society. While supports are available through the CAS service (e.g. kinship or family services worker) these homes are not eligible for a Society per diem.

RESEARCH AND METHODS OF ANALYSIS

The aim of this research is to explore the perceptions of children's aid societies' experiences and perceptions of the kinship services available within Ontario.

This one-year study was funded by the Ontario Children's Aid Societies "Local Directors" Provincial Project. The research team at the Child Welfare Institute, CAS-Toronto, conducted the research. The research consisted of a comprehensive survey available on Survey Monkey or hardcopy that covered eight areas on kinship services.

- Section 1: Kinship services Models – Today (2009) (see 3.1)
- Section 2: Kinship Services Models – Past & Future (see 3.2)
- Section 3: Kinship Services Policies (see 3.3)
- Section 4: Kinship Services: Assessments & Approval Process (see 3.4)
- Section 5: Kinship Services – Service Delivery (see 3.5)
- Section 6: Kinship Services – Service Length and Closing (see 3.6)
- Section 7: Kinship Services – Child Specific Issues (see 3.7)
- Section 8: Kinship Services – Standards, Legislation & Funding (see 3.8)

All qualitative responses from the survey were inputted into NVivo 8.0 where standardized discourse analyses occurred to develop the themes. All quantitative responses were analyzed using a standardized discourse analysis process, where themes were developed from the responses of the caregivers and CAS staff and reviewed and confirmed by at least two analysts. All quantitative data were downloaded from Survey Monkey and analyzed using Excel.

STUDY LIMITATIONS

Overall, there was very good response from the field with 42 of 53 CASs providing data (79.2%), suggesting this was a study area of great importance to the field. Study limitations include limited participation by our First Nation agencies and low responses with some questions. We posit the former limitation is due to lack of cultural appropriateness and relevance in the method employed; with the later issue, we low data responses were most likely because some data were difficult to obtain coupled with the high respondent burden in completing this lengthy and complex survey.

STUDY QUESTIONS & ANSWERS

The Provincial Kinship Services Committee's *2009 Ontario Child Welfare Survey on Kinship Services* had three objectives. This section provides a brief summary of the data based on those objectives.

O1: To review the current kinship service practices across all the Ontario children's aid societies regarding the introduction of the kinship service standards.

- While kinship services are provided by various types of workers (i.e., specialized kinship service workers, child protection workers, resource workers), agencies emphasized the need for more specialized kinship service staff, structure and resources.
- The current kinship service models experienced as most effective at this time are ones that have a specialized kinship services unit that conducts assessments and provides supports to kinship service families; specific kinship service teams/ workers have an ability to search out kin; and there is a heightened emphasis on permanency and prevention.
- 90% of agencies either completed or were in the process of developing written agency-specific policies, procedures or guidelines for assessing or approving prospective agency kinship service homes.
- 94% of agencies were either in the process of developing or had completed the development of written policies, procedures, and/or guidelines for managing or delivering service to approved kinship service homes.
- The provincial average kinship services caseload size by month: 18 for blended kinship service positions; 15 for protection cases; 4 for kinship service cases; and 2 for other case types.
- Factors in the clinical assessment of the feasibility of a kinship service placement include: potential kinship service families' current and historical background, their own history, health, mental health, marital relationship, disciplining techniques, home environment, lifestyle, and parenting capacity. Other areas of importance are relationship/dynamics between the kin and the child/youth's family, their knowledge of the protection family, their understanding of the protection concerns, their commitment to the permanency plan for the child/youth, their commitment to the child/youth, their understanding of the emotional and behavioural needs of the child/youth, their motivation to provide

a safe and stable family environment for the children, and their ability to work cooperatively with the Society and other community services.

- 77% of CASs had no post kinship service programs available to kinship service families whose files were closed.
- Kinship Service follow-up support tends to be provided by an Intake Worker or Family Service Worker (79%), while others directly contacted their designated Kinship Services Worker (if applicable).
- The three most important post-kinship service programs offered in the community for closed kinship service families were: financial (89%), educational supports (62%), and respite (54%).
- 40% (8/20) indicated that the 'agency reopens service file Part III non-protection' vs. 15% (3/20) of agencies indicate that the 'agency would not actively re-open file'. The primary reasons for re-openings included behavioural/emotional needs of the child, as well as protection and safety concerns regarding birth parents.

O2: To examine the intended and unintended consequences of kinship service including the effectiveness of permanency plans for children based on frequency / ratio of kinship placement breakdown.

Intended Consequences of Kinship Services

- 54% of agencies indicated that kinship service families would be able to access services without CAS assistance vs. 43% of CASs advised that it would depend on the funding available and/or CAS having to provide a letter of support for the community service.
- The two top ranked reasons for kinship service home closures: 1) child being returning to parents, and 2) achievement of permanency through kinship (11 of 23 responses for both reasons).
- Most important programs offered by any CAS for closed kinship services families (as identified by the CASs) are: after care support (48%), ongoing consultation (44%), groups (36%), respite (32%), and training (32%).
- CASs estimate that 1% to 25% of children placed in kinship service placements may require replacement into a traditional foster home as a consequence of the child's needs or the inability of their kinship service family to meet those needs. Going forward, CASs will need to track this phenomenon in more precise ways given the resource, service and financial implications.

Unintended Consequences of Kinship Services

- Delays in obtaining support documentation for potential kinship service families (i.e., criminal record checks, child welfare checks)
- Challenges in engaging with potential kinship service families (especially when child/youth placed prior to assessment). Examples include families who don't fully participate in the process and/or who don't complete requested information, and/or who aren't able to meet with kinship workers.
- Delays in utilizing Kinship Services due to other demands (i.e., court ordered assessments; child/youth placed prior to kinship service assessment occurs)

- Delays in closing kinship service files, along with protection files due to kinship service family's need for support.
- Delays in completing assessments, recordings and providing support due to increased workloads and minimal staff available.
- Delays or deviations from Kinship Service Standards as the requirements are not always feasible to complete within the requested timeframe.
- Delays in obtaining custody for kinship service families under section 57.1 of the *Child and Family Services Act* (CFSA), although overall, agencies indicated in principle, the Section of the Act does align with kinship service standards regarding custody.
- 92% of agencies noted barriers to kinship service families' ability to acquire permanent legal custody, including financial constraints (96%). Generally, the kinship family sees their role as short-term, where the long-term desire is to have child reunited with birth parents (79%) vs. CAS plan for the kinship family to pursue custody; this is a tension point that causes emotional distress within the kinship family's system.
- Addressing child-specific challenges for kinship service families, including behavioural needs of the child; developmental needs of the child; emotional/psychiatric needs of the child; educational/learning needs of the child; and, medical needs of the child.
- Addressing the episodic funding support for kinship service families.

O3: To examine the impact of [inadequate] financial resources for children and their kin providers should these children have to come into foster care.

The impact of limited financial resources on the child and the impact of limited financial support on their kin families are different. Improvement in financial resources to both parties is a common goal for CASs. Expected benefits of improved financial support include safe and stable kinship service placements for the child/youth.

Funding and Supports to the Kinship Service Families:

- Financial resources and supports available to CASs are not sufficient to meet the needs of the kinship service families. The transition from Kinship Services to Kinship In-Care is frequently associated with the need for the kinship service family's need to access financial assistance. The most common services identified as "*not available*" to kinship service families were a per diem for food (96%) and travel/gas costs (92%).
- While finances were the dominant reason (82%) kinship service families applied for kinship-in-care status, other reasons included: the child's special needs (32%) and ongoing safety issues regarding the birth parent (32%). The formalization of access plans, a lengthy permanency planning process, challenges in mediating between kinship service families and the needs of biological parents in determining access arrangements were some of the other reasons noted by the CASs as reasons for applications for kinship-in-care status.

- For cases where kinship service families acquired kin-in-care status as a result of financial need, the supports the CASs identified that would have prevented the financially-driven move include: *increased and expanded Ontario Works and Temporary Care Allowance funding; per diem or monthly allowance that would cover expenses that include child care, drug benefits, child treatment needs, clothing, recreation and transportation costs; and, access to subsidized day care.*
- There is an underestimation of the financial burden on kinship service families. The day-to-day expenses absorbed by kinship service families (i.e., start-up costs, clothes, food, daycare, extra-curricular activities, counseling, dental/medical) and the long-term expenses (i.e., court costs, pharmaceutical costs) were not accounted for within this current model. A large proportion of kinship service families are grandparents, many of whom are on fixed incomes, and the expenses associated with caring for these kin children can be significant.

Funding and Supports to the Agencies:

- Agencies want to be proactive by using funding to stabilize kinship services placements and prevent admissions/readmission to care.
- Some of the agencies with a non-specialized kinship service model indicated that they wanted to institute a specialized staff model and/or expand their current specialized staff complement, but do not have the finances to realize the shift to the preferred and more effective specialist model.
- Appropriate funding of kinship services would allow agencies to increase the number of workers/services to complete the kinship service tasks, including assessments, documentation, Kinship Standards, and providing supports to Kinship Service caregivers and families (i.e., in-house support, advocacy).



RECOMMENDATIONS

Informed by the findings from the extensive field survey (January 2010), the review of the literature (May 2009), the outcomes from the interviews with 24 kinship service families (July 2009), consultation with the Provincial Kinship Services Committee (April 2010), the Provincial Directors of Service group (June 2010), and the LD Project Management Group (July 2010), the following recommendations were developed:

Recommendation 1: Review Kinship Service Standards

- *Based on findings from the study that identified a number of service issues that adversely impacts compliance with Kinship Service Standards (e.g. delays in receipt of documentation, court demands), as well, there is poor alignment between Family Service and Kinship Service standards.*

It is recommended the Directors of Service group commence a full review of the 2006 Kinship Service Standards.

Recommendation 2: Promote Specialized Kinship Service as the Best Practice Model

- *The evidence from the survey indicates a consistent shift across the Societies towards a more specialized kinship service model. This evolution in practice is identified by the field as a best practice model with a greater likelihood of achieving practice excellence and service quality when compared to a non-specialized model.*

It is recommended that a Provincial Best Practice document be developed that details the philosophy and rationale for a specialized kinship service approach as the best practice model.

Recommendation 3: Consistent & Equitable Financial Aid & Community Supports Provided to Kinship Service Families

- *Agencies constantly flagged this as an area of concern for kinship service families. Further work is imminently needed at the provincial level to determine what the level of minimum financial aid should be to kinship service families. Clearly, the lack of financial support and/or other community supports and services (e.g. assessments, treatment, travel assistance) to kinship families increases the likelihood of placement breakdown and/or entry of the child into care and/or conversion of the kinship service home to a kinship care home.*

It is recommended that all CASs closely track the numbers and reasons for: placement breakdown in kinship service homes, families' need to shift from kinship service to kinship care, and entry of a child from kinship service into care.

Recommendation 4: Develop an Education Plan to Inform the Judiciary re Kinship Service Issues and Legal Challenges

- Survey findings identified a consistent lag across regions between the court's awareness and understanding of kinship service families' legal challenges and issues.

It is recommended that the Senior Legal Counsel Network group examine this issue and add to their work plan the task of developing Provincial Guidelines related to this issue.

Ontario Child Welfare Survey on Kinship Services

FULL REPORT

1.0 STUDY PURPOSE

1.1 Background

In November 2006, *Ontario Kinship Service Standards* were introduced to the province as part of the Ministry of Children & Youth Services (MCYS) Transformation Agenda (2005). Although kinship service has become one of the fastest growing resource placements for children who come to the attention of a children's aid society, little is known about the impact of the new standards on practice, what the current practices are, and which models of kinship service are in use across the province.

In 2008, informed by a field developed document prepared by the Provincial Directors of Service and the Provincial Resource Managers that made recommendations to the field and the Ontario Child Welfare Secretariat regarding kinship coupled with 2005 Transformation Agenda materials and the 2006 Kinship Service Standards, the Provincial Kinship Services Committee (composed of Provincial Directors of Service and Provincial Resource Managers) applied for and received \$15,000 under the Ontario Children's Aid Societies "Local Directors" Provincial Project. The purpose of the project was:

1. To review the current kinship service practices across all the 53 Ontario children's aid societies regarding the introduction of the Kinship Service Standards.
2. To examine the intended and unintended consequences of Kinship service including the effectiveness of permanency plans for children based on frequency / ratio of Kinship placement breakdown.
3. To examine the impact of financial resources for children and their kin providers should these children have to come into foster care.

In early 2009, the Provincial Kinship Services Committee (PKSC) partnered with the Child Welfare Institute (CWI) at Children's Aid Society of Toronto to conduct the review of the current kinship service practices across the Ontario CASs. The survey of those practices occurred in January 2010.

1.2 Study Scope

The scope of the review included the following methodology:

- **Review of the literature (April 2009)**
Completed by Lisa Richardson. The literature review is titled: *Kinship Service Issues: Resource Inequities, Field Realities in the 21st Century* (Ms. Richardson, was on educational leave from Chatham CAS and a MSW Research Student with CWI at the time of the review).
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- ***Ontario Child Welfare Survey on Kinship Services (January 2010)***

In January 2010, 42 of 53 CASs completed a standardized, comprehensive survey on current kinship service models, policies, processes and service characteristics, as well as noted their experiences to date with kinship standards, legislation and funding.

This report is a summary of the findings from the *Ontario Child Welfare Survey on Kinship Services*.

2.0 SURVEY METHODOLOGY

2.1 Survey Construction

Under the guidance and direction of the Provincial Kinship Services Committee (PKSC), CWI created a survey intended to answer the study questions. The survey was developed and piloted with a number of CASs in summer 2009. The survey tool (both hardcopy and Survey Monkey format) was revised and released via OACAS distribution to all 53 CASs in Ontario in late December 2009. In addition to an introductory section on Agency Information, the ***Ontario Child Welfare Survey on Kinship Services*** had eight (8) sections:

- Section 1: Models – Today (2009) (see 3.1)
- Section 2: Past & Future (see 3.2)
- Section 3: Policies (see 3.3)
- Section 4: Assessments & Approval Process (see 3.4)
- Section 5: Service Delivery (see 3.5)
- Section 6: Service Length and Closing (see 3.6)
- Section 7: Child Specific Issues (see 3.7)
- Section 8: Standards, Legislation & Funding (see 3.8)

2.2 Methodology

The research team at CWI at Children's Aid Society of Toronto conducted this survey at the request of the Provincial Kinship Services Committee. The survey methodology utilized a mixed-method approach that included both quantitative and qualitative data. CASs were assigned a non-identifying number to ensure confidentiality.

2.2.1 Sample

All 53 Ontario child welfare agencies were invited to complete the provincial Kinship Services survey. A total of 42 CASs completed the survey (participation rate of 79.2%).

The survey could be completed either through Survey Monkey or by hardcopy/electronic version. All hardcopy surveys were transcribed verbatim into a word document in order to be included in the analyses. Two CASs who completed the pilot segment of the survey in July 2009 retained that data as their submission; the other 40 agencies completed January 2010 version. On average, two people per agency completed the survey; typically they were Directors of Service, Managers or Supervisors.

2.2.2 Limitations

There are limitations with the research findings. First, while the overall survey response rate was very high at 79.2% (42/53 agencies) our First Nations/Aboriginal agencies had a low response rate (one of six reported their data); we hypothesize that the study method may not have been culturally appropriate or engaging. Second, some questions had either had a low response rate (produces limited data) or the question was skipped altogether (produces no data). Finally, analysis of the data is by aggregate; it is not detailed by geographic location (e.g. rural vs. urban), agency size (e.g. small = less than 60 FTE or very large = over 250 FTE), or agency type (e.g. protection only vs. multi-service). These limitations have an adverse impact on the generalizability of the findings with certain question areas.

2.2.3 Method of Data Analysis

Qualitative data (written responses) were analyzed by Section and by each question within each Section. All qualitative responses were inputted into NVivo 8.0 and analyzed using a standardized discourse analysis process, where themes were developed from the responses, with corresponding quotes highlighted to support the themes. Quantitative survey data (numbers) were analyzed using Microsoft Office Excel 2003 and/or Survey Monkey, employing frequency and cross-tab analysis.

3.0 FINDINGS

The findings from the analyses are reported by section (see Table 1):

Table 1: Survey Sections	
3.1: Section 1-Kinship Services Model Today (2009)	3.5: Section 5-Kinship Services Service Delivery;
3.2: Section 2-Kinship Services Models Past & Future	3.6: Section 6-Kinship Services Length and Closing;
3.3: Section 3-Kinship Services Policies	3.7: Section 7 - Kinship Services Child Specific Issues;
3.4: Section 4-Kinship Services Assessment & Approval Process	3.8: Section 8-Kinship Services Standards, Legislation & Funding.

3.1 SECTION 1: Kinship Service Models – Today (2009)

The survey asked each CAS to briefly describe their agency's current 2009 kinship services delivery model. Nineteen (n=19) of the 42 CASs responded (45% response rate in survey; 36% response rate for province [19 of 53]). Analysis found two distinct delivery models: *No Designated Kinship Services* (21%) vs. *Designated Kinship Services* (79%), where the designated model appears to have flexibility in its application (specialized kinship service delivery vs. shared kinship/protection service). The dominant model in 2009 that accounts for half (n=10) of all models reported is: *Designated Kinship Model* with a *Designated Kinship Services Worker Position on a Specialized Kinship Services Team*.

No Designated Kinship Services/ No Designated Kinship Services Worker Position:

- **4 of 19** agencies (21%) require the protection staff to complete the Kinship Service tasks, as they do not have designated Kin Service Workers.

NOTE: One CAS with several locations used both service models (designated Kinship Service workers in the main office, no designated Kinship Service Workers in the branch offices, where protection workers were assigned kinship service tasks).

Designated Kinship Services / Designated Kinship Services Worker Positions:

- **15 of the 19** agencies (79%) stated they have designated positions for Kinship Services. The number of Kinship Service Workers per agency ranged from as little as a .25 FTE designation to 12 FTE, depending on the size of the agency.

Stand-a-lone Service Delivery - Specialized Kinship Services Team (53%)

- 10 of 19 agencies (53%) have Kinship Services workers complete all Kinship Services tasks, including **initial assessment, comprehensive assessment and ongoing support to the Kin Service home.**

Shared Service Delivery - Kinship Services & Protection Services (26%)

- 5 of 19 agencies (26%) share the Kinship Services tasks between Kinship Service staff and Protection Workers. When the tasks are shared, four of the five CASs have the protection worker begin the preliminary checks for the Kin family. The fifth agency has the Kinship worker pick up the referral immediately. Under this model, all five agencies have the Kinship Services worker complete the assessment, however, two CASs have the Kin worker maintain the file for support vs. three CASs have the file returned to the protection worker for ongoing support.

NOTE: Two large CASs described having Kinship Service Teams but did not state how many Kinship Service workers they had; 5 of 19 agencies noted having a full time Kinship Service Supervisor assigned to the Kinship Service team. One additional agency specified a 0.5 supervisor being assigned for Kinship Service; three agencies stated that they had assigned individual workers to the Kinship Service assessment task with other individual Kinship Service workers being assigned the support function for Kinship Service homes; twelve CASs house their Kinship Service Workers in the protection department vs. three CASs which have their Kinship workers connected to the Resource department. One CAS has their two Kinship Services workers reporting to a protection manager but they are part of the resource team (aim is to sustain the focus on permanency planning and all of the options that are available).

3.1.1 Major Issues Facing Kinship Services Today

Three main themes emerged from the data regarding the identification of major issues for agencies regarding Kinship Services; sixteen of 42 agencies provided data (38% survey response rate vs. 30% provincial response rate [16 of 53]).

Theme 1: “Lack of financial support to the kinship services caregiver”

Almost all the agencies that replied (15 of 16 or 94%) identified this as a key major issue facing kinship services. Four of the 15 CASs stated the *Temporary Care Allowance* through Ontario Works is too low and there are inconsistencies in how jurisdictions determine eligibility for the *Temporary Care Allowance*. Not having access to such essential service items as: transportation assistance, daycare, educational supports, legal aid and counseling were included under “*lack of financial support*”. Another key theme identified under “*lack of financial support*” is that for financial reasons and the needs of the child, Kinship Services caregivers become Kinship-in-Care providers in order to gain access to the foster care per diem and the range of supports available under that care option.

AGENCY41: “We are asking kin to care for Ontario’s most vulnerable children but will not contribute to the financial costs”

AGENCY13: “Many of the Kinship service families are struggling themselves and require financial and other supports to care for a child”

Theme 2: “Lack of understanding of Kinship Standards and best practice guidelines”

Ten of 16 CASs (62%) noted this being a major issue. Agencies indicated that there is no clear understanding by Society workers of the assessment expectations and the minimum requirements; they noted that there is inconsistency in how CASs’ interpret the Kinship Service standards and in how the Courts interpret “Kin” and Kinship Standards; finally, low compliance rates with the standards were noted by two of 16 CASs (12%).

AGENCY13: “There have been ongoing issues regarding consistency around Kinship assessment and what the minimum requirements should be.”

AGENCY15: “Inconsistent in interpreting the standards and the interagency protocol.”

Theme 3: “Complexity of the kinship family dynamics”

Eight of 16 agencies that provided data (50%) identified this as a major issue. Respondents raised the concern that workers can struggle to provide the necessary time and attention to these “family dynamics”. Their summary: *Kin caregivers need as much support as the Protection families*. CASs also noted that procedurally, if the Kinship caregiver does not have legal custody of the child, they cannot sign forms or register child for programs, which from a CAS view, hampers planning for the child.

AGENCY20: “The work [kinship services] requires conferencing with the whole family almost monthly to keep the amount of miscommunication and conflict to a level that is manageable.”

AGENCY28: “Kinship service families are embarrassed by the action of the [birth] parents but are also defensive if CAS implies negative connotations to the actions of the parents; they feel judged themselves.”

3.2 SECTION 2: Kinship Services Models – Past and Future

Agencies were asked to identify if their current model (2009) differed from their past kinship service model (2005-2007) and if there were anticipated future changes to the model (2010-2011).

3.2.1. *Differences Between 2005-2007 Kinship Services Model and 2009 Kinship Services Model*

The key differences between agencies 2005-2007 Kinship Service model and the 2009 Kinship Service model were in relation to the *need for more specialized staff, modifications to the model to improve efficiency, increase funding and support for all components of the model* (including kinship service families), and *changes to documentation timelines / workload*.

Agencies provided both examples of the model changes and a rationale for the changes. The main reasons for the agencies differences from 2005-2007 kinship services model to the 2009 model was needed shifts due to: 1) an increase in workload, 2) changes to model itself, 3) lack of support for kinship service families, plus 4) inefficiencies in obtaining required documentations (i.e., criminal record checks, vulnerable person checks) and completing necessary paperwork. Table 2 provides an overview of the themes and sub-themes that emerged from the aggregate analysis; more detailed analysis follows on pages 13-17.

Table 2: Kinship Services Models – Past and Future

Table 2: Key Differences Between 2005-2007 model and 2009 model	Examples	Reasons for the Changes
Theme 1: More Specialized Staff Required for Kinship Services	Specialized Kinship Services Team	Workload increase
	Merged Kinship Services to Family Services (Combo Team)	
	Aboriginal Kinship Service Worker	
	Kinship Service Support Workers	
	Recognition of Kinship Services Workload	
Theme 2: Changes to the Kinship Services Model	Service Process Changes	More consistent support required for Kinship Service Families
	Knowledge Exchange / Transfer	
	Kinship Services Evaluation	
Theme 3: Increase Funding and Support for the Kinship Services Model	Funding and Supports to the Agencies	Funding decrease when needed
	Funding and Supports to the Kinship service families	
Theme 4: Documentation Changes / Challenges	Documentation Issues	Improve efficiency

THEME 1: More Specialized Staff Required for Kinship Services (n=23)

Agencies emphasized more specialized staff are required to fulfill the Kinship Service Standards. Specialized kinship workers are able to provide the expert service to kinship service families, increase the worker time to access this placement type, they are able to better address the increased caseload activities (i.e. kinship assessments, recordings), they have quicker completion of the comprehensive assessments, and they are more efficient in complying with the Kinship Standards.

Agencies referenced the following kinship services that were either added or removed from their agencies between the 2005-2007 Kinship Service model and the 2009 Kinship Service model:

- **Specialized Kinship Services Team**

Specialized kinship services teams were developed exclusively to be dedicated to kinship services.

- **Merged Kinship Services to Family Services (Combo Team)**

An increase in staff occurred, but there was a merger of Kinship Services to Family Services to address the increase in workload.

- **Aboriginal Kinship Service Worker**

Some agencies recognized the importance of having a designated Aboriginal Kinship Service Worker within their agency. While some agencies were able to create the position, others had to absorb the role into the job of child protection workers in general.

- **Kinship Service Support Workers**

Some agencies developed a function called: Kinship Service Support Workers. Where this role does not exist, agencies have found that they are more frequently trying to utilize their Family Support Workers to provide supports to kinship service families.

- **Recognition of Kinship Services Workload**

For some CASs there has been recognition in the collective bargaining agreement that the workload weight of the kinship service files have increased.

“We require more trained and specialized [kinship] staff.

However, the funding for our agency does not support the development of this model.”

~ AGENCY 20 ~

Agencies articulated the domino effect of the 2007-2009 changes: an increase in staff was due to the increase in kinship activity and workload ~ workload increase tended to be placed upon the protection workers ~ the increase in workload was in relation to more complex assessments, documentation, Kinship Standards, providing supports to Kinship Service caregivers and families (i.e., in-house support, advocacy) ~ the combination of a steep learning curve plus high workload resulted in a lack of understanding of kinship issues and inconsistent services to kinship service families ~ Kinship Service caregivers felt unsupported ~ workload and inefficiencies increased (i.e., higher caseloads) ~ agencies had to adjust their perceptions of the workload of Kinship Service files ~ as activity increased, agencies recognition of the need to increase expertise within this area increased = model change and specialization. Some agencies indicated that they required/wanted more specialized kinship staff, but felt limited in obtaining the kinship position and/or team as funding did not support the development of a specialized model.

CASs underscored that while a more specialized kinship service model appears to be more efficient and effective, further evaluation is needed to verify perceptions.

- AGENCY13: *"The original model had Family Service workers carrying protection and kinship services files. There is now a specialized team with six Kinship Service workers and a supervisor.*
- AGENCY26: *"...collective bargaining agreement modified the weighting of kinship service files on on-going caseloads such that instead of not being counted as an active case, each kinship service home now counts as the equivalent of 0.5 a protection case."*
- AGENCY24: *"Changes to our service delivery model were a result of workload issues with CPW's which resulted in a lack of understanding kinship issues, inconsistent service to kinship homes and noncompliance with the Kinship Service Standards, and increase in the number of kinship service placements."*
- AGENCY48: *"The desire was to keep children out of care and to promote stability in placement. This was not being achieved by kinship families being assessed or managed by a Family Service Worker. We were also attempting to reduce the workload for Family Service."*
- AGENCY25: *"One of the main reasons for hiring a designated Kinship Service Worker was the increase in caseload. Currently, the Kinship Service Worker averages a caseload of 19 or 20 ongoing files per month."*

"The main reasons for change were due to workload and the fact that kinship service families were not being seen.

Children were remaining in a traditional foster setting while waiting for completion of the kinship assessment.

Kinship service families were not happy with the service they were receiving. They felt unsupported and worried that the worker was only focused on the parent."

~ AGENCY 13 ~

“Funding demands of kinship families for services, support, advocacy and problem solving often clinical issues are played out in kinship services cases (i.e., adult relationship issues between kin provider and bio-parents of children).

There is no system to support these homes as there are for children in care (e.g. children’s workers, foster family worker, etc.). Kin providers may be fearful and have legitimate needs given safety issues that have arisen.”

~ AGENCY 41 ~

AGENCY12: “Agency began with one staff position in 05-07 and increased this in 2008 due to increased demand. This was reduced to one staff in 2009 due to funding pressures.”

THEME 2: Changes to the Kinship Services Model (n=17)

It became evident in the analysis that agencies’ needed to tweak or modify the current Kinship Services model as they developed it. Some agencies simply referenced that changes to a more specialized service approach were required, while others provided specific details on what changes were made between the 2005-2007 Kinship Services model and the 2009 Kinship Services model. Examples include:

- (1) **Service Process Changes:** *Essentially, changes were in relation to streamlining the model to a more strengths-based, child-focused approach, right from the Initial Assessment / Plan of service to the on-going protection file; also, some CASs flagged a concern that at times, children/youth were slowly moved into kin services due to formal procedures.*
- (2) **Knowledge Exchange/Transfer:** *CASs noted a need to increase training opportunities for workers to develop greater awareness of the type of support and interventions required by kinship service families. To date, this knowledge has been obtained through Practice and Research Together (PART) Ontario learning initiatives, reviews of the literature, practical knowledge, and awareness of community services for kinship service families. Some agencies formalized their training process with policies and procedures.*
- (3) **Kinship Services Evaluation:** *Some agencies referenced their recognition and/or implementation of evaluating the kinship services model through various stakeholders (i.e., kinship service families, workers, supervisors).*
- (4) **Consistent Support:** *Changes to the model were made due to the many demands placed on to Kinship Service families (i.e., financial, emotional) and agencies need to provide “consistent” and “on-going support” to sustain placements.*
- (5) **No Changes to Kinship Services:** *A few agencies said they wouldn’t make any changes to their kinship services model, but did not specify why.*

AGENCY1: “Much more streamlined and strength-based as the file moves to on-going protection once initial assessment and Plan of Service is completed.”

AGENCY18: “Training of teams in this specialized approach; we need to change our service approach to meet standards.”

AGENCY43: "Currently embarking on an evaluation process of the model."

AGENCY2: "In 2007, Kinship had a support group for Kinship Care and Kinship Service parents. This group is no longer offered, in part due to decreased interest by the Kinship Service caregivers, and in part because the worker time available to run a support group decreased when the worker who facilitated the support group, who are the Kinship Foster Care workers, began to teach PRIDE and complete SAFE home-studies for Kinship Care caregivers."

THEME 3: Increase Funding and Support for the Kinship Services Model (n=14)

Two main forms of funding and support were seen as essential to the Kinship Services model succeeding as a stable placement option for children.

- **Funding and Supports to the Agencies**

While some agencies said they are being proactive by using some funding to prevent admissions in the first place, other agencies stated they have found themselves in financial constraints that have required them to reduce their complement of kinship service workers. Stable funding and adequate supports to agencies is essential for Kinship Services to be effective, efficient and ensure child safety and permanency.

- **Funding and Supports to the Kinship Service Families**

Many agencies articulated that their current resources are not sufficient to meet the exceeding demands needed for the kinship service families. For example, the issue and definition of "support" to the kin provider, which is required in success of kinship services placements. Support may consist of more time available by workers "to support" kinship service families; it may mean utilizing components of the family conference model "to provide support"; it may mean "supports need to be more clinical and child-focused" to ensure the best outcomes for the children; and for some agencies "support may mean the development of a Kinship Care and Kinship Services support group/cluster". What is "support"? Currently, the continuum of support services to kinship families by their local CAS tends to be a patchwork of inconsistent practices. One illustration is the Support Group concept; some agencies are terminating this service due to lack of workers to facilitate the group, while other agencies are contemplating creating a support group, and are exploring expanding kin providers access to legal knowledge/assistance, greater utilization of community resources, and more family support groups/workshops.

Overall, one of difference noted between the 2005-2007 Kinship Services model and the 2009 model is the recognition of the need for a standardized consistent, equitable funding policy to help support kinship service families.

"Staffing has been reduced to reflect financial pressures.

Kin placements are tending to last longer.

Resource needs for kin placements are exceeding agency capacity to provide it."

~ AGENCY 12 ~

“All of our assessments for Kinship Services used to be completed in “word.doc” and it was hard to track.

Now that we have software that allows us to print information, like assessments and case notes into the computer, it is better, as this can be seen by others involved with the file.”

~ AGENCY 25 ~

AGENCY27: “Monies allotted for admission prevention.”

AGENCY38: “More agency support for financial assistance for kin service families is needed.”

AGENCY13: “There is greater attention and focus on kinship service families. Kinship service families identify that they feel heard and are happy to have their worker. The requirements are more clinically and child focused to ensure best outcome for the child.”

AGENCY2: “[Agency] no longer has a Kinship Support Group for Kinship Service Families.”

AGENCY10: “There is a better utilization of community resources.”

THEME 4: Documentation Changes / Challenges (n=13)

Just less than one-third of the agencies (13 of 42 = 31%) specified that modifications to the current Kinship Services forms and files were required. These modifications were needed to make the recordings clearer (i.e., standardized plans of care), more accurate and consistent, and to allow the Society to more efficiently meet Kinship Standards deadlines.

Some agencies indicated that they were in the process of such changes (e.g. converting to new computerized system to make documentation easier, improving internal infrastructure for tracking and monitoring kinship services).

A very few agencies indicated that they made changes to their documentation system to make it easier for workers to complete the kinship service documentation and for the agencies to extract relevant and meaningful data for tracking and evaluation purposes.

AGENCY5: “Modifications to the Kinship Service file”

AGENCY26: “We haven’t made any significant changes to the model apart from improving internal infra-structure for tracking and monitoring kinship service.

AGENCY2: “Changes in the recording / documentation packages caused some difficulties in meeting Standards around documentation & timelines.”

AGENCY3: “Standardized recording package.”

AGENCY6: “The implementation of E-forms was introduced at around the same time that Kinship Standards were implemented so workers were struggling trying to navigate a new documentation system, while understanding how to work within the new Standards.”

3.2.2 “Ideal” Kinship Services Model

Based upon what the CASs indicated what the differences were between their past kinship service delivery model and their current one, they were asked: What is your “ideal” kinship service model?” A few agencies indicated their current model is *ideal* as is. However, many indicated they wanted improvements to their model to make it, if not *ideal*, at least on the continuum towards *more ideal*. Analysis found a *more ideal* CAS model included two things:

- (a) Greater support and funding provided to the kinship services model.
- (b) Specialized kinship service teams/workers and structure. The current model assessed as most effective at this time: *a specialized kinship services unit*. This model fosters quicker assessments, provides greater supports to kinship service families, has enhanced ability and skills in searching for kin, and the emphasis of the model is on kinship permanency and prevention of subsequent maltreatment.

THEME 1: “Ideal” Support and Funding Provided to the Kinship Services Model (n=11)

The “ideal model” includes sufficient and stable funding to support the Kinship Services model in its entirety. Funding allows for the hire of specialized kinship workers to fulfill the duties and responsibilities to meet the Kinship Services Standards; it ensures training opportunities and/or workshops for kinship families; and it provides support (i.e., financial, per diem, advocacy, emotional) to the kin family prior to the placement, immediately after placement and during placement. Agencies noted that the current climate of financial constraint in child welfare adversely affects the likelihood of advancement on the current model.

“A dedicated kin service unit would be ideal.

Funding to support kin service which would include a per diem for the families, plans of care in place for the children, service plans for the kin service families.

A parallel process with foster and kinship care would be ideal. This would include training, assessment, and

AGENCY41: “One in which the family is appropriately funded to provide care for the vulnerable children of this province. Also, one in which there is adequate access to internal and community resources for support.”

AGENCY38: “A specialized team with enough staff to meet immediately with kin applicants, and assess and support them as needed, hopefully leading to earlier closure with the kin provider feeling comfortable with the situation. A LICO type tool supported by the ministry that will provide guidelines for financial support and other supports needed to ensure good placements for kin family and children. Good working relationships with community partners, i.e., OW, OEYC, FLIC, local counselling agencies who understand and respond to kin needs. Access to internal programs, which are now currently available to Kin Care families, e.g. training. Support groups for all kin. Provincial supports for timelines for kids in kin service placements such as the one year and two year timeframe for CICs. Ministry funding for custody cases (57.1) before the court to ensure permanency for children and rights and responsibilities clearly articulated for kin providers. Although these do not refer to a staffing model, they provided guidelines for staff work and permanency outcomes. And specialized training for kin workers with community partners who provide resources and supports.

THEME 2: “Ideal” Specialized Kinship Service Teams/Workers/Structure (n=13)

The ideal model, as described by many agencies, is a specialized Kinship Service team, with specialized workers and structure; such a model requires clear communication and understanding of the model with all workers, legal, financial and kinship service families; if the specialized teams combine protection and kinship services than the model is with reduced caseloads, with workers targeted at specific geographical areas.

*“Ideally,
we would like to see
a-stand-alone kinship
team, able to offer more
assistance to the
protection workers
at the onset of a kinship
service assessment, with
a dedicated supervisor as
the amount of kinship
service files increases.”*

~ AGENCY 4 ~

Specialized kinship worker duties include: searching for possible kinship placements, conducting assessments of the applicant, supporting the kinship service placement, providing regular case conferences, and receiving and providing training on kinship roles and responsibilities. While it would be ideal to only have one worker assigned to a kinship service family, it doesn't seem feasible in respect to workload issues. The kinship services structure should also include an evaluation component to seek feedback from kinship service families. Overall, the structure needs to be flexible and account for the unique needs of the agency's jurisdiction.

AGENCY27: “Upon receiving a referral for an applicant that it would go to a specialized kin service team that does all of the assessment and the support for the family and the children. Regular case conferences would need to occur with the family and the child protection workers to ensure proper communication.”

AGENCY26: “The ideal model is one with a team approach that combines protection and kinship services workers on a team, with the same supervisor monitoring service provision on both files. Worker caseloads need to be reduced.”

AGENCY44: “A specialized team will complete searches and all kinship assessments, including initials and comprehensives. Specialized support workers will provide ongoing support to kinship families.”

AGENCY45: “The development and enhancement of the kinship service model should be built on the input and feedback from the “consumers” along with suggestions from protection workers and stakeholders in the community such as Ontario Works, subsidized daycare officials, etc. One of the ways to address this matter is for each CAS to establish a committee including all of these parties. Another way is for each CAS to develop feedback avenues for the “consumers” of this model.”

AGENCY48: “It was ideal to have one worker (FS) working with this family to ensure good communication and flow of information but with unmanageable workloads in FS it made the model impossible.”

3.2.3 Anticipated Future Changes to Kinship Service Model (2010-2011)

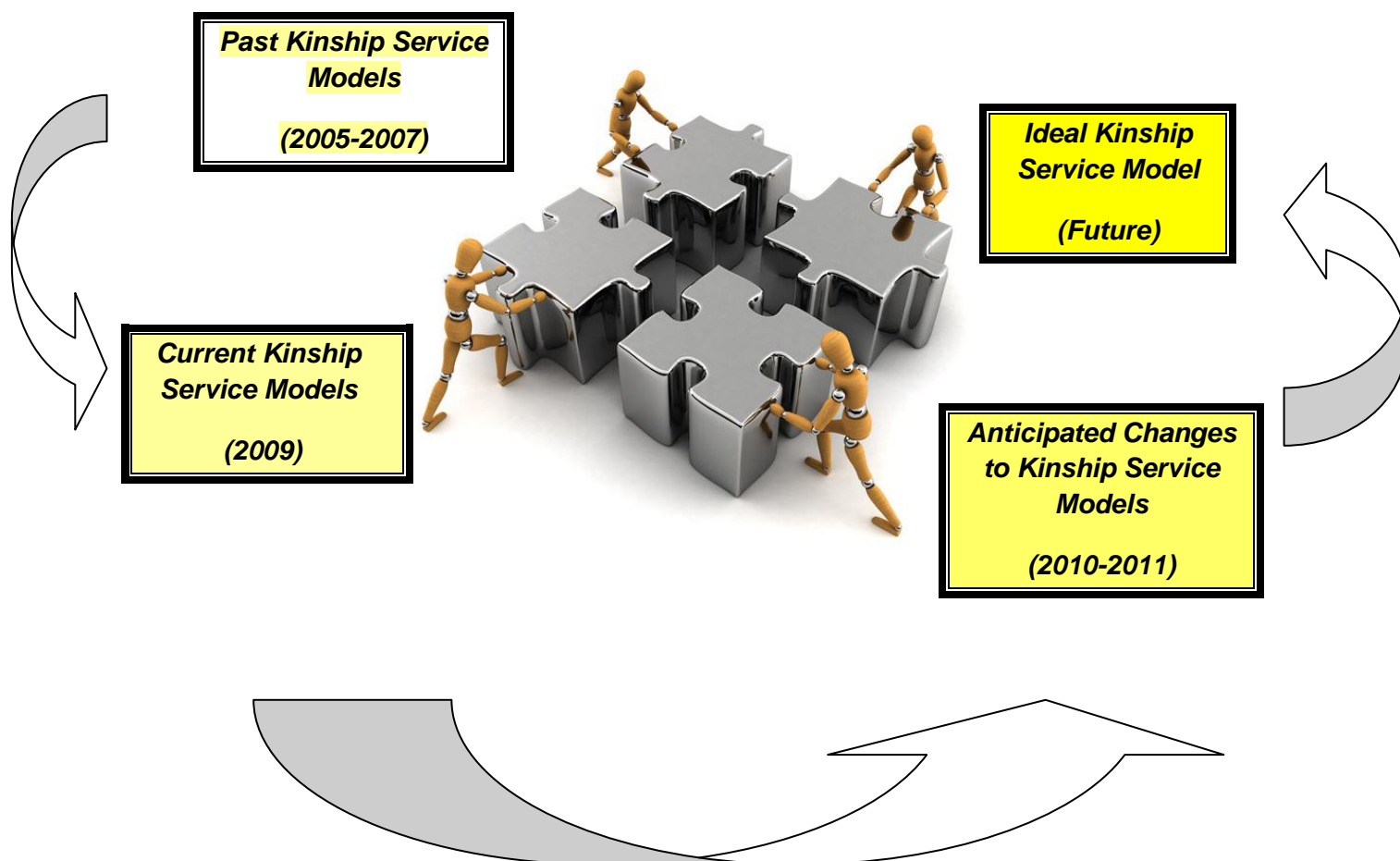
Within this section on Kinship Service Models of the past and future, agencies indicated that there are key differences between the 2005-2007 Kinship Service Model and the 2009 Model. The key changes occurred due to the minimal funding of the model. Agencies are concerned that a drastic increase in workload (i.e., assessments, documentation, supports to kinship service families) may be compromising the quality of this model. Ideally, agencies would like more support and funding for all components of the kinship services model; they would like to establish within each agency, an adequately supported, specialized kinship services team.

Agencies were asked if in the near future they anticipated changes to their 2009 kinship services model. A total of 34 CASs responded to the question, of which the majority (n=19 of 34 or 56%) “*did not*” anticipate any changes in their agencies’ kinship service model delivery between now and 2011. Nearly one-in-four agencies were “*unsure*” (n=8 of 34 or 23%) if changes were forthcoming. One in five (n=7 or 21%) CASs said “*yes*” their model would change in the near future.

Many agencies cautioned that any future changes to their model, despite needed improvements, would probably be unlikely given the current financial deficit many CASs are experiencing.

Table 3. Anticipated changes in agency kinship services model in the near future (2010-2011)

Answer Options	% Agree	# CAS N=34
Yes	21%	7
No	56%	19
Unsure	24%	8
<i>answered question</i>		34
<i>skipped question</i>		8



3.3 SECTION 3: Kinship Services - Policies

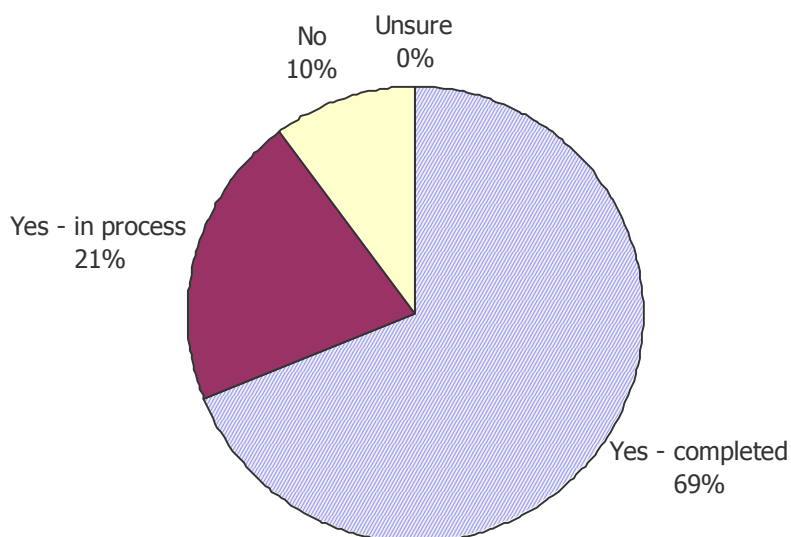
This section reviews the agencies' responses to questions regarding Kinship Service policies and procedures. More specifically, policies related to assessing and approving prospective kinship service homes, managing and delivering service to approved kinship service homes, the average caseload sizes for kinship services, and the top challenges associated with achieving full compliance of the Kinship Service Standards.

3.3.1. Assessing and Approving Prospective Kinship Service Homes

Twenty-nine agencies provided responses to this question. Almost all (26 of 29 or 90%) said that they had either *completed* (n=20 or 69%) or were in the *process of developing* (n=6 or 21%) agency-specific written policies, procedures or guidelines for assessing and approving prospective agency kinship service homes. See Table 4 for a breakdown of the frequency of CASs that have completed written policies ("yes- completed") vs. those who are in the process ("yes- in progress") vs. those who have not created policies ("no"). None were unclear whether or not policies have been created ("unsure"). Figure 1 transposes the details of Table 4 into a pie-chart format.

Table 4. Agencies development of written policies/procedures/guidelines for assessing/approving prospective kinship service homes

Written policies for Assessing/Approving Kinship Homes	% Agree	# CAS N=29
Yes - completed	69%	20
Yes - in process	21%	6
No	10%	3
Unsure	0%	0
<i>answered question</i>		29
<i>skipped question</i>		13

Figure 1. Specific written policies/procedures/guidelines for assessing/ approving prospective kinship service homes.

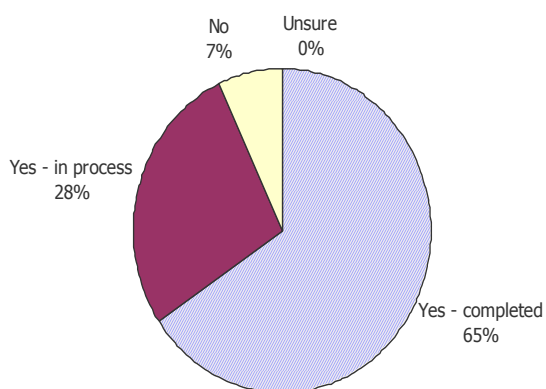
3.3.2 Managing and Delivering Service to Approved Kinship Service Homes

Twenty-nine agencies provided data to this question. Nearly all agencies (27 of 29 or 93%) were either “in the process of developing” (n=8 or 28%) or “had completed” (n=19 or 65%) the development of specific written policies, procedures, and/or guidelines for managing or delivering service to approved kinship service homes. Only 2 (7%) agencies indicated they had “not yet formalized” kinship services management and delivery into written policies, procedures or guidelines. See Table 5 and Figure 2.

Table 5. Agency development of written policies/procedures/guidelines for managing/delivering service to approved kinship service homes.

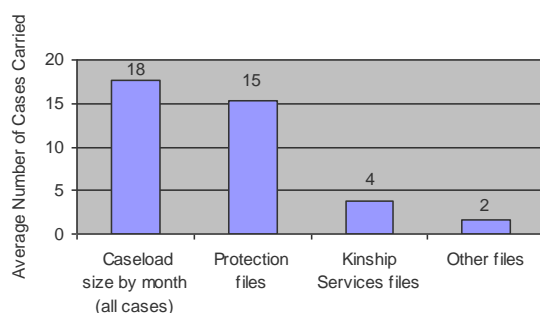
Written policies for Managing/Delivering Services to Kinship Homes	% Agree	# CAS N=29
Yes - completed	65%	19
Yes - in process	28%	8
No	7%	2
Unsure	0%	0
answered question		29
skipped question		13

Figure 2. Agency development of written policies/procedures/guidelines for Managing/delivering service to approved kinship service homes.



3.3.3 Average Caseload Sizes by Month: Designated Kinship Positions & Non-Designated/Blended Positions

For agencies with distinct or separate kinship service positions the provincial average kinship services caseload size by month for is 18 vs. the average caseload size for agencies with blended kinship/protection service positions is 21, where 15 are protection cases, 4 are kinship service cases and 2 are other case types (e.g. TCA). See Figure 3.

Figure 3. Provincial caseload averages for Designated Kinship vs. Non-Designated Kinship [blended]

3.3.4 Top Challenges in Achieving Full Compliance

Agencies top challenges in achieving full compliance with the Kinship Standards revolve around three areas: documentation, kinship families and workload issues.

THEME 1: Documentation / Deliverables / Deadlines (n=26)

One of the top challenges to CASs achieving full compliance was:

Not obtaining/completing the required documentation in a timely manner from other community agencies.

In short, the combined weight of the agencies' comments indicates the timelines for completion are not realistic and not achievable. When timeline deliverables are not met, workload issues ensue. Reasons for issues with documentation, deliverables and deadlines included:

- Criminal record checks often take longer than 30 days
- CPICs have lengthy turnaround due to RCMP protocol
- Child welfare histories from other children's aid societies are delayed
- Court ordered assessments create a waitlist for kinship services
- Timeframes often are not achievable for workers to complete adequate assessments
- Increased workload demands for kinship service recordings
- Receipt of kinship file after child/youth is placed in the kinship home

AGENCY5: "Not receiving Criminal Records Checks in a timely manner; waiting for Child Welfare History from other Child Welfare Agencies."

AGENCY25: "Receiving Criminal Record Checks back in time to meet the 30-day deadline for a Home Assessment."

AGENCY1: "Too many court ordered assessments cause a wait list for service."

AGENCY12: "Unrealistic timeframes to complete assessments."

"Time limits may not be realistic."

There can be significant delays in obtaining supporting documentation."

~ AGENCY 46 ~

“The protection family file recording dates change depending on the circumstances.

Thus, it is more difficult to develop kinship service plans at the same time that the protection family recordings are to be completed

(new service planning to reflect change in circumstances for protection files, etc.).”

~ AGENCY13 ~

AGENCY49: “Receiving files after the child has already been placed in the kinship home; standards not being met.”

AGENCY36: “Placement prior to assessment.”

AGENCY37: “Not having enough staff.”

AGENCY3: “Waiting on criminal checks and information from other agencies.”

THEME 2: Kinship Families (n=15)

It can be challenging for agencies when kinship families are not fully participating in the process and/or are not returning requested information or documentation within a timely fashion and/or are not submitting police clearances and/or are not able to meet with workers.

Furthermore, agencies noted the challenges in supporting kinship families when there is a lack of financial resources and workers to provide support to kinship families. Often kinship files along with protection files are not closed due to support needs.

AGENCY5: “Not having full participating of potential kinship caregivers.”

AGENCY25: “Clients gathering the required information requested of them and turning it in on a timely manner.”

AGENCY38: “Closing cases within three months of Family File as Kin often need support beyond that time.”

THEME 3: Staff and workload issues (n=19)

Agencies indicated that when there is an increase in workload issues, there is a corollary need for more staff. Areas that result in workload issues with kinship were in relation to: 1) Assessments and the ability for agencies to keep up with the increase of kinship service requests at their own agencies and others; 2) Documentation deadlines are not feasible to meet when either waiting for information from community agencies (i.e., police) or kinship recording periods do not align with child protection file deadlines; 3) Retaining knowledgeable staff in the area of kinship when workloads increase, which causes stress and may result in staff turnover or staff illness; 4) When the staff complement is compromised there are not enough staff available to complete the work necessary within Kinship Services (e.g. not having back-up Kinship Service workers who are ill); and 5) Time to integrate new staff and familiarize them with the Kinship Service Standards.

AGENCY26: “Need to retain staff who frequently transfer to ongoing

services. Staff tendency is to assume that proposed kinship service caregivers will be better than alternatives; the *'kin at any cost'* approach does not consider that "Aunt Susie" or Grandma may not be able to provide best care; at a minimum, children placed with them are likely to require the same amount of oversight provided on protection files."

AGENCY23: "There is no back-up workers so if the worker is off, the process becomes delayed."

AGENCY16: "Large number of assessment requests from other jurisdictions."

AGENCY37: "Completing the assessments when the child is already placed. Competing demands from Family Services/kinship."

3.4 SECTION 4: Kinship Services: Assessments and Approval Process

Agencies were asked about their assessment and approval process for kinship services, which included home study and supervision requests. Agencies highlighted the multiple challenges they are facing in this area. Examples included but were not limited to having to use financial means tests or applying benchmarks to assess the kinship family's suitability. CASs also noted the assessment and approval process is important service skill set that requires considerable skill and focused attention. More specifically, workers' need to hone their articulation of the key clinical components to be included in the kinship services assessment.

3.4.1 Requests for Home-study / Supervision Request

From January to March 2009 (Q4), the provincial average for the number of home-study/supervision requests received by a CAS from other CAS agencies regarding placing children with kin relatives that reside in their region: 5 (average is 1.5 case requests per month).

3.4.2 Challenges Agencies are Facing in Meeting the Kinship Service Standards

Previously noted challenges (e.g. differences in the Kinship Services model from 2005-2007 and 2009 model, problems in adhering to Kinship Services policy and procedures) were raised again in the content analysis related to this question. However, weighted thematic analysis found the dominant challenges for CASs within the assessments and approval process is: *(a) Kinship service model, b) Documentation delays.*

“Vulnerable sector police screens can take a long time to be completed by the Police. It is not uncommon for them to take at least between 4 to 6 weeks to be completed.

If the applicant or others in the household have a criminal record, then that information must then be requested from them and the Occurrence Reports that go with these may also need to be requested and obtained, prior to the discussion with that individual taking place.

This takes a significant amount of time and the standard requires that an assessment be completed within 90-days.”

~AGENCY45 ~

THEME 1: Kinship Service Model (n=17)

The kinship model itself was identified as a key challenge in the assessment/approval area. Examples include: kinship services deadlines do not correspond to those of the protection file, specific deadlines in kinship are not always feasible (i.e., the completion of the assessment within 30-days, obtaining documentation from other community services, other stages within the first 90-days), practices and completions of the application across agencies in the province are inconsistent, retrospective assessments (e.g. conducting the kinship service process after the child/youth has been placed), jurisdictional complications (e.g. kinship service family and the worker are in different geographical regions), coupled with limited numbers of kinship staff who are available to operationalize the model.

AGENCY13: “The assessment of kinship services to provide alternate care to a child is more than a simplistic procedure to ensure basic safety. Often children experience behavioural or developmental needs, which require careful assessment as to the kinship service applicants' ability to provide care. On several occasions, the child has been in care for a lengthy period and a family member will be indentified at the last minute before a Crown Ward trial, thus permanency is to be considered during the assessment. Kinship service applicants also may be family members of the child, but do not have an established relationship with the child. The factors create barriers to completing an assessment within 30 days and the specific situation, in fact, warrants an assessment that is thorough. In situations where kinship service caregivers who cared for the child prior to notification of CAS will not always provide police record checks and cooperate minimally as the child is already there. This can be a challenge, as we may recognize this is not the best situation, but have little power to do anything short of removing the child.”

AGENCY2: “Aligning the Kinship Service File Service Plans with the Family File Service Plans.”

AGENCY44: “Inconsistent practices across agencies, sometimes different interpretations of the standards”

AGENCY16: “Workload demands of the position have created a challenge in meeting standards”

THEME 2: Documentation Delays (n=12)

Another key challenge with the assessment/approval segment of the

kinship service model is: documentation delays. Kinship Standards often have to be deviated from due to an agency's need to wait for documents related to references for the kinship service family and/or consents from protection clients or other community services (i.e., criminal record checks, CPICs, vulnerable persons report, meetings with child/youth's band, child welfare checks) or documents from other provinces or countries. Completion of a criminal record check may range from two weeks to many, many weeks, and then, once the information has been obtained, it still has to be processed and cross-referenced. The result: the process to complete all of the requirements typically takes longer than the Kinship Services Standards 30-day timeline. The outcome: non-compliance.

AGENCY25: "Criminal record checks take a minimum of two weeks to be completed...some clients do not gather the information they need to return to the agency as quickly as requested...we go past the 30-days in having to complete a home assessment."

AGENCY27: "Getting CPIC's & meetings with children's bands regularly."

AGENCY36: "Kin service timelines can be difficult to meet, i.e. length of time to get a criminal reference check, obtaining cross reference material, checking with other CAS where the family resides, court delays, obtaining consent from the biological parents. Also, often the referral information is incomplete when received."

3.4.3 Financial Means Test /Benchmark to Assess Kinship Suitability

Regarding use of "financial means test" or "benchmark" to assess kinship suitability, 28 CASs provided data; most (n=25 or 89%) said "no", however, two (7%) said "yes", and one was "unsure" (4%). While such a test is not well used at this time, it is an important question in the assessment /approval process regarding whether the prospective kinship service family can provide short and/or long-term financial support to the child/youth in their care. Some agencies gave examples of cases where children were in a kinship service home but had to be placed into kinship care or removed due to financial constraints on the kinship family. Clinically it may be the best interest of the child/youth to be in the kinship service home, however more intrusive methods do appear to occur due to the financial limitations of the kin provider.



3.4.3 Key Clinical Components Included in the Assessment

Key clinical components are embedded in the Kinship Services assessment process. These critical components can include the use of documentation, as well as characteristics of the potential kinship service families. Documentation, for example, looks at previous history of the potential kinship service provider, the family's child welfare history, and criminal history to clinically assess the practicality of the placement. A few agencies (n=5) are using elements of the SAFE model to make more informed decisions about placements. Regarding characteristics of the kinship service provider, they are included within the clinical assessment, and include current and historical background, providers' own history, health, mental health, marital relationship, disciplining techniques, home environment, lifestyle (i.e., substance use), and parenting capacity. Other areas to consider in the clinical assessment is the relationship and dynamics between the kin and the child/youth's family; specifically, their knowledge of the protection family, their understanding of the protection concerns, their commitment to the permanency plan for the child/youth, their commitment to the child/youth, their understanding of the emotional and behavioural needs of the child/youth, their motivation to provide a safe and stable family environment for the children, and their ability to work cooperatively with the Society and other community services. An additional complication is that there appears to be minimal information around the guidelines and timelines for the approval of placements by supervisors.

AGENCY40: "If assessment identifies areas which require further assessment (medical, financial) we are using SAFE model tools to further inform our decision making process."

AGENCY26: "We've skewed the assessment process in terms of the willingness of caregivers to care for children rather than considering what is in the best interests of a child, particularly in the cases of very young children placed with kin service providers living in marginal economic circumstances, who have diminished intellectual capacity, and/or significant health challenges that may hinder their ability to provide adequate care."

AGENCY45: "Families continue to struggle with the need for the Society to conduct these assessments. They see themselves as grandparents, aunts, uncles and family friends, and view the process as intrusive. While there are many very good reasons for the assessments to be completed, some view the assessment process as reinforcing an "apple doesn't fall far from the tree" mentality, where they are treated and viewed with suspicion."

"What are the clinical components?

It is the dynamics between the child/youth, parents, kinship caregivers, other children in the Kinship Service home and any other key people.

It is their ability to manage conflict and to identify the risks posed by the parents of the child or youth.

It is the physical safety of the home.

It is their ability to support the child / youth in all aspects of their life, including, but not limited to, the impact of separation and their sense of loss or abandonment, cultural identity, school programs, special needs and/or treatment.

It is the methods of discipline, including a discussion of what's acceptable and what's not.

It is the appropriateness of the family and home if a permanent placement is required.

It is what outside supports will need to be accessed and the family's ability to make the arrangements.

It is the impact of the additional costs on the family's financial situation."

~ AGENCY47 ~

3.5 SECTION 5: Kinship Services – Service Delivery

In this section, agencies were asked about the method in which kinship services were delivered and received, and what types of assistance are provided. Specifically, service delivery was explored in two ways; one, through the types of assistance kinship services families are eligible to receive, and two, through the kinship service families' ability to access community-based programs.

3.5.1 *Types of Assistance Kinship Service Families are Eligible to Receive*

Agencies were asked to select from a range of options regarding how kinship services are delivered and received, as well as what types of assistance are provided to eligible kinship service families through the home CAS agency and community. For each type of assistance identified, the CAS could select one, two, or all of the three options: (Option 1) *CAS provides service*, or (Option 2) *Service is not available*, or (Option 3) *Community provides service*; 25 agencies provided data.

CAS Provides Service: The most common services that eligible kinship service families are eligible to receive through their CAS includes: *front-line worker support (96%)*; *help with filling out forms (e.g. Ontario Works) (88%)*, and *assistance with food vouchers or one-time purchases (84% each)*.

Service Not Available: There appears to be a large gap with services not being available to meet kinship service family's long-term financial challenges. For instance, the most common services identified as "not available" include *per diem for food (96%)* and *per diem for travel/gas (92%)*. That said, the aggregate results suggest that eligible kinship service caregivers can receive some short-term financial assistance from time to time to meet financial challenges (e.g. food vouchers).

Community Provides Service: The most common community services provided are: *Public Health (96%)*, *legal services (79%)*, *help with children's mental health (79%)*, and *a specialized worker (54%)*, which may include an *infant nurse*. Please refer to Table 6 for a summary of agencies' responses.



Table 6. Types of assistance families are eligible to receive.

Types of assistance kinship service families are eligible to receive	Agency provides it		Service Not Available		Community provides it		Total CAS Response Count
	(n)	(%)	(n)	(%)	(n)	%	
Front-Line Worker	23	96%	1	4%	0	0%	24
Kinship Support Worker	19	76%	7	29%	0	0%	25
Specialized worker (e.g. infant nurse)	8	32%	6	25%	13	54%	25
Support/Relief	9	36%	12	50%	5	21%	25
Volunteer services (e.g. drives)	14	56%	11	46%	1	4%	25
Help with forms (e.g. OW)	22	88%	2	8%	3	13%	25
Agency legal services	4	16%	15	63%	6	25%	25
Per diem for food	1	4%	23	96%	0	0%	24
Food vouchers	21	84%	4	17%	0	0%	25
Per diem for travel/gas	2	8%	22	92%	0	0%	24
Travel costs - as exception	19	79%	5	21%	1	4%	24
Assistance with medical	9	38%	6	25%	11	46%	24
Childcare/daycare assistance	12	50%	7	29%	11	46%	24
Tutoring	10	43%	7	29%	8	33%	23
Camps/Rec Programs for children	19	79%	2	8%	8	33%	24
One-time purchase	21	84%	3	13%	3	13%	25
Agency training	11	46%	12	50%	1	4%	24
Specialized parenting course	6	25%	7	29%	12	50%	24
Help with child(ren)'s behaviour	18	72%	2	8%	11	46%	25
Help with child(ren)'s mental health	7	29%	1	4%	19	79%	24
Public Health	1	4%	0	0%	24	96%	25
Help for middle generation (parents)	10	40%	8	33%	8	33%	25
Legal services	2	8%	4	17%	19	79%	25
answered question							25
skipped question							17

Note:

"Yellow" denotes areas where over 70% of CAS respondents indicate service is provided (n=8 areas)

"Pink" denotes areas where over 70% of communities indicate the service is provided (n= 3 areas)

Under "other" services, agencies did not list other services to kinship service families, which suggests that limited resources are available to kinship service families.

Examples of agencies' comments:

AGENCY7: "There are some agency programs at [the agency] that are available to foster or kin in care homes that has not been made available to kin service homes."

AGENCY6: "We have limited resources within the community that can support these families; primarily the support comes from the front line workers and the Family Support Workers."

AGENCY49: "The Agency has a very limited budget for Kinship Services. Although many of the above services were checked off, they are provided on a case-by-case basis and are not available on a

continuing basis.”

AGENCY4: “The Kinship Service Workers are a support to the kinship families by providing guidance and support to the referral process of resources in the community.”

3.5.2 Kinship Service Family’s Access to Community-Based Programs / Resources

Participants were asked to state whether kinship service families in their jurisdiction were able to access community-based programs and resources **without the intervention or advocacy of CAS**. A total of 28 agencies responded. Overall, it does not appear to be “a level playing field” across the province regarding kinship service families’ ability to independently access services (see Table 7).

- ❖ **“YES”** The majority (n=15/28 or 54%) of CASs that responded indicated “yes” kinship service families could access services without CAS assistance (e.g. Ontario Works).

AGENCY26: “We are lucky to have Social Assistance and Employment Opportunity/Ontario Works [in our region] that provides leadership to the province in extending financial supports with a future view that children living with kin who are well-supported are less likely to require future social assistance, more likely to complete school, obtain employment.”

- ❖ **“DEPENDS”** A significant proportion of CASs (n=12/28 or 43%) advised that the ability of kinship Service families to access community services independent of CAS “depends”. More specifically, they noted that while kinship service families in theory can advocate for services and supports for themselves, there is limited funding available to them to obtain supports. A further complication - kinship service families often require documentation from the children’s aid societies to clarify their role.

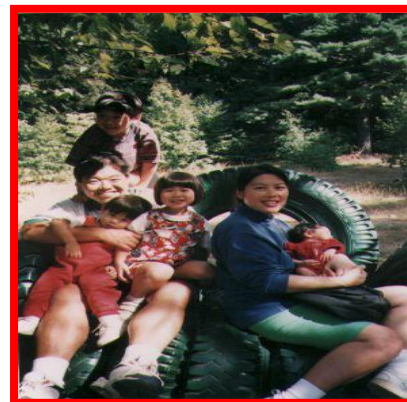
AGENCY2: “The majority of community services require some form of documentation from the Children’s Aid Society indicating the children who are to receive the service are being cared for by the kinship service caregiver. Some community services may request consents signed by the [birth] parent or a copy of a court order to service the child residing with kin.”

AGENCY36: “More funding is required. Ideally, these children should be funded like children in care.”

- ❖ **“NO”** One agency (1/28 or 3%) indicated kinship service caregivers in their jurisdiction would not be able to access community-based supports without the intervention of CAS.

Table 7. Kinship service caregivers' ability to access community-based programs and resources

Kinship providers ability to access community programs	% Agree	# CAS N=28
Yes	54%	15
No	3%	1
Depends	43%	12
Unsure	0%	0
Answered question		28
Skipped question		14



3.6 SECTION 6: Kinship Services – Service Length and Closing

In this section, agencies were asked about the length of kinship services files and the closing patterns related to these files. This included transitioning from Kinship Services to a Kin-in-Care status, barriers to acquiring permanent custody, kinship service closures, post-Kinship services, and re-openings of kinship service files. While analysis from 24 CASs did calculate a summary provincial average for 2008/09 regarding #open, # closed, # transitioned to in-care, the results need to be treated with caution as many agencies did not or could not answer the questions. These averages may change significantly depending on agency size and other factors.

- ❖ Opened kinship service placements: 75.
- ❖ Closed kinship service placements: 72.
- ❖ Kinship services placements that transition to kinship-in-care status: 3 [range was 0 to 10].
- ❖ Kinship service caregivers acquire permanent legal custody of child: 7 [range from 0-56].

3.6.1 Transitioning from Kinship Service to Kin-in-Care Status

Participants were asked to identify *all* applicable reasons as to why kinship service families applied for kinship-in-care status. Twenty-two agencies' provided data; possibilities included: *adoption of the child, caregiver's need for assistance to access community resources, the child's special needs, financial, ongoing safety issues regarding birth parents and other.*

As Table 8 outlines, *finances* was the dominant reason (82%). Other reasons included: the *child's special needs* (32%) and *ongoing safety issues regarding the birth parent* (32%). The *formalization of access plans, a lengthy permanency planning process, and challenges in mediating between the kinship service family and the needs of the biological parents in determining access arrangements* were among other reasons noted by agencies as reasons for applications for a kinship-in-care status.

Table 8. Reasons for KINSHIP SERVICES caregivers applying for kinship-in-care status

Answer Options	% Agree		# CAS N=22
FINANCIAL			
1. Financial need	82%	82%	18
CHILD			
2a. Child's special needs	32%	55%	7
2b. Caregiver's need to access community resources to address child's need	23%		5
SAFETY			
3. Ongoing safety issues regarding birth parent(s)	32%	32%	7
PERMANENCY			
4a. Custody needs	14%	23%	3
4b. Adoption of child	9%		2
OTHER	27%	27%	6
Answered question			22
Skipped question			20

Agencies were then asked to rank the most common reason for kinship service family's applying for kin-in-care status; 21 of 22 CASs said the "Number 1 Reason: *financial*. For those cases where kinship service families shifted to kin-in-care because of financial need, CASs noted three key supports that would have prevented the financially-driven change:

- ❖ *Increased and expanded Ontario Works and Temporary Care Allowance funding*
- ❖ *Per diem or monthly allowance to cover child related expenses (i.e. child care, drug benefits, child treatment needs, clothing, recreation and transportation costs)*
- ❖ *Access to subsidized day care.*

3.6.2 Barriers to Acquiring Permanent Custody

A total of 26 CASs provided data regarding their experience regarding whether there are barriers for kinship services families in acquiring permanent custody; 24 of the 26 Societies (92%) said "yes" to the existence of barriers (see Table 9).

Table 9. Belief of barriers to acquiring permanent legal custody

Answer Options	%	# CAS
	Agree	N=26
Yes – there are barriers to kin acquiring legal custody	92%	24
No – there are no barriers to kin acquiring legal custody	8%	2
Unsure	0%	0
Answered question		26
Skipped question		16

Agencies were asked to identify the barriers that adversely impacted kinship service families' ability to acquire permanent custody. As Table 10 illustrates, the top three barriers identified were:

- ❖ Financial constraints (96%),
- ❖ Kin family's desire to have child reunited with birth parents (79%),
- ❖ Kin family's concern custody would cause emotional distress within their family system.

Table 10. Barriers to acquiring permanent legal custody

Answer Options	% Agree	# CAS N=24
1. Financial constraints	96%	23
2. Kin family's desire to have child reunited with birth parents	79%	19
3. Kin family's concern custody would cause emotional distress within kin family	75%	18
4. Ongoing CAS safety issues regarding birth parent(s)	63%	15
5. Need for ongoing emotional support provided by Kinship/CAS staff	50%	12
6. Lack community resources (child's emotional/developmental/behavioral needs)	42%	10
7. Housing	25%	6
8. Other	33%	8
Answered question		24
Skipped question		18

Questions that will need to be explored if permanency is to ever become an achievable outcome for those kinship service homes where permanency is the plan are: *What are the factors that either promote legal custody/ guardianship or hinder permanency options for children in kinship service placements? Are these factors a hurdle, a roadblock or a dead end? What strategies are needed to effectively address these factors?*



3.6.3 Closing, Post-Kinship Services and the Reopening Kinship Service Files

Closing:

Twenty-three CASs ranked the reasons for closing a kinship services home. Examples of “closure reasons” included:

- ❖ *Child returns to birth parent* ❖ *Child admitted to care* ❖ *Family moves out of jurisdiction.*
- ❖ *Permanency through kinship* ❖ *Child moves to new kin placement*

The most commonly ranked reasons for closure of a kinship service home (11 of 23 CASs selected both) were:

- ◆ *Child returns to birth parent* ◆ *Permanency through kinship*

Post-Kinship Services:

25 agencies responded to the question: *What are the most important services Societies offer to closed kinship services families?* Responses included: *after care support (48%), ongoing consultation (44%), groups (36%), respite (32%), and training (32%),* (see Table 11).

Table 11. Post-kinship service programs offered by children’s aid society

Answer Options	Response Percent	# CAS N=25
After-care support	48%	12
Ongoing consultation	44%	11
Groups	36%	9
Respite	32%	8
Training	32%	8
Other	44%	11
answered question		25
skipped question		17

Societies were then asked: *What are the most important post-kinship service programs offered in the community for closed kinship service families?* The top three responses from 26 agencies (at least half the CASs agreed) were: *financial (89%), educational supports (62%), and respite (54%).* “Other” examples included *childcare, a support group for grandparents, children’s mental health services, and counseling services* (see Table 12).

Table 12. Post-kinship service programs offered in community

Answer Options	% Agree	# CAS N=26
1. Financial	89%	23
2. Educational supports	62%	16
3. Respite	54%	14
4. Groups	42%	11
5. Ongoing consultation	35%	9
6. Training	31%	8
7. Religious/spiritual supports	23%	6
8. Other	19%	5
answered question		26
skipped question		16

A total of 20 of 26 agencies (77%) indicated that they had no post-kinship service programs to offer to kinship families whose files were closed. However, nearly one-quarter (23%) of CASs said they did have services available (see Table 13).

Table 13. Post-kinship service programs for closed files

Answer Options	% Agree	# CAS N=26
Yes	23%	6
No	77%	20
Unsure	0%	0
answered question		26
skipped question		16

The CASs were asked to select how a kinship services family's request for follow-up services is typically processed, both at the initial contact stage and then at the service stage.

Initial contact:

- ◆ Intake/Family Service: 19 of 24 agencies (79%) indicated that the kinship service family contacts intake or family services to request service
- ◆ Kinship Service: 5 of 24 CASs (21%) stated the kinship service family directly contacts the designated kinship services.

Service stage:

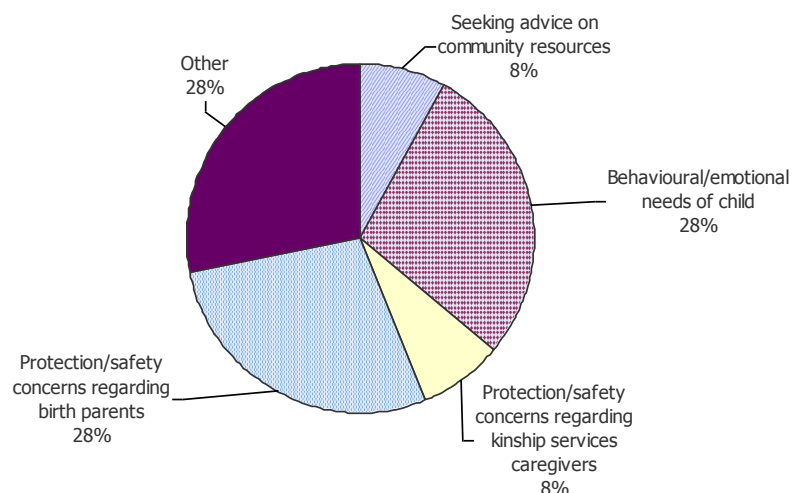
- ◆ Most CASs 8 of 11 (73%) indicated the Society reopens Part III – non protection'
- ◆ Some CASs 3 of 11 (27%) said the 'agency would not actively re-open the file'.

Re-Open Kinship Service Files:

Agencies were asked to identify the primary reason for reopening a closed kinship service file. As Table 14 and Figure 4 outline, three responses accounted from nearly 85% of all responses: *behavioural/emotional needs of the child* (28%), *protection and safety concerns regarding birth parents* (28%), and *"other"* (28%), which included: *other children being placed at the kinship service home, protection concerns regarding birth parents giving birth to another child, children who were reunified with parents, and reunified child needing to return to kinship service home as a result of protection issues.*

Table 14. Primary Reason for Kinship Service Re-openings

Answer Options	% Agree	# CAS N=25
Behavioural/emotional needs of child	28%	7
Protection/safety concerns regarding birth parents	28%	7
Seeking advice on community resources	8%	2
Protection/safety concerns regarding kinship services caregivers	8%	2
Other	28%	7
answered question		25
skipped question		17

Figure 4. Primary Reason Identified for Kinship Service Re-openings

3.6.4 Kinship Services Case Closures (n=8)

A few CASs (n=8) posited about why kinship service homes have a longer service length. Suggested rationale for longer case openings included: *additional time needed to secure a permanent placement, longer time to obtain adequate resources to support the kinship service family at case closure, and workers' reluctance to close files without comprehensive closing assessments tools.*

- AGENCY26: "Workers are frequently reluctant to close kinship service files in protection cases and so they remain open; they [workers] require a more comprehensive closing assessment tool to assist them in making such decisions."
- AGENCY32: "It is often necessary to keep kinship cases open for a longer period of time in order to assist with ensuring adequate resources are in place and supporting the kin in understanding the CAS system, the needs of the child, and assist in achieving permanency for the child."
- AGENCY11: "Files are staying open longer than originally anticipated usually due to the fact that it is taking longer to secure a permanency plan."

3.7 SECTION 7: Kinship Services – Child Specific Issues

This section asked about issues that were specific to the children cared for through kinship services.

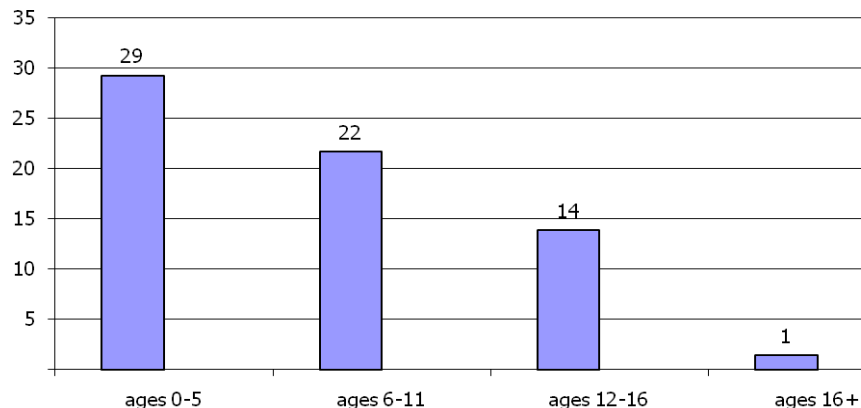
3.7.1 Children in Kinship Services

Analysis of the data from 22 of the 42 CASs (52%) calculated an average of the number of children by CAS in a kinship service placement, by age group for April 1, 2009 (see Table 15, Figure 5).

Table 15. Average number of children in kinship service homes by age group as of April 1, 2009

Answer Options	Provincial	# CAS
	Average	N=22
Ages birth to 5	29	22
Ages 6-11	22	22
Ages 12-16	14	20
Ages 16+	1	17
<i>answered question</i>		22
<i>skipped question</i>		20

It is assumed that the population of children in kinship service varies widely by agency and region. The average of 66 per agency should not be used as a benchmark until it can be verified by longitudinal analysis. The statistic does highlight that basic data on kinship service needs to be collected to be able to verify by agency size and type, what is the provincial average. What this data does suggest is that in a population of 66 children placed in kinship services homes, the youngest cohort (birth to 5) is the largest group (44%), followed by children ages 6 to 11 (33%). In other words, children from birth to 11 appear to account for three-quarters of all kinship service placements.

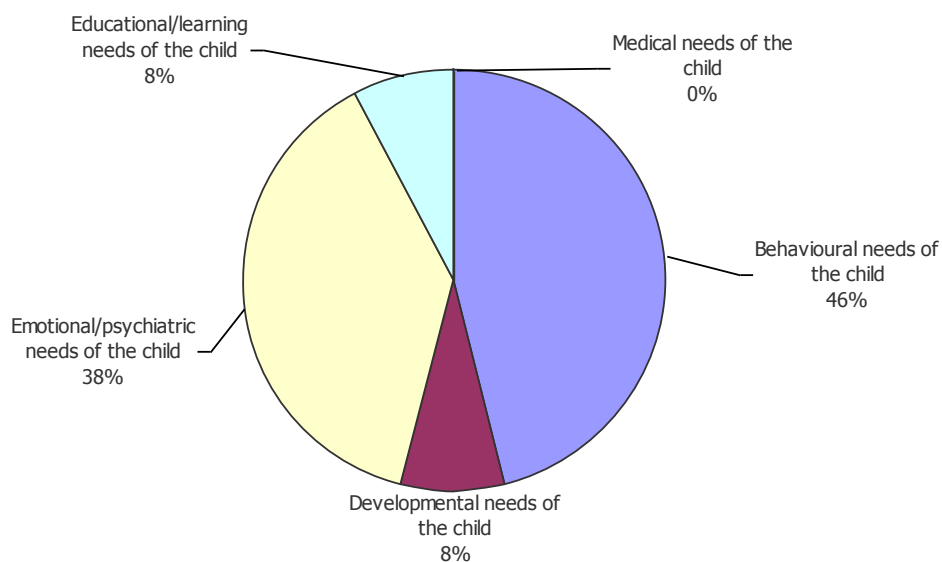
Figure 5. Average number of children in kinship service homes by age group as of April 1, 2009

3.7.2 Prevalent Child Specific Issue

The CASs were asked to indicate what was the most *prevalent child-specific issue* that challenged kinship service families. Identified options included: *behavioural needs of the child*; *developmental needs of the child*; *emotional/psychiatric needs of the child*; *educational/learning needs of the child*; and, *medical needs of the child* (see Table 16, Figure 6). The two child-specific issues identified in 85% of the children placed with kinship service families: *behavioural needs of the child* (46%) and *emotional/psychiatric needs of the child* (39%).

Table 16. Most prevalent child specific issue for children in kinship service homes

Answer Options	% Agree	# CAS n=26
Behavioural needs of the child	46%	12
Emotional/psychiatric needs of the child	39%	10
Developmental needs of the child	8%	2
Educational/learning needs of the child	8%	2
Medical needs of the child	0%	0
<i>answered question</i>		26
<i>skipped question</i>		16

Figure 6. Most prevalent child specific issues for kinship service children

3.7.3 Perceived for Children in Kinship Service vs. Foster Care

Agencies were asked to consider the “overall perceived level of needs” for kinship service children compared to children in a foster care situation. A 5-point Likert scale was used for the ranking. 26 CASs provided data. Two-thirds of agencies said children in kinship service care had the “same level” of needs as children in foster care (65%); one-quarter (27%) felt the needs of children in kinship were either “lower” or “much lower”; and less than ten percent (8%) viewed kinship service children as having a “somewhat higher level” or “higher level” (see Table 17) compared to a foster care cohort.

Table 17. Perceived level of need for children in kinship service versus non-kin foster placements.

Answer Options	% Agree	# CAS N=26
Much lower level of child needs in kin vs. foster care	4%	1
Somewhat lower level of child need in kin vs. foster care	23%	6
Same level of child need in care vs. foster care	65%	17
Somewhat higher level of child need in kin vs. foster care	4%	1
Much higher level of child needs in kin vs. foster care	4%	1
answered question		26
skipped question		16

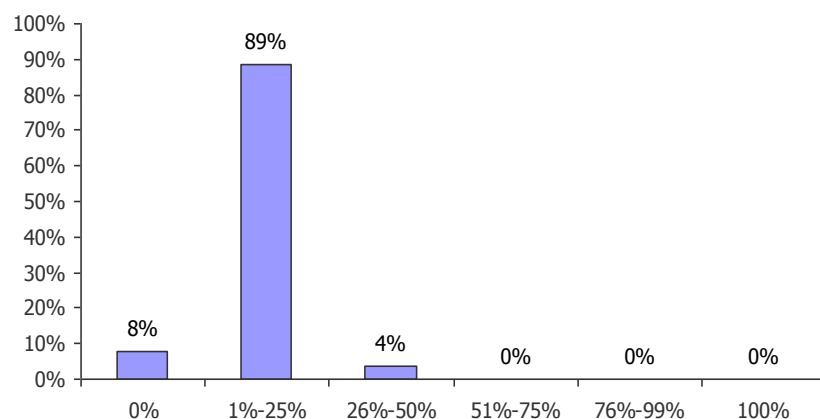
3.7.4 Estimated % Kinship Children Who Require Replacement from Kinship Service to Foster Care

CASs were asked, using a six-point Likert scale, to consider the “overall population of children and youth in kinship services placements and approximate the percentage of cases that require the re-placement of the child or youth into a traditional foster care as a result of the kinship service caregiver’s inability to meet the child’s needs”. As Table 18 and Figure 7 suggest, most agencies (89%) estimate that 1% to 25% of children placed in kinship service placements may require replacement into a traditional foster home as a consequence of their kinship service families’ inability to meet their needs. Clearly the range is too large (1%-25%) to provide good data on actual re-placement rates but it does suggest this needs to be closely tracked and monitored.

Table 18. Percentage of agencies agreement on proportion of kinship service placements that require child/youth replacement to traditional foster home

Answer Options	% Agree	# CAS N=26
0%	8%	2
1%-25%	89%	23
26%-50%	4%	1
51%-75%	0%	0
76%-99%	0%	0
100%	0%	0
answered question		26
skipped question		16

Figure 7. Agency agreement on proportion of kinship service placements that require child/youth replacement to traditional foster home.



For this Section 7 question, agencies were asked about issues that are specific to children cared for through kinship services. Only agencies that had this data available to them provided responses.

3.7.5 Child Specific Issues in Kinship Services (n=8)

There were different views across the agencies regarding how to effectively maintain a kinship service placement so to promote the stability of the child/youth. Recommendations included:

- Ensuring that the kinship service family is provided with the supports needed to sustain the placement in the short-term and long-term (if applicable)
- Ensuring that the kinship service family has access to similar supports as foster caregivers and kinship in-care providers to address the
- Examining kinship services placements based upon child/youth's age (i.e., adolescents), previous placements prior to kinship services

AGENCY38: "Replacement depends on the child's age most often. The majority of replacements are troubled teens that are unable to settle and the kin family lacks experience in dealing with the adolescents needs. If we look at all teen placements, the replacement will be much higher e.g. 51% to 75% of the time, than for younger children where replacement happens less frequently."

AGENCY2: "Children who move directly from the home of a parent/caregiver to a kinship service family usually have a same or lower level of child needs than children in a regular non-kin foster placement. Children who leave an OPR setting and move to a kinship service family usually have a higher level of child needs than children in regular non-kin foster placement."

AGENCY32: "These children appear to have the same level of need as those in foster care. These children are struggling with developmental lags, the impacts of neglectful environments. Their needs are different depending on their age and stage of development."

AGENCY45: "In terms of challenges in child behavioural issues, the biggest in our experience is the ability of kin caregivers (many are grandparents) to engage teenagers placed with them when these teens are not familiar with having structures placed on them."

*"Lack of support
for kin families
increases
likelihood of
breakdown for
children
presenting with
behavioural and
emotional
needs."*

~AGENCY40 ~

3.8 SECTION 8: Kinship Services - Standards, Legislation and Funding

Agencies were asked to consider issues specific to the legislation, the alignment with Standards, and funding of kinship services.

3.8.1 Alignment of Current s57.1 of the Act with Kinship Services Standards re-Custody?

There was large variance across agencies in their perception of the quality of this alignment. A total of 23 agencies provided data on the question (20 gave explanations for their responses). Nearly half (n=11 or 48%) indicated “*good alignment*” between the section of the Act, the Kinship Services Standards and custody but the other half were split. Less than one-quarter (22%) said there was “*very good*” (22%) alignment with kinship service standards and less than one-third (n=30%) indicated “*poor alignment*” with kinship service standards (see Table 19).

Table 19. Alignment of S.57.1 of Act with Kinship Service Standards

Answer Options	Response Percent	Response Count
Very good alignment	22%	5
Good alignment	48%	11
Poor alignment	30%	7
Very poor alignment	0%	0
Please explain your response:		20
answered question		23
skipped question		19

Analysis of the responses finds the variance or difference is manifested on whether the respondent interpreted the question at *face value* or through the lens of *applied reality*. In other words, if the agency responded to the question at face value, then the response tended to be: *good alignment*; if the agency’s response detailed more practice realities and challenges in implementing the Standards, then the likely response was: *poor alignment*.

Face Value Interpretation:

AGENCY42: “Bill 210 provides the ability to provide guardianship to kin parents”

AGENCY41: “Kinship service – all happens very smoothly with family members”

AGENCY15: “There is good alignment...there is a focus on and appreciation for permanency for children within both CAS and our local court”

Applied Reality:

“The lack of funding is an issue. The province should be supporting these children as it does children in care.

There should be funding for per diems, child’s medical, dental, mental health, education, social & recreational activities.

There should be funding to support the kin service providers, both pre-training, assessments and ongoing training and support.

If there was enough money our Agency could have a dedicated unit to assess and support these families and the children placed in kin service homes.”

~AGENCY36 ~

AGENCY13: “There continues to be struggles re custody orders and the role of child welfare. Some providers would like to continue care for the child but not willing to [do] process and formal custody”

AGENCY24: “The Act does not specify time lines for permanency (custody) as have been established for children in care. Further, legal interpretations of a Society’s ability to seek a custody order on behalf of kin is inconsistent among agencies across the province, which creates an inequity in kin seeking permanency”

AGENCY47: Some justices are reluctant to make Kin parties to child protection proceedings. If Kin is not party to the proceedings then custody order under sec 57.1 will not be granted”

As part of the question on the amalgam between the Act, the Standards and practice, the CASs were asked to identify funding issues related to providing kinship services.

3.8.2 Funding Issues Related to Providing Kinship Services

All agencies identified funding issues related to the Kinship Services; issues predominately focused on the lack or insufficient funding available for this model. Throughout the reviews of the past (2005-2007) and current (2009) Kinship Service models there was a “sense of underestimation” of the financial burden this model has placed on kinship service families. Costs include day-to-day expenses (i.e., start-up costs, clothes, food, daycare, extra-curricular activities, counseling, dental/medical, heat/hydro bills) and long-term expenses (i.e., court costs, pharmaceutical charges, therapy costs) were not accounted for within this model. These costs can cause extreme burden on the kin families, especially since many are grandparents whose income category is “fixed”, “retired”, “disability” or “working-poor”.

At the time of the survey (Jan 2010) under the current funding model for kinship service families the Ministry of Child & Youth Services did not provide provincial assistance to these families. Some agencies have been able to provide episodic funding to Kinship Service families on an “as needed basis”; illustrations of coverage include accessing recreational / educational (tutoring) opportunities for children. However, other agencies, whether due to financial constraints related to their own deficit or as informed by agency policy, financial aid to kinship families is not possible. This left some agencies questioning their abilities to even provide this specialized service and be able to meet the required Standards. External community services (i.e., Ontario Works) have temporary allowances, which may be able to provide limited financial assistance to kinship service families.

However, the different policies and practices between agencies and community services have resulted in inequities for kinship services caregivers. Some agencies flagged that the stringent licensing standards for kinship services and kinship in-care make it difficult for some kin families to even be able to provide a placement to the identified child/youth.

Expenses related to kinship service aid, staffing and support does not appear to be a reimbursable Society expense. Additionally, agencies identified that lack of funding of the service means other supports to kinship service families that aid in supporting and maintaining the placement, (e.g. pre-training, assessments, on-going training and support) cannot be provided. Suggested solutions to these funding dilemmas were to develop specific guidelines for short-term or long-term financial support for the children in Kinship Services to address their complex needs. Ideally, it would be beneficial to have a per diem for all Kinship Service caregivers. It was perceived that the funding would assist in maintaining the stability of the placement.

Funding changes to this area are anticipated for Summer 2010.

AGENCY36: "If you legislate it, FUND IT!"

AGENCY25: "Kinship Services has a limited amount of money that can be dispersed among the Kin families. Each situation is evaluated on an as needed basis."

AGENCY11: "Not enough funding to support kinship service placements as such move to kin care to maintain stability."

AGENCY13: "Episodic funding can be provided, but there is no specific funding provided to the agency for such assistance. This impacts the agency's ability to maintain a kinship service placement if the kin service caregivers are not provided with essential funding."

AGENCY26: "Funding model doesn't adequately provide for ongoing support of kin service families and neither do permanency funding guidelines. Cases at kinship service are often more demanding in terms of need and worker time, but funding model doesn't reflect this and the province has not conducted a work study to examine it in a definitive manner."

AGENCY32: "Underestimation of the financial needs of kinship caregivers. The funding parameters are based on a principle of short-term needs for these families. More often we are seeing that these families require ongoing assistance financially and that the needs of these children require long terms resources and supports."

AGENCY28: "Need for day care, regular assistance for basics, especially for the 'working poor'."

AGENCY24: "There are differing policies regarding the provision of financial support to kin caregivers - both by CASs and Ontario Works. This creates great inequities for kinship caregivers."

AGENCY5: "Kinship Services is the least intrusive form of Child Welfare Service, therefore with no funding it becomes very difficult to sustain the Kinship home."



3.8.3 Interpreting & Applying Kinship Services Standards

A total of 26 CASSs provided comments regarding whether tensions exist in *“interpreting and applying the Standards”*. Similar to the responses in 3.8.1, the response varied (see Table 20) and it seems at this point in time, the field is quite split on this question.

“YES” (46%)

“NO” (39%)

“DEPENDS (15%)

Table 20. Are there agency tensions in interpreting and applying kinship service standards?

Answer Options	% Agree	# CAS N=26
Yes	46%	12
No	39%	10
Depends	15%	4
Unsure	0%	0
answered question		26
skipped question		16

YES

AGENCY29: “Yes-Differences in opinions between some Protection Staff and Kinship staff. There is a need for ongoing education on Kinship Standards!”

AGENCY47: “Yes-If the child is already placed in the home there is pressure to approve the assessment. There is tension between Recruitment and Family Services when there is a request to move from kin Services to Kinship Care and the family can only pass a home study with mitigation strategies. Resource workers do not feel qualified to deal with unique issues.”

NO

AGENCY15: “No, although it would be helpful if direction/clarification could be provided with regard to the care of adolescents that move from friend to friend (couch surf).”

DEPENDS

AGENCY13: “Depends – some of the standards seem to be intrusive to families we are intending to help. The families often treated as protection families. Standards lack cultural situation.”

AGENCY32: “Depends - The interpretation is difficult when there are concerns in the kin home that do not necessarily meet eligibility for protection concerns but constitute enough worry that the placement should not be recommended”

3.8.4 2008/09: Total Agency Cost in Kinship Services

Fourteen agencies provided details with respect to direct kinship service costs (e.g. staffing) and indirect costs (e.g. support costs- respite, food, vouchers, drives). The findings highlight this is another area that needs to be developed to realize verifiable data.

Direct Costs:

Analysis of the financial data determined the provincial average across 14 agencies: \$418,979.42.

NOTE: This number should be treated with extreme caution as the range varied from 0\$ to \$2.5M.

Indirect Service Costs:

These charges were unable to be calculated as a result of questions not being completed correctly (e.g. per kinship service family cost as opposed to total fiscal year costs). Furthermore, a sizeable proportion of respondents did not answer questions related to direct and indirect kinship service costs.

4.0 SUMMARY

The Provincial Kinship Services Committee's *2009 Ontario Child Welfare Survey on Kinship Services* had three objectives. This section provides a brief summary of the data based on those objectives.

4.1 To review the current kinship service practices across all the Ontario children's aid societies regarding the introduction of the kinship service standards.

- While kinship services are provided by various types of workers (i.e., specialized kinship service workers, child protection workers, resource workers), agencies emphasized the need for more specialized kinship service staff, structure and resources.
- The current kinship service models experienced as most effective at this time are ones that have a specialized kinship services unit that conducts assessments and provides supports to kinship service families; specific kinship service teams/ workers have an ability to search out kin; and there is a heightened emphasis on permanency and prevention.
- 90% of agencies either completed or were in the process of developing written agency-specific policies, procedures or guidelines for assessing or approving prospective agency kinship service homes.
- 94% of agencies were either in the process of developing or had completed the development of written policies, procedures, and/or guidelines for managing or delivering service to approved kinship service homes.
- The provincial average kinship services caseload size by month: 18 for blended kinship service positions; 15 for protection cases; 4 for kinship service cases; and 2 for other case types.
- Factors in the clinical assessment of the feasibility of a kinship service placement include: potential kinship service families' current and historical background, their own history, health, mental health, marital relationship, disciplining techniques, home environment, lifestyle, and parenting capacity. Other areas of importance are relationship/dynamics between the kin and the child/youth's family, their knowledge of the protection family, their understanding of the protection concerns, their commitment to the permanency plan for the child/youth, their commitment to the child/youth, their understanding of the emotional and behavioural needs of the child/youth, their motivation to provide a safe and stable family environment for the children, and their ability to work cooperatively with the Society and other community services.
- 77% of CASs had no post kinship service programs available to kinship service families whose files were closed.
- Kinship Service follow-up support tends to be provided by an Intake Worker or Family Service Worker (79%), while others directly contacted their designated Kinship Services Worker (if applicable).

- The three most important post-kinship service programs offered in the community for closed kinship service families were: financial (89%), educational supports (62%), and respite (54%).
- 40% (8/20) of agencies indicated that the '*agency reopens service file Part III non-protection*' vs. 15% (3/20) of agencies stated that the '*agency would not actively re-open file*'. The primary reasons for re-openings included behavioural/emotional needs of the child, as well as protection and safety concerns regarding birth parents.

4.2 To examine the intended and unintended consequences of kinship service including the effectiveness of permanency plans for children based on frequency / ratio of kinship placement breakdown.

Intended Consequences of Kinship Services

- 54% of agencies indicated that kinship service families would be able to access services without CAS assistance vs. 43% advised that it would depend due on the funding available and/or CAS having to provide a letter of support for the community service.
- The two top ranked reasons for kinship service home closures: 1) child being returning to parents, and 2) achievement of permanency through kinship (11 of 23 responses for both reasons).
- Most important programs offered by any CAS for closed kinship service families (as identified by the CASs) are: after care support (48%), ongoing consultation (44%), groups (36%), respite (32%), and training (32%).
- CASs estimate that 1% to 25% of children placed in kinship service placements may require replacement into a traditional foster home as a consequence of the child's needs or the inability of the kinship service family to meet those needs. Going forward, CASs will need to track this phenomenon in more precise ways given the resource, service and financial implications.

Unintended Consequences of Kinship Services

- Delays in obtaining support documentation for potential kinship service families (i.e., criminal record checks, child welfare checks)
- Challenges in engaging with potential kinship service families (especially when the child/youth is placed prior to assessment). Examples include families who don't fully participate in the process and/or who don't complete requested information, and/or who aren't able to meet with kinship workers.
- Delays in utilizing Kinship Services due to other demands (i.e., court ordered assessments; child/youth placed prior to kinship service assessment occurs)
- Delays in closing kinship service files, along with protection files due to kinship service family's need for support.

- Delays in completing assessments, recordings, providing support and so on due to increased workloads and minimal staff available.
- Delays or deviations from Kinship Service Standards as the requirements are not always feasible to complete within the requested timeframe.
- Delays in obtaining custody for kinship service families under section 57.1 of the *Child and Family Services Act* (CFSA), although overall, agencies indicated in principle, the Section of the Act does align with kinship service standards regarding custody.
- 92% of agencies noted barriers to kinship service families' ability to acquire permanent legal custody, including financial constraints (96%). Generally, the kinship family sees their role as short-term, where the long-term desire is to have child reunited with birth parents (79%) vs. CAS plan for the kinship family to pursue custody; this is a tension point that causes emotional distress within the kinship family's system.
- Addressing child-specific challenges for kinship service families, including behavioural needs of the child; developmental needs of the child; emotional/psychiatric needs of the child; educational/learning needs of the child; and, medical needs of the child.
- Addressing the episodic funding support for kinship service families.

4.3 To examine the impact of [inadequate] financial resources for children and their kin providers should these children have to come into foster care.

The impact of limited financial resources on the child and the impact of limited financial support on their kin families are different. Improvement in financial resources to both parties is a common goal for CASs. Expected benefits of improved financial support include safe and stable kinship service placements for the child/youth.

Funding and Supports to the Kinship service families:

- The financial resources available to CASs are not sufficient to meet the needs of the kinship service families. The transition from Kinship Services to Kinship In-Care is frequently associated with the need for the caregiver to access financial assistance. The most common services identified as not available include per diem for food (96%) and per diem for travel/gas (92%).
- While finances were the most dominant reason (82%) kinship service families applied for kinship-in-care status, other reasons included: the child's special needs (32%) and ongoing safety issues regarding the birth parent (32%). The formalization of access plans, a lengthy permanency planning process, and challenges in mediating between kinship service caregivers and the needs of biological parents in determining access arrangements were among other reasons noted by CASs as reasons for applications for kinship-in-care status.
- For cases in which kinship service caregivers acquired kin-in-care status as a result of financial need, supports that would have prevented the financially-driven move include: *increased and expanded*

Ontario Works and Temporary Care Allowance funding; per diem or monthly allowance that would cover expenses that include child care, drug benefits, child treatment needs, clothing, recreation and transportation costs; and, access to subsidized day care.

- There is an underestimation of the financial burden on kinship service families. These day-to-day expenses absorbed by kinship service families (i.e., start-up costs, clothes, food, daycare, extra-curricular activities, counseling, dental/medical, heat/hydro bills) and long-term expenses (i.e., court costs, pharmaceutical costs) were not accounted for within this model. A large proportion of kinship service families are grandparents, many of whom are on fixed incomes, and the expenses caring for these kin children can be significant.

Funding and Supports to the Agencies:

- Agencies want to be proactive by using funding to stabilize kinship services placements and prevent admissions/readmission to care.
- Some of the agencies with a non-specialized kinship service model indicated that they wanted to institute a specialized staff model and/or expand their current specialized staff complement, but do not have the finances to realize the shift to the preferred and more effective specialist model.
- Appropriate funding of kinship services would allow agencies to increase the number of workers/services to complete the kinship service tasks, including assessments, documentation, Kinship Standards, and providing supports to Kinship Service caregivers and families (i.e., in-house support, advocacy).

5.0 RECOMMENDATIONS

Informed by the findings from the extensive field survey (January 2010), the review of the literature (May 2009), the outcomes from the interviews with 24 kinship service families (July 2009), consultation with the Provincial Kinship Services Committee (April 2010), the Provincial Directors of Service group (June 2010), and the LD Project Management Group (July 2010), the following recommendations were developed:

Recommendation 1: Review Kinship Service Standards

- *Based on findings from the study that identified a number of service issues that adversely impacts compliance with Kinship Service Standards (e.g. delays in receipt of documentation, court demands), as well, there is poor alignment between Family Service and Kinship Service standards.*

It is recommended the Directors of Service group commence a full review of the 2006 Kinship Service Standards.

Recommendation 2: Promote Specialized Kinship Service as the Best Practice Model

- *The evidence from the survey indicates a consistent shift across the Societies towards a more specialized kinship service model. This evolution in practice is identified by the field as a best practice model with a greater likelihood of achieving practice excellence and service quality when compared to a non-specialized model.*

It is recommended that a Provincial Best Practice document be developed that details the philosophy and rationale for a specialized kinship service approach as the best practice model.

Recommendation 3: Consistent & Equitable Financial Aid & Community Supports Provided to Kinship Service Families

- *Agencies constantly flagged this as an area of concern for kinship service families. Further work is imminently needed at the provincial level to determine what the level of minimum financial aid should be to kinship service families. Clearly, the lack of financial support and/or other community supports and services (e.g. assessments, treatment, travel assistance) to kinship families increases the likelihood of placement breakdown and/or entry of the child into care and/or conversion of the kinship service home to a kinship care home.*

It is recommended that all CASs closely track the numbers and reasons for: placement breakdown in kinship service homes, families' need to shift from kinship service to kinship care, and entry of a child from kinship service into care.

Recommendation 4: Develop an Education Plan to Inform the Judiciary re- Kinship Service Issues and Legal Challenges

- Survey findings identified a consistent lag across regions between the court's awareness and understanding of kinship service families' legal challenges and issues.

It is recommended that the Senior Legal Counsel Network group examine this issue and add to their work plan the task of developing Provincial Guidelines related to this issue.

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