

# WHO PROVIDES KINSHIP CARE IN WATERLOO REGION, AND WHAT CHALLENGES DO THEY FACE?

by Gretchen Perry and Martin Daly

## INTRODUCTION

In many jurisdictions, it is now preferred practice to place children who cannot remain in the parental home with "kin" rather than with unrelated foster parents (reviewed by Daly & Perry, 2011). According to Ehrle & Geen (2002), the main justifications for this preference are (1) that moving into the home of familiar, trusted, extended family tends to be a less traumatic transition than moving to a foster home, and (2) that kinship caretakers are relatively apt to feel a strong personal affection and commitment toward the children.

In Ontario, legislative changes in 2006 prioritized kin placements, which have subsequently increased in prevalence. Some are "kin care" placements, in which the child has been placed in the legal care of the child protection agency, and the agency then places the child in the particular kin home after the caregivers are approved as kin foster parents. These caregivers are then entitled to the same supports from the child protection system as traditional foster families. The other form of kinship care is "kin service" placements, in which the agency is not the legal guardian. These caregivers have fewer entitlements. We use the term "kinship caregiving" to encompass both kin care and kin service. Here, we use data from Family & Child Services of Waterloo (FACS Waterloo) to address two main questions: which categories of kin are children primarily being placed with, and what challenges do these caregivers face?

Dictionary definitions of "kin" limit the term to relatives by genealogical descent, marriage, or adoption, but in keeping with legislative guidelines, a "kin caregiver" in Ontario can also be a "neighbour or other member of the child's community" (Ontario Child Welfare Secretariat, 2006). We will refer to persons related to the child by genealogy, marriage or adoption as "related kin" and to others as "nominal kin". Perry et al (2012) found that FACS Waterloo placements with related kin were significantly more stable (longer-lasting) than placements with either unrelated foster parents or nominal kin; similar contrasts have been found in a Swedish study (Sallnäs et al, 2004) and an American study (Testa et al, 2010). Clearly, potential kinship caregivers are a heterogeneous group.

Also of interest is the relative incidence of maternal and paternal kin caregivers. One reason for examining this contrast is that the question of whether paternal kin are under-utilized as potential caregivers cannot begin to be addressed without actual incidence data. Readers will anticipate, correctly, that maternal kin predominate, if for no other reason than that many children who are taken into care had been residing with their mothers while the fathers were uninvolved and perhaps even unidentified. However, there may be some further reasons for differential participation, with subtler consequences. Many studies of kin as parental helpers, rather than primary caregivers, have reported differences between maternal and paternal relatives, especially grandparents, with respect to both their participation in child care and their impacts on child well-being (reviews by Coall & Hertwig, 2010; Sear & Mace, 2008; Flinn & Leone, 2006). Might such differences be manifested in differential willingness to provide kinship care, with the result that maternal kin caregivers not only predominate, but do so to an increasing degree as their circumstances become more challenging?

Although the benefits of kinship care noted by Ehrle & Geen (2002) are almost certainly real, they may nevertheless be counteracted, to some degree, by other disadvantages of kin placements. In both the USA and the UK, kin caregivers have lower incomes, less education, poorer housing, more children to care for, and more physical and mental health problems, on average, than unrelated foster parents, and are also much more likely to be parenting alone without the support of a partner (Barth et al., 2008; Cuddeback, 2004; Dubowitz et al, 1993; Ehrle & Geen, 2002; Farmer & Moyers, 2008; Geen, 2003; Gleeson et al., 1997; Grant, 2000; Winokur et al., 2008; Zinn, 2010). These contrasts are especially troubling when kin caregivers receive fewer institutional supports than foster parents, as is often the case (e.g. Dubowitz et al, 1993; Farmer & Moyers, 2008; Geen, 2003). Do kinship caregivers face similar challenges in Ontario?

## THE CURRENT STUDY

The data considered here represent all children who came into care at FACS Waterloo (not necessarily for the first time) between January 1, 2008 and December 31, 2010, and who had one or more kin care or kin

service primary placements (i.e. not including respite placements) initiated in that 3-year period. We treat the individual placement as the unit of analysis.

The data set consists of 77 kin care and 312 kin service placements. Because some children had multiple placements and some caregivers took in multiple children, these 389 placements represent 352 individual children and 277 different caregiver homes. Eleven cases were administratively switched from kin service to kin care and one from kin care to kin service; since the children in these cases did not move, we treated any such case as one placement within the initial category.

We collected the following information from agency files: the child's age and sex; the primary kin caregiver's age, sex, and specific relationship to the child; whether there was a secondary caregiver and if so, the same demographic data as for the primary caregiver; and any available information on the caregivers' highest educational attainment, income, employment status, physical health status, mental health status, and criminal records.

## RESULTS

### Which "kin" are providing care?

Sixty-five of the 389 "kin" placements (16.7 %) were with "nominal kin", who were primarily either friends of the child's parents or unrelated members of the child's ethnic community. The remaining 324 placements (83.3 %) were with "related kin", of whom 214 (66% of related kin placements and 55% of all kin placements) were grandparents, and an additional 64 (19.7% of related kin placements and 16.5% of all kin placements) were aunts or uncles. Older siblings, cousins, great-grandparents, and other more distant relatives constituted the remaining 46 related kinship caregivers. These placements are broken out into kin care versus kin service placements in Table 1.

**Table 1. Tally of Kin Service and Kin Care caregivers according to their relatedness to the child**

|                 | Kin Service        | Kin Care          | Total (n)  |
|-----------------|--------------------|-------------------|------------|
| Nominal kin     | 43 (66.2%)         | 22 (33.8%)        | 65         |
| Related kin     | 269 (83.0%)        | 55 (17.0%)        | 324        |
| Grandparents    | 189 (88.3%)        | 25 (11.7%)        | 214        |
| Aunts & uncles  | 48 (75.0%)         | 16 (25%)          | 64         |
| Other relatives | 32 (69.6%)         | 14 (30.4%)        | 46         |
| <b>Total</b>    | <b>80.5% (312)</b> | <b>19.5% (77)</b> | <b>389</b> |

A significantly higher proportion of nominal kin placements were in kin care arrangements (33.8 %) than was the case for related kin (17.0 %; Chi-square, 1 df = 8.67,  $p = .003$ ). This may be partly due to foster-to-adopt placements, but these are too infrequent to be the whole story. Since kin care provides more financial and other resources than kin service, this finding may indicate that the threshold for nominal kin to come forward is higher than for related kin. Alternatively, the difference might mean that during the placement decision process, the additional oversight that is available in kin care was more often deemed desirable in the nominal kin placements than in related kin placements.

Twelve related kin placements could not be coded as maternal or paternal, seven because the information was unavailable through our data retrieval process and five because the caregiver was the child's full sibling and therefore related through both parents. Of the remaining 312 related kin placements, those with maternal kin ( $N = 208$ ) were exactly twice as numerous as those with paternal kin ( $N = 104$ ). Table 2 breaks these numbers out in greater detail. It is noteworthy that although maternal kin substantially and significantly outnumber paternal kin among grandparents and "other relatives", this is not the case with aunts and uncles. In fact, uncles actually exhibit the reverse pattern, with paternal uncles significantly more numerous than maternal uncles.

**Table 2. Numbers of related kinship caregivers, according to the specific relationship to the child and whether the relationship is through the mother or father.**

|                 | Maternal | Paternal | Total | % maternal | p (2-tailed sign test) |
|-----------------|----------|----------|-------|------------|------------------------|
| Grandparents    | 150      | 64       | 214   | 70.1       | < .0001                |
| Aunts           | 27       | 20       | 47    | 57.4       | n.s.                   |
| Uncles          | 3        | 13       | 16    | 18.8       | .021                   |
| Other relatives | 28       | 7        | 35    | 20.0       | .0005                  |
| Total           | 208      | 104      | 312   | 66.7       | <.0001                 |

The degree to which maternal grandparents outnumber paternal is not uniform across circumstances. Maternal kin comprise 57% of the 86 cases in which a pair of grandparents provided care to a child, 67% of the 55 cases in which caregivers were a grandparent and step-grandparent (i.e. a partner unrelated to the child), and 88% of the 73 cases where a grandparent with no partner was the primary caregiver (Table 3). This difference is highly significant (Chi-square, 2 df = 18.0, p = .0001). One possible explanation is that maternal and paternal grandparents may differ relatively little in their willingness to care for a grandchild under relatively favorable conditions, but differential willingness increases under more challenging circumstances.

**Table 3. Tally of grandparents providing kinship care, according to the grandparent's own partnership status and whether the relationship is through the mother or father.**

|                               | Maternal | Paternal | Total | % maternal |
|-------------------------------|----------|----------|-------|------------|
| Grandmother & grandfather     | 49       | 37       | 86    | 57.0       |
| Grandmother & stepgrandfather | 32       | 17       | 49    | 65.3       |
| Grandfather & stepgrandmother | 5        | 1        | 6     | 83.3       |
| Grandmother, no partner       | 57       | 9        | 66    | 86.4       |
| Grandfather, no partner       | 7        | 0        | 7     | 100.0      |
| Total                         | 150      | 64       | 214   | 70.1       |

### Income, employment, and education

Kinship caretaker family income was recorded in some files as a specific monetary value. Others, however, indicated only whether families presented as poor, middle class, or wealthy, and many others had still vaguer information. We therefore used broad categories, and we grant that even so, their validity can be questioned. The categories were: (1) "poor": families with income less than \$40,000 per annum, including both working poor and those subsisting on government subsidies (Ontario Works or ODSP); (2) "middle class" (\$40,000 to \$100,000); and (3) "wealthy" (over \$100,000). Even with this crude 3-point scale, only 286 of the 389 kin placements could be coded, and percentages on the next page are based on those 286. As expected, a high proportion of kinship care families at FACS Waterloo face major economic challenges: 45.1% were coded as "poor". As shown in table 4, a significantly higher percentage of kin service families were poor than of kin care families; nominal kin were significantly less likely to be poor than were related kin; and maternal kin were slightly more likely to be poor than paternal kin.

Employment status was coded as (1) employed (if either the primary or secondary caregiver was employed); (2) unemployed (all caregivers unemployed and/or on a government subsidy); or (3) retired (including persons receiving CPP and Old Age Security). Of the 389 placement families, 274 could be coded; 115 lacked sufficient information. Caregivers were retired in only 7 homes, all grandparents; these are excluded from the percentages reported below. Perhaps few caregiving grandparents had attained retirement age, but we do not have the data on kin caregivers' ages; alternatively, such families may have limited retirement savings and need to work to supplement their government pensions. As shown in Table 4, contrasts in employment status between placement categories parallel those seen with respect to income: kin service caregivers were slightly, but not significantly, more likely to be unemployed than those in kin care; nominal kin were significantly less likely to be unemployed than were related kin; and maternal kin were significantly more often unemployed than paternal kin.

Information about the education level of primary caregivers was available through our data collection process for only 142 of the 389 placement families, and levels of schooling below high school completion were not consistently detailed. We therefore report only the proportionate incidence of having some post-secondary education, which in all but two cases meant completion of a college diploma or university degree. The specific percentages should be taken with a grain of salt: if, as we suspect, the highly educated are more likely than others to have their level of education recorded in agency files, then the percentages in Table 4 will exaggerate the prevalence of post-secondary education. That said, contrasts between kinship caregiver types are still likely to be meaningful. As shown in Table 4, kin care and kin service families again do not differ significantly, and although nominal kin are slightly advantaged over related kin, this difference does not approach significance either. The maternal-paternal contrast, however, is large and statistically significant.

**Table 4. Percentages poor, unemployed and with post secondary education across placement types. \***

| Placement Type | Income: % Poor | Employment:<br>% Unemployed | Education: % more than high school |
|----------------|----------------|-----------------------------|------------------------------------|
| Kin Service    | 50%            | 17%                         | 35%                                |
| Kin Care       | 23%            | 12%                         | 31%                                |
| Significance   | P < .001       | P=.38                       | P=.68                              |
| Nominal Kin    | 31%            | 5%                          | 38%                                |
| Related Kin    | 48%            | 19%                         | 30%                                |
| Significance   | P = .04        | P=.02                       | P=.39                              |
| Maternal Kin   | 50%            | 23%                         | 24%                                |
| Paternal Kin   | 39%            | 10%                         | 50%                                |
| Significance   | P=.16          | P=.02                       | P=.008                             |

\* Not all households could be coded on all these variables. See Text.

In sum, although missing information is a concern and not all contrasts are significant, these three measures tell a consistent story: nominal kin caregivers seem to be better positioned economically and educationally than related kin caregivers, and paternal kin are better off than maternal kin. The maternal-paternal contrasts reinforce the tentative interpretation that we offered for the partnership data in Table 3: if paternal and maternal kin differ relatively little in their willingness to provide care under favorable conditions, but maternal kin are more willing to come forward under adverse conditions, this would account for the observed differences.

## Health challenges

The physical health of kinship caregivers was coded into five categories: (1) no physical health concerns; (2) minor concerns; (3) health issues that impacted daily functioning, but not caregiving of the focal child; (4) health issues likely to impair caregiving ability; and (5) unknown. There were 19 cases in which the most serious code (# 4) was recorded, all of which involved related (as opposed to nominal) kin, and all of which were in kin service (as opposed to kin care). Thirteen were maternal kin, 5 paternal, and one unknown. Examples of the conditions given code # 4 were late stage kidney disease awaiting organ transplantation; being in recovery from recent open heart surgery; severe arthritis that affected mobility; terminal cancer; and Alzheimer's disease.

Clearly, some related kin are willing to take on the care of children even when their physical health is an impediment. Many of the children placed in these homes had complex needs that would make them *challenging for any caregiver*. Additional supports to ensure the health and safety of both child and caregiver would obviously be desirable in such cases, and it is therefore especially troubling that all 19 such cases were in kin service, where financial and resource supports are relatively limited. Moreover, in 9 of these 19 cases, the physically compromised primary caregiver had no secondary caregiver in the home.

Caregiver mental health was coded on a scale similar to that for physical health, and as with physical health, we will discuss here only the most severe code: (4) mental health issues likely to impair caregiving of the focal child. Examples of conditions given this rating were poorly managed bi-polar disorder; current depression that made it difficult to get up in the morning; and hospitalization within the past 6 months because of suicidal inclinations. We were able to code only 291 of the 389 placement families on mental health, and the numbers to follow are based on those 291. As with physical health, only related kin, not nominal kin, presented with the most severe mental health issues, but unlike the situation with physical health challenges, severe mental health challenges were present in both kin care and kin service cases. Primary caretakers were coded as having severe mental health challenges in 13 related kin placements (4.5% of codable cases). In most of these families, a secondary caregiver without severe problems was available to help, but four primary caregivers with this rating had no secondary caregiver to call on, and in two cases, both the primary and the secondary caregiver had mental health issues warranting a code # 4 rating. It should be noted that these statistics are mute about other mitigating factors

that may have been present in these situations, nor can we say how many of these placements were made on the basis of a court order or in a crisis situation prior to the completion of a homestudy.

## Criminal records

Information on the criminal records of kinship caregivers was coded into four categories: (1) no criminal record; (2) minor offenses (e.g. shop-lifting as a teen); (3) more serious criminal involvement (e.g. history of driving while impaired convictions); and (4) recent serious offending (e.g. assault causing bodily harm; drug trafficking). We coded 265 of the 389 placements in this way; information was unavailable for the other 124. We consider code # 4 to reflect issues most likely to adversely affect the child, and confine the discussion below to the prevalence of this code.

There were 37 placements in which the primary or secondary caregiver had a code # 4 for criminal offending. One was a nominal kin placement, and 36 were related kin. In three cases, both the primary and secondary caregiver had the most serious offending code, in 16 only the primary, and in 18 only the secondary. Serious criminal offending ratings were slightly but not significantly more prevalent in kin service placements (14.7% of those that could be coded) than in kin care (10.4%). Under the SAFE homestudy rating process, this degree of criminal involvement should be deemed highly problematic, and would require significant mitigation. It is noteworthy that the higher threshold for approval in kin care did not preclude such placements, but again, we cannot say what mitigating factors may have been in place to offset these concerns. Some placements in kin homes may occur before the results of a requested criminal record check have been received, and such delays may partially explain the high incidence of unknowns. Once a child has been placed, information that might have precluded the placement may not always be deemed sufficient to interrupt it, and of course judges can, and sometimes do, both order placements without this information and disregard it if available.

## DISCUSSION

We started this study by asking whether the challenges faced by kinship caregivers that have been noted elsewhere are seen in Waterloo Region too. Research in the U.S.A. and the U.K. that compared kinship caregivers to traditional foster caregivers showed that kin tended to present with higher rates of unemployment, lower income, less education, more physical and mental health diagnoses, and more criminal involvement (Cuddeback, 2004; Farmer &

Moyers, 2008; Geen, 2003). Similar challenges are indeed prevalent among kinship caregivers in Waterloo, and our results indicate that they are more severe among related kin than nominal kin.

Most prior research has treated kinship caregivers as a homogeneous category, but we have drawn distinctions. Relatedness to the child matters. Nominal kin are relatively infrequent caregivers, but they tend to have more resources (income, employment, education) and fewer challenges (physical and mental health challenges, criminal involvement); they are also more likely to be in kin care arrangements, where higher levels of financial and resource supports are available. Some of the contrasts between nominal and related kin may be due to the higher threshold of approval for kin care placements than for kin service, but differences persist when kin service and kin care are considered separately. We think it is noteworthy that even though nominal kin have better resourced homes than related kin, this has not translated into more stable placements (Perry et al, 2012).

Among related kin, maternal relatives provided more placements than paternal, and the latter were better resourced, with the paternal kin advantages in employment and education both being statistically significant. There were no clear differences between the two in health status or criminal involvement, but there was a striking difference in partnership status, especially in the case of grandparents: pairs of maternal grandparents outnumbered their paternal counterparts by only 49 to 37, but among lone grandparents without secondary caregivers, maternal kin outnumbered paternal 64 to 9. Thus, maternal kin seem to be providing care to children in need in the most difficult circumstances, but despite the challenges they face, Perry, Daly & Kotler (2012) found no difference between maternal and paternal kin homes with respect to placement stability, both substantially surpassing nominal kin and non-kin foster placements in this regard.

Are most kinship caregivers related through the child's mother because maternal kin are more motivated, on average, and come forward more? Or does their predominance reflect who agency staff have more access to, and are more likely to approach? There may be some truth to both explanations. Mothers are often the primary parties that the agency works with, making staff more aware of maternal family, and maternal kin may then be familiar with agency staff and the background to the situation, making them both more accessible and more willing to offer placement when a crisis occurs. It is also conceivable that workers are biased in favor of maternal kin, but we have no

evidence that would speak to this possibility. We doubt that agency practice is the whole story, because of the ways in which the maternal kin predominance varies in relationship to partnership status and resources. These patterns are more readily interpreted as indicative of differential thresholds for accepting the onerous task of providing child care under difficult circumstances.

Better understanding of how kinship caregivers are obtained and what they require in order to commit to care for a child with complex needs is important for future planning and recruitment. Alternative caregivers are in high demand, and there is strong impetus to locate more kin placements and reduce the use of traditional foster care. Paternal family and nominal kin are sometimes seen as underutilized resources (The North American Council on Adoptable Children, 2005), but if our suggestion of differential willingness is correct, then recruiting paternal (and nominal) kin, and maintaining those placements, may require different supports. We think it possible that paternal and nominal kin may demand more support than maternal kin, which is a concern both because recruiting them may tax limited agency resources and because maternal kin may then face systemic relative disadvantage.

A notable finding in this study is that a minority of kinship caregivers present with extreme challenges. The high ratings for physical and mental health challenges and criminal involvement that we have noted warrant greater context. Families that present with these issues have children placed with them for multiple reasons, including placements made in crises before a homestudy can be completed, long delays in receiving criminal reference checks from the police, and court orders that contradict agency recommendations. Some such placements may be less problematic than they initially sound, because substantial mitigations have been implemented to address the challenges. We did not target these issues for data collection, but we should stress that they are serious. Do these placements sufficiently meet the needs of complex children throughout their development? Are grandparents with some of the health challenges that we have noted able to provide long term care, or were such placements emergency stopgaps, intended to be temporary? Whatever the reasons for these placements, once they occur it is problematic for everyone - particularly the children - to disrupt them. This then puts substantial pressure on the Society and the family to come up with sufficient mitigating supports to manage these challenges.

An issue related to the level of resources available within kin placements is what they provide that other

placements cannot. This study did not address the benefits that may be present in these homes, such as whether children feel more secure about caregiver commitment (Ehrle & Geen, 2002). Whether high-quality familial relationships offset resource limitations we cannot say. There are indications, however, that the increased demands of caring for complex children in resource-poor situations have negative effects on both kin caregivers and the children in their care (Kelley et al, 2011; Thupayagale-Tshweneagae, 2008; Hayslip & Kaminski, 2005). Long term implications and how these impacts may differ between kinship and non-kin foster placements are unknown, and warrant further investigation.

One potential indication of hardship is the high incidence of working grandparents. In only seven of 214 grandparent-headed placements were the caregivers retired. No doubt, many are not yet of retirement age, but one would like to know whether a substantial proportion of caregiving grandparents are postponing retirement in order to be able to support the children in their care financially. Such a circumstance must entail stresses. For this and other reasons, longitudinal studies with more measures, especially child outcome measures, are needed to determine whether children placed in kin homes fare better than in traditional foster placements (Daly & Perry, 2011; Winokur et al, 2009), and what resources are most effective in improving these outcomes. Based on the extraordinary personal and financial costs that kinship caregivers endure, enhanced supports are surely needed.

The use of kinship placements by this agency is an indication of how seriously they have taken kin caregiving and the children they are responsible for. They have clearly made substantial effort and commitment to incorporate the kin philosophy into their service provision. They have utilized families where significant challenges are present, necessitating significant mitigation of these challenges, time-consuming organizational efforts, and financially demanding resource provision. Pressure to provide kin placements for children has aroused greater interest in increasing the participation of paternal family and nominal kin (The North American Council on Adoptable Children, 2005); programs that include Family Finders are indicative of the increasing move toward kin placements within the broad definition of kin. This may be in the best interest of children and their families, but it does present challenges, and more research is badly needed. It has yet to be seen whether agency funding and resources can keep pace with kin caregivers' limited resources and needs for mitigation, and the high needs of the children.

In 2011, FACS Waterloo initiated a Kin Service team. This brought together staff whose jobs were devoted to completing kin service assessments and supporting kin service placements, and constituted a significant structural change from the practices prevailing during the period covered by this study (2008-2010), when assessment and support of kin service placements were largely integrated within the protection staff responsibilities. It is likely that this organizational change has enhanced support of kin service families while also increasing efficiencies, and it would be informative to compare more recent data with those that we report here.

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