



KINSHIP SERVICE ISSUES:
Resource Inequities,
Field Realities in the 21st Century

Lisa Richardson, MSW.
Research Student
Child Welfare Institute
Children's Aid Society of Toronto

APRIL 2009

Abstract

Kinship service families confront resource inequities when compared to supports provided to traditional foster parent households. Kinship research has primarily occurred in the United States where a different contextual and socio-political framework exists. Children in kinship service placements have similar needs to those admitted to foster care yet kinship caregivers receive fewer financial resources, less training, and access fewer community supports, such as respite. Kinship families are more likely to confront poverty and possess less education than caregivers with a foster parent designation. Despite these barriers kinship service families appear to be providing similar caregiving capacity when compared to traditional foster parent services. Successful kinship programs exist in the United States yet are delivered in a piecemeal manner, with poor research replication, given the limited methodological evidence base. Ontario needs to better define and resource our kinship service families in addition to developing national baseline information and evidence based research for Canadian kinship families.

Question formulation and search strategy

Key Question:

When compared to non-kin foster parents do kinship families receive adequate resources to sustain placements for the children residing in their care?

A search was conducted utilizing University of Toronto library resources and Google search engine which yielded fifteen peer-related journal articles specific to the relationship between kinship service providers and resource allocation. One systematic review was located providing a critical appraisal on research pertaining to the general population of kinship families in the United States. A second article provided a methodological and substantive synthesis on kinship research completed thus far. Provincial websites such as OACAS and MCYS were also accessed to obtain policy literature, legislation, definitions and statistical baseline information essential the background for the literature review.

Definitions

In defining **kinship “resources,”** the literature referred a variety of support services including community outreach, individual counselling, respite, parenting education, support groups, legal and public health consultation, and strengths-based case-management services. The terms “resource” or “services” utilized in the review will refer to the above-indicated unless specifically indicated otherwise.

As defined by the Ministry of Children and Youth Services (MCYS) “**kinship care**” refers to the full time care and nurturing of a child or youth by a relative, community member, or other adult with whom there is a relationship significant to the child or youth.”

Human Resources and Social Development Canada (2006) has further defined the **difference between kinship services and kinship care**. “*Kinship service*” refers to full-time care by extended family or community member and the child is not in custody of the Children’s Aid Society. “*Kinship care*” refers to kin caring for a child residing in the custodial care of CAS. These two definitions delineate distinctions within Canadian kinship demographics given kinship care is located within the parameters of licensed foster care which provides monetary compensation, case management, and access to respite within their resource structure. Given this literature review is focused in kin resource availability, kinship “care” givers and kinship “service” providers will be viewed as two separate populations. This literature review is not inclusive of “customary care” arrangements between CAS and aboriginal communities.

Canadian and American terminology also differs in definition of “kinship” which is important to note given the vast majority of kinship literature has been conducted in the United States. The Child Welfare League of America distinguishes “informal” kinship care as extended family members providing full-time care for children. Child welfare is involved and may be providing assistance but no transfer of custody occurs. “Formal” kinship care involves transfer of custody to child welfare with kin members providing care of the child. “Private” kinship is a term utilized for families arranging kinship placements without child welfare involvement. Translating American definitions of kinship to the Canadian context was a complicated process that involved deciphering the specific American kinship populations within the literature and then interpreting those results for Canadian kinship comparisons.

The current framework of Ontario kinship service

The current shifts in kinship policy can be directly related to an amendment of the *Child and Family Services Act* in 2006. *Bill 210* officially recognizes kinship care and kinship services as the preferred placement options for children requiring separation from their parents due to child protection concerns. The Ministry of Children and Youth Services outlined policy guidelines within the Child Welfare Transformation Agenda (2005), officially recognizing kinship placements as the paramount consideration for children requiring interim substitute care or permanency considerations. *Bill 210* itself generalizes “reasonable terms and conditions” that CAS will supervise kinship service placements, “but shall not require the society to provide financial assistance or to purchase any goods or services.” The Child Welfare Transformation agenda supports “funding flexibility” considerations for kin providers with increased needs. Through application, homestudy assessment and training kin relatives can potentially obtain foster parent status and subsequently receive financial compensation, respite and case management supports. According to statistics compiled by Ontario Association of Children’s Aid Societies, as of March 31, 2008 the province of Ontario currently maintains 17,945 children within either temporary or permanent custody of the 53 local Children’s Aid Societies. Of that total, 57.4% currently reside within foster home placements, 16.3% within group home arrangements, and 5.6% located within kinship care arrangements. No Ontario statistics could be located that specifically addressed the number of children currently residing in kinship service placements (i.e. outside the parameters of foster care status). However,

statistics obtained from the Ontario Incidence Study of Reported Child Abuse and Neglect (2003) indicates that of 10% of children (n=5,628) actually admitted to an out-of-home placement following the results of a child abuse investigation, informal kinship placements were utilized on 4% of these occasions. This is in comparison to placement in kinship foster care (1%), non-kin foster care (4%) or group home (1%). These findings suggest that kinship services are being utilized in equal proportion to non-kin foster parent services. It could also be suggested that the majority of kin providing substitute care are doing so on an informal kinship service basis, at least during the initial phase following the child's admission to care.

Review of the literature

Within the Scholars Portal and Google search strategies utilized it is apparent that there has only been a limited amount of academic research completed thus far specific to relationships between kinship families and resource allocation. Of the 17 articles utilized in this literature review the majority employed cross-sectional data, small sample sizes with no experimental and limited comparison group designs utilized. A significant number of the studies used single group survey design and measurement tools to address kinship needs were similar to those that may be utilized with non-kin populations even though they are dissimilar in their family composition and experiences. Some Canadian research has occurred regarding the experiences of Aboriginal grandparents (Fuller-Thomson, 2005) who also identified a 20% increase in the number of Canadian children receiving primary care from grandparents obtained through Census statistics. Callahan, Brown, MacKenzie, & Whittington (2004) conducted a qualitative study with 22 Aboriginal and non-Aboriginal grandmothers in the province of British Columbia utilizing a grounded theory approach. These authors concluded that grandparents are expected to carry out the functions of a public foster system without the same resources. The findings were connected to conservative/neo-liberal political ideology, which desires to minimize expenditures and maintain substitute care within the private domain of families.

The majority of scholarly studies of kinship care recognize certain theoretical advantages to kinship provision which has been adopted as basic tenets for substitute care services provided to Ontario's children within the *Bill 210* amendment to the *Child and Family Services Act (2006)*. These theoretical advantages, outlined by Gough (2002) Schwartz (2002) and Cuddeback (2004), include the view that extended family members are better able to assist a child in maintaining biological relationships while also promoting greater permanency options within a continuum of care that also maintains cultural and spiritual affiliations. Placement in a kin home is potentially less disruptive and decrease risk of psychological trauma given the child's pre-existing familiarity with the kin caregiver. It is also important to view the kinship family's need for service based on the unique dynamics of each biological family, which is not a holistic aspect of consideration within traditional foster care models.

It is largely been agreed in the literature that kinship service providers are of an older age, single-parent household, with lower socioeconomic status, possessing less education than traditional foster parents, and primarily female (Owens-Kane, 2007; Cuddeback ,

2004; Scannapieco & Hegar, 2002; Coakley, Cuddeback, Buehler & Cox, 2007; Cuddeback & Orme, 2002).

The majority of academic research pertaining to kinship family populations has centered on African-American grandmothers residing in the United States. Within that cohort, caregivers report more limitations in their daily activities, increased depression, social isolation, financial stressors, and poorer health (Cuddeback, 2004; Cohon & Cooper, 1999; Sands & Goldberg-Glen, 2000, Goodman, Potts & Pasztor, 2007; Grant, Gordon & Cohen, 1997).

The limitations all of the above-indicated studies include small sample sizes and cross-sectional designs that did not employ similar measurement tools with known reliability and/or validity. Replicating the research may be difficult. The sample is also culturally specific so that generalizing to a Canadian kinship population may be difficult.

When discussing resource allocation to kinship families it is also important to understand that the children placed in their home have similar needs to those children admitted to non-kin foster care (Scannapieco & Hegar 2002; Lorkovich, Piccola, Grozo, Brindo & Marks, 2004; Strozier, McGrew, Krisman & Smith, 2005; Cuddeback & Orme, 2002; Kelley, Yorker, Whitley & Sipe, 2001). These children and youth confront exceptional challenges as they have experienced abuse or neglected or were at imminent risk of such treatment at the time of removal. Such children often present with emotional, behavioural, and/or developmental needs that require advanced parenting skills and access to specialized community resources (Kelley, Yorker, Whitley & Sipe, 2001; Strozier, McGrew, Krisman & Smith, 2005; Cuddeback & Orme, 2002).

Cuddeback (2004) reports there is relative certainty that kinship caregivers have fewer resources, receive less training, limited financial compensation, and less social support when compared with non-kinship caregivers which is also supported by Coakley, Cuddeback, Buehler, & Cox (2007), Cuddeback & Orme (2002), and Goodman, Potts & Pasztor (2007). Other research supports that kinship care families do not have fewer needs but rather their needs are different.

Goodman, Potts, & Pasztor (2007) completed a quasi-experimental study comparing 73 caregiving grandmothers with equal numbers obtained of African American, Latina and Caucasian races utilizing a caregiver burden measurement that attempted to identify interrelations between kin caregivers' expressed needs, formal services, and informal support and how those aspects impacted caregiver burden. In both groups informal social support was related to lower levels of caregiver burden and higher expressed need resulted in higher expressed burden. Formal service utilization was found to increase burden for low need caregivers. The implications suggested include enhancing formal service and accessibility to such interventions for grandmothers in need, without involving any linkage to pre-existing relationships in the child welfare system.

Within this literature review a majority of studies have primarily sampled grandparents (Callahan et. al., 2004; Sands & Goldberg, 2000; Kelley et. al, 2001; Grant, Gordon &

Cohen, 1997; Goodman et. al., 2007) which may be reflected of the general population where grandmothers are the primary family member providing kinship care. However no studies could be located that specifically studied family members such as aunts, uncles, grandfathers, and involved caregivers from the kith or "fictive kin" community.

Sands & Goldberg (2000) conducted interview with 129 kinship grandparents utilizing quota sampling to study the relationship between social supports and caregiver stress based upon the stress theory perspective. Using hierarchical regression analysis a lack of caregiver resources was correlated to grandparent stress and heightened psychological stress related to a lack of family cohesion. Although the study was conducted specifically in Philadelphia the sample was representative across ethnicities and could be generalized to other areas. Results supported the need for further clinical services for grandparent-headed households and the usage of multimodal approaches such as those outlined in Kelley, Yorker, Whitley, and Sipe (2001) and Strozier, McGrew, Krisman, & Smith (2005) and reported on below.

Within the literature review four articles outlined specific models designed to provide resources and support to kinship populations. These include:

- 1) Respite services
- 2) Strengths-based case management services
- 3) Multiple-service intervention design
- 4) Kinship support networks.

1) Respite services

Owens-Kane (2007) employed a pre-post survey design to examine the outcomes of formal respite care for kin and non-kin caregivers. The design of the respite intervention itself was not described and data was collected from predominately black, female kinship, foster, and adoptive caregivers. 71 on the 90 recruited caregivers completed the post questionnaire and of that sample 93% of the substitute caregivers reported a reduction in stress and improved quality of life as benefits of respite service for children. Future studies that may utilize quasi-experimental or experimental comparison-group designs will shed more light on respite services as a viable support to alleviate caregiver burden for kinship caregivers. The success rates of respite services outlined in the article suggest increased funding dollars would assist kinship families. Advocating such a program at a systems level would, however, require rigorous, replicated, longitudinal studies to justify the merits of intervention.

2) Strengths-based case management services

Cohon and Cooper (1999) provide a program evaluation of the San Francisco-based Kinship Support Network (KSN) and the opportunity to systemically collect data on kinship families. Their analysis employed descriptive statistics obtained through file audits and survey data. Results suggest KSN is a successful example in which to support kinship service providers through a private sector, multiple-service approach that is offered

independent of the caregiver's pre-existing child welfare relationship. Based on site at the Edgewood Centre for Children and Families (California), the KSN model demonstrates how providing interventions outside the child welfare sector can effectively support kinship families while reducing stigma and maintaining family autonomy. Based upon social learning and ecological theoretical perspectives, KSN advertises a proactive responsive, flexible program based upon a caregiver's evolving needs with wraparound case management intervention. Service is provided in a culturally sensitive environment through the employment of paraprofessionals that serve a lay-home visiting role. All participants are given access to the same variety of support groups, recreation, health, respite activities and transportation. Data collected from the program evaluation identified these services as greatly beneficial to reduce caregiving burden. KSN is a community-based, and client driven model, receiving referrals from child welfare, who minimizes their involvement. Unique to the literature it was disappointing that no longitudinal data has been collected or experimental/quasi-experimental designs utilized since the 1999 program analysis. That information was promising however there is no evidence base research to support the development of similar intervention designs.

In their discussion paper Scannapieco and Hegar (2002) outline the need to collaborate with kinship families within the family decision making model to ensure culturally sensitive and individualized case management, strengths based needs assessment and the development of evaluation tools different than those utilized with non-kin foster parents. Scannapieco and Hegar (2002) outline four categories required for designing kinship support services that include a) financial, b) collaborative consultation c) social support, d) and advisement to kinship workers advocating within the school, medical, and child welfare settings. This discussion paper provided a good historical overview for beginning the literature review; however no specific research study was undertaken in this article.

3) Multiple-service intervention design

Strozier, McGrew, Krisman, & Smith (2005) applied some of the tenets outlined in the Scannapieco and Hagar (2002) article to an innovative school-based intervention for kinship caregivers and the children in their care. The Kinship Care Connection (KCC) was developed to mediate kin caregiver burden. The study utilized quantitative data collection from 34 caregivers participating in support groups and case management services and designed a cross-sectional, single group study that provided counselling, advocacy, and resource procurement specific to kinship families. Case management services utilized by social workers were based on Maslow's Hierarchy of Needs with the premise that assisting kinship clients with sustenance needs was essential before one could address emotional and social support needs. 72 kinship caregivers resided in an inner-city Southern metropolis participated in this quasi-experiment with a majority of the population African American grandmothers. Financial burden was identified as the kin caregiver's primary concern. Access to regular health care and ability to work with the school system were also problems identified by the kin clients that were directly assisted by this program. Over an 18 week period caregivers were provided with bi-weekly support group intervention, weekly social work case management and brokerage on behalf of clients establish communication between kin caregivers and school/medical personnel. Individual counselling and consultation regarding caregivers personal and parenting needs was also

provided. Significant changes were reported post-test in relation to caregiver's advocacy abilities with school personnel in addition to increased emotional support. The time expended on case management services to address financial, housing, and caregiver health suggest that addressing basic physical needs require initial action before effect for emotional well-being and educational advocacy could occur. This study could have been strengthened by incorporating a comparison group, attempting to secure larger samples, and providing for longitudinal data. Similar to all of the above-discussed interventions that have proven successful with kinship families, no longitudinal evidence, experimental design, or large samples have been utilized which creates barriers when applying research to policy initiatives that may develop resource programs to assist kinship service providers with nationally recognized services.

4) Kinship support networks.

Within their exploratory study Kelly, Yorker, Whiteley & Sipe (2001) explored a multimodal service intervention that included a small sample of 24 grandparents raising 63 children within the immediate vicinity of Atlanta, Georgia. Within the quasi-experimental, pre-test and post-test measures were utilized. Grandparents were provided home visits by social workers, nurses, and legal assistants over a six month period. Results indicated improvements in mental health and strengthening of social supports. This preliminary study offered some promising findings however the homogeneity of this small sample size could not be generalized to larger populations. There was no further follow-up identified and no longitudinal aspect to the study design.

A systematic review of evidence based research completed by Winokur, Rozen, Thompson, Green, & Valentine (2005) identifies that when conducting research on kinship care, child outcomes should be utilized given child data is what drives the policy, practice, and service design for caregivers.

That being said the majority of literature also supported that kinship caregivers are receiving less support services and those interventions are not tailored to the unique needs of that substitute caregiver population. Kinship caregivers also appear to provide longer-term continuity with fewer placement disruptions the children in their care (Cuddeback, 2004) these two conclusions may suggest that kinship caregivers are providing adequate caregiving equal to their non-kin counterparts, despite the varying degrees of caregiver burden they may be experiencing.

As Cuddeback (2004) indicates in his methodological review of 100 empirical studies, the research completed on kinship families is often inconclusive and contains regional samples that cannot be generalized to larger populations that may inform policy and best practices. Cuddeback's methodological review further identifies a need to operationalize differences in formal and informal kinship care arrangements as approaches to support services are different depending upon which whether they are licensed as foster care providers and therefore able to access monetary and case management services their informal kin providers cannot. Quantitative data methods and longitudinal studies need to be employed which is reflective of the writer's literature review findings Standardizing the tools and instruments used to measure caregiver burden and stress-reduction in kinship

service provision is another recommendation of Cuddeback (2004). This was further reflected in the writer's literature review in which the various research studies employed different ratings scales and outcome measures that poses challenges when attempting replication in comparative studies. Winokur, Rozen, Thompson, Green & Valentine (2005) describe the literature completed thus far on kinship care as "conjectural and anecdotal which does not allow for evidence based decisions. There are few general experts in kinship care that can inform policy and practice.

Conclusions

The research has indicated that kinship service providers that reside outside the parameters of the traditional foster care system are not receiving the same level of support as their non-kin counterparts. The children residing within "informal" kinship service placements have similar needs as children residing in non-kin foster placements with both groups having a greater proclivity that they will require advanced parenting skills, and access to specialized mental health and developmental services. Additionally, kinship families have unique needs in comparison to their non-kin counterparts, give their lower socio-economic status, and continued relationships with the child's biological family. Their differences define them as a unique population of substitute caregivers, which suggest a need to develop assessment tools and best practices approaches sensitive to kin family's needs.

Kinship care providers appear to be providing equal if not more appropriate caregiving abilities if one considers the advantages of sustained biological relationships and cultural affiliations, less placement disruption, and more permanency options than a kinship home can provide. Kinship families appear to be doing more service with fewer resources. Kinship studies completed in the United States discuss their research within the parameters of specific state legislation, federal child welfare acts, and administration of child welfare services with their own unique regional and cultural differences. The Canadian and Ontario child welfare structure is different so that applying these studies to provincial policy would be difficult to justify if just relying upon the current literature on kinship care giving burden.

Even within American academic studies focusing on kinship families there is a limited literature specifically focused on the relationship between resource allocation and kinship service providers. The strength of the evidence base is limited given the studies often include small, culturally-specific samples, descriptive statistics, exploratory studies with limited usage of experimental or quasi-experimental design. There are even less studies that have been conducted within the Canadian landscape. As national baseline information and evidence based research does not exist for Canadian kinship families we need to better understand and resource this population before informing policy and best practices.

The literature has also shown that there are some innovative program models however the research conducted on such interventions has occurred in a piecemeal manner with limited evidence based models that may include experimental design, comparison groups, longitudinal data or replication.

Kinship research involves complicated definitions that require cautious interpretation when attempting to transfer to a Canadian context. The literature has also shown that there are some innovative program models however it is disappointing that the research conducted on such interventions has occurred in a piecemeal manner with limited evidence base. The research could be strengthened by incorporating experimental and comparison group designs, longitudinal data, replication procedures, and the development of psychometrically sound instruments that are sensitive to the population needs of kinship service families. Utilization of both qualitative and quantitative research designs are necessary to further an understanding of specific Canadian kinship statistics and experiences.

Bibliography

- Callahan, M., Brown, L., MacKenzie, P., & Whittington, B. (2004). Catch as catch can. *Canadian Review of Social Policy*. 54, 58-78.
- Child Welfare League of America (2006). *Kinship care: Frequently asked questions*. Retrieved on October 31, 2008 at <http://www.cwla.org/programs/kinship/faq.htm>.
- Coakley, T.M., Cuddeback, G., Buehler, C., & Cox, M.E. (2007). Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review*. 29, 92-109.
- Cohon, J.D. & Cooper, B.A. (1999). Kinship support network: Edgewood's program model and client characteristics. *Children and Youth Services Review*. 21(4), 311-338.
- Cuddeback, G. S. (2004). Kinship family foster care: a methodological and substantive synthesis of research. *Children and Youth Services Review*. 26, 623-639.
- Cuddeback, G.S. & Orme, J.G. (2002). Training and services for kinship and nonkinship foster families. *Child Welfare*. 6, 879-903.
- Fallon, B., Trocme, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., Felstiner, C. (2003). *Ontario Incidence Study of Reported Child Abuse and Neglect, OIS- 2003: Major Findings Report*. Toronto, ON: Centre of Excellence for Child Welfare.
- Fuller-Thomson, E. (2004). Canadian First Nations grandparents raising grandchildren: a portrait in resilience. *International Journal of Aging and Human Development*. 60(4), 331-342.
- Goodman, C., Potts, M.K., & Pasztor, E.M. (2007). Caregiving grandmothers with vs. without child welfare system involvement: Effects of expressed need, formal services, and informal social support on caregiver burden. *Children and Youth Services Review*. 29, 428-441.
- Gough, P. (2006). *Kinship care*. Centre of Excellence for Child Welfare Information. Retrieved on September 21, 2008 at <http://www.cecw-cepb.ca/DocsEng/KinshipCare42E.pdf>
- Grant, R., Gordon, S.G., & Cohen, S.T. (1997). An innovative school-based intergenerational model to serve grandparent caregivers. *Journal of Gerontological Social Work*. 28(1), 47-61.

- Human Resources and Social Development Canada (2006). *Foster care report*. Retrieved on October 29, 2008 at http://www.hrsdc.gc.ca/en/publications_resources/social_policy/foster_care/page08.html
- Kelley, S.J., Yorker, B.C., Whitley, D.M., & Sipe, T.A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare*. 80(1), 27-50.
- Lorkovich, T.W., Piccola, T., Groza, V., Brindo, M.E. & Marks, J. (2004). Kinship care and permanence: Guiding principles for policy and practice. *Families in Society*. 85(2), 159-164.
- Owens-Kane, S. (2007). Respite care: Outcomes for kinship and non-kinship caregivers. *Journal of Health and Social Policy*. 22(3), 85-99.
- Ontario Association of Children's Aid Societies. (2008). *Children in care fact sheets*.
- Ontario Legislative Assembly. (2006). *Bill 210 – An Act to amend the Child and Family Services Act*. Retrieved on September 21, 2008 at <http://www.ontla.on.ca/web/bills.htm>
- Ontario Ministry of Children and Youth Services. (2005). *Child welfare transformation 2005: A strategic plan for a flexible, sustainable, and outcome oriented service delivery model*. Retrieved on September 21, 2008 at www.cdrcp.com/pdf/CWTransformation
- Sands, R.G. & Goldberg-Glen, R.S. (2000). Factors associated with stress among grandparents raising their grandchildren. *Family Relations*. 49, 97-105.
- Scannapieco, M., & Hegar, R.L. (2002). Kinship care providers: Designing an array of supportive services. *Child and Adolescent Social Work Journal*. 19(4), 315-327.
- Schwartz, A.E. (2002). Societal value and the funding of kinship care. *The Social Services Review*. 76(3), 430-59
- Smith, C.J. & Monahan, D.J. (2007). KinNET: A demonstration project for a national support network for kinship care providers. *Journal of Health and Social Policy*. 22(3), 215-231.
- Strozier, A., McGrew, L., Krisman, K., & Smith, A. (2005). Kinship care connection: A school-based intervention for kinship caregivers and the children in their care. *Children and Youth Services Review*. 27, 1011-29.
- Winoku, M., Rozen, D., Thompson, S., Green, S., & Valentine, D. (2005). *Kinship care in the United States: A systematic review of evidence-based research*. Social Work Research Centre: Colorado State University. Retrieved October 29, 2008 at www.ssw.cahs.colostate.edu/centers_institutes/swrc/files/KinshipCareSystematic