

Foster and Kinship Care: An Examination of the Legislation that Aims to Improve Permanency and Continuity of Care in Ontario

Kimberly Brisebois, PhD, MSW
Wayne State University

Shawna J Lee, PhD.
University of Michigan

Changes to the Ontario child welfare system in 2006 were based on the premise that expanding kinship placement options for children in the care of the Society would improve permanency outcomes and minimize placement disruptions. This study examined whether foster care or kinship care were associated with permanency outcomes and continuity of care of children. Analyses indicated that children living in foster care were more likely to achieve permanency, but were more likely to be separated from siblings. Children in kinship care were more likely to engage in running (AWOL) behaviour. There were no differences in placement disruptions, with both kinship and foster care placements exhibiting strength and dedication to youth stability. These findings suggest that Ontario legislation promoting kinship care may not contribute to improved permanency for children as originally anticipated.

Introduction

Over the past decade, the child welfare system in Ontario has undergone significant changes in policy and standards of practice. Child welfare reform in the late 1990s saw a considerable increase in the number of children entering the foster care system, with the number of children in foster care rising from approximately 10,000 in 1998 to over 18,000 by 2003 (Ministry of Child and Youth Services [MCYS], 2005). This staggering growth in foster care placements put the Ontario child welfare system in a financial state of crisis and created the need for a comprehensive evaluation of a system that was no longer fiscally sustainable. This evaluation resulted in a series of recommendations that aimed to improve child outcomes, child welfare accountability, and sustainability (Ministry of Child and Youth Services (MCYS, 2005). A vital piece of this transformation agenda aimed to expand permanency planning options for youth at risk of removal from their homes, especially in relation to the use of kinship caregivers. By mandating the exploration of kin placement possibilities and expanding placement options to include the use of kinship caregivers, the Ontario government sought to decrease spending on foster care, while also asserting that enhanced kinship options would improve continuity of care and permanency option outcomes for children.

Although this research is specific to Ontario standards, the trend toward increased kinship placements is not unique to the province of Ontario. Child protection agencies across Canada report that placement with relatives is more widespread than in the past. While policies vary among provinces and are in various stages of development, implementation and evaluation, family preservation policies across the county support kin as the first placement option for children (Gough, 2006). However; due to incongruent policies and the varying definitions of kin across jurisdictions, the ability to “tabulate the total numbers of children who have achieved ‘permanent’ care in the provinces/territories are significantly thwarted...” (Farris-Manning & Zandstra, 2003, p. 6). Readers who are interested in a provincial comparison of kinship standards are encouraged to review the Kinship Care Review Report (2009) authored by the Government of Alberta available online.

Broadly defined, kinship care refers to “any living arrangement in which children do not live with either of their parents and are instead cared for by a relative or someone with whom they have

had a prior relationship” (Geen, 2004, p. 132). According to statistics compiled by the Ontario Association of Children’s Aid Societies, as of March 31, 2008, the province of Ontario maintained 17,945 children in their care. Of that total, 5.6% were placed within kinship care.

Legal permanence is defined as “binding” by legal custody or adoption (Geen 2003; Tilbury & Osmond, 2006). The Ontario transformation agenda enacted in 2006, promoted the idea of legal permanence through amended legislation that expanded permanency planning options to include legal custody as an option for youth being cared for by kin. Further, in late 2008, the MCYS began to mandate compliance of kinship foster homes under the same standards as foster homes. Improved and standardized training delivered to kinship caregivers and foster parents alike aimed to provide information to alternate caregivers to help meet the increasingly complex needs of the children in their care. These modifications allowed for kinship care homes to be eligible for foster care per diem rates. While the standards governing foster care are now applied to formal kinship care arrangements, these same standards do not apply to kinship service homes. Kinship services homes are not required to participate in standardized training and are not eligible for per diem rates. The Ontario child welfare system now distinguishes between three types of foster parents: (1) kinship service (informal foster care by relatives that may or may not include a Supervision Order of the placement); (2) kinship care (formal foster care by relatives); and (3) foster care (formal foster care by non-relative caregivers). These categories are similar to classification models used in empirical studies (e.g., Berrick, Barth, & Needell, 1994).

The transformation agenda and subsequent moves toward kinship care as a mechanism to improve permanency outcomes represented a significant shift in policy and practice in the Ontario child welfare system. Yet, little is known about the outcomes of Ontario children living in kinship care and few studies have examined child permanency outcomes related to kinship versus foster care arrangements. This study examined whether foster care versus formal kinship care arrangements were associated with children’s legal permanence resulting in adoption, custody arrangements, or reunification with parents. As noted above, informal kinship services families do not receive the same training and per diem support as formal kinship care and foster care families. Therefore, to maintain comparability of the groups, only formal kinship care and foster care homes were included in this study.

Legal Permanence of Children in Kinship and Foster Care

A fundamental principle in child welfare is to ensure that children who are removed from their parent’s care are reunified with their parents or achieve permanency in a sensible amount of time (Geen, 2003). In fact, Ontario legislation limits the cumulative length of time a child can be in care. Permanent plans are mandated to be in place within 12 months for a child under the age of six, and within 24 months for older children (Government of Ontario, 2000). Permanency is defined with three possible outcomes: 1) reunification with a biological parent; 2) adoption, in which parenthood is given to an alternate adult other than the biological parent and 3) legal custody, in which authority for the child is given to an alternate adult other than the biological parent.

Due to the lack of Canadian research, we examined studies from the United States and the United Kingdom. This literature is divided on whether kinship care arrangements facilitate legal permanence for children. Some studies show that children living with kin experienced higher rates of reunification with their biological parents (Winokur et al., 2008; del Valle, Lopez, Montserrat, & Bravo, 2009), whereas other studies have found no significant differences in reunification rates when comparing kinship care to standard foster care (Frame, 2002; Koh & Testa, 2008; Koh, 2010, Zimmerman, Daykin, Moore, Wu, & Li, 1998). Still other studies have determined that children in

kinship care tended to remain out of the parental home longer than those children placed in foster homes (Courtney, 1994; Scannapieco, Hegar, & McAlpine, 1997). Examination of the combined rates of adoption and custody arrangements found no differences among children in kinship arrangements or foster care (Koh et al., 2008), but kin were more likely to obtain custody than pursue adoption (Koh et al., 2008; Winokur et al., 2008). In addition, several studies found that children living with relatives were less likely to achieve legal permanence, especially when it was related to adoption (Connell, Katz, Saunders, & Tebes, 2006; Geen, 2004; Testa, 2001; Thornton, 1991).

While the original belief guiding Ontario child welfare transformation was that kinship care would move children to permanency more quickly, this may not be the reality. There are various explanations for why permanency may not occur, or may occur less quickly, for children placed with kin. With literature so divided as to the potential benefits of kinship care, the issue of whether kinship caregivers facilitate permanence for the children in their care remains an important area for investigation.

Discrepancies in the literature may result from the lack of consistency in government policies and practices. Research studies across the United States and abroad do not always consider the differences in standards and practice and that may impact the success or failure of kinship care placements (Geen, 2003). For example, while certain states approve kinship caregivers based on the same licensing standards as foster homes, other states follow a more lenient approval process for kin (Duerr Berrick, 1998). Furthermore, supportive services such as respite care, caregiver training or transportation available to kinship caregivers vary among jurisdictions and these factors may influence the success of placements. Research on the Ontario differential response model can provide unique information that is relevant to this model and to Ontario standards of practice. The groups under review in this study include kinship homes that have been approved under the same standards as formal foster homes and therefore are offered the same services and financial support as foster parents. These similarities can provide more comparable experiences for children in foster care and kinship homes. For this reason, we hypothesize that there will be no differences in permanency outcomes between kinship homes and formal foster homes.

Continuity of Care for Children in Kinship and Foster Care

Permanency may not be achieved for some of the reasons mentioned previously. This has led researchers to also examine other relevant outcomes to better understand whether kinship care may promote child wellbeing, or more specifically, placement stability or continuity of care. We define placement stability by: 1) the cumulative length of time a child remained in placement over the 12-month period and 2) the number of moves the child experienced within the year. Multiple moves from home to home can be unsettling for children and often include changing schools, disrupting friendships, and being uprooted from familiar neighbourhoods (Johnson, Yoken, & Voss, 1995; Shlonsky & Berrick, 2003). When placements are unstable, children do not gain a sense of belonging or the ability to experience being part of a family.

Running away from placement (also known as AWOL behaviour) is another facet of placement disruption. Because this behaviour poses another type of risk to children, we considered AWOL behaviour independently of placement disruption. Children who run may place themselves in unsafe situations and pose significant liability concerns for child welfare professionals. Caseworkers spend a great deal of time searching for AWOL children, filing missing person reports with police and completing bureaucratic paperwork to document their search efforts (Finkelstein, Wamsely, Currie, & Miranda, 2004). While Connell et al (2006) found that children in group homes

were two times more likely to run away than children in kinship care placements, little research can be found on the differences in AWOL behaviour between children placed in kinship care and foster homes. Research shows that placement into foster care can be traumatic for children and lead to a range of problem behaviours (Hochstadt, Jaudes, Zimo, & Schacter, 1987). Because kin placements are known to create a greater sense of family connectedness with a caregiver whom the child often may know and trust (Cromer, 2007), we hypothesize that children in kinship will be less likely to run from placement than children who are placed in foster homes.

We also examined placement stability, or the number of moves to different caregivers experienced by children in either kinship or non-relative foster care homes. The research evidence on placement stability and kinship care is compelling. Studies have found that children in kinship homes have more stability in placement, compared to children in non-relative foster homes (Berrick et al., 1994; Beeman, Hyungma, & Bullerdick, 2000; Testa & Rolock, 1999). The children placed in kinship homes are less likely to experience multiple moves and are less likely to experience placement disruption than children living in non-relative foster homes (Beeman et al., 2000; Berrick et al., 1994; Chamberlain, Reid, Landsverk, Fisher, & Stoolminer, 2006; Iglehart, 1994; Koh, 2010; Testa, 2001; Winokur et al., 2008; del Valle et al., 2009). These low disruption rates could be related to the already existing relationship between the kinship caregiver and child. When kin have a level of commitment to the child, the likelihood of a placement disruption is lower (Farmer, 2010). Furthermore, placement disruption is significantly less likely for kin caregivers who also had been licensed as foster parents, perhaps due to the more stringent approval process and/or the increased level of support and financial assistance received by these caregivers (Farmer, 2010). Because of this pre-existing relationship between kin and the children placed in their care, and the added support received by kinship foster homes in Ontario, it is anticipated that children placed in kinship homes will experience fewer moves than children placed in non-relative foster homes.

Sibling relationships also help to maintain family continuity. Children who have been subjected to abuse or neglect may have especially strong attachments to one another (Lamb & Sutton-Smith, 1982) and sibling relationships may provide a sense of continuity to children already struggling with feelings of belongingness (Leathers, 2005). Because the maintenance of family ties may be especially important to children who have already experienced significant loss and emotional upheaval, professionals need to consider sibling bonds when removing children from parental care. Research has found that children are more likely to stay with their siblings when placed with kin, compared to children in non-kin foster care (Shlonsky, et al., 2003; Wulczyn & Zimmerman, 2005). This research will aim to replicate this finding and examined whether children placed in kinship care experienced fewer sibling disruptions compared to children in non-kin foster care.

Research Hypotheses

Few studies have examined Ontario child welfare transformation policies that have resulted in increasing numbers of children placed in kinship care. This research compared standard foster homes and kinship foster homes that received similar levels of financial support and services. Kinship homes that do not receive the same support as foster homes were not included in this study. The present study aims to add to the literature regarding two outcomes measures: permanency and continuity of care.

We expected that, echoing prior research, there would be no significant difference in permanency outcomes between children placed in kinship homes and children placed in non-relative foster homes. Permanency is defined by three different possible outcomes: 1) **reunification** with a biological parent 2) **adoption**, in which parenthood is given to an alternate adult other than the

biological parent and 3) **legal custody**, in which authority for the child is given to an adult other than the biological parent (Duerr Berrick, 1998). However, we anticipated that children placed in kinship homes would have more positive outcomes than children in foster care with regard to other measures of placement disruption. Specifically, we expected that children in kinship care would have experienced fewer disruptions, measured by cumulative length of time in an initial placement over a 12-month period and moves in placement, than would children placed in non-relative foster homes. We also anticipated that children in kinship care would have engaged in less AWOL behaviour than children placed in foster homes, and would be less likely to be separated from siblings than children placed in foster homes.

Sample

Descriptive statistics for the sample are presented in Table 1. The sample consisted of 116 children who were in the care of the Society for a period of one year, commencing some time in 2008. Forty children were living with relatives in a kinship care situation and 76 children were living in foster homes. The characteristics of children in both groups were similar. Ages ranged from 2 to 22 ($M = 12.79$, $SD = 5.206$). The majority of children living with kin lived with grandparents (44.4%) or aunts or uncles (38.9%); the remaining children lived with older siblings, cousins, neighbours or friends of the family. Information on child race was missing from 44 (37.9%) of the case files. The children whose race was reported were of Caucasian descent (41.4%) followed by African-Canadian (7.8%), Latino (2.6%), Asian (1.7), Bi-racial (4.3%), Middle-Eastern (.9%), or Aboriginal (3.4 %).

Table. 1. Descriptive Statistics

<i>Age</i>	<i>Percentage</i>
Age 0-5 years	14.7
Age 6-10	14.6
Age 11-15	32.7
Age 16-20	36.1
Age 21+	1.9
Race	
Caucasian	41.4
African Canadian	7.8
Bi-racial	4.7
Aboriginal	3.4
Latino	2.6
Asian	1.7
Middle Easter	0.9
Legal Status	
Crown Ward	75.9
Society Ward	13.8
TCA	3.4
Other	6.9
Access to Parent	
None	33.7
1-3 times per week	25.7
More than 4 times per week	2.0
Overnights	10.9
Other	27.7

Relationship to Kinship Caregiver	
Grandchild	44.4
Niece/Nephew	38.9
Friend/Neighbour	5.6
Younger Sibling	2.8
Cousin	2.8
Other	5.5
Placement Type	
Foster Care	65.5
Kinship Care	34.5
Siblings	
No	14.8
Yes	85.2
Number of cases	
	116

Method

We used a computer-based, random sampling procedure to select cases that met the criteria of children living in kinship care or foster care under the responsibility of a child welfare office in Ontario for a one-year continuous period beginning sometime in 2008. Data collection consisted of file reviews of a random sample of 116 case files. Nine files originally chosen were not reviewed due to a lack of sufficient information (files could not be found or parts were missing). Permanency outcomes were examined during the period beginning with initial placement until February 2011. Depending on the month in which the child entered care in 2008, the follow-up period varied between 2 to 3 years. Extracted information included child characteristics, cumulative time in current placement, number of moves, reason for placement disruption, access to parents, sibling separation, court application and child's permanency status as of February 2011.

Due to Institutional Review Board considerations, we report a limited number of demographic characteristics. Specifically, given the relatively small number of children in foster or kinship care during the one-year period under analysis, to maintain confidentiality the demographic information on kinship and foster parents was not collected. However, numerous prior studies have indicated that kinship families experience higher rates of poverty (Berrick, Barth, & Needell, 1994; Cuddeback, 2004; Ehrle & Geen, 2002; LeProhn, 1994; Shlonsky & Berrick, 2001; Zimmerman, Daykin, Moore, Wu, & Li, 1998) and lower rates of education (Berrick et al., 1994; Dubowitz, Feigelman, & Zuravin, 1993; Iglehart, 1994; LeProhn, 1994; Zimmerman et al., 1998) than non-relative foster parents. Kinship caregivers are more likely to be single (Barth, Courtney, Duerr-Berrick, & Albert, 1994; Cuddeback, 2004; LeProhn, 1994; Scannapieco, Hegar, & McAlpine, 1997), unemployed (Cuddeback, 2004) and in a lower socioeconomic class (Brooks & Barth, 1998; Cuddeback, 2004). Kinship caregivers tend to be older than traditional foster parents, and a large number of them are over 60 years of age (Barth et al., 1994; Berrick et al., 1994, LeProhn, 1994).

Data Analysis and Results

To address the first question of whether children placed in kinship homes experience fewer disruptions and moves in placement than did children placed in foster homes, an independent groups *t*-test compared the mean cumulative length of time a child remained in the same foster

home in a 12-month period ($M = 10.64, SD = 3.14$) with that of the cumulative length of time a child remained in the same kinship placement over a 12-month period ($M = 10.37, SD = 3.14$). This test was found to be statistically non-significant ($t(114) = .667, p \geq .05$). An independent groups t -test compared the mean number of moves for children in foster care over a 12-month period ($M = 1.554, SD = 1.81$) with the mean number of moves for children in kinship care over a 12-month period ($M = 1.65, SD = 1.31$). The type of placement was not associated with the number of moves a child experienced in a 12-month period ($t(114) = .33, p \geq .05$). As hypothesized the type of placement was not associated with the length of time a child remained in the same placement nor was it associated with the mean number of placements the child experienced over a 12-month period. A chi-square test was conducted to examine the relationship between placement type and the child's permanency outcome. Thirty children in the sample had moved onto independent living, and were therefore removed from the analysis. Data was not available for 13 of the examined cases. When permanency outcomes were examined by group status, the test was found to be statistically significant $\chi^2(1, N= 90) = 3.73, p < .05$ indicating that there was a statistical association between care status (kinship care vs. foster care) in children's likelihood of having achieved legal permanency. While statistically significant, the Cramer's V statistic indicated a weak relationship of .21.

We also examined children's running away or AWOL behaviour. A child's running away or otherwise leaving the placement without permission was not considered a placement disruption if the child returned to the original placement. Chi-square test analysis indicated that kinship care placement was associated with more running away behaviour when compared to children in foster care ($\chi^2(2, N=116) = 6.43, p < .05$). Most of the children in this sample had a sibling (85%). Next we examined whether those children with a sibling experienced separation from their sibling or siblings during placement. Also as hypothesized, children in foster care were more likely to be separated from their siblings when compared to children in kinship care ($\chi^2(5, N= 99) = 8.91, p < .01$). As indexed by the Phi statistic, the strength of the relationship was of a medium effect size at .30.

Finally, we examined whether child delinquent behaviour, medical problem and age were associated with placement type (kinship care or foster care). These tests yielded no significant results, indicating that these child characteristics were not associated with placement type.

Table 2. Bivariate Analysis Examining Study Variables by Placement Type (Kinship vs. Foster Care)

	Foster M or %	Kinship M or %	<i>Bivariate Results</i>
1. Cumulative time in placement (in months)	10.64	10.37	$t(114) = .667, n.s.$
2. Mean number of placements	1.55	1.64	$t(114) = .326, n.s.$
3. Child runs away from placement/ AWOL behaviour	2.6%	6.1%	$\chi^2(2, N=116) = 6.43^*$
4. Achievement of permanency	17.7%	9.3%	$\chi^2(2, N=90) = 3.73^*$
5. Siblings separated	74.6%	25.4%	$\chi^2(5, N=99) = 8.91^{**}$

6. Delinquent behaviour	34.6%	11.2%	$\chi^2(2, N=116) = 5.11, n.s.$
7. Child has a medical problem	12.4%	4.4%	$\chi^2(3, N=116) = 3.06, n.s.$
8. Child age	12.13	15.05	$\chi^2(114, N=116)=1.91, n.s.$

* $p < .05$, ** $p < .01$, *n.s.* = not significant at $p < .05$.

Note: M = mean, items 1 – 2 are independent samples *t*-tests; items 3 – 8 are chi-square analysis

Discussion

Children need supportive and consistent relationships with parents or other caregivers to thrive (Bass, Shields, & Behrman, 2004; Harden, 2004). Recent Ontario legislation was based on the premise that kinship caregivers offer more permanent solutions for children. However, there is conflicting empirical evidence regarding the potential benefits of kinship care. Upon removing a child from parental care, professionals making placement decisions should carefully consider the likelihood that a child will be placed with an individual who can provide a stable home environment and a sense of belonging. Results of this study indicated that placement type was associated with permanency outcomes. Specifically, children living in foster homes were more likely than peers residing in formal kinship care to have achieved permanency in the two to three years following their initial placement. Children living in foster homes were more likely to have been adopted, in the legal custody of an alternate caregiver, or reunified with their parent than the children who were in kinship care relationships.

There may be several reasons why kinship placement status was associated with fewer permanent solutions. When children are placed in kinship care and are living with relatives, parents often have more liberal access to their children and feel less stigmatization about placement. As a result, parents may be less motivated to work toward reunification (Geen, 2003). In addition, kin may be more reluctant to adopt the children in their care while they hold out hope for parental change. Also they may be fearful of inciting familial conflict, should they choose to terminate parental rights (Thornton, 1991; Geen, 2003). Moreover, kin may be less likely to adopt children in their care, viewing it as unnecessary (McLean & Thomas, 1996). It is also possible that kin caregivers who receive a per diem rate may be more reluctant to obtain legal custody or pursue adoption, fearful that taking these steps will terminate the family's involvement with child welfare, including the end of any financial support. The current study was not able to directly examine these possible explanations for why kinship placement was associated with fewer permanency outcomes, and future research on permanency should consider these factors.

With the growing popularity of kinship care, children's need for permanence should be considered throughout decision-making. The Ontario legislation promotes the idea of legal permanence, with a recurring theme of strengths-based empowerment and the belief that "families are architects of their own lives" (Tansony & Whelan, 2006, p. 22). Yet, the results of this study suggest that placement with kin is not associated with higher rates of legal permanence for children. It may not be realistic to expect that permanence can happen without the ongoing involvement of child protective services. When legal permanence is not achieved, the need for child welfare involvement and monitoring continues.

This study raises some uncertainty about the ability of kinship arrangements to provide permanent legal arrangements for children. Even when we factor out kinship-arrangement issues such as a lack of financial support or inadequate service provision, kinship arrangements are not providing children with a sense of forever that comes from legal arrangements. It should be noted however that this study defined permanency from a legal perspective. Permanency can also be defined and informed by attachment theory and whether children have lasting families, even in the absence of a legally binding adoption arrangement (Geen 2003; Tilbury & Osmond, 2006). Future examination that defines permanency through attachment theory may yield different results.

When considering family relationships, the importance of preserving sibling bonds cannot be overlooked. Our research found that children placed in kinship care were less likely to be separated from their siblings than those children in foster care. The numbers were quite dramatic, with 50 of the 64 children in foster care separated from their siblings at some point in the 12-month period, compared to 17 of the 34 children in kinship care. While some of the children in this study were separated from their siblings after a brother or sister remained in the care of a parent ($n=29$), in many situations, siblings who remain with parents initially, then enter foster care at a later date, are often placed in a different home than the one in which the sibling was previously placed (Ward, 1984). Best practice would dictate that when children must be removed from their parents' care, they should be placed with their brothers and sisters (Hegar, 1988). Because of the low number of available beds in foster homes and Ministry standards that do not allow children of the opposite sex to share a bedroom, placing siblings together can be a difficult task. In kinship homes that do not already have foster children, spacing issues may be less of a concern.

Despite considerable evidence that children are less likely to experience multiple moves in kinship care, this study found no differences in continuity of care between the two groups of caregivers. Placements remained relatively stable over the 12-month period, with few moves occurring over that period in either custody type. It is possible that having similar supports and services available to licensed kinship caregivers and kinship foster homes contributed to the lack of different findings or could speak to incredibly dedicated foster parents and kinship caregivers. These findings may be explained by more stringent approval process utilized for Ontario kinship caregivers and the efforts to ensure a good fit between kinship caregivers and their young relatives prior to placement. Furthermore, the transformation agenda increased expectations of foster parents and tightened requirements for approval. An unexpected finding was that children who live in kinship homes were more likely to run away or engage in AWOL behaviour. It has been shown that kinship homes struggle with setting boundaries around visitation (Crumbley & Little, 1997) and, because children who live with kin often remain in their own neighbourhoods (Duerr Berrick et al., 1994; Messing, 2006), this finding may suggest that children in kinship care run away to return to their original caregiver. Research conducted by the Vera Institute of Justice supports this assumption. Children who go AWOL are typically known to stay with friends or extended family (Finkelstein et al., 2004). In spite of literature that posits that children are less traumatized by placement with their relatives (Gleeson & Craig, 1994) and that they were more likely to feel "safe" and "happy" in their living situation, compared to children living in foster care (Wilson & Conroy, 1999), children engaging in running behaviour seem to be reacting to dissatisfaction with their living situation. It should be noted that while this finding was significant, the actual numbers of children engaging in AWOL behaviour in both groups were quite low.

We did not find any significant differences when examining children's behaviour, medical problem, or age in relation to permanent outcomes or continuity of care. These findings contradict past studies that have found the child's age to be closely related to kinship placement disruption,

with older children being more likely to experience disruption (Farmer, 2010; Terling-Watt, 2001; Webster, Barth, & Needell, 2000) and other findings that suggest that child behaviour and adversities are associated with more breakdowns in foster home settings. While Farmer (2010) and Koh et al (2008) found that kinship caregivers are more likely to persevere with misbehaving children, and foster parents are more likely to request replacement, our research did not find such differences nor did we find that children with multiple health difficulties are more likely to live in foster homes than kinship homes (Farmer, 2009, Koh et al., 2008).

We also examined the effects of a health problem and child's age to determine if there were any differences in the types of children placed in kinship care or foster care. These tests yielded no significant results, which contradicts past studies, that found that older children are more likely to live with kin and children with disabilities are more likely to be placed in foster homes (Koh et al., 2008).

Limitations

This study has placed a strong reliance on the accuracy of file records and caseworker documentation. Interviews of caseworkers, foster parents and kinship caregivers might have provided a richer understanding of the variables under review. However, this data was not available. Additionally, although relying on caseworker report only may introduce some bias, it is quite common in child welfare research to rely on administrative reports such as file records by caseworkers (An-Pyng, Freese, & Fitzgerald, 2007; Bundy-Fazioli, Winokur, & Delong-Hamilton, 2009; Potter & Klein-Rothsfield, 2002).

All of the children included in this study were placed with kin who were approved as formal foster placements and therefore excluded children living with kin in informal situations. The reality for children in informal arrangements may be very different from the sample chosen for this study. Further, the one-year time period for examining placement continuity is limiting. Looking at a longer duration of time may have yielded different results.

Caution should also be used in recognizing the limited generalizability of the study sample. All of the families whose records were reviewed lived in the specific geographical area in Ontario, and therefore this research may not be generalizable to the larger Canadian population. For example, as reflective of the Ontario population, the sample was predominately Caucasian. Future studies should consider a more diverse sample.

Despite these limitations, the current study provides useful information on outcomes for children. While a major tenet of Ontario child welfare transformation is that kinship care improves permanency for children, some of the findings in this current study suggest that kinship care was not associated with improved permanency outcomes. In fact, children living in foster homes were found to have more success in achieving a permanent legal placement. The placement type had no bearing on the number of moves a child experienced. Again, this contradicts one of the benefits believed to be a part of the policy revisions. We did find that children placed with kin were more likely to be placed together with their siblings. Certainly, the need to maintain sibling relationships cannot be overstated. This is a clear benefit of placing children with kinship caregivers and should always be considered in decision-making.

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