Moving Forward With Lessons From The Past: An Examination Of Kinship Foster

Care In The Yukon

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Abstract

This descriptive case study incorporates mixed method data collection and data analysis strategies. The study reports on the extent to which kinship foster care is used in the Yukon Territory as an alternative to regular foster family care, the characteristics of kinship foster caregivers in regards to ethnicity and geographic location, and the characteristics of children in kinship foster care with respect to ethnicity, residency, age, sex, child welfare legal status, and the nature of the relationship between the child and the kinship foster caregiver. The study also examines factors that influence the decisions of child welfare professional staff to consider the option of kinship foster care and factors impacting relatives who provide this service for a child welfare agency.

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Chapter 1: Introduction

Historically, extended family members have served as surrogate caregivers for children whose parents are, for a variety of reasons, unable to provide them with adequate care. Yet, public child welfare agencies have only recently acknowledged extended family as a potential placement option for children removed from the care of their parents. The Child Welfare League of America [CWLA] (as cited by Hegar & Scannapieco, 1995) defines kinship care as, "the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child" (p. 201). Kinship foster care involves the placement of children with members of their extended families by a child welfare agency, when those children require alternate care arrangements for their safety and protection. While many kinship care arrangements are private or informal, in that they occur without child welfare involvement, the focus of this study is on kinship care arrangements brought about by direct child welfare intervention.

Demographic Context

The upsurge in the use of kinship foster care has emerged within the context of mounting financial pressures due to increasing numbers of children entering the child welfare system and a declining number of foster homes (Gleeson, O'Donnel, & Bonecutter, 1997). The Child Welfare League of Canada (2002) reported that jurisdictions in Canada have experienced an estimated increase of children coming into care of between 50 % and 65% over the past few decades. A number of factors are believed to have contributed to the growing number of children in government care

over the past two decades including increased awareness of child abuse by the general public, mandatory reporting laws, and changes to family structure including divorce and single parenting (Hegar & Scannapieco, 1995). Sociological trends such as an increase in two-income families and geographic mobility are believed to have contributed to declining recruitment of regular foster families; these combined trends have resulted in an increased proportion of children in out-of-home care being placed in kinship foster homes (Hegar & Scannapieco, 1995).

<p style="text-align:center">Impetus for Study</p>

As a veteran social worker practicing in the field of child welfare, I have witnessed tragic outcomes for some children and youth who, as result of their time spent in government care, have become disconnected from their families, communities, and culture. Although kinship foster care as an alternative to foster or residential care offers greater opportunity for family preservation (Berrick, 1998; Hegar & Scannapieco, 1995; Malucchio, Pine & Warsh, 1994), builds family capacity for self care (Bellefeuille, Garrioch, & Ricks, 1997; Ricks, Charlesworth, Bellefeuille, & Field, 1999), and supports cultural autonomy and self-determination (Carriere-Laboucane, 1997; Smith, 1999), it is an intervention that is seldom used.

Cultural continuity is one of the commonly stated advantages of kinship foster care (Berrick, 1998; Hegar & Scannapieco, 1995). Considering that the majority of Canadian children in care are of First Nation descent (CWLC, 2002), the cultural significance of kinship care deserves more attention. In *A Feather Not a Gavel: Working Towards Aboriginal Justice*, retired provincial judge Alvin Hamilton (2001) states:

I have spoken of the devastating effect of the removal of children from

Aboriginal parents and their culture, and I have suggested that it can still be

seen today. There is no area of the law where this is more evident than in

today's child welfare system, more specifically in child protection cases....

(p. 135)

Locating the Study in the Yukon Context

First Nations people in the Yukon have a similar history to their counterparts in

other parts of Canada in regards to the effects of interaction with the European society

(Hospice Yukon, 1993). These effects include the results of residential schools, higher

incidence of social problems and over representation in the justice and child welfare

systems (Anglin, 2001; Hudson, 1997; Palmer & Cooke, 1996; Timpson, 1995).

The Yukon Territory has a population of roughly 31,608 people and

approximately 3/4 (23,638) of this population live in the capital city of Whitehorse

(Yukon Bureau of Statistics, 2006). The remaining population is dispersed among a

dozen smaller communities throughout the Territory. Nearly 16% of the overall

Whitehorse population has First Nation origins. This figure contrasts with the

percentage of First Nations persons located throughout the rest of the territory, which is

estimated at 45% (Yukon Bureau of Statistics, 2006). First Nation people[1] comprise

approximately 24.5 % of the Yukon population. Of the children involved with the

Yukon child welfare system, over 60% are First Nation; over 70% of these live in

foster care situations (Child Welfare League of Canada, 2002). Due to the high degree

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[1] In the Yukon, of a total of 28,520 people 6,540 persons identified themselves as Aboriginal (see 2001 Census).

of First Nation involvement in the child welfare system in the Yukon, the focus of the ethnic aspects of this inquiry centre around First Nation issues.

Despite the fact that the devolution of child welfare services to First Nations authorities dates back to the 1980s (Hudson, 1997), Yukon First Nations continue to receive child welfare services from the territorial government (Bellefeuille & Ricks, 2003; CWLC, 2002). In the Yukon, the Yukon Advisory Council on First Nation Child Welfare have called upon the department of Family and Children's Services to undertake greater consultative effort with family when considering out-of-home care for a First Nation child (Yukon Advisory Council on First Nation Child Welfare, 1997). In addition, three Yukon First Nations[2] have signed Protocol Agreements with the Government of the Yukon clarifying their involvement in the delivery of child welfare services to their membership. Among other things, each of these agreements specifies with whom a child should be placed, in the case of risk.

Legislative and Policy Context

In the Yukon Territory, child protection legislation has given directives regarding the use of kinship foster care. The Yukon Children's Act (R.S.Y. 2002), specifies that the cultural heritage of a child needs to be considered when determining what is in the child's best interest. Local child welfare authorities in accordance with related policy guidelines are required to consider the use of kinship foster care as an alternative to regular family foster care when placing a child in out-of-home care (Yukon Health and Social Services, 1984).

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[2] These include the Ross River Dena Council, Liard First Nation and Little Salmon Carmacks First Nation.

Purpose of the Study

The emergence of kinship foster care as a valid option for children requiring an out-of-home placement represents a rather recent shift in child welfare policy and practice and therefore is attracting a great deal of interest by the research community (Berrick, Barth, & Needell, 1994; Dubowitz et al., 1994; Scannapieco & Hegar, 1996). The often stated advantages of kinship foster care compared with regular foster family care include greater cultural continuity, less disruption in sibling and family relationships, fewer moves while in out-of-home care, lower recruitment and monitoring costs for child welfare agencies (Hegar & Scannapieco, 1995), and its contribution to an enhanced sense of identity and belonging (Carriere-Laboucane, 1997; Malucchio et al., 1994; Palmer & Cooke, 1996). Moreover, compared with children in regular foster family care, children living in kinship care were reported to have more contact with their parents, to have suffered less trauma as a result of their out-of-home placement experience (Berrick, 1997), to be viewed more positively by their caregivers (Gebel, 1996), and to feel safer and more loved (Wilson & Conroy, 1999).

However, studies have also found that kinship caregivers tend to have more stressors than regular caregivers, yet receive fewer services (Berrick et al., 1994; Gebel, 1996; Gleeson et al., 1997; LeProhn, 1994). Other concerning issues about kinship foster care include slower family reunification rates (Berrick, 1998), the debate regarding different standards for kinship foster homes, the role of the state in monitoring/supporting family placements, and the emergence of two tiered levels of care for children-in-care (Berrick, 1998; Berrick et al., 1994; Hegar, 1999b).

So, despite the growing popularity of kinship foster care across North America, both in response to the shortage of available foster homes and as a family preservation strategy, there is more that needs to be known about its application in practice. The limited research on practice is primarily American-based; there are few Canadian studies that address kinship care in a northern, cross-cultural setting. Many of the kinship foster care research studies completed to date have been devoted to outcome comparisons between kinship foster care and regular foster family care (Berrick et al., 1994; Gebel, 1996; LeProhn, 1994; Scannapieco, 1999). There have been no Yukon based studies addressing application of this model.

Several factors combine to support the need for closer examination of kinship foster care as an important practice within the Yukon Child Welfare system. These include (a) the potential benefits attributed to kinship foster care, (b) the principle of using culturally appropriate placements, (c) the scarcity of Canadian, northern, and cross-cultural research on this topic, (d) the Yukon policy and legislative directives specifying kinship placement as a preferred intervention, (e) the existing Child Welfare protocols with three Yukon First Nations that outline the importance of culturally appropriate placement options, and (f) the territorial undertaking initiated in 2003 to review and rewrite the Yukon Children's Act (R.S.Y. 2002) in light of best practices.

By identifying factors that impact the use of the kinship foster care model, policy and practice can be informed in a manner that facilitates its effective application on a broader scale. Having a greater number of kinship families available to provide foster care for related children has the potential to partially alleviate the serious shortage of foster care placements experienced by the child welfare agency, while

ensuring the provision of a safe placement alternative for the child when necessary. The findings from this study may also become useful for further future research about factors that affect kinship placement. The aim of this study is to examine the extent to which kinship foster care is used in the Yukon Territory and to explore the factors that impact its use in a northern, cross cultural, and child welfare context.

Statement of research questions

This study employs a mixed method, case study research design. A detailed description of the research design, methodology, data collection and data analysis methods is contained in Chapter 3. The specific questions addressed in this study include the following:

1) To what extent is the placement option of kinship foster care used in the Yukon Territory?

2) What are the key issues and factors that influence the decision making process of child welfare professionals in considering the placement option of kinship foster care?

3) What are the issues or factors that impact upon relatives who provide kinship foster care services through a child welfare agency?

Organization of this Report

In this chapter, the topic of kinship foster care is introduced and the rationale for the study is presented. The study is placed in context in chapter 2 by providing an examination of the literature that informs the reader about the plight of First Nation children within the child welfare system. A summary of the research on kinship foster care is also presented. Chapter 3 presents the overall research design and

methodological framework for the study, including addressing the issue of rigour.

Chapter 4 presents the findings. Chapter 5 concludes the report with a discussion of the

implications of the study's findings.

Chapter Two: Literature Review

The literature review addresses four areas of importance in relation to the study. These include (a) a review of key terms to assist the reader who is unfamiliar with the field of child welfare, (b) a brief overview of the history of kinship care and foster care, (c) a synopsis of the history of First Nations people in Canada and how they were impacted by the child welfare system, and (d) a summary of the current research and findings regarding kinship foster care and areas for further research.

Definitions

The following key terms are used throughout this study:

a) *Yukon First Nations*: When referring to Yukon First Nation, the term will mean "the original inhabitants of Canada's Yukon" (LegendSeekers, 2000, p. 1). In reference to First Nation from other parts of Canada and the United States, the definition will be subject to that in the reference cited. Author references to First Nation means persons of aboriginal descent, including status and non-status Indians and metis.

b) *Child Welfare*: The full range of statutory services provided to children and families intended to protect children from harm or neglect. These include a variety of intervention and support services ranging from prevention to placement of children in safe environments such as foster care.

c) *Child(ren) in care*: This term is synonymous with other terms used in the literature such as foster child and child in out-of-home care; it relates specifically to children in the legal custody of a child welfare agency.

d) *Foster care*: A foster home or substitute family setting that has met the criteria

set out by a child welfare agency is able to provide foster care services for a

child in the care of that agency. In most of the literature this term is

interchangeable with out-of-home care and substitute care, however, these latter

two terms could also encompass residential schools, group or institutional

placements.

e) *Institutional Care/Other*: This term refers to children and youth in the custody

of a child welfare agency who are placed in settings other than foster care, such

as group, receiving or treatment homes, hospitals, independent living, or other

situations not addressed within the context of this study.

f) *Kinship*: "refers to a system of reckoning one's relatedness to or within a family

group" (LegendSeekers, 2000, p. 26). Similarly, Hegar and Scannapieco (1995)

define kin as those related through blood or marriage. The Child Welfare

League of America interprets kinship as including those close to the family, in

the same clan, or belonging to the same ethnic group, religion or community

(Hegar & Scannapieco, 1995). In this thesis, a kinship relationship implies there

is a connection through blood, marriage, or adoption.

g) *Kinship Care*: The CWLA, (as cited in Hegar & Scannapieco, 1995, p. 201),

has accepted the term kinship in the broad sense, defining kinship care as "the

full-time nurturing and protection of children who must be separated from their

parents by relatives, members of their tribes or clans, godparents, stepparents,

or other adults who have a kinship bond with a child".

h) *Kinship Caregivers:* Those relatives who are providing "the full-time nurturing and protection of children who must be separated from their parents" (CWLA as cited in Hegar & Scannapieco, 1995, p. 201). For the purpose of this thesis, "kinship caregivers" or "kin caregivers" refer to the term used to indicate a private or informal arrangement not necessarily associated with the child welfare system.

i) *Kin Foster Caregivers:* (or "Kinship Foster Caregivers") For the purpose of this research, foster caregivers are substitute families who have met the criteria set out by a child welfare agency to care for children in the custody of that agency. Kinship foster caregivers refer to those substitute families who are related to the foster child through blood, marriage, or adoption.

j) *Kinship Foster Care:* This term refers to the situation in which a child in the custody of a child welfare agency is placed by that agency with relatives who have met the criteria set out by that agency to care for children in its custody. This thesis has limited its context to the care by kin of those children in the custody of a child welfare agency. Other types of formal and informal relationships between family members regarding care of children (kinship care) are beyond the scope of this research.

k) *Agency:* Throughout this study, this term refers to the body or organization, whether private or government, that is legally mandated to provide child welfare services in its jurisdiction.

l) *Child Welfare Professional Staff:* This term refers to those persons employed by child welfare agencies whose duties include provision of child welfare services

to children and families. It also includes the supervisors and managers of these staff.

m) *Cross Cultural Placement*: This term describes the situation whereby a child-in-care is placed in a substitute family setting whose cultural origins are different from those of the child.

n) *Urban/Rural*: For the purpose of this thesis, an urban resident is one who lives in Whitehorse, Yukon and a rural resident is one who lives in any of the other smaller communities in the Yukon Territory.

o) *Child Welfare Legal Status*: Four categories of child welfare legal status are examined in this study. Their corresponding definitions for the purpose of this research in accordance with the Yukon Children's Act (R.S.Y. 2002, c.31 as amended) are as follows:

    i. *Interim Care Order (IC)*: A court order placing a child in the care and custody of the Director of Family and Children's Services pending a decision at a hearing to grant a further order for custody of the child or return of the child to the custody of the parents according to the provisions of section127(b) of the Yukon Children's Act (R.S.Y., 2002, c.31 as amended).

    ii. *Temporary Care Order (TC)*: A court order placing a child in the care and custody of the Director of Family and Children's Services for a finite period of time as defined and permitted by section 128(1)(b) of the Yukon Children's Act (R.S.Y., 2002, c.31 as amended).

iii. *Permanent Care Order (PC)*: A court order placing a child in the care and custody of the Director of Family and Children's Services until their 18th birthday or until the order is terminated or varied according to the provisions of section128(1)(c) of the Yukon Children's Act (R.S.Y. 2002, c.31 as amended).

iv. *Custody Agreement (CA)*: A voluntary agreement between a parent and the Director of Family and Children's Services in which the parent places the child in the Director's care and Custody voluntarily and temporarily within the provisions and timelines defined by section142 of the Yukon Children's Act (R.S.Y. 2002, c.31 as amended).

History of Kinship Care

A brief review of the history of kinship care and the emergence of formalized kinship foster care is presented to contextualize the basis for the current study. Literature that examines the emergence of the kinship foster care model is reviewed in order to understand the history of formalized kinship foster care and the issues attached to it.

Informal kinship care is both an ancient tradition and contemporary practice. Hegar (1999a) provides an account of biblical and mythical references to children being raised by those other than their biological parents. According to Hegar, kinship care dates back to medieval European, African, New Zealand, and Pacific Rim cultures. The historical motivations for kinship caring arrangements were often related to creation of beneficial alliances, provision of more advantageous economic or educational opportunities, or to provide assistance to the receiving family. Unlike

contemporary trends, kinship placements were not necessarily associated with family dysfunction. In African culture, children belonged to, and were the responsibility of the entire community; kinship networks were the basis of the social structure (Scannapieco & Jackson, 1996).

In a review of the evolution of kinship care, Hegar and Scannapieco (1995) describe kin as usually defined by relation through blood or marriage, but it can also encompasses those close to the family, in the same clan or same ethnic group. In the Yukon, this is referred to as fictive kin (Legendseekers, 2000). No loss to the family occurs when a child is placed with kin. Family members cared for children, often without legal formalities, out of a sense of duty or caring. Beyond the family, the larger ethnic community also ensured the care of children when possible.

As Hegar and Scannapieco (1995) explain, prior to the industrial revolution, few alternatives were available to children whose parents died or were unable to care for them when family could not. In England, the Poor Law often forced affected children into workhouses or apprenticeships. In England and North America, religious groups founded orphanages during the eighteenth and nineteenth centuries to care for children when epidemics and war taxed the resources and capacity of remaining family networks to provide for them.

In the United States, children from ethnic minority groups historically were not served by state run orphanages or child welfare systems (Hegar, 1999a; Hegar & Scannapieco, 1995). As slavery affected the inclusion of African children in mainstream society, these children tended to be cared for within the slave community, which has reinforced a historical pattern of kinship caregiving that has persisted to the

present day (Hegar, 1999b). In the 1930s, there was greater advocacy to establish

public child welfare agencies and in 1973 a lawsuit by the American Civil Liberties

Union compelled foster care agencies in New York to accept African American

children (Wilder as cited in Hegar & Scannapieco, 1995). Latino children too were

excluded from formal interventions in the United States; with the exception of those

Latino Catholic children placed in convents and missions, the extended family was

usually the only alternate resource for their care (Hegar, 1999b).

In Canadian society by contrast, First Nation children were systematically

placed in institutional settings (residential schools) away from their culture and kinship

settings due to federal policies (Hudson, 1997). The practice of removing children

continued past the period that residential schools were closed as large numbers of First

Nation children were separated from their culture and kin and placed cross-culturally in

non-First Nation foster homes (Palmer & Cooke, 1996; Stokoe, 1994; Timpson, 1995).

Remarkably, despite this period of history, kinship care has remained a central theme

within that culture (Awasis Agency of Northern Manitoba [Awasis], 1997; Carriere-

Laboucane, 1997; Hegar, 1999a; Yukon Advisory Council on First Nation Child

Welfare [YAC], 1997).

Within the child welfare system, family preservation seeks to maintain

children's family connections to the extent possible. Maluccio et al. (1994) call for

expanded definitions of both 'family' and 'family reunification' that include

recognition that kinship bonds can be maintained when family members do not live

together and that children and family can achieve and maintain an optimal level of

reconnection that "affirms the child's membership in the family" (pp. 299-300). The

connection between maintaining family relationships and the healthy development of children is recognized. The view that family is inclusive of those beyond the nuclear unit is compatible with other perspectives on kinship care within First Nations (Armitage, 1993; Bellefeuille et al., 1997, Blackstock, 2003; Carriere-Laboucane, 1997; Hume, 1991; McKenzie, Seidl, & Bone, 1995).

Emergence of Kinship Foster Care

Across North America, two simultaneous developments have occurred over the past three decades: an increase in number of children entering state care and a decrease in the number of regular foster families being recruited (Gleeson et al., 1997). Contributors to the increase in children entering care are believed to include greater awareness of child abuse, mandatory reporting laws, and changes to family structure due to divorce and single parenting (Hegar & Scannapieco, 1995).

A number of societal trends in the past three decades have contributed to the declining number of available foster families. These include geographic mobility, family composition, and employment patterns such as increased women in the workforce (Berrick, 1998; Gleeson et al., 1997; Hegar, 1999b). The trend in child welfare has been to favour kinship foster care placements (Goerge, Wulczyn, & Harden, 1996). Consequently, an increasing number of children entering state care have been placed in kinship foster homes (Hegar & Scannapieco, 1995).

The Indian Child Welfare Act of 1978 was the first piece of legislation to explicitly state a preference for kinship placements. In 1979, the U.S. Supreme Court ruled that relatives were eligible for the same federal foster care payments as non-relative homes, providing they met the approval criteria (Hegar & Scannapieco, 1995).

These decisions contributed to the rise in the use of kinship foster care. Ironically, increased use of kinship foster care is also partially due, not only to recognition of the value of family placement, but to a decrease in the availability of regular foster homes (Jackson, 1996).

History of First Nations

A broad overview of First Nations history as it relates to contact with European society is provided with specific focus on the impacts of the child welfare system on First Nation people.

In Canada, First Nations people have been dramatically affected by interaction with European society. Policies were introduced which endorsed placement of children in residential school settings where the elimination of language and customs was emphasized (Armitage, 1993; Palmer & Cooke, 1996). By the time residential schools began to close in the 1950s, several generations of First Nation children who had not experienced a family setting, had difficulties parenting their own children (Palmer & Cooke, 1996). Palmer and Cooke suggest that assimilation policies resulted in a high degree of social problems among First Nations people including poverty, and self-destructive behaviors such as substance abuse and suicide. These factors combined to increase the likelihood that future generations, too, would lose custody of their children to child welfare authorities (Palmer & Cooke, 1996). This period in time has become known as the "sixties scoop" (Penner as cited in Timpson, 1995). The assimilation policies of the federal government and resulting social problems contributed to over representation of First Nation children coming into care and being primarily placed in non First Nation homes (Hudson, 1997). The over representation of First Nation

children in foster care became self perpetuating (Hudson, 1997; Palmer & Cooke, 1996; Timpson, 1995). However, the existing child welfare system in Canada does not work well for First Nation Children (Anglin, 2001; Armitage, 1993; Awasis, 1997; Bellefeuille et al., 1997; Carriere-Laboucane, 1997; Fournier & Crey, 1997; Ricks, Wharf, & Armitage, 1990; Stokoe, 1994; Timpson, 1995). First Nation children continue to be over represented in the Yukon Child Welfare system (CWLC, 2002).

First Nations' political response to this situation involved establishment of their own child and family service agencies, funded by the Federal government and authorized by the province (Hudson, 1997). Across Canada, First Nations have been taking control of the child welfare services delivered to their members in response to these problems and issues. Timpson (1995) suggests that the era of literature that drew great attention to tragic stories, such as the Richard Cardinal suicide in 1984, served to enhance the progress of self governing agencies. As a result, in the 1980s, laws began to change to reflect principles of self government, including control of child welfare. A number of tripartite agreements were signed in the 1980s whereby First Nation governments established their own child welfare services and agencies (Hudson, 1997). The provision of child welfare to First Nation populations in Canada has been described as representative of three distinct phases: the assimilation period of residential schools, the provincial/territorial child welfare services phase which focused on individual pathology and deficit, applying standards and norms from outside the cultural context, and the current initiatives to support community based interventions and self government (Armitage, 1993; Blackstock, 2003).

In the Yukon, First Nations' prerogative to deliver child welfare services is recognized within the Umbrella Final Agreement (Council of Yukon First Nations & Yukon Government, 1997). Since the first agreement in Canada, numerous other agreements have come into force; although there are common elements among the First Nations populations across the nation, there are also significant differences reflected in the agreements due to the diversity within the First Nations culture (Armitage 1993). Although manifesting uniquely, shared core values among First Nations across Canada regarding the care of children include focus on communal over individual rights, interdependence with others and the environment, duty to nurture, teach and guide children is shared among all community members, and a holistic world view requiring balance among the physical, emotional, spiritual, and cognitive elements (Blackstock, 2003).

Many First Nation operated child welfare organizations have similar guiding principles in keeping with core values and endorse similar implementation strategies. Some of these underlying principles include exercising self-determination through taking control, applying interventions that reflect and honour cultural values and traditions, having increased recognition for the role and duty of extended family and larger community, and promoting community health and wellness through strengths-based, preventative and early intervention services; in these settings, child welfare and other social issues are approached from a holistic perspective (Armitage, 1993; Awasis, 1997; Barter, 1997; Bellefeuille et al., 1997; Carriere-Laboucane, 1997; Hume, 1991; Mckenzie et al., 1995; Ricks et al., 1990).

There are several ways to explain the community based concept. Barter (1997) writes about community empowerment through development of local resources, flexibility to meet local needs, and recognition of informal helping networks through a holistic, generalist approach. Bellefeuille et al. (1997) describe decentralized, community based resources as indicative of the level of community autonomy and community driven decision making as opposed to imposition of external priorities; this affords the opportunity to strengthen community organizations and build capacity. Carriere-Laboucane (1997) also addresses community autonomy in the context of locally (insider) determined directives as being best suited to address community issues. Respect for community integrity is noted by Armitage, (1993) and McKenzie et al. (1995). Bellefeuille and Ricks (2003) emphasize having control over the process and options, not only the decisions made within an externally developed model which promotes a protection oriented paradigm.

With respect to child welfare models that fit within First Nation settings, Blackstock (2003) indicates that the trend toward specialization in social work is contrary to a culture that is based on holistic values and interconnectedness. Culturally sensitive approaches that are holistic and emphasize interdependence and a generalist approach are more suited (Barter, 1997; Blackstock, 2003; Hume, 1991). According to Blackstock, in First Nation communities, a generalist is needed "who can move across specializations, establish interconnections, and build relationships to meet the needs of the whole child within a family, community and cultural context" (p. 337). Non-First Nation policies and standards are a poor fit to First Nation agencies and family lifestyles (Palmer & Cooke, 1996). In keeping with a holistic perspective, some

recommend that the best interest principle be reconceptualized in First Nation settings to take the role of the family into greater account (Armitage, 1993; Carriere-Laboucane, 1997).

The promotion of community health and wellness by integrating child and family services with a range of prevention and early intervention services using a strengths-based approach is explicitly endorsed in several settings (Awasis, 1997; Barter, 1997; Bellefeuille et al., 1997). While acknowledging the need for healing, these communities are also rejecting the deficit focus of standard child welfare models typically used by provincial and territorial governments (Bellefeuille & Ricks, 2003). However, the merits of the family wellness approach are beginning to receive recognition as a valid child welfare intervention (Peirson, Nelson, & Prilleltensky, 2003).

Viewing the child as an integral part of not only the nuclear, but extended family and community recognizes the interdependence of relationships (Armitage, 1993; Blackstock, 2003; Hume, 1991; McKenzie et al., 1995). Thus, collaborative interventions serve to integrate numerous resources and perspectives and contribute to the formation of participatory, supportive partnerships (Armitage, 1993; Awasis, 1997; CWLA, 1994; Ricks et al., 1990), which is preferred to adversarial court systems (Awasis, 1997). Individual, family, and community wellness is approached holistically while balancing the duties and responsibilities of the extended family and validating community empowerment initiatives as evidenced through teamwork and recognizing informal helping networks (Armitage, 1993; Hume, 1991; Mckenzie et al., 1995).

Ensuring that children are raised with their own cultural traditions and values, with involvement and guidance of elders, is often a primary component of First Nation child welfare initiatives; kinship care is a highly valued practice within the First Nation culture (Blackstock, 2003; Carriere-Laboucane, 1997; Hume, 1991; McKenzie et al., 1995). Typically, care of children has been provided by the extended family or within the clan; alternate care arrangements are meant to focus on permanency, identity and belonging (Blackstock, 2003).

Carriere-Labouance (2003) conducted a comparative study of the kinship foster care components of two First Nation child welfare agencies. In reference to the principles discussed above (culture, community, extended family, strength, and wellness), she expresses that kinship foster care, as one component in a broader spectrum of child welfare service, is valuable. Culturally, the practice respects traditions, and is a means to improve children's self esteem and sense of identity. It provides a means to give back to the community, move towards community rebuilding and reclaiming of control; it enhances the belief in the value of family and provides a sense of hope for others to see families getting healthier. However, in spite of her positive impressions of kinship foster care and its potential, she also identified that challenges exist that require resources and support. A more fully developed discussion of kinship foster care follows which examines an array of research.

Current Research

The current research in the area of kinship foster care, including studies of caregivers, children, and caseworkers, is summarized; emerging policy and practice

issues relating to kinship foster care are also identified. A section is dedicated to cautions in the use of kinship foster care.

Caregiver Studies

A number of studies have examined attributes of kinship foster caregivers. Several of these compare kinship foster caregivers to non-relative family foster caregivers while other studies explore the issues kinship foster caregivers identify from their experiences being associated with a child welfare agency.

Studies comparing kinship foster caregivers to regular foster caregivers found that kinship foster caregivers were more often ethnic minorities; kinship foster caregivers tended to have less education and lower incomes than their non-related foster caregiver counterparts (Berrick et al., 1994, Gebel, 1996; LeProhn, 1994); they were also more likely to be older and single (Dubowitz et al., 1993), to have moved at least once in the previous three years and be less likely to own their own home (Berrick et al., 1994).

Caregivers tended to be grandmothers (Dubowitz et al., 1993; Gleeson et al., 1997; LeProhn, 1994) and the majority were maternal rather than paternal relatives (Gleeson et al., 1997; LeProhn, 1994). Results on the health status of kinship foster caregivers have been inconclusive (Berrick et al., 1994; Dubowitz et al.,1993). Gebel (1996) found no significant differences between the two groups based on religious preference, willingness to adopt, or length of time they would be prepared to care for the children. Non-relative foster caregivers were found to have been foster parenting longer (Berrick et al., 1994; LeProhn, 1994).

With respect to becoming involved with the child welfare agency, kinship foster caregivers identified that they come forward to care for the children in order to keep them out of the formal foster care system and to keep their families together; they were also motivated by sincere concern for the children and a desire to provide them with a 'safe haven' (Gordon et al., 2003). Berrick et al., (1994) report the way that kinship foster caregivers became involved with the child welfare agency; "Almost half (47%) said that the agency contacted them and asked if they would take the child...(31%) called child protective services themselves to report abuse or neglect and offered to take the child. Another 17% already had the child living with them" (Berrick et al., 1994, p. 52).

LeProhn (1994) examined differences in the way kin and non-relatives perceived their role as foster parents. This study found that as children, kinship foster caregivers were more likely to have experienced periods of time in caregiving situations away from their birth parents. Regarding their roles as foster parents, kinship caregivers accepted comparatively greater levels of responsibility than non-kin, especially in the area of 'Facilitator of Family Contact'. Kin also scored significantly higher in the areas of 'Parenting', 'Assist with Social/Emotional Development', and 'Agency Colleague'. LeProhn points out that without further research, one cannot conclude that kin or non-kin status is a reliable sole predictor of role responsibility in that demographic, ethnic, and other factors may have an impact on this outcome as well.

Gebel (1996) compared attitudes of a group of kinship foster caregivers with a group of non-relative caregivers regarding physical discipline and perception of the

child. Results showed that kinship foster caregivers were more likely to view physical

discipline more favourably and to use positive descriptors of the children in their care.

That kinship foster caregivers had more positive perceptions of the children in their

care than non-related caregivers did, lent support to valuing extended family

placements. Gebel's findings of caregiver perceptions of the child were consistent with

other studies in this area (Berrick et al., 1994; Wilson & Conroy, 1999).

Although kinship foster caregivers viewed themselves as agency colleagues

(LeProhn, 1994), Dubowitz, Feigelman and Zuravin (1993) found a discrepancy

between the caseworker and caregiver understanding of long term planning objectives;

most (93%) of the kinship foster caregivers stated they would care for the child for as

long as necessary, however, only 35% knew the long term plan. The authors suggest

this means there is a need for greater communication between caregivers and

caseworkers and a higher level of involvement of caregivers in planning. An

unexpected aspect of the study was some kinship foster caregivers were reluctant to

participate in the study out of fear that the children may be removed from their care;

the infrequency that children were described as difficult may have been a result of this

concern (Dubowitz et al, 1993).

Gordon et al., (2003) also found that kinship foster caregivers lacked

information about permanency, legal options, the agency's role, and their own.

Caregivers in this study identified feeling unappreciated, disrespected, and excluded

from the planning process and decisions. Scrutiny by the agency added to their stress

and many were fearful the agency would take the children away. High caseworker

turnover contributed to their mistrust. Gordon et al., 2003 recommend that child

welfare agencies acknowledge the importance of kin in case planning and decision making. The findings lend support to the caregivers' need for supports from the agency and community equal to their counterparts in regular family foster care but adapted to meet the unique needs of kinship families and their extended family unit.

Dubowitz, Feigelman, and Zuravin (1993) found that kinship foster care households had a median number of 3 children; Gleeson et al. (1997) found kinship foster caregivers had high care giving demands, over half from that study caring for between four and nine children. However, lack of a comparison group and the tendency for children in care for relatively short periods of time to be underrepresented are limitations of these studies. Berrick et al., (1994) found no differences between kin and regular foster caregivers regarding the number of foster children placed in the home. However, Berrick et al. (1994) also found that most kinship foster caregivers tended to receive fewer services than non-relative caregivers to assist them in providing the necessary care to the children.

Services provided were found to vary greatly. Kinship foster caregivers had less frequent case worker contact (Berrick et al., 1994; Gebel, 1996; Wilson & Conroy, 1999). Non-relative caregivers were much more likely to be offered respite care, child care, support groups, training and specialized training; kinship foster caregivers were less likely to be receiving a financial subsidy for caring for a child with special needs (Berrick et al., 1994). Caseworkers reported a reluctance to discuss alternatives to foster care with the kinship foster parents, such as private guardianship, due to the caregiver's need for supportive services and financial subsidies (Gleeson et al., 1997).

Gebel (1996) recommends exploration of permanency options with kinship caregivers, comparable financial support and greater training for kinship caregivers.

Many kinship foster caregiver concerns were identified by Gordon, McKinley, Satterfield, and Curtis (2003). Caregivers discovered that difficult adjustments accompanied their new family configuration upon assuming care for their relative. Required to start over raising a second family, kinship foster caregivers had less freedom and flexibility. Their plans for the future were also often dramatically altered, impacting the marital relationship and their financial security. Loss of their original relationship with the child (for example as grandparent, aunt/uncle), to assume primary caregiver role, affected them, the children and other family members as well, sometimes negatively. The relationship with the child's birthparents often became strained and caregivers were perplexed by the parents' abusive or neglectful actions. Kinship foster caregivers faced a dilemma, simultaneously wishing for recovery of the parent while worrying about the child's safety.

Kelley, Yorker, Whitley, and Sipe (2001) conducted an exploratory study of a multi-modal, home-based intervention with a group of grandparents raising grandchildren to determine the effectiveness of a combination of interventions intended to decrease psychological stress and improve health, social support, and family financial resources. Although only 17% of the sample of grandparents was comprised of kin foster caregivers formally recognized by the child welfare agency, the stressors present were also common among the kin foster care group (Berrick et al., 1994; Dubowitz et al., 1993). The intervention included home visits by social workers, nurses, legal assistants, monthly support group meetings and the development of a

strengths based family assessment that produced a case plan. The results showed a reduction in the number of participants reporting a clinically significant stress level. While the mental health of participants improved, the level of physical health did not. A statistically significant difference in the caregivers' perceived social support was reported and an increase in the resources used by them. Because participants represented both foster and private kinship care arrangements, results are not generalizable to kinship foster care settings and circumstances, however, the findings remain of interest with respect to perceived social support, stress and health.

Although the studies described here mostly take place in an urban American setting, the high representation of ethnic minorities and differences in levels of support lend themselves to examination of these issues in the Yukon context.

Carriere-Laboucane (1997) examined the kinship foster care programs in two separate Canadian First Nation child welfare organizations. By conducting qualitative interviews with kinship foster caregivers, four primary areas of importance were identified: working with birth family, support, community, and culture. Working with birth family was described as the most challenging area for kinship foster caregivers. Caregivers identified an array of feelings and experiences ranging from rejection and interference by family to safety concerns. Like other studies, (Berrick et al., 1994; Gleeson et al., 1997; Kelley et al., 2001) needed support services identified included financial, peer, respite care, training, and practical support such as assistance with homemaking and transportation. Support groups in one community served to enhance advocacy from agency staff and validation from peers, elements which were lacking in the other community. Sharing the common goal to become healthier and participating

in cultural activities were believed to improve self-esteem, preserve identity, promote belonging, and incorporate the teaching of Elders, to help develop a sense of community. These actions were reported as beneficial to all members of the kinship triad: the biological parent, the caregivers and the children.

Children's Studies

Children placed in kinship care have been the subject of numerous research studies. For example, in a study of the profile of kinship foster care, Dubowitz et al., (1993) describe characteristics of a sample of children in kinship foster care in Baltimore, Maryland. The study found that a high proportion of the children in kinship care were ethnic minorities (90% were African American). Neglect was the most common reason for placement in care but approximately one fourth had been placed due to physical or sexual abuse. Mental illness or incarceration of the parents was uncommon. Of the children who had been abused, only 8% received counseling. Most of the children (76%) had been moved only one time, from their parents to their kinship foster caregiver and most of these children had resided in their current setting for over one year. Of those children with siblings, over 2/3 were placed together. Consistent with other studies (Hegar & Scannepieco, 1995; Dubowitz et al., 1993: LeProhn, 1994) most placements were with grandmothers and aunts.

In the preceding year, a quarter of the caseworkers reported seeing the children less than four times and less than a third had seen the child more than six times. When compared to other children in care in Maryland, children from this study tended to be placed at a younger age. Gender of the children was closely balanced between males and females, thus no clear indicators emerged as to whether gender impacts the type of

placement for a child. The authors caution against generalization of the findings as this setting was urban, with low income ethnic minority families placed by a public agency; demographic composition may vary in other settings as well as the threshold for placing children in care.

Grogan-Kaylor, (2000) conducted a large scale, California based statistical study of the relationship of child and family characteristics to placement into kinship foster care, with specific focus on how children who are placed in kinship foster care differ from children who are placed in other types of child welfare placements. Variables examined included the child's age, gender, race, health status, and reason for placement. In addition, Grogan-Kaylor also analyzed regional differences based on residency in an urban or rural county. The effect each variable had on the likelihood of kinship placement was measured, while holding the effect of other variables constant.

Grogan-Kaylor found that gender did not significantly effect whether a child was placed in kinship care. He also found that children with a significant health problem or whose parents were eligible for financial aid were less likely to be placed in kinship care. Children who were under a year or over 12 years old also had reduced odds of entering kinship foster care. Alternately, children, who were placed in care for reason of neglect, were more likely than children who had been placed in care for other types of maltreatment, to enter kinship foster care. Children of ethnic minority heritage (African American and Latino in this study) were also more likely to enter kinship foster care.

Grogan-Kaylor also found kinship care more likely for children from Los Angeles County than for children from rural counties. Although California represented

approximately one fifth of the American foster care population at the time of the study, national generalizability cannot be assumed as the children in this study do not represent a national probability sample of children in care; it is possible that the California child welfare system, as well as the demographics of those it serves, differs in meaningful ways from the national population.

The heterogeneity of children and their experiences in kinship foster care were examined by Leslie, Landsverk, Horton, Granger, and Newton (2000) using a San Diego, California child welfare agency as the study setting. The authors collected socio-demographic data such as age, gender and ethnicity. They also collected information on the type of maltreatment that initiated the out-of-home placement and recorded the placement type into which the child went. The authors found that 72 % of the children had spent some time in each of kinship and regular foster family care. The remainder of the children account for those who had only been in kinship foster care, or who had been in both kinship foster care and a more restrictive setting such as group or psychiatric facility. These three groups of children were further analyzed based on type of maltreatment and socio demographic data.

The authors found that children placed solely in kinship foster care, or in kinship foster care and regular foster family care tended to be younger and female, while those who had also spent time in a more restrictive setting tended to be older and male. Those placed in restrictive settings were more likely to be Caucasian (50 %) although this ethnic group represented only 33.1% of the kinship foster care population overall. In terms of maltreatment histories, approximately half of the children who had only been in kinship care had been placed due to neglect while half the children

experiencing both kin and restrictive care settings had history of multiple types of abuse. The authors conclude that the children in kinship foster care in the study vary widely in age, ethnicity, placement histories, and maltreatment type. There was a 49/51% female/male gender balance. The authors concede that the complex nature of kinship care is not easily represented with dichotomous variables. Although the authors outline the often stated advantageous findings for children in other studies of kinship care, they also found reduced medical and mental health services, and slower family reunification rates.

Gleeson et al., (1997) interviewed caseworkers of children and their kinship foster caregivers whose cases were overseen by two contracted agencies in Illinois. Caseworkers reported that the children they worked with were receiving good care. With respect to placement stability, of 68 children's cases, only seven had experienced placement disruption 2 years later. Three of these cases had been due to child maltreatment in the kinship home; the other 4 cases were due to the child's disruptive behavior.

Dubowitz et al., (1994) conducted a study of children in kinship foster care in Baltimore, Maryland to measure their health status, behaviors, and school performance and to determine how well their needs were being met. Health care needs of children in kinship foster care were found to be similar to those of children in non-relative foster care. With regard to behavior, results showed elevated rates of behavior problems among the sample of children living in kinship foster care compared to the general population. No comparison of children in kinship foster care was made with children in non-relative foster care in this area of the study so no conclusions can be made

regarding the effects of kinship foster care placement on behavior problems. School performance was measured by academic achievement and cognitive skills. Children in kinship foster care were found to have similar cognitive abilities to children in non-relative foster care. The study found minimal differences between children in kinship foster care compared to children in regular foster family care on these factors, however differences were noted between children in care and the general population. The conclusion drawn from this study is that children in kinship foster care, in terms of these factors, are at least no worse off than children in foster family care with respect to their medical, behavioral, and educational needs.

Wilson and Conroy (1999), in a four year cross sectional study, interviewed children from Illinois about their perceptions of their quality of life and satisfaction with the child welfare agency. Results showed that children in kinship foster care reported to feel "always" loved and "always" safe 94% and 92% of the time respectively compared with 82% and 92% of children in non-relative foster care. Overall, the researchers found few differences in the perceptions of children living in kinship foster care and non-relative foster care. They did find significant differences when comparing foster care to group care.

Berrick (1997) matched characteristics of children and then assessed differences in the quality of care experienced by children in kinship foster homes and non-relative foster homes. Regarding kinship foster homes, they were more likely to identify violence and drug use in their neighbourhoods; although infrequent, physical safety hazards were only present in kinship foster homes. Children in kinship foster care were more likely to know what to do in an emergency. No differences were found

in the level of supervision or types of discipline used or tendency to utilize neighbourhood resources. Children in kinship foster care were noted to have closer relationships with their birth mothers and to be less emotionally traumatized by their out-of-home placement.

Berrick et al. (1994) compared kinship foster homes to regular foster family homes as well as examined issues respecting the children placed there. Although the children in both types of homes were found to have similar problems, needs and characteristics, children in kinship foster care received fewer services. A greater degree of contact with birth families was maintained for children in kinship foster care. A similar proportion from each group of children had been prenatally exposed to alcohol or drugs. Fewer children placed with kin had repeated a grade or were in special education classes. Of the children in special education classes, half of both groups had learning disabilities, a quarter had speech and language difficulties and over one quarter were "seriously emotionally disturbed children" (Berrick, et al. 1994, p. 52). Some children were in more than one special education class. Children living in kinship foster families were less likely to be receiving counseling services.

Benedict, Zuravin, and Stallings, (1996) interviewed adults who were placed in out of home care as children in order to measure the impact of placement in kinship foster care compared to placement in non-relative foster care. Results of the study showed no significant differences in the proportion of people from each group who had completed high school, were working, number of times they had moved and whether or not they had been homeless at any time in the past. No significant differences in status of overall health were found; a similar majority of respondents from both groups

reported good or excellent mental/emotional health. Some drug use was reported within both groups. Overall, the authors did not identify a strong relationship between any of the factors measured in this study and placement type. Results suggest that very few differences in level of functioning as adults exist based on placement with kin or non-relatives.

Caseworker Studies

Caseworker experiences with and perceptions of kinship foster care helps better our understanding of how the child welfare agency views kinship foster care. Findings from studies focusing on caseworker accounts and recommendations are summarized below.

Caseworkers reported that most kinship foster caregivers they worked with were competent and the children received good care. (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson et al., 1997). Children in kinship foster care are believed to suffer less stigma over their status as a foster child, enjoy an increased sense of belonging and identity and have better preserved family ties (Beeman & Boisen, 1999; Carriere-Laboucane, 1997). Caseworkers rely more heavily on kinship foster caregivers than non related foster caregivers to ensure the child has parental contact, but the majority does not believe that kinship foster caregivers should have greater decision making autonomy. Although advantageous in ensuring the child has parental contact, caseworkers also reported that the relationship between caregivers and birth parents can be problematic for the child welfare agency when kinship foster caregivers have difficulty remaining objective or become over involved in birth parent issues. While most caseworkers view kinship foster care favourably, respondents from ethnic

minorities were more likely than Caucasian workers to perceive it so (Beeman & Boisen, 1999).

Caseworkers reported that, due to caregiver reluctance to accept the agency's authority, some kinship foster caregivers demonstrate poor cooperation in fulfilling the agency's plan for the child (Beeman & Boisen, 1999). Further study findings identified significantly deficient levels of involvement from kinship foster caregivers, the children and their parents in the agency's planning process; decisions tend to be made primarily by caseworkers and their supervisors (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson, et al., 1997).

Gleeson (1996) found caseworkers more willing to discuss adoption and permanency options with kinship foster caregivers than subsequent studies have shown (Beeman & Boisen, 1999; Gleeson et al., 1997). Reasons presented to the caregiver were parental lack of progress, child's positive adjustment and length of placement, and the state's mandate to achieve permanency; greater autonomy and freedom from state intrusion were also arguments provided in some cases. This willingness to discuss permanency options corresponds with caseworker perception that kinship foster caregivers did not need caseworker assistance: caseworkers in this study reported that 42% of the caregivers did not require caseworker assistance, 38% required it on occasion, and 9% were likely to require it in the future. Only 10% of the caregivers were reported to have on-going serious problems caring for the kin's child. As in other studies, (Beeman & Boisen, 1999; Gleeson et al., 1997), Gleeson found caseworkers were less apt to discuss private guardianship due to the reduced services and subsidies kinship families would subsequently receive.

In addition to adopting a broader definition of family, recommendations of how child welfare agencies can address these identified issues fall into two categories: those directed towards the caseworkers, and those directed towards the kinship foster caregivers (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson et al., 1997).

Training initiatives for caseworkers are recommended in several areas. Caseworkers were found to need more information about the full range of permanency options in order to effectively explain these to kin. It was also found that caseworkers would benefit from further information and training about how substance abuse and other problems affect, not only the parents, but the entire kinship network. Caseworkers wanted to increase their knowledge of the cultures of the families with whom they work. Caseworkers were found to lack an understanding of the strengths and support possibilities available within a kinship network and an appreciation for the roles that members of this network assume. Caseworkers would benefit from training about how to work more effectively with the entire kinship network to meet the needs of the child. In order to be more inclusive in case planning and decision making, caseworkers were found to need training and opportunity to develop facilitation and collaboration skills and then apply this knowledge (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson et al., 1997).

Issues affecting kin can be addressed in several ways. The provision of training to kinship foster caregivers about the child welfare agency and its role is intended to decrease misunderstanding and improve the relationship between agency and kin. Beneficial to kin was accurate information about permanency. Results suggested that caseworkers believed kin should have the same levels of responsibility, meet the same

standards, and receive the same supports and financial payments as non-relative foster caregivers (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson et al., 1997). Results about kinship foster caregivers' need for caseworker assistance were inconclusive.

Policy and Practice

Much of the research on policy issues inherent in kinship foster care (formal kinship care) is primarily American based, thus with limited applicability in Canada. However, relevant issues are identified and discussed below. In viewing kinship foster care as an essential child welfare service, the guiding principles directing policy and practice established by the CWLA (1994) include recognition that family is the most desirable setting for a child, that positive outcomes result from supporting family strengths, that child welfare agencies are responsible to support all members of the kinship triad (biological parents, kinship foster caregivers and child), and that children in state care placed with kin are entitled to the same levels of support to promote optimal development as children in other types of placements (CWLA, 1994). In keeping with these principles, recommended policy in the areas of assessment, provision of monitoring and on-going support services, and program development are highlighted.

Assessment

Adaptations need to be made to traditional foster care assessment tools when evaluating kinship families for their suitability to provide care. Although a distinctive assessment framework is needed, standards relating to child safety need to be the same for kin as for non-related foster caregivers but flexible on other approval criteria (CWLA, 1994; Scannapieco & Hegar, 1996). Parenting patterns, where there is an

abuse history in the childhood or extended family of the applicant, need to be assessed from a strengths perspective. Defining the family in broader terms permits practitioners to employ an ecological perspective that examines all aspects of the family within their own environment, to be family centered, and to consider all members of the family system and their corresponding strengths. A thorough and sensitive assessment of a kinship family from the outset serves to identify a family's strengths and leads to sound decisions about a family's capacity to provide a safe, and if necessary, a permanent home for a child (Scannapieco & Hegar, 1996).

Although urgency and immediacy often characterize the need for a kinship foster placement, evidence of longevity and stability of kinship foster placements supports thorough evaluation of both immediate and long term factors at the time of initial contact. The former involves exploration of issues such as safety, physical environment, and parenting practices; the latter involves exploration of attachment, permanency, and kinship. In order to examine a family's ability to meet both immediate and on-going needs, it is necessary to examine the proposed caregiver's relationship with child, their capacity to protect and nurture, and their ability to manage the relationship with the child's parents. Also important is a proposed caregiver's willingness to work with the child welfare agency (CWLA, 1994; Scannapieco & Hegar, 1996).

Once safety of the child has been assured, a kinship foster caregiver is often assessed favourably on the permanency factors of attachment and kinship. Secondary attachment with the child is often present to some degree. Making contingency plans for the child within the broader extended family network increases assurances of

permanency as children can often successfully transition from one relative to another within the same family (Scannapieco & Hegar, 1996).

Monitoring and On-Going Support Services

The level of support and monitoring the state should provide in kinship care situations has been a subject of much debate. Kinship care refers to the formal and sanctioned placements of the child welfare system as well as informal, private, family based arrangements. How the general public perceives recipients of financial aid impacts this debate (Gleeson, 1996). Kinship foster care (formal kinship care) has evolved from a private matter into a component of the child welfare system, thus public funds are used to support it; children in care remain a state responsibility regardless of their type of foster care placement (CWLA, 1994).

There has been a major impetus to achieve permanency for children in state care, especially in the United States. In this context, permanency options include reunification with biological parents, kinship foster caregivers adopting or assuming private guardianship, adoption by a non-relative or long term foster care to independence. Adoption and private guardianship are programs that have been targeted as they move children out of state care and thus reduce costs (Gleeson, 1996). Of concern is that reducing supports and services for kinship care increases the risk to populations of vulnerable children (CWLA, 1994; Gleeson, 1996).

Efforts to achieve permanency for children while reducing cost to the state need to take into consideration the cost to kin of providing care (Gleeson, 1996; O'Brien, Massat, & Gleeson, 2001). Kinship foster caregivers reported feeling pressured by the child welfare agency to continue to care for the children with reduced support, which

caused them additional stress (O'Brien et al., 2001). Because kinship caregivers tend to

have lower incomes, (Berrick et al., 1994; Gebel, 1996; Gleeson et al., 1997; LeProhn,

1994) and the children for whom they provide care are as needy as the children in non-

relative foster care (Benedict et al., 1996; Berrick et al., 1994; Dubowitz et al., 1994),

an argument can be made that there is justification to maintain funding for kinship care

programs (Gleeson, 1996; O'Brien et al., 2001). Recommendations include provision

for subsidized adoption and guardianship and continued access to services that support

kin to continue to care for the children once they exit out-of-home care (CWLA, 1994;

O'Brien et al., 2001).

What type of supportive services do kinship foster caregivers need? Financial

support was found to be the primary service needed (CWLA, 1994; Gleeson, 1996;

O'Brien et al., 2001). In one study, caregivers further asked for concrete assistance to

manage obstacles associated with caring for the child, such as information, and support

in dealing with family dynamics (O'Brien et al., 2001). In another study, kinship foster

parents identified practical support as including child care, respite care, transportation

to child's appointments and recreational programs, and assistance with housekeeping

(Carriere-Laboucane, 1997). The benefits of support groups and access to training and

specialized training have also been recognized (CWLA, 1994; Gordon et al., 2003;

Lawrence-Webb, Okundaye, & Hafner, 2003).

Program Development

Adoption of a broader definition of family by child welfare agencies is

recommended as well as a commitment to provide a full array of services from

prevention to rehabilitation to all members of the kinship triad (CWLA, 1994; Gleeson,

1996; Gleeson et al., 1997). In order to increase the effectiveness of kinship foster care and the child welfare agency's responsiveness to the issues associated with it, recommendations about how to achieve these goals have been made in the literature and are summarized below.

O'Brien et al. (2001) found that mistrust of the child welfare system was high. This was partially due to high staff turnover as well as kinship foster caregiver reports of being minimally consulted on decisions and case planning (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson, et al., 1997). Social workers' capacity to work with kin is enhanced when caseload size is reduced, and they receive training on the complexity of kinship issues (CWLA, 1994). Further suggestions include acknowledging the parenting expertise of the kinship foster caregiver, recognizing the burden and sacrifices, honouring what the kinship foster caregivers are doing, connecting them with community resources, and empowering and supporting them as they work though issues arising with their kin (O'Brien et al., 2001).

An information management system that permits easy retrieval of timely and accurate information could provide information on demographics that assist in tracking progress and planning future services and programs. Coordinating kinship foster care services with other child welfare services as well as other social services (such as housing, public and mental health, counseling services, and education) could contribute to ensuring a comprehensive array of services being provided without gaps or overlaps (CWLA, 1994).

Cautions

In spite of the many advantages to kinship foster care, a number of cautions deserve mention. First, while children placed in kinship foster care are also less likely to re-enter into care, kinship foster care is associated with slower family reunification rates (CWLA, 1994; Grogan-Kaylor, 2000; Leslie et al., 2000). Second, kinship foster caregivers tend to have more stressors, receive less government financial support than regular foster care, have poorer health, and access to fewer resources (Berrick et al., 1994; Dubowitz et al., 1993; Gebel, 1996; Gleeson et al., 1997; LeProhn, 1994). Third, children in kinship care tend to have the same needs yet receive few services such as counseling and mental health services (Benedict et al., 1996; Berrick et al., 1994; Dubowitz et al., 1994). Fourth, in cases where there has been serious or intergenerational abuse within proposed caregiver family, careful assessment is required as to suitability to provide care and capacity to keep children safe (Carriere-Laboucane, 1997; Scannapieco & Hegar, 1996). Fifth, children in kinship foster care have higher levels of parental contact, yet this may not always be appropriate or safe for them (Berrick, 1997; Leslie et al., 2000; Maluccio et al., 1994; Scannapieco & Hegar, 1996). Sixth, the issues of health and suitability, the need for First Nation and other child welfare agencies to have adequately trained staff and financial resources, and for cases to be free from political interference are especially pertinent within First Nation communities (Armitage, 1993; CWLC, 2002; Teichroeb, 1997; Wente, 2000). Many First Nations people continue to suffer social and economic effects of assimilation policies, compounding the complexity and pervasiveness of the problems, affecting the adequacy of First Nations to provide competent services by qualified staff

(Hudson, 1997). These issues are of particular relevance in the Yukon where there is a substantial First Nation population and a high representation of First Nation children in the child welfare system.

Areas for Further Research

Despite the growing reliance on kin as foster parents, questions remain about how to use kinship foster care most effectively. A combination of research recommended by various authors and those gaps observed by this writer in the area of kinship foster care are summarized below:

a) How are children affected by the level of on-going contact with their biological parents they experience while they remain in foster care? How do kinship foster caregivers negotiate, establish, and maintain suitable boundaries with biological parents while they provide care for the child? What motivates kin to provide foster care? Dubowitz et al. (1993) identify the need for further research into these questions. They recommend adding qualitative approaches to the data collection to ascertain kinship foster caregiver feelings and caseworker views about kinship foster care.

b) Studies have identified that children in kinship foster care and their caregivers have similar needs yet access few services and agency support; studies also indicate that kinship foster caregivers have more stressors such as lower income, poorer health, and less education (Berrick, 1997; Berrick et al., 1994; Gebel, 1996; Gleeson et al., 1997; LeProhn, 1994); kinship foster caregivers perceive their role as agency colleague and accept greater responsibility for ensuring the child's family contact and emotional well being (LeProhn, 1994).

Benedict et al. (1996) recommend further research to examine how these factors impact on a child's functioning while in the kinship foster care home. Goerge and Wulczyn (1994) recommend further research on the support and monitoring levels in kinship foster care homes and factors that make this type of placement more difficult.

c) Grogan-Kaylor (2000) reports findings from other studies on kinship foster care including slower reunification rates, fewer placement changes, reduced likelihood that the children will enter group care, and reduced likelihood that children will re-enter the foster care system once reunified. Goerge and Wulczyn (1994) also recommend tracking data and outcomes over time, including characteristics of children coming into care such as their abuse and placement histories and permanency planning goals. In addition, little research exists on adolescents in kinship foster care (Berrick & Barth, 1994; Iglehart, 1994). The link between clinical findings and their application in the organizational setting is important; how provision of specific casework services affects a child's length of time in care is needed; useful findings have resulted from multi-agency studies using multiple data sources, such as combining child welfare information with health or education (Goerge & Wulczyn, 1994).

d) What level of services is ideal to provide to kinship foster caregivers and the children? This is a crucial question as research suggests that kinship foster caregivers may be more receptive to agency involvement than was previously believed, and desire greater levels of involvement in planning, yet experience

less caseworker contact and receive fewer services (Berrick & Barth, 1994;

Gleeson et al., 1997; LeProhn, 1994; O'Brien et al., 2001).

e) In order to determine if the current study findings apply in other settings,

particularly in Canada's sparsely populated cross cultural north, replication is in

order. Studies finding that kinship foster caregivers are older, have lower

incomes and have a high proportion of ethnic minorities (Berrick et al., 1994;

Dubowitz et al., 1993; Gebel 1996), occurred in American urban environments

but may be valid elsewhere. Grogan-Kaylor's (2000) study of children in

kinship foster care examined regional differences (urban and rural),

demographic variables such as gender, age, and ethnicity. This study

encompassed a large sample size which would not be available in the Yukon;

however, measuring regional differences in kinship foster care use, and

demographic descriptors of children in kinship foster care in the Yukon is

possible. As suggested by Goerge and Wulczyn (1994), determining the

geographic distribution of children entering care may be useful in targeting

areas to implement prevention programs.

f) More Canadian research is needed in the area of kinship foster care.

Specifically focusing on First Nation settings and cross cultural contexts is

recommended due to the high representation of First Nation children in the

foster care system in Canada (Anglin, 2001; Armitage, 1993; Bellefeuille et al.,

1997; Ricks et al., 1990; Stokoe, 1994; Timpson, 1995). Researching features

of First Nation child welfare models operating with a First Nation value system

may identify the attributes that contribute to successful outcomes for First

Nation children and their families and serve as a long term prevention strategy

for the future.

Chapter 3: Research Design

The purpose of this chapter is to describe the research design, methodology, data collection methods, and data analysis techniques employed in the study. The study, which is descriptive in nature, employed a case study research design that incorporated a combination of quantitative and qualitative data collection and data analysis methods.

Descriptive Research

Descriptive research seeks "to better understand the characteristics or needs of clients being served at a participating agency" (Royse, Thyer, Padgell, & Logan, 2001, p. 2). Descriptive studies also seek an accounting of events that most people would agree is accurate (i.e., descriptive validity), and an accounting of the meanings participants attributed to those events that those participants would agree is accurate (i.e., interpretive validity) (Maxwell, 1992). Using descriptive statistics permits a large collection of data to be summarized and organized in a simple, understandable, and manageable form (Trochim, 2001; Witte & Witte, 2001).

Case Study Design

There are multiple definitions of the case study. In *A Modern Dictionary of Sociology*, Theordorson and Theordorson (as cited in Reinharz, 1992, p. 164) define a case study as "a method of studying social phenomenon through the thorough analysis of an individual case." Merriam (1988) defines a qualitative case study as "an intensive, holistic description and analysis of a single entity, phenomenon, or social unit" (p. 16). Yin (as cited in Rubin and Babbie, 1997, p. 402) indicates a case study is an empirical inquiry that "investigates a contemporary phenomenon within its real life

context when ... multiple sources of evidence are used". Gilgun (1994) indicates that

"case studies take multiple perspectives into account and attempt to understand the

influence of multilayered social systems" (p. 371). Rubin and Babbie (1997) identify a

current trend toward "using a case study approach that combines qualitative and

quantitative methods" (pp 403-4). Achieving a comprehensive understanding and

generating hypothesis are two purposes of case study research (Gilgun, 1994; Merriam,

1988). According to Reinharz, analyzing the "relation among the parts of a

phenomenon" (p. 164) is also a purpose of case study.

Description of the "Bounded" Case

For the purpose of this study, the case under investigation, which is the kinship

foster care component of the Yukon child welfare system, includes kinship foster

caregivers, children in out-of-home care placed with them, and the child welfare teams

involved with these two groups.

Mixed Method

According to Rubin and Babbie (1997), mixed methods research refers to those

studies that integrate one or more qualitative and quantitative techniques for data

collection and/or analysis. The rationale behind mixed method research is that neither

quantitative nor qualitative methods are in themselves adequate enough to address the

research objectives (Tashakori & Teddlie, 2003; Trochim, 2001).

Qualitative research, which tends to be more descriptive and exploratory in

nature, is typically used in situations in which knowledge and theory may be minimal

and in which the purpose is to develop further understanding and possibly generate

hypothesis (Guba & Lincoln, 1994). Alternately, quantitative research is typically

employed when concepts can be precisely defined, hypotheses clearly stated and variables are measurable and quantifiable (Monette, Sullivan, & Dejong, 1998). Increasingly, the value in mixed methods approach is being recognized and more broadly applied; pragmatic application of a mixed-methods approach allows for both the summarization of large amounts of data and the contextualizing of it through detailed and personalized viewpoints (Trochim, 2001).

Advantages of mixed method according to Creswell (2004) include enhanced ability to capture trends and details of a situation, and when combined, each complements the other, yielding a more complex analysis. Borkan (2004) adds that mixed method offers the capacity to incorporate additional perspectives beyond the scope of a single technique. Gilgun (1994), reports that multiple methodology is common among case study research; quantitative results combined with in-depth understanding of situations and processes contributes to practice knowledge.

Data Collection and Analysis Strategies

Data was collected from a variety of sources including agency records (i.e., case files and departmental reports), a self-administered survey, and non-standardized scheduled interviews.

Agency records

Data was obtained from agency-based statistics and case file records held by the Yukon Department of Health and Social Services. Although there are some shortcomings of using existing data such as variable quality, incompleteness, possible bias and changes to definitions or collection methods over time that compromise the value of comparison, use of agency records has the advantage of accessing information

that is already documented and readily available; other advantages to using agency records include low cost in terms of the researcher's time and expense, and the non-reactivity of the data to the researcher's inquiry (Monette et al., 1998). Information gained from agency records included:

a) The degree to which kinship foster care is used as an out-of-home placement option in the Yukon Territory.

b) A description of the population of kinship foster caregivers and children-in-kinship foster care on the basis of ethnic background and area of residence.

c) A comparison of kinship foster caregivers on the basis of ethnicity and residency to the Yukon's general population.

d) Additional characteristics of children in kinship foster care including age, sex, child welfare legal status, and how they are related to their foster caregiver.

Data obtained from agency records was collected from the Family and Children's Services Territory-wide statistics data base, which is maintained through the Client Index Computer system (CICS). Permission was obtained from the Director of Family and Children's Services (see Appendix A) to access and use the computer statistics, case files, reports, and other records for the purpose of the research in this thesis. Although the primary focus is on kinship foster caregivers in the Yukon and the children for whom they provide care, the following descriptive statistics obtained from the agency records and CICS were collected to provide a wider context to the analysis of the data:

- Number of children-in-care in the Yukon

- Number of children-in-care in the Yukon who are First Nation

- Number of children-in-care in the Yukon by placement type: kin and regular foster care and institutional care/other (as defined in chapter two)

- Gender and residence in rural or urban Yukon for children in care

- Number of foster care providers and their residence in rural or urban Yukon, and the number of these that are categorized as kin.

Files reviewed for the purpose of this study were those that were active on CICS on March 31, 2006. In the case of children-in-care files (CC), this meant that the child was in the care of the Yukon Director of Family and Children's Services on that date. In the case of a foster home file (FH), this meant that the family had approval status to care for children in the Director's care on that date.

Management of Data Obtained From Agency Records

Data obtained from agency records were stored on a number-based data base which is non-identifying. The data collected was readily available on the agency's computer system, individual case files routinely maintained by staff at the child welfare agency, or existing agency records and reports. Instances of missing data were minimal.

First, I entered the information into a table in a word processing document at my workplace. This table included identifying information as well as the value of assigned variables. For children in kinship foster care, these variables included date of birth, date of admission to out-of-home care, date of placement with kinship foster caregiver, child welfare legal status, (effective March 31, 2006 and as of the date of placement with kinship foster caregiver), sex, residency, ethnic heritage, a placement code corresponding to Maternal or Paternal category, a placement code corresponding

to Grandparent, Aunt/Uncle, Sibling/Cousin/other, a number symbol corresponding to the kinship foster caregiver with whom they were placed. I also assigned each child a chronological record number ranging from one to thirty two, as the population size of children in kinship foster care on March 31, 2006 was (N=32). In order to protect the confidentiality of this information, I produced a second document with the same information but deleted the column containing the names. This protected the integrity of the data while ensuring confidentiality as each child was subsequently referred to only in terms of their chronological position on the document. This second, non-identifying, document was used to enter data into SPSS format on my home computer. The same procedures were followed for kinship foster caregivers, documenting their ethnicity, residency, and two categories that form the basis of how they are related to the child. The variables were then coded for analysis.

Issues of ethnicity

Although statistics are kept on total numbers of children who are First Nation, a file review was required to determine the ethnicity of each of those children in kinship foster care. CICS records ethnic heritage as being one of two categories: First Nation or Non First Nation. However, the First Nation category used on the CICS system depicts a child in care as First Nation only when that child has a number confirming registration as status Indian. Ethnic heritage as gained from the FH (foster home) files is self reported, as is the information used by the Yukon Bureau of Statistics. Ethnic heritage of kinship foster caregivers was determined through file review. Instances occurred in which First Nation heritage was reported in the kinship foster caregiver

family when a determination of First Nation ethnicity was not made for the child. Thus, caution is warranted when comparing and interpreting this data.

Issues of residency

The CICS (Client Index Computer System) revealed how many children-in-care resided in each of the Yukon communities. However, additional follow up was required to determine which of these children were placed in kinship foster homes. This was determined by review of the kinship foster home files (FH), cross-referenced with the child in care files (CC) and confirmed through contact with the assigned worker.

As outlined in the definition section of the literature review in Chapter two, an urban resident is one who lives in Whitehorse, Yukon and a rural resident is one who lives in any of the other smaller communities in the Yukon. For the purpose of SPSS, all Whitehorse children and families under study were assigned a community code of "U" depicting "Urban" and given a numeric character of "1"; all other children and families were assigned a community code of "R" depicting "Rural" and given a numeric character "2". The initial determination as to where the child or family was deemed to reside on March 31, 2006, was decided by the caseload number assigned on CICS. A child or family with a Whitehorse based worker resulted in an "Urban" community code; children or families with workers from Regional Services were assigned a "Rural" community code. This coding was subsequently confirmed by follow up telephone contact with the assigned worker from Regional Services (see Appendix C for description of organization chart).

Age

The Yukon Children's Act (R.S.Y. 2002) has provisions for children to remain in care until age 19. As a result of this provision, there are 20 possible age values for children in care (<1, 1-19 inclusive). CICS records a child's date of birth, therefore age on March 31, 2006 has been calculated from this information. Age values are truncated.

For children in kinship foster care, four types of age variable analysis occurred:

a) age at time of most recent admission to care,

b) age at time of placement into kinship foster care and,

c) current age (effective March 31, 2006),

d) length of time between a) and b).

Issues of gender

The value of this coded variable was determined during review of CICS data. How the sex of children in kinship foster care, compares to the sex of children-in-care in the Yukon overall was calculated as well as the gender balance between urban and rural areas.

Child welfare legal status

Categories of child welfare legal status and their corresponding definitions for the purpose of this thesis are as indicated in the definition section of the literature review found in chapter two. They include: Interim Care Order (IC), Temporary Care Order (TC), Permanent Care Order (PC), and Custody Agreement (CA). Accuracy of the definitions was confirmed by Government of Yukon Legal Services (L. Wickstrom, personal communication, 2005).

Analysis of the child welfare legal status of children in kinship foster care was examined and reported according to the child's current legal status, (effective March 31, 2006) and the legal status at the time of placement into kinship foster care. The legal status representing the most common frequency is discussed. Possible explanations for this finding were sought through the survey responses and during interviews with kinship foster caregivers.

Relationship between child and caregiver

The manner in which the child and the kinship foster caregiver are related to one another is coded into two separate categories. The first category (Placement Code 1), addresses whether the relationship is through the child's maternal or paternal family. Maternal relationship is coded "M" and given the numeric assignment "1"; paternal is coded "P" and given the numeric assignment "2". Four children from three families are related to their kinship foster caregivers on both the maternal and paternal sides. In two of these cases, the coding selected depicts the closest blood relationship (Paternal); in the other two cases, a sibling group, relationship is equally close and so the maternal coding was assigned randomly.

The second category (Placement Code 2), addresses which of three possibilities best defined the relationship between child and kinship foster caregiver: Grandparent, Aunt/Uncle, or Sibling, Cousin, other. These categorical variables are assigned codes of "GP", "AU", "CO" and numerics of "1", "2", "3" respectively. However, at the time of this study, none of the kinship foster caregivers had a sibling placed with them by the child welfare agency.

Self-Administered Survey

The self-administered survey (see Appendix B) examined the issue of kinship foster care from the perspective of the child welfare teams. The self-administered survey was used to ascertain the views, perceptions, and practices of each of the child welfare teams affiliated with or affected by kinship foster care placement decisions. The survey explored the key issues and factors that influence the decision making process of the child welfare teams in considering the placement option of kinship foster care. According to Monette et al. (1998) and Trochim (2001), surveys have a number of advantages. Some of these advantages include the ability of surveys to reach a larger number of potential respondents in a relatively short time frame. Another advantage is that surveys are relatively inexpensive and can be used to pose an array of question types.

Survey Design

The self-administered survey included a combination of structured response format (Trochim, 2001) and open-ended questions (Taylor-Powell, 1998). The format is intended to elicit information on the respondents' position on the child welfare team within the agency, as well as the issues and factors influencing the use of kinship foster care placement. A version of this survey was piloted in the fall of 2001. As a result, the survey has been modified to include all teams associated with child welfare in the Yukon as well as the supervisor and managerial level. This provided an opportunity for another level of analysis as well as to enrich the quality of results through a greater inclusiveness philosophy.

Sampling Parameters and Sampling Frame

The child welfare teams are composed of individuals forming a social group with "some sense of membership or belonging" (Monette et al., 1998, p. 84). Monette et al. recommend clearly defining the population (or social group) studied through establishing a sampling frame consisting of four factors: content, units, extent, and time. An explanation of Monette et al.'s sampling frame include the following elements:

a) *Content* refers to the particular characteristic that members of the population have in common. In order to be eligible to participate in this self-administered survey, potential respondents were required to be current employees of the Yukon Government and employed in the capacity of a social worker, social service worker or placement worker on one of the following child welfare teams: Regional Services, Intake, Family Services, Children's Team, Foster Care or Adoption (all teams mandated to provide child welfare services in the Yukon) or to be a supervisor or manager of one of these teams.

b) *Units, or units of analysis* refer to the "specific objects or elements whose characteristics we wish to describe or explain and about which data will be collected" (Monette et al., 1998, p. 83). Monette et al. list five commonly used units of analysis in human service research: individuals, groups, organizations, programs, and social artifacts. Seven child welfare teams (groups) comprise the population studied in the survey component of this thesis (see Appendix C). Monette et al., (1998) also distinguish a unit of analysis, which is the element the data is about, from the source of information, which is the element from

which the data is collected (p. 85). In this study, although the data is obtained from individual workers, it is about the child welfare team, not the individual. Clear definition of the unit of analysis thus prevents erroneous conclusions about individuals based on group findings (ecological fallacy).

c) *Extent* of a population refers to spatial or geographic coverage. The research undertaken in this study fell within the bounds of the Yukon Territory, which is the area within which the current child welfare legislation applies.

d) *Time* refers to the period during which the unit possessed the appropriate characteristic to qualify for the study. At the time the research was conducted for this study, the Yukon Government was the only agency with the mandate to deliver statutory child welfare services.

The purpose of sampling, according to Monette et al. (1998), is "to study a workable number of cases from the large group to derive findings that are relevant for all members of the group" (p. 124). By using these four factors, the population was defined as consisting of 46 workers. Those eligible to participate in the survey were accessed through their team meetings.

Survey Data Collection Process

As the self-administered survey component of this study involved data collection within an agency context, establishment of trust and rapport within the agency was critical in order to gain support for the advancement of the research goals. Monette et al., (1998) recommend a number of strategies to enhance such support, beginning with gaining the cooperation of those in the agency possessing status and power. As noted, permission to conduct the specified research was initially sought and

obtained from the Director of Family and Children's Services. I endeavored to explain the study and distributed the survey in a systematic, uniform yet personalized manner. In order to achieve this, I made arrangements to explain the survey at regularly scheduled meetings attended by supervisors, managers, and professional staff of the child welfare teams. The first presentation was made to the supervisors/managers. At this meeting, I provided an overview of the study and explained the survey component in detail.

This presentation provided an opportunity for the supervisors and managers to engage in discussion about the study, to pose questions and seek clarification about the expectations on themselves and their staff. To ensure that no duplication in responses occurred, surveys intended for completion and return were distributed only to the managers at this initial meeting. The supervisors agreed to participate and respond at the same time as their staff.

Critical in developing rapport within an agency is the capacity to gain entry into and acceptance by the group targeted (Monette et al., 1998). Cooperation from a group is enhanced when a researcher is "sufficiently like" (p. 225) its members, a positive history of successful collaboration exists, the reasons for the research are plausible to the group, and the researchers recognize the value of the participants' contributions and can establish themselves as legitimate such as through affiliation with a university (Monette et al., 1998). Rapport can be developed by conveying a realization of and appreciation for the time constraints, competing demands and pressures, and acknowledgement that participation in the research is an additional task (Maluccio & Fein, 1994; Monette et al., 1998). Maluccio also indicates that rapport in a child

welfare agency setting can be further developed when researchers acknowledge the complexity of the work and the requirement to respond to emergencies, articulate the benefit of the research to the participants, regard the relationship between researcher and participant as reciprocal, and recognize the expertise of participants.

Following the initial meeting with the managers and supervisors, I attended each child welfare team meeting. The first of these was with Regional Services. This meeting was held in the rural community of Watson Lake, Yukon, approximately 456 km east of the capital city of Whitehorse. Other staff meetings occurred, as planned, with the Children's Team, Foster Care, Intake, Family Services and Adoption. At each of these meetings I presented an overview of the purpose and methods of the research study, distributed the survey, Participant Information Sheet and consent form (see Appendix B), outlined the expectations I had, and answered questions.

In keeping with principles of establishing rapport, I drew on the positive aspects already existing in the relationships I had with members from each team throughout the period of the research process. As a person with numerous years of social work experience within the Yukon government, I have either been a member of or closely associated with the full spectrum of child welfare teams surveyed. This background contributed to the genuine degree of empathy I could convey for the situations, circumstances and demands inherent in a variety of workplace settings as numerous commonalities between the survey participants and me were evident. As opportunities to work together successfully had occurred previously, a mutually respectful and beneficial reciprocal relationship between many child welfare team members and me had been established prior to the commencement of this study. I acknowledged

participant expertise by affirming the value I placed on their contributions. In an

attempt to encourage participation, I also highlighted how the research findings may

connect to and benefit practice applications such as changes in policy and procedures

or in influencing the Children's Act Review Process currently underway. In addition, I

also offered a prize of nominal value to the first respondent from each team as a way to

reward prompt participation, convey appreciation, and inspire a more jocular

perception of the research task. To confirm that authenticity and integrity in the

research plan had been established, confirmation of approvals from the Director of

Family and Children's Services and the University Ethics Review Committee were

available (See Appendixes A and D respectively).

Data management of self-administered survey

Surveys were returned to me by mail. Of the 46 surveys that were distributed,

20 were returned, resulting in a response rate of 43.5%[3]. Response rates varied by team,

ranging from 100% on the Adoption team to 16 % on the Children's Team and a rate of

80% from the Manager/Supervisor Team. As was requested, each returned survey was

accompanied by a corresponding dated and witnessed consent form. Upon receipt of

the survey and consent form, an alphanumeric code was assigned to the survey,

indicating the respondent's team and order in which the response was received. The

two documents were then separated and stored separately. Each of the responses was

reviewed as it was received; I made notes and comments for future reference during

data analysis.

Data Analysis of Survey

Data analysis is the process that "unlocks the information hidden in the raw data and transforms it into something useful and meaningful" (Monette et al., 1998, p. 9). According to Merriam (1988), it is "making sense out of one's data" (p. 127). Taylor and Bogdan (as cited in Merriam, 1988), state the purpose of data analysis is "to come up with reasonable conclusions and generalizations based on a preponderance of the data" (p. 130).

While some researchers believe that narrative description in case study is sufficient, others suggest that justice is not done to the data unless analysis transcends description; narrative description is first level analysis while the development of categories and interpretation of data is second level (Merriam, 1988). In this case study, data is analyzed and categorized in an attempt to decipher and express its intended meaning.

As indicated by Merriam (1988), collection and preliminary analysis of data are simultaneous tasks in qualitative research. Guided by this framework, I had already reviewed survey responses and made preliminary notes and comments on the documents as I received them. Biklen (as cited in Merriam, 1988) also recommends the use of journaling and documenting reflections and observations during the data collection phase.

Phase one

Guided by the alphanumeric code assigned to each survey document, I sorted them according to child welfare teams. To organize and prepare the data for further analysis, I then created a separate word processing document for each team containing

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[3] The researcher, also a member of one of the teams, excluded herself from the study.

the survey questions. Into this document, I entered the responses from each survey verbatim into a consolidated word processing document for that team, placing each question and its corresponding responses on a separate page. Preceding each response, in brackets, I placed the alphanumeric code assigned to the survey document from which the comment originated. I differentiated the supervisor responses by using bold font in order to distinguish them later. I also created a manager/supervisor word processing document; in this document, I entered the verbatim responses from the managers as well as cutting and pasting the bolded responses from the supervisors from each team's document. Using this method, I had a total of seven conglomerated documents, (Manager/Supervisor, Region, Intake, Family Service, Foster Care, Children's Team, and Adoption). As a result, each child welfare team had a corresponding document containing responses from members of that team. With the exception of indicating child welfare team, the information on these documents was non-identifying.

Each team's conglomerated document was then reviewed separately. At this stage, I used simple sorting procedures on each team's data (Merriam, 1988) by separating key phrases from the text and placing them together in a table format in groupings with similar content using a copy/paste function of word processing. As the transcribing of verbatim responses from supervisors and managers was recorded in bold font, in order to assist in later analysis regarding level and position, the key phrases that were drawn from text and placed in the sorting table were also left in bold font, if made by a respondent at the supervisor/manager level. Once sorted, each group of comments was coded or assigned a title or phrase depicting the key theme or issue

the group of comments identified (Trochim, 2001). Lincoln and Guba (as cited in Merriam, 1988) specify that these phrases be both heuristic—revealing information about the topic studied, and independent – able to be understood without additional information.

A summary of the data was then prepared from the combination of the preliminary notes, sorting, and coding procedures (Trochim, 2001). This summary also contained questions I posed, and comments for which I sought clarification. Once the data had undergone this initial analysis and summation, and I had identified possible themes and patterns, I returned to meet with the child welfare teams to present the preliminary findings. This step involved returning to the series of regularly scheduled meetings: Regional Services, Intake, Family Service, Foster Care, Children's Team, Adoption, and Manager/Supervisor. Each of these meetings, including Regional Services, took place in Whitehorse.

Phase two

I returned to each of the seven meetings with a prepared summary of the preliminary findings based on analysis of responses from that group. These meetings assumed a format in which I presented my preliminary findings and sought participants' comments and feedback; participants had the opportunity to corroborate or challenge the initial findings and conclusions as well as further discuss and explain the intent and meaning of their responses.

At each of these meetings, I provided copies of the summary to everyone. I sought clarification on certain points, reactions to and validation of my findings. I used flip chart paper to record participant comments made at the manager/supervisor and the

regional services meetings, as they were located in a large room with a greater number in attendance. At the other meetings, I wrote notes of the participant comments on my copy of the summary.

Providing opportunity for teams to participate in a discussion about my preliminary findings permitted an avenue for rich, in-depth commentary from the group about this topic. At all but one of these follow up meetings, attendance was high and participants were highly engaged in the discussion. This step also offered the opportunity for a broader segment of the work team to have their input considered in the analysis, as even those who had not completed a survey were able to contribute to the discussion if present at the meeting. I believe I obtained valuable insight into the child welfare teams' perspectives on the issues and factors that influence the decisions about kinship foster care and that the validity of the findings was enhanced. In addition, errors from non-response bias are reduced (Monette et al., 1998).

Phase three

Once the simultaneous data collection and analysis phase has ended, data needs to be organized so intensive analysis can begin (Merriam, 1988). Lincoln and Guba (as cited in Merriam, 1988) suggest that the data collection phase ends when resources have been exhausted, regularities have emerged and further information is repetitive or redundant. In keeping with the initial research plan, Biklen (as cited in Merriam, 1988) also suggests adherence to the initial parameters set out for the study.

Intensive analysis, according to Merriam (1988) involves "developing conceptual categories...that interpret the data for the reader" (p. 133). Although indicated by the data, these conceptual categories exist independently of the data from

which they emerged as "devising conceptual categories is an intuitive process" (Merriam, 1988, p. 133). In order to organize the volumes of data, Patton (as cited in Merriam, 1988) recommends bringing all the data together to form one case record. In the survey component of this thesis, each case record consists of the combination of the researcher's preliminary notes and questions, the summation of the preliminary analysis of each child welfare team's responses, and the subsequent notes from the follow up meeting with each team (Trochim, 2001). Case study data was then read repeatedly.

Intensive analysis continued by applying the framework outlined by Merriam (1988), discussed next. I referred back to the research questions posed and wrote these on flip chart paper, keeping them in plain view during analysis. I also made additional notes as I reread the case records, keeping a list of ideas and major themes.

In order to consolidate, integrate and synthesize the case records, while identifying the more abstract themes emerging from the data, I paired questions and responses into related areas for further analysis: responses relating to caregiver motivation were analyzed with those concerning recruitment strategies; factors influencing child welfare teams to consider kinship foster care as a plan were analyzed with circumstances identified as affecting suitability of kin as appropriate caregivers; responses as to advantages of the model were analyzed with those stating the challenges.

For each of the three sets of pairing described above, the response categories from each team were recorded on flip chart paper so that the large amount of data could all be viewed at once. As I progressed through the case records one by one (Merriam,

1988), I recorded the identified category or factor and the teams that had reported it. I used different coloured markers on the flip chart paper as a visual aid to recognize diverse categories. Categories were then compared and refined; same or similar categories were amalgamated and collapsed into broader themes. Generally, all comments fell into these identified themes, but in cases where a unique or divergent idea was presented from a team, that anomaly is noted. Comments are attributed to the Manager/Supervisors Team only in cases where these comments are unique or diverge.

The inductive process of extracting themes involves the systematic classification of data according to a schema that both describes and interprets the data; the establishment of categories that are plausible and heterogeneous, with minimal unclassified data, is a clue suggesting the thematic analysis process is complete (Merriam, 1988). Once I had met this criterion, I moved on to analyze the next pair of questions.

The case record used to determine the views, perceptions, and practices of the child welfare teams is comprised of the individual survey responses, my notes, comments, questions, and reflections upon review of the responses, the summation of these responses, and the comments provided by the group as a whole during follow up discussion of the summarized preliminary conclusions. Thus, analysis remained at the team (group) level and conclusions drawn from analysis are about the team, not the individuals within that team. As dependence on returned survey forms suggests a non-probability sample, it was not possible to determine how those who responded to the survey differed from or were similar to those who did not. However, information used for analysis was not just an aggregate of responses, but also encompassed comments

and input from child welfare team meetings, thus, representativeness and

generalisability of the findings to the whole group are enhanced.

Non-Scheduled Standardized Interviews

The final phase of data collection involved face-to-face interviews with kinship

foster care providers. Interview is the data collection method selected in circumstances

in which information is sought that cannot be observed, such as feelings, thoughts, and

intentions; interview seeks to understand another person's perspective (Merriam,

1988). Conducting interviews with kinship foster caregivers offered the opportunity to

obtain rich, detailed information, and to pose thought provoking questions. Merriam

identifies that someone who understands, and can reflect upon and articulate what is

being studied are features of a good respondent. As some analysis with the interview

participant is also possible (Reinharz, 1992; Trochim, 2001), interviewing offers the

opportunity to further pursue issues that arise during interview. Some of the results

obtained in the quantitative component of the research study were expanded upon in

the qualitative inquiry in order to understand these results in further depth.

Interviewing also provides an occasion to recognize and celebrate the efforts and

importance of the caregiving tradition as recommended by Carriere-Laboucane (1997),

O'Brien et al. (2001), and Smith (1999).

A standardized set of questions had been constructed to guide the interviewing

process (Monette et al., 1998). Interview questions (see Appendix E) were formulated

to assist the caregivers in expressing their perceptions of being involved with the child

welfare agency and the emergent issues that accompany providing care for a related

child on behalf of the child welfare agency. As these were guiding questions only, they

were open-ended and intended to be generative and not confining (Trochim, 2001).

Thus I was able to ask further questions to clarify information or pursue topics in

greater depth. In addition, probing these areas permitted analysis of the data with the

kinship foster caregiver (Merriam, 1988). This served as a basis on which to begin an

exploration of the issues of paramount importance to the kinship foster caregiver.

Sampling Parameters and Sampling Frame

Purposive sampling was used to select and identify participants for the

interview. Merriam (1988) explains that "purposive sampling is based on the

assumption that one wants to discover, understand, gain insight; therefore one needs to

select a sample from which one can learn the most" (p. 48). Because the primary

purpose of this case study is to gain in-depth understanding of kinship foster care in the

Yukon, it was important to "create a sampling strategy appropriate to the context"

(Trochim, 2001, p. 58). Based on this quest for expertise, I sought referrals of kinship

foster caregivers from members of the two child welfare teams directly involved with

foster caregivers: Regional Services and Foster Care. This sampling strategy increased

the possibility of access to both components of a predefined group that included a rural

and an urban participant. Advantages of purposive sampling are inclusion of someone

with known expertise and strong likelihood of obtaining the opinions of the targeted

population; however, disadvantages include possible bias (Trochim). The following

criteria was used to identify the sample from which the interview participants were

drawn:

1. kinship foster caregivers representing both rural and urban residency

2. kin foster caregivers with a related child-in-care placed with them at the time of the interview.

Interview Data collection Process

In conjunction with the Director of Family and Children's Services, it had been planned in advance to have a third party initially approach kinship foster caregivers to explain the research topic and determine their interest in participating in an interview. This strategy intended to avert any perception of coercion to participate in the research for the study, as I am both a graduate student and a department staff. The power imbalance of being approached by a staff who is also a graduate student researcher has important ethical implications. A kinship foster caregiver's ability to view their contribution as strictly voluntary and consensual, and as not having a potential impact either positively or negatively on the services they may receive, is paramount. Another reason for the third party approach, as discussed by Rubin and Babbie (1997), was to access the knowledge of the third party, in this case the members of Regional and Foster Care teams, to best select participants known for their expertise. Once participants were identified, I contacted them by telephone to confirm their interest in participating and to schedule a time and location for the interview.

The third party who approached the kinship foster caregiver from the urban area was the Placement Worker from the Foster Care team; the rural kinship foster caregiver was approached by the social service worker in that community; both workers have the role of representing the kinship foster caregivers' interests. As noted above, these workers had been briefed about this thesis at one of the series of presentations made to Family and Children's Services and Regional Services child welfare teams.

Another version of the kinship foster caregiver interview (see Appendix E) was piloted in the fall of 2001 as part of the requirements for a qualitative research class. This pilot served as a pretest (Rubin & Babbie, 1997). As a result, modifications were made to improve the effectiveness of the interview questions by shortening the length of the interview and wording the questions more clearly.

At the interview, I clarified that my role, with respect to the interview, was that of a student, but also explained the confidentiality and reporting limitations of that role. I confirmed the interview participants' interest in participating, prior to continuing.

The kinship foster caregiver information was recorded on audio tape. Interviews took place at the time and location of the participant's choice. One occurred in the Regional Services office and the other in the caregiver's home. The interviews took 60 and 35 minutes respectively. Each participant family was paid $50; both completed their interviews and neither revoked their consent at a later date. One interview occurred with one spouse of a kinship foster caregiver couple; for the other interview, both spouses participated. The audio recording formed part of the case study data.

Data management of non-scheduled standardized interviews

The audio tape and interview notes were dated and assigned a number with a corresponding coding that depicted the interview participant's area of residence (rural or urban), in a non-identifying format. After completing each interview, I made a copy of the audio tape and sent it for transcribing. All references in the tape to names of persons or locations that had potential to identify the interview participant, child-in-

care or others were deleted from the transcript. Copies of the tapes and transcripts were kept in a locked filing cabinet drawer at my residence.

Data Analysis of Non–Scheduled Standardized Interviews

This component of the study sought to augment the quantitative descriptive findings, which formed the foundation of the case under study, with in-depth understanding about the phenomena of interest—kinship foster care in the Yukon (Trochim, 2001). Reinharz (1992) describes this as "using one type of data to validate or refine another" (p. 201) and further suggests that this approach enhances the scientific status of a study and increases its utility to readers.

Features of a good interviewer include being neutral, non-judgmental, sensitive, and respectful (Merriam, 1988), an attentive listener, with the skills to summarize, paraphrase, challenge, and clarify (Holstein & Gubrium, 1997). During interview, I had opportunity to demonstrate these attributes; I listened attentively, probed, pursued leads, and pointed out contradictions. I responded quickly to an incident in which the interview participant wished to stop the audio tape during an uncomfortable moment. I remained neutral to positional comments and guided the interview participants toward seeking insights into their own discourse. The following discussion outlines the manner in which I incorporated analytical procedures to the interview data.

Immediately following each interview, I documented my reflections about the process and content (Biklen as cited in Merriam, 1988). Within 24 hours of each interview, I listened to the tape. As I reviewed it, I reflected again on the interview discussion, and made notes and comments about the content, experience of the interview and the data (Merriam, 1988; Trochim, 2001). These notes also included

impressions, preliminary questions and listed the major ideas and points; these post

interview notes formed part of the case study data for later analysis (Merriam, 1988).

Timeliness of documentation is meant to increase accuracy of the interpretation and

analysis.

Within a week I reviewed the tape again, while simultaneously going through

the transcripts, and made further notes on the transcription document. The written copy

of the transcript was then reviewed again, along with my initial and subsequent notes

and comments. Recurring comments in the transcript were highlighted with a highlight

marker using the concept of manifest content (Rubin & Babbie, 1997) and

subsequently sorted into the identified topical themes generated during the journaling

process (Merriam, 1988). I continued to add to my notes as I read through the

transcript.

As I reflected on my notes and the experience of the interview, I examined the

general topical themes and recalled the process and discussion with the interview

participant. This recollection, augmented by transcripts and notes, generated further

journaling about how the interview participant expressed their perceived circumstances

(Holstein & Gubrium, 1997) as I further refined the categories and attributed meaning

or latent content (Rubin & Babbie, 1997).

For each interview, I prepared a summary of the main points and the meaning I

understood the interview participant had constructed for it. I provided photocopies of

the transcript and of my initial summary to each interview participant. I subsequently

contacted each participant by telephone to request they review the summary and

preliminary conclusions drawn from the interview and discuss their reaction with me.

One participant subsequently met with me to discuss the interview and conclusions and the other did not. This process provided opportunity for clarification of meaning and advanced analysis with the participant (Guion, 2002), and also permitted an opportunity for the participant to corroborate or refute the preliminary conclusions. This step was included in order to increase the validity and accuracy of the interpretation. Reliability is also increased when the interpretation endures over time (Holstein & Gubrium, 1997).

For intensive analysis, the transcribed documents, the notes made at the time of the initial review and subsequently, the interview summary, and notes from the follow up conversation with the interview participant were then read repeatedly. To closely examine the raw data, comments were sorted, coded, and assigned a theme (Trochim, 2001).

The individual units of information were then brought together to form one record. First, each question, along with its corresponding highlighted comments and ideas from subsequent discussion with each participant were documented together. These notations underwent thematic analysis, being categorized into broader issues, or themes (Atkinson & Coffey, 1997; Merriam, 1988; Trochim, 2001). The broader issues and categories were then blended or divided as appropriate allowing opportunity to discover themes that transcend individual questions.

Generally, fewer emergent themes indicate a higher level of abstraction (Merriam, 1988). In the analysis, I sought to identify issues that bridged individual circumstances to broader social issues (Prior, 1997; Reinharz, 1992). I also scrutinized

the data for findings that may reinforce or refute findings from other research on this topic or identify entirely new elements (Merriam, 1988).

Integrated Analysis of Survey and Non-Scheduled Standardized Interviews

Once conceptual categories and themes had been developed from both the survey and the non-scheduled standardized interviews, findings were combined and compared. This integrated analysis involved examination of related areas. Caregiver motivation and agency recruitment methods were examined together. The suitability and challenges child welfare teams identified were examined in conjunction with comments from the kinship foster caregivers regarding issues, factors and difficulties they face, including comments about the relationship with the child welfare agency. The broad, overarching themes which emerged were extracted from the analysis and are reported in the findings section.

Limitations

All research is subject to limitations. For the purpose of this study, the following limitations are discussed: reliability/validity, participants, researcher bias, and definitions.

Reliability/validity

Reliability refers to the ability of a measure to "yield consistent results each time it is applied" (Monette et al., 1998, p. 111); Kirk and Miller (as cited in Perakyla, 1997) define it as the "degree to which the finding is independent of accidental circumstances of the research" (p. 203). Validity refers to how well something measures what is intended (Monette et al., 1998). Merriam (1988) indicates that a combination of quantitative and qualitative methodology is a "form of triangulation

that enhances the validity and reliability of one's study" (p. 2). Triangulation serves to strengthen the convergent validity of one's study by employing multiple methods of measurement and data sources (Reinharz, 1992). This study was not intended to apply to other settings or in other timeframes. However, through replication, it may be possible to ascertain if the key factors and tendencies identified in this study are also prevalent in and apply to other settings.

Sample Size

Although there was a low response rate to the survey from some child welfare teams, concerns regarding representativeness of the respondents to the population of child welfare professional staff are mitigated by the effort undertaken in the summarization and analysis procedures. These efforts include the meeting held with each child welfare team following summarization and preliminary analysis. As noted, with the exception of one child welfare team, these meetings were well attended and those present actively participated and were engaged in the discussion. Due to these circumstances, the findings from each child welfare team are believed to reasonably represent the position of the group as a whole.

A small number of kinship foster caregivers were interviewed. These participants emerged from both a rural and an urban setting; one participant had an array of experiences with foster caregiving from which to draw, while the other participant's experience was limited. Referral to the study of both caregiver volunteers originated from the caregiver's workers with the department of Health and Social Services; this leaves the possibility of or perception of bias in selection that could be mitigated in future replication through access to caregivers through a neutral source

such as community advertising or the Foster Parent Association. The small number of participants was selected in order to obtain a depth and richness of data, detailed description and context (Gilgun, 1994; Merriam, 1988).

Due to the descriptive and exploratory nature of this thesis, the intent was to identify patterns and tendencies within the Yukon child welfare system, specifically key issues and factors related to kinship foster care as identified by the child welfare teams and kinship foster caregivers.

Researcher Bias

Qualitative case studies are subject to investigator bias because the researcher is the primary medium for data collection and analysis (Merriam, 1988). In this study, I assume the role of facilitator, acting as a catalyst, assisting and encouraging the participants of the survey and interviews to express their views, experiences and concerns. While collecting and analyzing data, I remained mindful of my own biases on kinship foster care issues based on my experiences and training; I endeavored to receive the information offered without suggesting or introducing concepts not volunteered, and to guide respondents into further exploring and explaining their own perceptions and insights.

This research design also included methodological strategies to reduce potential researcher bias. I reported the general conclusions drawn from the survey data back to the child welfare teams through a post analysis meeting. Interview participants were provided with their transcripts as well as a preliminary summary of main points. In both these strategies, follow up discussion permitted opportunity for survey respondents and interview participants to elaborate on the preliminary findings and

analysis. They were able to confirm whether these conclusions diverged from or were consistent with the essence of the message they intended to convey. In addition, in the case of interview participants, some joint analysis at the time of data collection occurred; transcribing also increased the accuracy of data obtained. These measures intended to strengthen the objectivity and accuracy of the reported findings.

Definition of First Nation

Caution must be exercised in making comparisons between groups based on ethnicity as the definition of First Nation ethnicity differs between kinship foster caregivers and children in care. Care has been exercised to compare based on ethnicity, only groups categorized through similar definitions. As the primary focus of this study, due to setting and context, is on aboriginal issues, discussion of ethnicity is limited to First Nation and non-First Nation categories.

Ethical Considerations

The proposal for this study was submitted to and approved by the University of Northern British Columbia's Human Research Ethics Committee. All participants were provided with an information letter and participant consent form that outlined the process and purpose of the study and warned of potential risks. Participants were assured of the voluntary nature of their participation and that complete confidentiality and anonymity could not be guaranteed because of limited number of workers and kinship foster caregivers in the region.

Confidentiality

No names or other identifying information were used in the data gained by the interviews, surveys, or in the reporting of data from agency records. In circumstances

where it is possible to identify the participant through other means (such as position they hold, name of their community, or combination of variables), the means through which they are identifiable is withheld in the reporting of the findings.

Time Considerations

The time and location of the non-scheduled standardized interviews was at the discretion of the participant. The aim was to interview participants in settings where they were comfortable and at times that were convenient. A variety of options was provided to survey respondents regarding how they returned survey documents; most responses were returned through government internal mail. These options were intended to provide choice to the participant in respect for their schedules.

Safety and Well-Being of Participants

None of the questions asked during the non-scheduled standardized interviews were expected to trigger traumatic memories of upsetting experiences. However, in the unlikely event that an interview participant would have become distressed during an interview, the plan was to discontinue the interview and make every effort to notify a support person or support agency for the participant as soon as possible.

Chapter 4: Discussion of Findings

In this study, quantitative data gathered from statistics and agency records, answers questions about (a) the degree to which kinship foster care is used as an alternative out-of-home placement option, (b) the representativeness of the population of kinship foster caregivers on the basis of ethnic background and area of residence in comparison to Yukon's general population, (c) the characteristics of children in kinship foster care with respect to ethnicity, residency, age, sex, and child welfare legal status, and (d) the manner in which the child and the kinship foster caregiver are related to one another.

Qualitative data gathered through surveys of child welfare professional staff on child welfare teams and interviews with kinship foster caregivers were used to identify the key issues and factors that influence the decisions of child welfare professional staff to consider the option of kinship foster care, and the key issues and factors affecting relatives who provide this service for a child welfare agency.

Discussion of Quantitative Findings

In order to place the findings in context, a summary of some aggregate statistics precedes the presentation of results of the quantitative analysis. These aggregate variables include the total number of children in care in the Yukon by placement type, breakdown of the total number of children-in-care in the Yukon who are First Nation, and comparison of the number of kinship foster families to regular foster families based on residency. Also summarized is the Yukon wide population distribution based on residency and ethnic factors.

For the population of children-in-care on March 31, 2006, table 4.1 depicts the breakdown by area of residence and placement type.

Table 4.1

Children-In-Care According to Residency and Placement Type (N=187)

Type of Placement	# of Children in Urban Placement N=141	# of Children in Rural Placement N=46	Total # of Children N=187
Placed with Kin Foster Caregivers	16	16	32
Placed with Regular Foster Caregivers	80	28	108
Sub: Total	96	44	140
Institutional Care/ Other	45	2	47

A total of 187 children were in the care of the Yukon's Director of Family and Children's Services on March 31, 2006. 58% (108/187) were placed in regular foster care settings[4]; another 17% (32/187) were placed in kinship foster care settings, and the remaining 25% (47/187) resided in institutional, group homes or other types of care settings as defined in chapter two. The total number of children-in-care was comprised of 68% (128/187) who are First Nation. Two thirds of the children in foster care, (96/140) lived in the urban environment.

Of the 110 foster families considered in this study[5], 17 (15%) were classified as kinship foster families, while the remaining 93 (85%) were regular foster families. These families resided throughout the Yukon; 46 (42%) lived in rural areas while 64

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[4] This includes children placed with foster families restricted to only their care.
[5] This includes kin, regular and restricted foster families but excludes respite homes and those homes pending approval.

(58%) lived in the urban setting of Whitehorse. Although over 2/3 of the children in foster care resided in the urban setting, Whitehorse had only 58% (64/110) of the foster homes.

Ethnicity and Residency of Kinship Foster Caregivers

Of the 17 kinship foster families, 59% (10/17) lived in the urban setting (Whitehorse) and 41% (7/17) resided in a rural area. Eighty-eight percent (15/17) of the kinship foster caregivers identified themselves as First Nation. The two kinship foster families who did not describe themselves as First Nation both resided in the urban centre (Whitehorse); eight First Nation kinship foster families resided in Whitehorse and seven resided in the rural area. One hundred percent of the kinship foster families from the rural area are First Nation (7/7) while 80% (8/10) from the urban setting are. This finding of high ethnic minority representation among kinship foster caregivers is consistent with other studies. Further, the high representation of First Nation kinship foster caregivers corresponds with the high representation of First Nation children in the Yukon child welfare system.

As table 4.2 depicts, rural Yukon has a high representation of First Nation persons (45%) compared to the urban area (16%). When comparing the proportion of kinship foster caregivers to the overall distribution of Yukon population based on ethnicity and residency, the proportion of kinship foster caregivers who are First Nation is high in both the rural (100%) and urban (80%) areas and is greater in the rural setting.

Table 4.2

General Population Distribution Figures for the Yukon Territory

Ethnicity \Residency	First Nation*	Non First Nation	Total
Urban	16%	84%	100%
Rural	45%	55%	100%

*Self report as per Yukon Bureau of Statistics June 2006

Ethnicity and Residency of Children in Kinship Foster Care

Analysis of the characteristics of children in kinship foster care includes ethnicity, residency, age, sex, child welfare legal status, and manner in which they are related to their caregiver.

The 32 children-in-care living in kinship foster care situations on March 31, 2006, were equally distributed between rural and urban settings; 16 children-in-kinship foster care lived in rural areas and 16 lived in Whitehorse. Of these, 81% (26/32) were First Nation children; the 6 non-First Nation children placed with kinship foster caregivers all resided in Whitehorse.

Note that one urban kinship foster caregiver family identified themselves as having First Nation heritage (Inuvialuit) according to the definition in Chapter 2 and were thus placed in the category of a First Nation kinship foster care family. Conversely, however, the children placed with them, also having Inuvialuit heritage, were not categorized by CICS as First Nation, as these two children are not registered as status Indians.

When comparing the proportion of children-in-care living in kinship foster care settings in the rural area to those from the urban area, 36% (16/44) of rural children

reside with kin, while only 17% (16/96) of urban children do. Reasons for this

difference were explored during the qualitative enquiry.

Age

The ages, for children-in-care, range from under one year to 19 years. For this

study, the data of children in kinship foster care was organized within the following

four categories:

a) age at time of most recent admission to care,

b) age at time of placement into kinship foster care and,

c) current age (effective March 31, 2006),

d) length of time between a) and b).

Refer to the table in Appendix F which presents the frequency by age of

children when they were admitted to care, placed with kin and at the current time; this

table also contains the range, mean, and standard deviations of age for each of these

points in time for the total children as well as the urban and rural subsets.

The range, mean, and standard deviation of age are as follows: at time of most

recent entry into out-of-home-care (R = 12, M = 4.06, SD = 3), at time of placement

into kinship foster care (R = 12, M = 5.03, SD = 4), and on March 31, 2006 for the

population of children in kinship foster care (R = 16, M = 9.34, SD = 4.12). When

comparing rural and urban subsets of children to each other (Rural: n=16; Urban:

n=16), results for age at time of admission to care are (R = 12, M = 3.69, SD = 3.30)

and (R = 9, M = 4.44, SD = 2.78) respectively; results for age at time of placement into

kinship foster care are (R = 12, M = 5.06, SD = 4.31) respectively; results for age

effective March 31, 2006 are ($R = 15$, $M = 9.31$, $SD = 4.01$) and ($R = 13$, $M = 9.38$, $SD = 4.36$) respectively.

Children ranged in age from newborn to twelve years old when they entered care as well as when they were placed with kin. Of the children in this study, 9 years was the oldest child brought into care in the urban setting, while 12 years was the oldest child from the rural area. The youngest age in both areas was less than a year old for both admission to care and placement with kin. The oldest child placed with kin in the urban setting was 11 years, while in the rural area, the oldest child was 12. Three years old was the most frequent age for a child from this population to be brought into care, while four years old was the most frequent age of a child to be placed with kin. The oldest and youngest children in kinship foster care on March 31, 2006 in the rural and urban areas are 16 and 17, and 1 and 4 respectively.

Length of time (in months) between admission to care and placement with kin was examined in order to establish how promptly the agency responds in placing children with their kin. A comparison between the urban and rural subsets of children was examined in order to determine if different practices exist among child welfare teams. The range, mean, and standard deviation of time in months for all the children in kinship foster care was as follows: (N=32) is ($R = 49$, $M = 12.06$, $SD = 17.14$). When comparing the rural and urban subsets of children to each other (Rural: n=16; Urban: n=16), the results were ($R = 49$, $M = 17.31$, $SD = 20.45$) and ($R = 34$, $M = 6.81$, $SD = 11.42$) respectively.

Results were affected by extreme values in each subgroup due to the circumstances of one sibling group of 2 children in each area (rural: 49 months; urban

34 months). Specific investigation as to the circumstances preceding kin placement in each of these cases is beyond the scope of this thesis. The mode, in both urban and rural settings, is placement within one month (urban <1=8; rural <1=5). Overall, even with these extreme values, the average proportion of time in care that children had resided with their kinship foster caregivers was high at 82%. Children in the urban setting had lived an average of 90% of their time in care with kinship foster caregivers compared to 74% for their rural child counterparts.

Significance

Because the values of the age variables at the three points in time measured (admission to care, placement with kin, and current age) are not normally distributed, the Mann-Whitney U test of two independent samples (rural and urban) is used to identify the presence of any statistically significant differences between children in kinship foster care in rural and urban settings (see Table 4.3). A non-directional two tailed test with significance of p=.05 was conducted; the null hypothesis states equal findings between groups. Decision: U>75 in all cases, therefore retain the null hypothesis.

Table 4.3

Mann-Whitney U Test of Significance on Age Variables for Children-In-Kinship Care at Admission, Placement with Kin and Currently (N=32)

Variable	U
Age at Admission to Care	106
Age at Placement with Kin	119
Time in Care before Kin Placement	87

Ho: Uu =Ur
H1: Uu ≠Ur
Decision Rule: Reject Ho at p=.05 if U ≤ 75 (n1=16; n2 =16).

There are no significant differences between rural and urban children in kinship foster care with respect to these variables. What these findings suggest is that, at least with respect to the children in kinship foster care at the time of this research, the regional (rural) and Whitehorse (urban) based child welfare teams did not have notably different intervention strategies regarding placement based on age of child or length of time that passed before a kin home was utilized. As evidenced in the qualitative section, comments from the Regional Services team (rural) were often harmonious with those from the Whitehorse based (urban) child welfare teams. The cases of dissension are noted as exceptions. Although kinship foster care tends to be used in the same manner with respect to age, in the rural and urban areas, a noteworthy difference does exist between urban and rural based teams on the proportion of time that kinship foster care is used. In the urban setting, 17% (16/96) of children in foster care live with kin whereas 36% (16/44) of children in foster care from the rural setting do.

Sex

How the sex of children in kinship foster care, compares to the sex of children-in-care in the Yukon overall is assessed. In the urban subgroup, the gender balance of children in kinship foster care is equal – 8 males and 8 females. Within the group of children in kinship foster care in the rural area, over four times as many children placed with kin are female than male – 3 males and 13 females. Forty-eight percent (90/187) of the children-in-care in the Yukon are male, while 52% (97/187) are female. Therefore 34% (11/32) of the children in kinship care are male compared to 48% of children-in-care overall and 66% (21/32) of children in kinship care are female

compared to 52% overall. Like some other studies of children in kinship foster care, more are female than male.

Child Welfare Legal Status

Analysis of the child welfare legal status of children in kinship foster care was examined on the basis of the legal status at the time of placement into kinship foster care and of the child's current legal status effective March 31, 2006. As the mode is always appropriate for qualitative data (Witte & Witte, 2001), the legal status representing the most common frequency is discussed. Possible explanations for this finding were sought through the survey responses and during interviews with kinship foster caregivers.
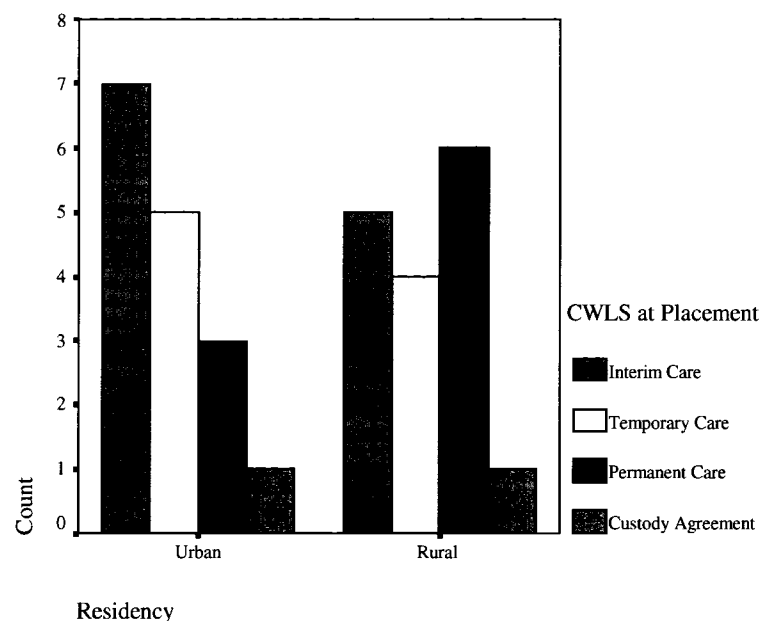
Figure 4.1: *Child welfare legal status at time of placement with kin*

As depicted in Figure 4.1, interim care was the most commonly occurring legal status at time of placement into kinship foster care for all children (12/32). This was also the case for children in the urban subset (7/16). Children in the rural area were

commonly already in permanent care (6/16) prior to their placement with kin,

suggesting kinship foster care placements occurred once permanency plans were

established. Custody agreements are used minimally in both the urban and rural areas.
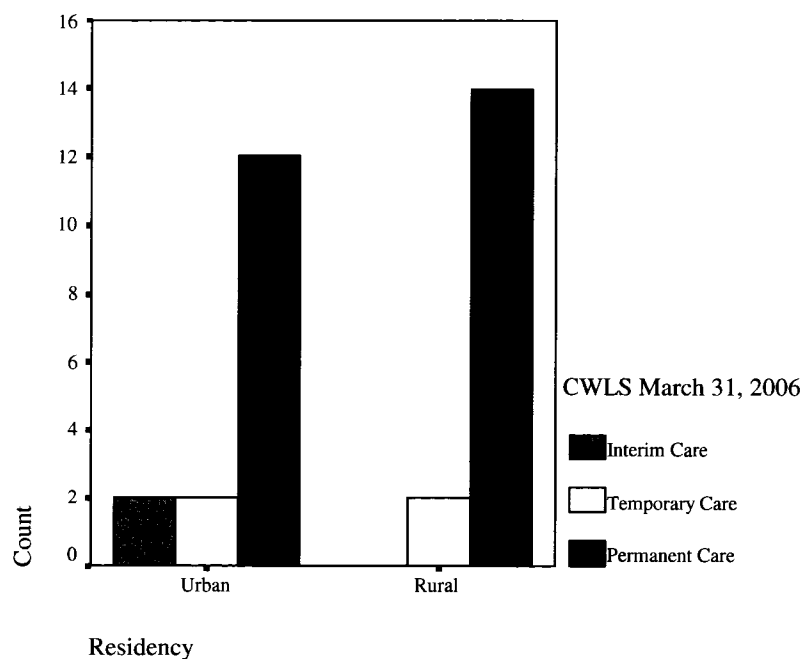
Figure 4.2: *Child welfare legal status at current time*

As Figure 4.2 depicts, at the time of this study (March 31, 2006) the greatest

portion of Yukon children in kinship foster care were subject to permanent care orders

(26/32); temporary care orders occurred with equal frequency in the rural and urban

areas while interim care orders were only present in the urban setting. No children in

kinship foster care were subject to custody agreements on March 31, 2006. This

finding lends support to the premise that kinship foster care placements tend to be

stable over time.

Discussion

A two-way Chi-square test was conducted to determine the relationship

between area of residence and child welfare legal status. Testing of data, regarding

legal status both at time of placement into kinship foster care and currently, occurred to determine if legal status differed significantly between the urban and rural subgroups at either of these points in time. Results of the Pearson Chi-square (with degrees of freedom and sample size in parenthesis) follow.

For relationship between residency and child welfare legal status at time of placement with kin, $\chi2$ (3, N=32) = 1.44, $p<.05$; for relationship between residency and current child welfare legal status, $\chi2$ (2, N=32) = 2.154, $p<.05$. These findings suggest there is no significant relationship between a child residing in rural or urban areas and their child welfare legal status at time of placement with their kin, or at the current time. Practice interventions of urban and rural social workers regarding placement of children into kinship foster care do not result in different legal status outcomes for children. Legal status is not impacted by residency in a rural or urban area.

Relationship Between Child and Caregiver

Two dimensions of how the child and kinship foster caregiver are related to one another are examined. The first dimension addresses whether children are placed with maternal or paternal relatives. The second dimension addresses which of three possibilities best describes the relationship between child and kinship foster caregiver: Grandparent, Aunt or Uncle, Sibling or Cousin or other relatives.

Maternal/Paternal

Yukon First Nations are matrilineal (Champagne Aishihik Social Services Society, 1990; Legendseekers, 2000). Whether First Nation children in particular tend to be placed more often with maternal than paternal family has relevance to how culturally responsive kinship foster care is in the Yukon. Further inquires are made in

light of the over representation of First Nation children in out-of-home care in the

Yukon, and the higher proportion of First Nation persons in rural areas than urban

ones.

Two-way Chi-square testing for relationship between two variables was

conducted to determine the relationship between use of maternal/paternal family and

residency; testing was also conducted to determine the relationship between use of

maternal/paternal family and ethnicity. Results of the Pearson Chi-square (with degrees

of freedom and sample size in parenthesis) follow.

For relationship between use of maternal/paternal and family residency, $\chi2(1,$

N=32) = .125, $p<.05$; for relationship between use of maternal/paternal and ethnicity,

$\chi2(1, N=32) = 1.162, p<.05$. These findings suggest that use of maternal/paternal

family has no significant relationship with either residency or ethnicity.

Type of Relationship

Which of three possibilities best describes the relationship between the child

and their kinship foster caregiver is examined next: Grandparent, Aunt or Uncle,

Sibling/Cousin or other relatives.

Placement with aunts and uncles occurred with similar frequency in rural and

urban areas at 5 and 7 children respectively. Differences were noted in the use of

grandparents and cousins/other; placement with grandparents occurred exclusively in

the urban setting (9/16), while placement with cousins and other types of relatives

occurred exclusively in the rural setting (11/16). All 6 non-First Nation children were

placed with grandparents at the time of this study, while First Nation children were

dispersed among all three types of caregivers as depicted in Figure 4.3.
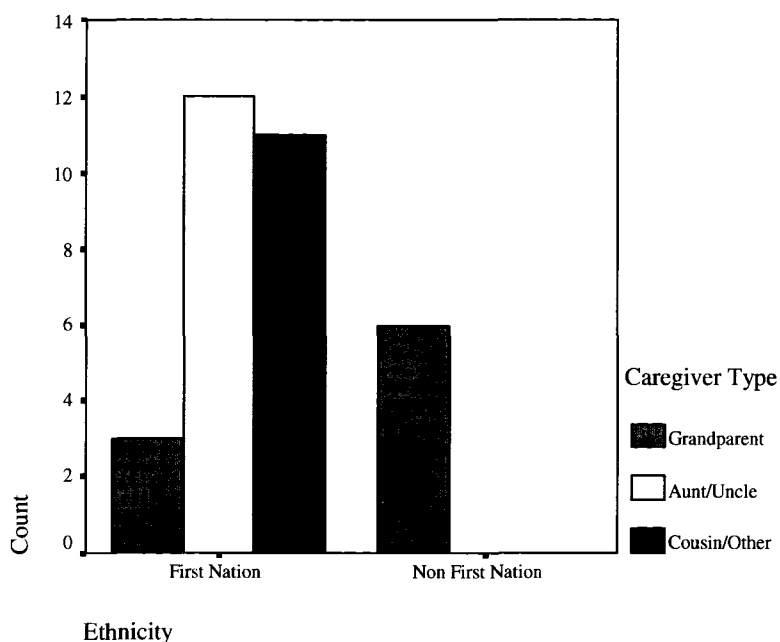
Figure 4.3: *Caregiver type and ethnicity*

Discussion

Two-way Chi-square testing was completed to determine whether there is a relationship between where children live and the tendency for them to be placed with certain types of relatives; testing was also carried out to determine if placement with certain types of relatives is related to ethnicity. Results of the Pearson Chi-square (with degrees of freedom and sample size in parenthesis) follow.

For relationship between residency and type of relative, $\chi2(2, N=32) = 20.333$, $p<.05$; for relationship ethnicity and type of relative, $\chi2(2, N=32) = 18.872, p<.05$. These findings suggest that type of relative has a strong relationship with residency and ethnicity.

Considering that First Nation people make up a substantial portion of the population of rural Yukon, and that most rural Yukon communities are home to specific First Nation groups with ancestral ties to the area, the availability of cousins and more distant relatives is understandable.

Discussion of Qualitative Findings

In this section I present the findings of the child welfare team survey followed by the findings from kinship caregiver interviews.

Survey Findings of Child Welfare Teams

Survey findings of child welfare teams are reported in three sections; agency motivation, suitability factors, and advantages and challenges. Agency motivation is comprised of the issues and factors arising from questions about advantages of kinship foster care to the worker and agency. Because survey questions concerning suitability elicited similar responses as questions regarding factors that influence child welfare teams to use kinship foster care, these were paired and are reported as suitability factors. The final section of the child welfare team survey discusses the advantages and challenges identified by child welfare teams as present in a kinship foster care situation. Findings within any of these sections were not distinctly attributable to a specific child welfare team or level within the child welfare agency except where noted.

Agency Motivation

Discussed here are the five factors identified by child welfare teams that motivate them to utilize kinship foster care placements for children requiring out of home care. Child welfare teams identified that use of kinship foster care often leads to improved perception of child welfare in the community, increased placement options for the child while decreasing the likelihood of disruption, and led to greater ease in fulfilling case management duties. Teams were also inclined to use kinship foster care

due to the benefits to the children and the cultural appropriateness associated with these placements.

Improved Perception of Child Welfare in the Community

The Manager/Supervisors and the Regional Services team identified that communities, especially First Nation communities, view kinship foster care as a positive, cooperative action from the agency when child welfare action is warranted. The Family Services, Intake, Regional Services, as well as the Manager/Supervisor team indicated that use of kinship foster care can contribute to an improved perception of child welfare work by families and by the community at large; these teams and their supervisors and managers are the ones responsible for front line protective services. Concerns about perception of the worker and agency in the community were exclusive to these teams.

The Regional Services team further identified kinship foster care as an approach that conveys the child welfare worker's recognition of the value of family involvement. This team reported that kinship foster care decreases the stigma of child welfare involvement on the larger family entity and contributes to increased community regard for the kinship foster family. One Regional Services social worker drew an analogy from a community perspective, that kinship foster care was the community's way of keeping a child out of the larger child welfare system, by maintaining the child with family and in their community. According to this social worker, although the community possesses a general awareness that a child is in agency care, there is also apparently a perception that involving community based local resources can be a measure of success. This perception is consistent with literature on

the loyalties of rural social workers to their communities (Collier, 1993), and preference for local autonomy and a community based response with an holistic perspective (Armitage, 1993; Barter, 1997; Bellefeuille et al., 1997; Carriere-Laboucane, 1997; Mckenzie et al., 1995).

Placement Options and Stability

The Supervisor/Management team reported as advantageous, the increased options for placement that kinship foster care provides, resulting in a corresponding decreased strain on the agency's pool of foster homes. The Supervisor/Manager team further suggests that kinship foster caregivers tend to have a strong commitment to caring for a child that reduces the likelihood of placement disruption. As placement disruption compounds a child's issues, placement stability benefits both the child and the agency required to respond. This team believes the reason for the strength of kin's commitment is partially due to the pre-existing relationship among the caregiver, the child and the child's family; however, they also report that the commitment may also be impacted by a sense of obligation to provide care or by the kinship foster caregiver's concern about community/family perceptions that they are inadequate if they choose to disrupt a placement. Community perceptions and sense of obligation are discussed separately in sections regarding reasons why kin foster.

Fulfilling Case Management Duties

Child welfare teams commonly responded that the required effort to fulfill their case management duties was reduced with a kin foster care placement. Such duties include ensuring the child's needs are met by assisting the child to adapt and settle into their new surroundings, devising and implementing case planning tasks for the child

and family, overseeing visitation and reunification efforts, or planning for permanency. Other needs met naturally include involvement in cultural activities.

Both the Regional Services and Foster Care teams identified a strong tendency for kin to assume higher levels of responsibility, autonomy and "ownership" of the child and these tasks than seen in regular foster care, resulting in kinship foster caregivers being less reliant on the system. This included kin having a greater degree of involvement with visitation efforts, following through with case plan tasks, as well as assuming a higher level of responsibility to initiate services and supports for the child. These findings are consistent with the literature that queries role perception of kinship foster caregivers in comparison to regular foster caregivers (LeProhn, 1994).

In particular, the Intake team succinctly expressed that workers gained personal and ethical satisfaction from success inherent in ensuring the child's needs were met, a primary function of their job. This team also expressed that a child who was happy, well cared for, and adapting to their placement required less worker time.

Intake, Family Services, Regional Services, and Manager/Supervisor identified use of kinship foster care as a way to engage positively with high risk families. The Family Services and Intake teams (urban) identified that some families' fears of being involved with child welfare can be somewhat alleviated by working with a child welfare worker who regards their extended family positively; in addition, fears about their children are reduced, allowing the parent to be less preoccupied about the care their children are receiving, and to concentrate more on their own issues.

Another way child welfare teams are able to fulfill their case management duties through kinship foster care is associated with the child welfare worker having

access to kin's knowledge about the child and family. The specific types of knowledge include familiarity with the child, including the child's routines and interests; kin are also identified as likely to know about the child's strengths as well as challenges. Child welfare teams reported that knowledge of the family dynamics from which the child has emerged is beneficial to the worker/agency, in order to identify the issues that need to be addressed when generating responsive case plans.

Benefits of Kinship Foster Care for the Child

While acting in the child's best interest and meeting the child's needs are components of fulfilling case management duties, child welfare teams indicated that kinship foster care, when suitable, was beneficial to the child in numerous ways, and thus met the child's needs and was in the child's best interest.

Factors identified here referred to present and ongoing advantages for a child who requires out-of-home placement. These included a greater sense of belonging for the child, a tendency for higher levels of family involvement and visitation with parents, the pivotal role played by kinship foster caregivers in overseeing visitation and reunification efforts, the maintenance of the child's significant relationships and routines, and smoother transitions for children as they enter and leave care. These factors were believed to contribute to better adjustment outcomes for the child, a greater feeling of acceptance and a higher quality of care. A further benefit identified by the long term care teams, (Adoption and Children's Team) was that more comprehensive social and medical histories could be compiled on the child's behalf, in order to anticipate and meet future needs. Advantages to children are discussed further in a later section.

Culture

Although a primary theme, culture did not stand alone in analysis as a distinct and separate category; culture was woven into comments made throughout the research process. Culture is integrated throughout discussions in this study. Culture is a component of the reasons the agency uses kinship foster care, the impressions of its perceived benefits, and motivations of kin. In particular, focus on First Nation culture is due to the high representation of First Nation children in care in the Yukon (refer to quantitative section) and the cultural make up of the Yukon Territory. Child welfare teams made spontaneous comments displaying sensitivity to the impacts of residential school, which continue to have a direct impact on some clientele in the present day. In addition, awareness and sensitivity was displayed to reactions of past child welfare practices of placement of First Nation children in non First Nation settings, some which were outside of the Yukon. Child welfare teams, particularly the long term and Manager/Supervisor teams, acknowledged the profound sense of loss and powerlessness that dominate these experiences, contribute to mistrust, and influence current First Nation positions on child welfare issues. The Manager/Supervisor team identified that kinship foster care has the potential to positively impact the agency's relationship with the First Nation community. The societal expectations for kin to provide foster care services to their relatives included comments about their desire, right, and responsibility to preserve, develop and perpetuate their culture, thus preventing further loss and subsequent need to reclaim culture. Kin and workers alike recognized that experiencing cultural rituals and traditions in the company and context of family nurtured a child's emotional and spiritual health, and contributed positively

to a sense of identity and belonging. Participating in fish camps, and in hunter/gatherer activities such as berry picking, with the companionship of elders, were noted to enhance a child's connections to their roots and history. As case management duties include ensuring cultural connections are maintained for children while in out-of-home care, child welfare teams identified kinship foster care as ensuring this need for children is met naturally. It was also acknowledged that the extent of cultural continuity a placement offers a child can be impacted by the strength of a kinship foster caregiver's relationship with their First Nation community. Finally, the Manager/Supervisor team identified legislation as a factor influencing the use of kinship foster care. The Children's Act (R.S.Y. 2002), which specifies preference for kinship placements and culturally similar placements, is the legal impetus for the establishment of the regulations and policies in place. However, the Manager/Supervisor team explicitly stated that kinship foster care is not used because it is in the legislation, but rather the reverse: that preference for kinship placement is in the legislation due to recognition of the compelling reasons for using it.

Suitability Factors

Analysis suggests that suitability of a kinship foster care placement is determined by assessment in five areas. These are assurances of child safety, caregiver capacity to work with child welfare agency, caregiver support system, caregiver capacity to meet child's needs, and caregiver's relationship with child.

Child Safety

Although integrated throughout discussions of all the identified factors affecting suitability, child safety also stood alone as a distinct category and was a

theme overarching all other factors. Child safety was identified as the primary issue in question for the members of child welfare teams when determining suitability, superseding any other factor identified. In situations that compromised a child's safety, kinship foster care was deemed unsuitable; without assurances of child safety, a kinship foster care placement would not be pursued by the child welfare teams regardless of the other circumstances. How child safety is impacted by each of the other factors influences the child welfare teams' tendency to use kinship foster care.

Caregiver Capacity to Work with Child Welfare Agency

Degree of cooperation and acceptance of the child welfare risks were factors identified as affecting suitability of kin to become a foster caregiver. All the child welfare teams, as well as the Manager/Supervisor Team, expressed uneasiness with kinship foster care situations in which the caregiver's behavior suggested a generalized mistrust of the child welfare system that manifested itself to the child's detriment. Although it was recognized that divergent views about interventions and planning will sometimes emerge, child welfare teams were concerned about kinship foster caregivers who were reluctant to report negative or concerning information or who did not appear to grasp or accept the severity of the child welfare risks. This concept is further addressed in the section integrating survey and caregiver findings.

Caregiver Support System

As well as access to formal support services, child welfare teams reported that the presence or absence of an informal support network available to a kinship foster caregiver is a factor to consider. Support systems enhance a caregiver's capacity to meet a child's needs. A caregiver that tended toward isolation raised concern. Support

from extended family is one such informal support network. Although the presence of extended family support can contribute to continuity of relationships for a child, the absence of such support can alienate a caregiver from an array of assistance from natural means. Although support from the child's parents is not seen as essential, Intake, Family Services, and Regional Services reported it as desirable.

Caregiver Capacity to Meet Child's Needs

Several considerations were identified in the process of assessing a caregivers' capacity to meet the child's needs. Discussion ensued about standards. Foster Care, Adoption and Children's Teams (Long term planning teams), and the Family Service team did not endorse reduced standards for kinship homes. Other child welfare teams made no comments on this issue. Foster Care, Adoption, and Children's teams agree that a basic minimum standard of care is required for a home, regardless of kinship status. However, they sanction the provision of additional supports to kin in order to meet these requirements in light of the other benefits associated with a kinship placement for a child. Assurances of child safety and the ability to meet a child's basic needs are requirements; extra supports can be provided to assist with physical environment, dealing with family issues and to meet a child's special needs.

Caregiver's Relationship with Child

A child's attachment to their kinship caregiver was identified as important along with the kinship caregiver's love and care for the child. The amount of involvement kin had with the child or family prior to placement also impacts the likelihood of child welfare teams considering placement with kin. The Adoption and Foster Care Teams spoke about instances in which children are very settled and

attached in their current foster placements, and although they enjoy contact with family, have no desire to move. Alternately, when there is minimal relationship between kin and the child, a placement is also not necessarily supported by the child welfare teams, especially when the duration of care is anticipated to be short. However, as indicated in the quantitative section, many kinship foster care placements begin with either a reunification or an unknown plan and evolve into a long term placement.

Respect for a child's wishes was raised by the child welfare teams as an important determinant of the suitability of a kinship foster care placement. While it is common for children entering out-of-home care to experience an array of feelings about their situation, child welfare teams identified that children placed in kinship foster care may have an added layer of issues to face regarding skepticism about their safety, as sometimes there are few differences between their kin home and their parents' in terms of community, environment, history, and socioeconomic status; in addition, generous access by their parents is often the case. Worker consultation with the child regarding placement options, reason for their care, and clarity about the plan were reported as reassuring factors that mitigated these concerns and increased the child's comfort and acquiescence.

Advantages and Challenges

Child welfare teams identified advantages for the child and family as well as challenges in kinship foster care situations for the child, family, and agency.

Advantages for Child

As noted, benefits to the child associated with use of kinship foster care, as reported by child welfare teams, include greater sense of belonging, more family

involvement, smoother transitions due to maintenance of relationships and routines, which result in more positive adjustment and a higher quality of care. Child adjustment refers to the decreased amount of trauma, anxiety, fear, and stress experienced by the child when placed in familiar surroundings. Child welfare teams associate placement in kinship foster care with decreased disruption to the child's routines, as kinship foster care often means fewer variables in the child's surroundings change. In general, continuity of relationships, preservation of traditions, and connection to culture are tasks related to nurturing a child's sense of identity and belonging which child welfare teams reported as tending to occur naturally in kinship foster care situations. The Foster Care team suggested that decreased trauma and shorter adjustment periods that accompany kinship foster care placements prevent a child's emotional development from stalling. Although all teams commented that kinship foster care decreased the child's feelings of stigma, it is noteworthy that neither kinship foster caregiver interviewed mentioned stigma at all. In this regard, the Intake team expressed that kinship foster care replicates a common family phenomenon of family caring for family, possibly leaving children feeling more accepted and less judged.

Advantages for Family

Child welfare teams also identified that placement in kinship foster care lessened a family's sense of losing a child through entering care, as a kin placement was believed to mitigate losses. In addition, due to higher levels of access, family can see the care the child is receiving. Child welfare teams reported kinship foster caregiver knowledge and familiarity with the child and family as advantageous to the caregiver,

child, and agency. Kin families tend to know the history, risks, as well as the positive aspects of the child and family, easing the child's adjustment period.

Several challenges are also associated with kinship foster care. In addition to those faced by the child and family, the worker and child welfare agency also face challenges.

Challenges for Children

Children in kinship foster care need to adjust to the changed roles of a number of people in their lives. This includes adapting to their kin as primary caregivers and the distancing of their parents in day to day decisions. Children sometimes have a sense of guilt and disloyalty to their parents as they develop strong relationships with their kin.

Child welfare teams identified that having a social worker directing aspects of their lives posed another dimension for the child to accommodate. It was reported by child welfare teams as a challenge for children to adapt to and understand the roles of the many people involved in decisions regarding their care.

Challenges for Family

The kinship foster caregiver faces challenges in balancing their role as a middle person within their family and between the agency and their family. This was especially evident to the Regional Services and Foster Care work teams as part of their mandate is specifically to provide support to foster caregivers.

The Manager/Supervisors team labeled the unique circumstance in which kinship foster caregivers find themselves as a "sandwich", depicting the kinship foster caregiver as situated between their family and the child welfare agency. It was

unanimously recognized among the teams, that kinship foster caregivers, in light of the duality of their position, require and deserve specific types of support. Although one of the teams to identify that kinship foster caregivers require significant support, the Children's Team also made efforts to clarify that most kinship foster caregivers did not fit a stereotype, were healthy and functional, and required additional supports by virtue of their relationship with the client family.

Further details regarding support to kinship foster caregivers are addressed in the section discussing implementation.

Challenges for Agency

Two primary areas of challenge for the worker/child welfare agency in the use of kinship foster care were identified through the analysis of the survey data: ensuring provision of adequate support to the caregiver and ensuring conformance to agency requirements and expectations. At times, these two areas are mutually exclusive, presenting yet another challenge—balancing roles of enforcer/supporter.

Ensuring that kinship foster caregivers receive adequate and appropriate support is discussed further in the section addressing integration of survey and interview.

Ensuring conformance to agency requirements and expectations is the factor that refers to the adjustment required of kin to become corporate parents. As foster caregivers, kin are compelled to follow rules and meet standards and expectations with which they are unfamiliar. Agency expectations of kinship foster caregivers were reported to be more relaxed in some cases than those for regular foster caregivers. Areas where this was noted were in the physical environment, and in the caregiver's

capacity to cope with special needs. In the ensuing discussions on this topic, child welfare teams suggested that some additional services and accommodations should be provided to counter balance limitations/deficiencies, in recognition that the kinship foster caregivers have other positive attributes to offer the child. However, as discussed in the section on factors affecting the suitability, teams expressed the view that foster caregivers, whether kin or not, needed to meet a certain minimum standard in order to be considered to provide care for children with no compromise to child safety.

The child welfare and Manager/Supervisor teams identified a number of issues relating to challenges encountered by workers in kinship foster care situations. The child welfare teams reported discrepancy between theirs and the kinship foster caregivers' understanding of their respective roles and responsibilities. Analysis of the data revealed that these discrepancies were two types: those related to ambiguity and those related to dissension.

The workers on the child welfare teams struggled with unclear roles and responsibilities in kinship foster care situations, as sometimes caregiver initiatives were not necessarily supported by the worker. Kinship foster caregivers sometimes excluded the worker when making decisions about the child; at times these decisions were contrary to the case plan, such as permitting parental access to the child beyond established conditions. While these behaviors could be problematic, the child welfare teams also recognized that roles and responsibilities can be very ambiguous in a kinship foster care situation. The resolution to this dilemma remains obscure, especially since one of the advantages to kinship foster care identified by the child welfare teams is the increased sense of responsibility assumed by kinship foster

caregivers and their resulting sense of autonomy to follow up with tasks that meet the child's needs, thus decreasing reliance on the child welfare system.

In kinship foster care situations, child welfare workers have the dual responsibility of ensuring conformance to standards, while providing support to the caregiver to meet those standards and care for the child. In a climate of unclear roles and responsibilities, these tasks can be challenging.

Interview Findings of Kinship Foster Caregivers

The interviews with kinship foster caregivers yielded an account of a broad array of fostering experiences including rural and urban perspectives, culturally specific insights, and ongoing relationships with family. Caregivers revealed a number of factors they considered as they contemplated providing foster care for their kin. Factors kin considered included the changes to their circumstances, the reaction of family members, and the impact of their personal history.

Change to Circumstances

As kin contemplate fostering, a realistic exploration of the changes this will mean in their daily lives is needed. Kin reported wondering how caring for a child was going to impact them and how they would be able to withstand the demands of daily child care. As expressed by this kinship foster caregiver:

> *Well, for sure for me it was my social life. Like, I've been on my own for so long, and I could pick up and leave. Then, of course, I wanted to keep my job. So, we had to go to daycare. We got that, and that was what I was looking at.*

Although practical assistance that enhances kin's capacity to meet the child's needs is available, kin still need to realistically consider other impacts. Although

family sometimes come forward to foster in response to pressures, internal or applied

by others, the need to take the required time to consider the decision is supported by

the comments from the following kinship foster care givers:

> *Just that with family, when you take a child into care, a troubled child or a bad*
>
> *situation, I know that my feeling was that, you know, we want to take care of*
>
> *him and make sure that he has a good home and that he basically stays in a*
>
> *good home. So, that desire to want to keep the child right away is something*
>
> *that needs to be dealt with... And too, before [accepting placement] right away,*
>
> *to think about it and give it some time, I think, because, you know, the support*
>
> *is there, not only financially, but also having the Family & Children's Services*
>
> *there.*

<div align="center">***</div>

> *I could tell that the mother wanted me to take care of the child, way back then,*
>
> *and I did bring that up to my spouse way back then, but he was a tiny little*
>
> *baby. And my spouse was not ready to have a baby... not ready for that right*
>
> *there and then. I was ready for the baby way back when... My spouse is very*
>
> *cautious about making big decisions and all that. And the time came that my*
>
> *spouse was more ready when the child was two.*

Reaction of Family Members

As illustrated in the above quotation, the position of the child's parents to the

proposed kinship placement can influence the caregiver. Interference by the parents

was another concern. As expressed by this kinship foster caregiver about parental

reaction:

I didn't want them coming around ... and saying, Don't raise my kid like that,

and don't do this, and don't do that. They're mine.

In addition, concern was raised about the effects on those living in the household, such as the caregiver's children. The impact of kinship foster caregiving on the relationships the caregiver has with those involved is discussed further in the integrated section.

Impact of Personal History

As indicated in the survey, child welfare teams consider a caregiver's capacity to keep the child safe and to meet the child's basic needs. Caregivers, too, realize that their personal history impacts their ability to adequately provide care and thus requires careful thought. As expressed by this caregiver:

Another thing that was personal with me was attachment, because at the time I

wasn't really attached to him...and in all fairness to him ... I wasn't sure if I

was not going to attach to him, and then, be mean to him. That's what was

going on inside of me... I was thinking that it's not fair to him.

How personal history impacts caregiving is addressed further in the section discussing caregiver health and circumstances during assessment.

Relationships and Reunification Issues

A complex network of relationships connect kin to the players associated with kinship foster care situations: the child, the child's parents, the extended family, the community, and First Nation, as well as the child welfare agency. Within this kaleidoscope of possibilities emerged contradictions—the presence of inconsistent and incongruous expectations and often conflicting perceptions held by different players on

the same issue or even by the same player at different times on the same issue. Also related to the ongoing relationships inherent in a kinship foster care situation, are the perspectives held by kin on the reunification of children.

Relationships

The pre-existing relationship between kin and biological parents can be one that is supportive and set a positive tone for the duration of the time the children are in care and beyond such as described by this kinship foster caregiver:

> *I just laid it all straight out for her. She was maybe 23 by then, and she was still young and a little naïve. She was really good. She followed it (the plan). She stayed with it. She stuck to their routine. She did everything that I expected of her. Like, she was really good. To this day she's been really good.*

<p align="center">***</p>

> *Because she wasn't a bad person. Like, she wasn't messed up. She just had to recuperate from losing her husband, I guess, is what happened to her; because I let her look after my daughter lots, and she's great with her. Like, she's a good person. If anything ever happened to me, I'd want her to take care of my daughter.*

Caregivers' supporting biological parents is a feature of kinship foster care that, at times, extends beyond the expectations of the agency. With regard to providing support and conveying a caring attitude toward the relative, one kinship foster caregiver gave this account:

> *She wanted me to give her a plane ticket to come home, but I had given her a bus ticket, and she never came home. You know, that alcohol or drug thing*

like our little girl, too. I said, We've had you since this big (making a gesture of holding a baby). And I said, If you want to call us "Mom" and "Dad" you go right ahead. You can call us "Mom" or "Dad"; you can call us "Auntie", "Uncle". You can call us whatever you want.

***

Well, she turned around, and she's been so good since. She'll call us "Mom" and "Dad" or she'll call us "Aunt" and "Uncle". She calls us both. It's still like she's still going through a little battle in her head. I wish the mother would've waited until she could understand a little bit more before telling her.

Partially due to this experience, the kinship foster caregiver also stated:

I think you should be as honest as you can with kids at a younger age.

Another situation described by a kinship foster caregiver also illustrates the turmoil that children may experience:

She remembers her mom from 18 months-to-three years. The boy didn't remember her at all; she came back when he was three or four, and he doesn't remember her. The girl wouldn't let the boy call me "mom"... I don't think there's that bond, the same as with the daughter, because she remembers her mother...The girl remembers her mother. The boy didn't. So, you can really see the difference in the way they are, like, the two different relationships. There are two different relationships there.

The following kinship foster caregiver believes that clarity about roles and boundaries from the outset is best for the child:

She knows that she ...is the mother. She knows that. We are the grandparents.

The child knows that, too.

Further in relation to loyalties, kinship foster caregivers and child welfare teams identified children having a sense of guilt as they develop strong relationships with their kin. Regarding an older sibling group who were reunified, one kinship foster caregiver said:

> *Two years they stayed with me. The boy was never really close with us. The girl was really close. She's always phoning, and she wants to stay with us. She's 16, and she's trying to find a way to stay with us.*

The requirement of the kinship foster caregiver to manage relationships also spills outward toward the rest of the family. Reactions of extended family vary widely; kinship foster caregivers are compelled to deal with the circumstances they face as noted by the comments of these kinship foster caregivers regarding the position of their respective extended families to the kinship foster care situation:

> *It's very positive...on both sides...on his mom's and dad's side, both sides. Like, we're going for supper tonight, and my sister phoned and asked. What does he usually like? She's going to get him something for his birthday. So, everybody's taken to him.*

<div align="center">***</div>

> *We try to make as much contact with them whenever they come in town, especially the grandmother and the great-grandmother; they feel free to ask to see him, and there was only one time that I couldn't make a visit.*

<div align="center">***</div>

The dad feels absolutely content that he's here. You know, he comes to visit him

many many times and now he has a little brother on that side.

***

They're all really against it. They don't like the fact that I'm looking after all

of [the parents'] kids, I guess. I've heard so many comments.

In this last situation, the extended family seemed to feel especially so, when the

parent was functioning moderately well:

The mother here, she's doing quite well. She still has a priority where it comes

to the drinking but she's done her schooling. She's got a really good job.

Parents, too, may encounter their extended family's disapproval:

Some people say – they give her shit for not taking her kids back. They've told

her 'why aren't you taking your kids?' and she's told them. Because I can't

give them what uncle and auntie can.

Although permanent care and reunification are viewed as distinct categories by

child welfare teams, interviews with kinship foster caregivers suggest that they

perceive these concepts as intertwined and often one in the same.

Perspectives on Reunification

As discovered in the quantitative section, most foster care placements with kin

occur when permanency plans are either unclear or reunification with parents is

anticipated. Often, however, reunification does not occur when expected and children

remain longer with kin than initially predicted. The Children's Act (R.S.Y. 2002)

specifies the length of time children of various ages can remain temporarily in care

which does not extend beyond two years for any age of child. While children are in

foster care with kin, family relationships tend to be maintained with parents well beyond permanent care. Reunification of children was an issue that incited many comments from kinship foster caregivers. Kinship foster caregivers shared comments that suggest that reunification is a possibility that extends well beyond the two year time limit imposed by the legislation:

> *Well, for sure, for me, he'll stay until he's grown. Unless the mother miraculously...straightens out and wants him, yes...straightens out. That, for sure, she would be number one. I have no problem with that. And again, with the father, if this relationship would be that he would be fitting in there, that's fine, too. But besides that, there is no way that I would want him to go with anyone else (except) the immediate parents...always leave the door open for that child to go back to his mom or to his dad, providing that he's going to be safe and have a healthy lifestyle....Yes, I think it's very good for the child.*

<div align="center">***</div>

> *Like, she's doing really good. I think she wants her kids back. I think, but she's scared that she won't be able to give them what her uncle and I give them is what she's told me. She said, they've got everything. I can't do that. So, now she's gone to school, and she's got this job. She's kind of hinted a little bit, and I think she's kind of waiting until the girl gets to be about 14. She's going to do something.*

<div align="center">***</div>

> *Now I'm starting to look at this girl, wants to talk to her mother more. She wants to be with her mother more. We go to visit her, she wants to spend the*

night, or she wants to...she just wants to be more with the mother, and that's

probably a natural feeling. She wants to get to know her mother a bit more.

One kinship foster caregiver speculates about the upcoming possibility of reunification and its impact:

> *That one is going to be hard, I think. I think that would be really hard...only*
> *because they were with us for so long...We're going to talk about it (kinship*
> *foster caregiver and mother), I'm sure, before she ever came to a decision...but*
> *I wouldn't try to keep them away from her.*

<div align="center">***</div>

> *The girl I might let go, because their bond is really quite mother-daughter, and*
> *it's quite good. The boy I would hesitate and I think she would too...She sees,*
> *for the first time, maybe a couple years ago she sees what she did to the child*
> *and she's really quite upset about it...You can see the guilt. She looks at him,*
> *and you can see how bad and how awful she feels...I think she would leave the*
> *boy. I think she would just take the girl. And that's not because she doesn't love*
> *him; it's just because she'd be scared that she's let him down.*

One caregiver describes struggling internally with the moral principle of whether continuing to care for the children is right when the parent was doing moderately well.

> *I've often wondered, Is this right? [The mother] could have taken them back a*
> *long time ago. She's been a level-headed woman...I don't know if we did the*
> *right thing. Maybe we should have just gave them back three, four years ago. I*
> *don't know. You know, she would have took good care of them. They wouldn't*

have been in any danger...I could have probably told the mother, get a hold of

a social worker...and take your kids, if I didn't want them, but I want them. I

can't give them up.

Reunification impacts the kinship foster caregivers and their family, as well as the children returned. It also changes the relationship between the caregiver and parent. One kinship foster caregiver speaks about how a reunification plan affected her family:

They're all really upset [the other children]....My daughter a couple days ago

just broke down and started crying. She missed the boy because she was always

hanging around with the boy. They're taking it bad. I didn't know my husband

was taking it bad until he went and told somebody...how hard it really was to

let go of them. And I didn't think it was going to be.

Continuity of relationships as children enter and leave care has been identified as a significant advantage for children. With respect to situations after reunification, in which kinship foster caregivers have continued involvement in the children's lives, the following comments were made:

I see them all the time. I didn't have to miss them.

***

I miss them terribly, but I don't really worry about them too much. I can hear

how they're doing through the family tree grapevine.

However, sometimes expectations of ongoing contact after reunification do not materialize for a variety of reasons. In one situation where the kinship foster caregiver does not see the children due to strained relationship with the parent, the following comments were made:

You know, when they told me they were returning them, I didn't think nothing of

it. [The parent] said I'd be a big part of their lives. And I don't even think it's

because of me being the foster parent...[the parent] doesn't like that [the

children] are so attached to me, that little jealousy thing. I mean, this last time

that we...went, [the parent] really didn't want us there, you could tell...And it

was really hard to visit with them, because they wouldn't let me put them down,

I couldn't even play with them or anything, because they both wanted to be on

my lap. And then, when I went to leave they screamed and screamed, and it was

really hard for me to leave. So, I'm going to let them maybe try and attach a

little bit more, give them more time...But I'm going to bother [the parent]

again. I know I will...After [a specific event] I'm going to try it again and see.

We'll see how it goes. And if [the parent] doesn't want to relent, I guess I'll just

have to...it's part of fostering, I guess.

Although willing to be patient for the matter to eventually resolve, this caregiver was quite concerned as the children had returned to the parent not related to the caregiver.

Case scenarios can be very complex and difficult for children to understand, as the above quotation illustrates. With respect to the effect on a child when siblings were returned to their father (who was not this child's father), a kinship foster caregiver relates the following:

The teacher phoned me and said, this girl is really acting up. She's really hard

to handle. I thought I know what's going on. So, she came home, and I said,

"Where do you think your brother and sister are?" She said, "My mom." I had

to explain that her mother couldn't look after her. She can't look after your

brother and sister. They're living with their dad, I said, They're not living with

your mom.

Complex emotions surface from caregivers when discussing reunification. As they repeatedly confront issues with grief and loss, they also have difficult questions about the system of which they are a part. Not always do the kinship foster caregiver and the agency worker agree that reunification is the most suitable plan. Kinship foster caregivers can feel perplexed and devalued, and sometimes struggle to understand the reasoning behind decisions as they continue to partner with the child welfare agency, as evidenced in the following comments about a variety of situations:

Deep down, I'm not going to want those kids to go, because they've been like

my own. I've dedicated my life to them, but I'm just a foster parent. I can't say

nothing.

***

When they informed me that those two were going back home, it just about

broke my heart, because I could see what their life was going to...I was right,

but then, I guess that's politics. That's Social Services. Their main option is to

return their kids. But sometimes it's really sad when you know what's going to

end up happening.It was hard to let them go and only because I knew what was

going to happen; but other than that, I didn't say or do anything.

***

I couldn't understand. They had everything. The mother was, and has always

been involved with Social Services. They could see a pattern or they could see

the neglect and abuse, and maybe even in the other kids, but why were those

kids returned? I don't understand. If the parent's not going to change with the

oldest, and down the road they've apprehended some more kids of hers, what

makes them think that they're going to still change. I don't understand why they

keep returning them to that parent that's not going to change.

<div align="center">***</div>

I guess that's why I'm questioning what makes a social worker base her

decision to return the kids. I mean, I'm not a social worker, but I'm usually

pretty right about people. You know, my insight is really good. I don't know...I

just don't understand how kids can be returned so fast to some of the most

serious abuse that I've seen.

As evidenced in the underlying tone of these comments, kinship foster caregivers' experiences sometimes leave them feeling powerless, insignificant, and unappreciated.

Contradictions

Complicated feelings arise for kin in the presence of contradictions in which they often feel caught in the middle of conflicting positions. Dealing with loyalties to family, while developing a productive relationship with the child welfare agency, was reported to pose an understandable dilemma for kinship foster caregivers. Some kinship foster caregivers are noted to encounter difficulties accepting the position of authority held by the child welfare worker, and conforming to policies and rules imposed by the agency. Simultaneously, kinship foster caregivers contended with perceptions by family of alliance with the agency.

You know, some people don't like Social Services, because they're taking all

these kids, and they don't like the foster parents, because the foster parents

have their kids.

With respect to balancing their role as both foster caregiver and family

member, one kinship foster caregiver spoke about suffering alienation from a parent

and the children due to reporting negative information to the agency:

I'm a foster parent first because I always believe that their safety comes first.

So, I stick to my guns that way. In this one I lost in the end, because of my being

a foster parent first, and always telling [the children's parent] or telling the

social worker where [the parent] was screwing up or what [the parent] was

doing wrong. Now, it's to a point where [the parent] doesn't want to have

anything to do with me...But ask me if I'd do it different again, I wouldn't. I'd

do the same thing again.

Contradictory responses from birth family were common occurrences for

kinship foster caregivers as illustrated by one scenario:

She begged me to help her with her little girl...And to this day, she blames me.

She's told me I stole her baby and stuff like that. You know, she just does that

when she's feeling down. When the two-year thing came up, she told me. She

said, I can't keep her. I might hurt her. Those were her exact words, I might

hurt her.

Perceptions of family and the community at large of getting paid for their

service as a kinship foster caregiver was also reported as a source of stress, as kinship

foster caregivers sought to establish credibility with family, the worker/agency as well

as the community. Establishing this credibility added to the pressures felt by the kinship foster caregiver as they strove to achieve a positive image in their role. One kinship foster caregiver spoke about facing criticism from others, had difficulty trying to get others to recognize how much work is involved caring for the children, keeping to a routine and ensuring their special needs are met; this caregiver also expressed that there was an expectation to prove repeatedly that the children were cared for competently. Both kinship foster caregivers interviewed identified that initially some family and community members felt entitled to question the kinship foster caregiver and comment about the care and planning in place for the child. In some instances kin face pressures to care for the child; but conversely, they may also face harsh scrutiny once doing so. Many issues regarding extended family dynamics were the most evident during the implementation phase of a kinship foster care situation.

Thematic Integration of Survey and Interview Findings

After separate analysis of survey and interview data, emergent themes from each were compared, contrasted, and blended. The combination of these themes forms the basis for producing an integrated account of the issues emerging from the qualitative data. Reporting of the findings from the qualitative analysis is divided into four areas depicting the stages that the child welfare agency and the kinship foster caregiver are involved with one another: Motivation, Recruitment, Considerations during Assessment, and Experiences with Implementation.

Motivation

Analysis of the survey and interview data revealed three primary themes which child welfare teams and kinship foster caregivers identified about the reasons kin

become foster caregivers. These themes are Societal Expectations, Familial and Child

Care and Concern, and Family Honour. These themes are interconnected and have

some overlapping areas.

Societal Expectations

Inherent belief in the preservation and importance of family and culture

suggested larger, benevolent reasons for family to provide care. Comments regarding

cultural preservation and development were placed within this theme, as an expectation

and desire to perpetuate the cultural society to which the kin belong. As described by a

kinship foster caregiver:

> *With First Nations there's a high emphasis on keeping the child with their*
>
> *relatives...the logic or thinking is that we need to keep them with the family,*
>
> *their relatives...[so] we know where the child is...that's the general feeling.*

This kinship foster caregiver commented on providing a child with a sense of

history and connectedness.

> *...keep connected to the community, the home community. He knows where he's*
>
> *at type-of-thing. It's not going to be a big surprise when he's 14 or whatever.*
>
> *He's growing up with that. It's also to keep him connected to his people. It's*
>
> *important. He may not like what he sees or he may not agree, but at least he*
>
> *knows where he's from and I think that, in turn, would help him to appreciate*
>
> *more what he has, rather than not being exposed to any of that and just think.*
>
> *Well, this is the way life has always been. But we do connect him back to his*
>
> *community, so he can see how life really is there, and I think that's very*
>
> *important.*

Further comments about culture originated from the Regional Services and Family Services teams. Although recognizing that culture is maintained with the continuance of rituals and traditions, kinship foster care was also attributed with nurturing the child's spiritual and emotional health. More than the act of participating in culturally relevant events, experiencing these events in the company of family was connected to a child's sense of belonging and identity.

Also comprising part of the societal expectations theme were comments reflecting duty and obligation to family and clan, including reference to pressures applied to assist. Quotations from kinship foster caregivers depicting pressures, both internal and external, to keep children within their family follow.

She begged me to help her with her little girl.

***

They asked everybody there [in the community where the parent and children resided] if they were willing to take the kids, but they said they couldn't do it, so they [the children] came to us.

***

I did keep in mind that if there was nobody else that would...that I was going to....

***

His dad made us aware...he wanted to know if we were interested, and if we would take him...[the father's] main concern was basically keeping him within the family.

Comments about the desire to help specific family members also appeared; these were placed in the section regarding care and concern for the well being of family.

Familial and Child Care and Concern

Child welfare teams commented that kin involve themselves with the child welfare agency due to their commitment to keep their families together and intact and out of a desire to preserve their family autonomy. Kinship foster caregivers as well as the child welfare teams identified the maintenance of a child's connection to family and roots as a motivator, as well as the importance of family helping family. As stated by a kinship foster caregiver, in response to speculation about the children being placed outside of the family:

> *I think they probably would have missed out on lots. The relationship with the mother wouldn't be there; the relationship with the rest of the family, like all their cousins, all their aunts, all their uncles.*

On this same point, a social worker from the Family Services team expressed that, unlike arranged visitation with kin, kinship foster care nurtured the transfer of *"intimate family ways of being"* permitting a child to *"acquire a sense of family from his/her own"*.

Comments under this theme suggested that the reason kin come forward to foster is out of concern for the child's best interest. Kin believing that placement with family would be best, did so in order to reduce the child's experience of trauma and disruption. This concept was further supported by comments from both survey and interview that kin knew the child's needs, history, culture, and values; kin also reported

fostering due to their close relationship with a specific child as evidenced by comments such as the following.

I was pretty close with them and I always used to go and visit and everything. I used to always take one little girl with me...for a few days at a time.

***

I was quite close with her since she was a baby. She was staying with [another relative] from the time she was 3 months to 16 months so I babysat her quite a bit... So, I was already close.

The desire to keep siblings together was a factor identified in survey and interview responses. The kinship foster caregivers interviewed spoke of maintaining sibling relationships; on two separate occasions, one kinship foster caregiver family had an older sibling already living with them when a child required foster placement.

Then I asked the social worker what was happening with the little boy, the brother. They said they were going to place him in another home. I said No, don't separate them. I'll take him, too. So they gave me him, too, and I've had him since.

Another motivating factor identified within this theme is the kinship foster caregiver coming forward out of a desire to assist and support the parent.

The mother was to stay in my home and learn how to parent and take care of the baby... I said You have to stay here and help take care of her. I'll teach you what you need to know, and we can do this together.

***

We used to go there and we could see her life...her life started

unraveling,...she'd once in awhile ask for help when she was in trouble.

***

Since the child was born, we've been involved. I've been involved quite a lot. I

had a relationship with her [the mother]...You could tell she was young for the

child, and that was not her priority.

Family Honour

Family honour was a concept identified only by the Regional Services, Family

Services, and Manager/Supervisors child welfare teams, but was also referenced in

comments from kinship foster caregivers. In this context, family honour is a concept

connected to kin seeking to achieve an image of competence in the community and

with the agency, as well as kin seeking to align their internal principles with outward

behavior. Although formalized approval as a foster home is a prerequisite to accessing

some child welfare agency supports, the approval itself is meaningful, as expressed by

one kinship foster caregiver in interview:

> *It stands to reason that if you deem people to be responsible foster parents, if*
>
> *you accredit them, approve them to be a foster home, then certainly you're*
>
> *giving them a lot of credit.*

Although access to financial and other supports from the child welfare agency

were identified by Intake and Foster Care Teams as a motivating factor for kin to

provide care, follow up clarification revealed that this comment intended to convey that

kin chose to engage with the formalized child welfare process in order to obtain

supports that would otherwise not be available in private arrangements; the comment

was not intended to suggest that kin become foster caregivers out of a belief that doing so would be financially lucrative. As noted by interview participants on the issue of payment:

It really bothers me that they think I'm just doing it for money when there's so much more to foster parenting than just money. When I started doing this, I didn't know I was getting money. I really didn't know.

***

And our financial life; we couldn't have done it without the help of foster [payments], really, because we were not financially prepared, I guess, to pay daycares, and so forth and so on. [Money] was very helpful, yes, at that time. It still is.

The Foster Care team further elaborated that provision of financial supports removes financial barriers enabling family to provide care, a concept supported by this team. The Foster Care team identified money, when viewed in isolation, as well as guilt to rectify past wrongs, and succumbing to pressures from others, as inappropriate motivators to foster.

The Intake, Children's, Foster Care, and Regional Services teams believed that kin wanted to prevent loss of a family member to the child welfare system; additionally, the Foster Care team expressed that kin and clients alike feared not being able to get the child back from the system. These child welfare teams identified many as having a strong generalized mistrust of the child welfare system, perceived kinship foster care as a separate entity from the child welfare system and saw kinship foster care as an avenue for family to gain secure knowledge about the care the children

receive. One kinship foster caregiver, despite a close relationship with the parent, indicated the following:

> *I guess they were on a supervision order in [the community where they lived], but the mother was too ashamed to even tell us, I guess. That's why I had taken her without knowing that Social Services didn't want her to leave.*

Avoidance of the stigma associated with involvement in the child welfare system relates back to image and family honour.

The Regional Services team (rural) indicated that honour and image are possibly magnified in a small community. The Regional Services team expressed the belief that it was important to the kinship foster caregivers to be perceived in the community at large, as well as by the agency, as capable and competent persons. The Regional Services team also reported that kinship foster caregivers want to establish themselves within their extended families; this issue holds particular significance in situations in which a specific family is proposed during child welfare consultation with First Nation and extended family; the selected family may feel added pressures to competently carry out their foster care duties due to endorsement from the larger network. This obligation is consistent with comments provided in the discussion about societal expectations.

The child welfare teams identified a number of positive feelings they believed foster caregivers experienced as a result of providing care for their kin. Grouped, these emotions delineated a sense of worth and satisfaction, fulfillment, importance, righteousness, responsibility, and autonomy. These beliefs are supported with comments from kinship foster caregivers in interview such as *"it's been very*

rewarding", *"it's helped me to grow socially and emotionally"*, *"the experience has been great. It has been a real blessing"* and *"it's drawn us closer together."*

Child welfare teams indicated that kin who foster do so in order to fulfill both their rights and responsibilities to the child, their family, culture, and community, and are rewarded by their resulting feelings. Kin who foster are described as seeing fostering as an important opportunity to strengthen their families, help others, maintain a relationship with (and thus prevent loss of) the child, and preserve their culture. The child welfare teams tended to believe that the benefits of greatest significance to the kinship foster caregivers were these intangible rewards. Thus Family Honour as a motivating theme encompasses self directed benefits, whether those are external or intrinsic rewards.

Agency Recruitment Strategies: (Process and Tools) and Kin Recruitment Experiences
Strategies to recruit foster caregivers among a child's kin were plotted against a continuum ranging from informal to formal. Informal processes included direct discussions with child, and the child's parents progressing to the extended family network. Some of these contacts were worker initiated, while others were following up after extended family approached the agency. Proceeding along the continuum, strategies become more formalized. Workers reported networking with established community resources such as professionals and professional agencies (such as schools and health centres). They also reported approaching formalized entities such as Elders Councils and Clan leaders. Among the most formal strategy identified is working with Social Program staff of First Nation governments and liaising with governments of

other provinces and territories. Many of these activities occur concurrently, not in a

linear fashion. Please refer to Figure 4.4.

←---→

Informal /   /   /   /   /   Formal
        Child Parent Family   Established Entity   Government Agency
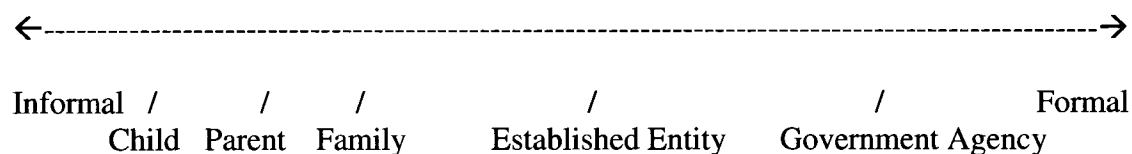
Figure 4.4 *Continuum of formality in kinship foster care recruitment*

In addition to direct person-to-person contact, child welfare teams reported

using genograms and file review information as tools to identify possible kinship foster

caregivers. Emergency approval (foster resources used with basic checks in place

pending a thorough assessment) is another tool identified with kinship foster care to

permit placement of a child sooner after entering care. Please refer to the findings in

the quantitative section regarding the length of time in care prior placement with kin.

Accounts from kinship foster caregivers participating in interview verified

implementation of these strategies. It was common for the caregiver to learn of the

need for a foster family directly from the parent or close family as noted in the

following quotes. In other instances, representatives of the child welfare agency were

crucial to the kinship foster care recruitment process. As stated by kinship foster

caregivers:

> *The father just came and asked us to take them.*

***

> *When I was visiting, I could tell that the mother wanted me to take care of the*
> *child.*

***

It was the grandpa that had phoned and said that his grandchildren had been apprehended and wanted help, didn't know what to do. So, I phoned the mother and asked her what was going on.

***

The social worker decided this is not working out...[and was] looking into placing him and actually suggested me and my husband.

***

I had taken the little girl again...and I got a phone call from the social worker... The social worker asked me if I would keep her. So I said Yes.

***

I didn't really know the situation, but the next thing I know Social Services is involved and asking us to keep them. We kept them.

***

The mother had the girl in [another jurisdiction in Canada] and was apprehended there. [The mother] came back up here and worked things out with the social worker, and the social worker got [the child] transferred up here...and she's been with me ever since.

The Family Services team described parents as "*some of our best recruiters*", explaining that parents who are connected to their families and who have a genuine understanding of the reasons their children require care are often able to rally support from within their family. Timing was also identified as a critical variable in the recruitment process. Although children are often placed with kin when there is a plan to reunify, (refer to quantitative section), a Family Services team social worker

indicated that an application for a permanent care order was viewed as a *"turning point"* in case management, providing an opportunity to engage in a whole new process of recruitment among family for purpose of long term planning. According to the Family Services team, family members are sometimes more receptive to foster at this time as the decision not to return the children to the parent has been made.

A divergent comment arose from the Children's team; exploration of kinship foster care placements were believed to have already occurred prior to responsibility for planning being transferred to this long term, permanent care team; clarification revealed that pursuit of a kinship placement may still occur, but depends upon the specific plan identified for the child.

Considerations During Assessment

Some of the issues and factors identified by kinship foster caregivers as affecting their decision to foster clustered around the same areas identified by social workers as affecting suitability. These areas are: Caregiver Health and Circumstances, Compatibility of Agency and Caregiver, and Extended Family Dynamics.

Caregiver Health and Circumstances

A caregiver with the capacity to parent, possessing strengths to offer and draw upon, was viewed as suitable and desirable. Caregiver health was also identified as a determining factor. Health, in this context, was reported as including but not limited to physical health. A kin's stability, emotional health, and maturity were identified as important. Fragile or only recently attained health and stability were identified as concerning, as was a history in any of child welfare, addictions, violence, victimization, or sexual abuse. Teams expressed that it was essential for a foster

caregiver from this type of environment to be able to recognize and acknowledge the risks. The Family Service team, although concurring with this position, also conveyed considerable tolerance and sensitivity with regard to these issues; one family services social worker recognized that having a child placed with kin who has endured and resolved their own problematic past will:

> ...bring all the issues of their own recovery back to the surface. The child's issues and behaviors will trigger the [kinship foster] parent over and over. The issues from their past will confront [the kinship foster caregiver] repeatedly in a whole new way.

Instead of dismissing such a relative as inappropriate as a foster caregiver, the Family Service team conveyed the need for a high level of support and understanding toward the caregiver as they readdress these issues along with the child.

Kinship foster caregivers, too, can recognize that their personal history will impact their care giving. During discussion of this issue, one kinship foster caregiver expressed:

> Personally for me, I came from a very bad home situation and upbringing...So, I wasn't sure about my responsibility, how I would be able to provide the care that was necessary. There was just a lot of uncertainty on my part, because I wanted to, but I wasn't sure I could be a good parent. That's one thing that I had to consider, and that made me hesitant in a big way to agree, simply because like I say, my background, my upbringing. I wasn't sure about discipline, if I would over-discipline...because I knew the way I was disciplined was in a very negative way, and I was scared that I would pass that on. So, I

had to consider that... in all fairness to him...That's what was going on inside

of me...So I was quite hesitant at first to go along with it, because I have a lot

of uncertainties in me personally.

The Family Services team expressed that when the kin's reasons for providing foster care are meaningful to them, (the intrinsic rewards), and when they believe they are doing what is best for the child, there can be very positive outcomes in the working relationship with the agency. In these circumstances, the ease with which the social worker is able to work with the family and form positive inroads is enhanced. Thus, a caregiver who shares the social worker's goal of providing for the child's best interest increases the caregiver and the agency's capacity to work together.

Compatibility of Agency and Caregiver

The degree to which the ideas of the caregiver and the requirements and plans of the agency converge affects the success of the relationship between the kinship foster caregiver and the agency and subsequently impacts the suitability and stability of the placement. The child welfare teams identified the need to assess whether potential kinship foster caregivers are prepared to work with the agency, as determined by their degree of acceptance and cooperation with agency expectations and requirements, the appropriateness of their motivation and commitment, and their capacity to meet the child's needs.

While child welfare teams identified the importance of kinship foster caregivers accepting the role of the child welfare agency, involvement of the agency in the child placement arrangement can also be viewed by kin as advantageous and supportive, as experienced by this kinship foster family:

But we then discussed together and we saw a need, and we decided to take care of the child. But due to the circumstances of the family background here,my spouse wanted a social worker to be involved. So, that would stop a lot of...to control the visits. Well, basically, we wanted the situation monitored. And support.

The type of monitoring and support deemed helpful is discussed in greater detail in the implementation section. Acknowledgement of it here conveys kin's acceptance of the agency's role in the care of the child; it also highlights that the child welfare agency can provide assistance to families who care for a child.

Some comments about cooperation with the agency are in reference to family response to the requirements of the foster care approval process. Specifically, one Family Services social worker expressed it this way:

They [the kinship foster caregivers] are not stuck on the issues with the parents; they are not angry and they are not "anti-system". They can separate the parent's issues from the child's and they know what they can and cannot control. They "get it" and therefore don't have to ask why the child is in care. They buy into the process [of the agency's requirements for foster caregiver approval]. They are more willing to go through the hoops – they are cooperative, not resistant, and don't have to be pushed. They know that recovery takes more than 6 months and is not just about quitting [drinking or other problematic behaviors].

One kinship foster caregiver candidly expressed beliefs about the recovery process:

I don't think people can really recover in six months or a year or even in two

years. I think it takes longer than that. Say, like, [in reference to a specific

parent], I don't think she would – I think it would take a long time for her to

straighten out her life. Like, she could probably quit the drugs in a month or

however long they say it takes, but all of the mental and emotional healing that

comes, and trying to figure out what to do without the addiction.

The child welfare teams identified that it is essential for the agency and the

kinship foster caregiver to be able to work together on a case plan. In discussion about

following agency policy and case plans, one kinship foster caregiver agreed, stating:

Yes, because you can easily say, Well, no one will find out. I mean, that

temptation is there. That comes down to your personal boundaries. Just say,

Well, no, I've got to stick by what Family and Children's Services say. You

know, it's just too easy to say, Yeah, go ahead. You know, if you take that

attitude, then the next time, it's just going to be that much easier to bend and

push that boundary, which would lead to trouble eventually or has the potential

to lead to trouble.

Family and Children's Services is fairly structured and the protocol that they

follow is geared toward safety, pretty much the safety of the child, and I like

that.

Other comments about working within agency requirements are in reference to

ensuring the child's best interests are met through activities such as accommodating or

limiting access and visitation, and working toward reunification if that is the goal.

While this is addressed further when discussing implementation, child welfare teams

and participating kinship foster caregivers believed having a clear understanding of the expectations of each party from the outset is critical. This point is accentuated by remarks from kinship foster caregivers:

That's Social Services. Their main option is to return their kids.

***

And before I went into it, I wanted to make sure there was a respite there, because of all of the uncertainty...but we never used respite.

Motivation and commitment encompass comments made about the sincerity of a potential caregiver, and whether they are committed and able to provide care for the required length of time. In some situations, children remain placed in foster care longer than anticipated or there are changes to the original plan.

It was going to be a three month trial or whatever. And the social worker gave conditions to him and the mother. It went for three months to six months, and then, finally he came into permanent care.

***

Actually, too, when I was doing this, I was considering...I was just thinking short time, but it ended up being a permanent sort-of-thing.

***

And that mother was to stay in my home and learn how to parent and take care of the baby. That's how she ended up here, and she's been with me since. She [the mother] only lasted a week. She left, and then, I think they tried to get the mother to cooperate, but she wasn't interested...I hate to say it, but she wasn't interested. She had no use for the little girl. She had no use whatsoever. She

didn't even have a feeling for her. Right off the bat, she didn't get up to feed

her, she didn't get up to do anything. Like I said, it only lasted a week...So, I

guess after the two years they came and asked me if we would like to keep her

and raise her.

In this last situation, the same parent had more children a few years later. The
kinship foster caregiver explains:

It was the same thing again. They were apprehended and the mother wanted to

learn how to take care of them, and she wanted help taking care of them. She

was supposed to stay here and parent, and it didn't last; but they were

eventually returned to their dad. That time she lasted two weeks.

Many issues regarding extended family dynamics were the most evident during
the implementation phase of a kinship foster care situation.

Experiences with Implementation

Discussed here are the primary issues identified by child welfare teams and the
kinship foster caregivers about their experiences with and expectations of family and
each other during the fostering process. These issues are often concurrent and tend to
be interrelated. Child welfare teams and kinship foster caregivers identified 4 areas that
pose challenges in a kinship foster care situation: personal functioning of the caregiver,
family dynamics, and relationship between caregiver and agency. Also discussed, as
part of this relationship, is the agency's role in supporting the caregiver.

Personal Functioning of the Caregiver

Child welfare teams listed a number of sources of stress associated with kinship
foster care including resurfacing of past issues, burnout, emotional investment in the

child, isolation from support, disillusionment with parents' progress, dealing with family who may be dysfunctional. Situations that were believed to hinder a caregiver's capacity to cope with stress, or increase the stress with which they were required to cope, included fatigue, poor health, age, and dated parenting practices not well suited to address the challenges of modern day parenting. Child welfare teams believed that kinship foster caregivers were especially susceptible to burnout from these sources, as these were added to the demands of partnering with the agency and operating within unhealthy family relationships. The Manager/Supervisors and Regional Services work teams suggested that kinship foster caregivers may believe that the positive image they sought to attain could be jeopardized if they admit to experiencing difficulties coping with mounting stresses associated with kinship foster care.

Regarding past issues, child welfare teams discussed the challenges inherent in facing these sensitive issues repeatedly, especially if the kinship foster caregivers were working to overcome the same issues the parent or child-in-care was experiencing. As expressed by a kinship foster caregiver:

> *My background of attachment was a big thing for me. I still have difficulty*
>
> *today with attachment to people, but that's something that I'm overcoming and*
>
> *I'm getting much better at, yes.*

However, sometimes the presence of previous issues is actually a benefit or strength in dealing with the children's issues. A kinship foster caregiver explains how and why she dealt with a situation she encountered:

> *So, I went to the mother, and I said, Listen, I want you to talk to your daughter*
>
> *before she's 10 years old. I want you to tell her about her dad, that [details*

regarding paternity]. She asked me why, and I said because I don't want you to tell her when she's coming into her teens. It might be something that she can't deal with, like, an emotional sort of thing. So, she did. She went and told her about her dad, and the child was okay with it. And then, she just asked me if one day she was going to meet her dad. I said one day you probably will. I found out when I was 14, I think is the worst time that I found out [a piece of sensitive information]. That was devastating. I don't know if it was just because of the pre-teen or emotional thing you're going through at that age, but it changed my life forever. And I kept thinking if she knows it when she's eight or nine, she has all these years to adjust to it.

Family Dynamics/Establishing Boundaries

Child welfare teams and kinship foster caregivers identified family dynamics as a source of stress for kinship foster caregivers in a fostering situation and the need to establish and maintain effective boundaries. Periodically, the worker is asked to assist in mediating conflicts that arise between any of kinship foster caregivers, their children, the fostered children, the parents, or other members of the extended family. Some of these conflicts are over issues relating to the care of the children or the limitations placed on the caregivers with respect to care of the children.

Kin who foster were recognized as needing to cope with changes to a number of family relationships. With the addition of the child-in-care to their household, issues were expected to naturally arise as everyone incorporates another member into the home setting. In addition, the kinship foster caregiver and family need to adjust to their

new role towards the child-in-care, from relative to primary caregiver. These adjustments to managing relationships also spill outward toward the rest of the family.

Setting and maintaining boundaries with extended family and the lure to succumb to family pressures were both identified as considerable challenges by child welfare teams and kinship foster caregivers, particularly when dysfunctional extended family interaction patterns exist. In interview, kinship foster caregivers discussed the need to establish and maintain workable boundaries with the parents and extended family of the children for whom they provide care:

> *I found that [setting boundaries] to be very important. I just knew when I took them that this is what I was going to do. I was going to set some rules right off the bat, but I never had any problem with her. She understood, and she followed it.*

<div align="center">***</div>

> *Yes, it's worked out good for me, I guess. But I think, you know, just laying down the rules right away helped lots.*

<div align="center">***</div>

> *She came back in January or February, and right when she walked into my door, I told her. I said, we have rules here. I said, your uncle and I don't drink. There's a reason why we don't drink is because we don't want the kids to be exposed to it. I said, my rules are my rules. The kids will follow those rules. I said, you're not to interfere. I just laid it all straight out for her.*

<div align="center">***</div>

She used to phone when she was drunk. I said, I can't talk to you when you're like this. Don't phone me any more. And she doesn't. Like, she's been really good that way.

***

She doesn't come around my house, drunk. She doesn't come around with drugs. If she does, I just say...

***

I knew she had gone quite heavy into the crack. I said, I don't want you here like that. If you're going to do something like that, I said, don't come around until you're done. Come when you've straightened yourself out.

Clear boundaries and a positive relationship between the caregivers and the parents have the added benefit of providing the children with consistency. This kinship foster caregiver recounted her interactions with a parent:

Yes, and it works. I also told them, I said, you stick to these ones, then the kids don't get mixed up thinking that there are two different sets of rules. Oh, Auntie says we have to do this, but you say we can do this. Just keep it all the same and everything will work out. Bedtimes are at this time. It doesn't change just because you're here. There are lots of times in the house I was saying, Hey, just because you're mother's here doesn't mean that you guys can start acting like this. And she never interfered with the disciplining or whatever. She never said, Don't do that. She was right in there supporting me. So, it worked out good with that mother.

Kin families' pre-existing relationship with parents is believed to lend itself to a higher level of involvement with parents than what is seen in regular foster care. In discussion about this pre-existing relationship, one kinship foster caregiver comments about a parent's behavior:

> *Yes, the family member thing...they don't say, you took my kids or you have my kids. Even [a specific parent], you can still see a little bit of family restriction. Like, she sets her boundaries a little bit. She doesn't come to my house drunk. She comes a little bit high once in a while. She holds herself. She contains herself. whereas with other people she's kind of wild....I think because if you're family, that family has a little bit more respect.*

So far, the critical factors identified in implementing kinship foster care successfully relate to the personal functioning of the caregiver and the caregiver's capacity to set boundaries and deal with family dynamics. Child welfare teams and kinship foster caregivers agree that the agency has a role to play in supporting the caregiver with these tasks and challenges. The degree to which these challenges can be mitigated is reported to depend to a considerable degree on the quality of the supportive and cooperative relationship the kinship foster caregiver has with the child welfare agency. How the agency worker and the kinship foster caregiver forge a productive relationship is discussed next.

Relationship Between Caregiver and Agency

Survey respondents from the child welfare teams and kinship foster caregivers alike, identified the tasks of establishing and maintaining healthy boundaries with the child's parents and managing extended family dynamics adeptly as challenging but

essential aspects of the kinship foster caregivers' role. The issues related to these tasks were identified as common stressors for kinship foster caregivers that warranted additional agency support. Research participants from both survey and interview believed that kinship foster caregivers needed to be able to establish a relationship with the child welfare agency that worked for them in order to deal with family issues such as expressed by these kinship foster caregivers:

> At first, there was a little bit of roughness [with the family]. They wanted to kind of push the boundaries...yes, like, who are we to be taking care of him? And why can't we just take him overnight, and this and that and do whatever, whenever. You could tell, and it was a very good thing that we did say, it's not really our decision. You have to go through the social worker because they were phoning and so, well, it's not up to us. It's up to the social worker. But now it's very positive.

<div align="center">***</div>

> Well, it was good to have Social Services involved, because then we could follow the protocol and say, well, you know, we've got to check there and check here and make sure. We can't just say, go ahead and that takes away the [family perception of kinship foster caregiver making decisions] and they were accepting of that.

Child welfare teams expressed that kinship foster caregivers need assistance from time to time to withstand pressures from their extended family. Conversely, however, kinship foster caregiver interviews revealed that the support from the agency to assist and support them in dealing with family issues is critical to the success of the

placement and a positive, integral feature to the ongoing success of the working

relationship kinship foster caregivers have with the child welfare agency. As stated by

this kinship foster caregiver:

> *There were times where I would blame the social worker, because the social*
>
> *worker said, do that if you need to use me. If something was happening I'd just*
>
> *say, go talk to a social worker and then they'd deal with it if I didn't want to*
>
> *deal with it. Because sometimes I didn't know how to deal with them and that*
>
> *was good. A lot of social workers that have been through here have been like*
>
> *that. They always say, blame us. Send them our way. So, that's what I've done.*

<div align="center">***</div>

> *When I first started doing this, they [social workers] were always there to back*
>
> *me up, and they always took the flack from the parents all the time. I never had*
>
> *to deal with any of it.*

Child welfare teams identified kin's knowledge and familiarity with the child

and family as useful when devising appropriate case plans. Kinship foster caregivers

interviewed identified the desire for increased involvement in the planning and

decision making process regarding the child. However, conflicts can arise as the

worker and the kinship foster caregiver try to work together.

> *I do think that social workers should have a little bit more input from foster*
>
> *parents. I believe that, because they're the ones that are with the kids actually.*
>
> *Like, they're involved with the kids more than the social worker because the*
>
> *foster parents get to know the kids. They're with them 24 hours a day, and the*

social worker might see them once, twice a month or whatever. They don't

know what the kids are going through in their lives.

Some kinship foster caregivers welcome the opportunity to have an active role in implementing case plans, possibly due to the pre-existing relationship with the parent, and kin's increased sense of autonomy. As illustrated in earlier quotes, this may consist of tasks such as teaching parenting skills, and in some cases involves provision of support and assistance such as the example of the parent living with the kinship foster caregiver. The following kinship foster caregiver comment illustrates one way that the relationship between kin and the birth parent manifested itself in addressing birth parent issues:

I mean there are still times I get mad at her when she doesn't phone or she

doesn't bother with her kids, especially now that they're getting older, because

they want to know why somebody didn't phone them. I've told her, you could

have put the beer down for five minutes, and phoned them. You know, I can say

stuff to her like that.

Kinship foster caregiver's increased willingness to work with birth parents, as reported by child welfare teams, also includes overseeing and ensuring visits. One kinship foster caregiver reports:

She kept him for the week end. She wanted to keep him. [The mother] said it

was awful. He stayed up all night and cried. Eventually at 3:00 in the morning I

had to go and get him, because he couldn't handle it. So, that's the kind of stuff

that scares her.

The Manager/Supervisor team also identified kin as often having a higher tolerance level for problematic child behavior and risk posed by parents. This point is illustrated by a kinship foster care giver account of an incident with a birth parent:

I had also said, the doors are locked at 12:00 because I figured if you're not home by 12:00, you're doing something already. You're supposed to be here looking after your baby.

She did it the first week. She smashed our window downstairs, broke in. She did, and [details of a serious conflict]. I had to get my husband, and we had to get her to leave. She was in that drug state.

The Manager/Supervisor team suggested that kinship foster caregivers tend to have a strong commitment to caring for a child, and remain committed to a placement with these types of challenges in situations where a regular foster home resource would break down. At times, the expectations kinship foster caregivers have of the parent are beyond those the agency has. Recognizing the inevitable relationship between caregiver and parent through common membership in the same extended family, the following example of kinship foster caregiver working together with a parent was shared:

When she got [her child] moved here, I said, okay, but you have to stay here. Because, I mean, I was just having my own daughter. You have to stay here and help take care of her. Like, my baby and your baby.

As noted earlier by child welfare teams, taking initiative to ensure the child receives services is a characteristic of kinship foster caregivers identified by the child welfare teams that reduces reliance on the system. This includes involvement with

family and cultural activities, enriching experiences, as well as addressing as special

needs. As stated by a member of the Foster Care team, with regard to enrichment:

> *If they want the child to have music lessons, they arrange it; they don't wait for*
>
> *the worker to do it.*

In justifying this autonomy, one kinship foster caregiver said:

> *I know the kids the best, of course. I know that when they're tired, they're*
>
> *totally different kids, that they start doing weird things, like acting up in school*
>
> *or they'll just start crying for nothing. So, I figured it out. I know the kid. He's*
>
> *been with me. You know, every kid is different.*

As this quotation illustrates, children may be impacted by an array of factors

simultaneously that require sensitive attention. Addressing the child's issues also

includes their special needs; however the agency and caregiver do not always agree on

an intervention strategy. As experienced by this kinship foster caregiver who believed

her input was not viewed as credible, she stated:

> *The boy's kind of excessive sometimes. He's got his little quirks and little*
>
> *problems... he's not been diagnosed, but everybody believes he might have a*
>
> *little bit of F.A.S. He was a coke baby. He's very hard to raise. He doesn't like*
>
> *changes.*
>
> *I figure this guy needs one-on-one education, but nobody believes me, I can't*
>
> *get anyone to listen. I did have a meeting with everybody about this, and I lost*
>
> *the battle. Sometimes it's really frustrating when you can't get anybody to*
>
> *listen to you.*

The Children's team identified assistance with advocacy as one type of supportive service to offer to kinship foster caregivers.

Provision of Support to the Caregiver

Ensuring that kinship foster caregivers receive adequate and appropriate support is an important issue agreed upon by survey and interview participants. The support provided needs to be sensitive and suited to the kinship foster caregivers' unique needs.

Support on a multitude of levels was identified as necessary. Access to support for oneself as a caregiver, as well as the support required to care for and help the child was noted; support in dealing with the child's parents and extended family were also included. The Foster Care team observed that a kinship foster caregiver's capacity to cope with loss is often tested as they confront the grief cycle in a number of ways; kin may minimize or deny parental circumstances and problems, hold unrealistic hopes for recovery, experience feelings of anger, disillusionment and discouragement, and be disappointed about the loss of the relationship they wished to have with the child as they assume greater responsibilities associated with the caregiver role.

Another area in which kinship foster caregivers require support is in dealing with their own personal and family history. As noted in the discussion about factors affecting suitability to foster, persons who have overcome significant issues may still suffer periodically from the residual effects of their past. In addition to the possibility of the kinship foster caregiver's history being similar to the child's parents, (for example, addictions and/or abuse), the surveyed teams identified the concerning impacts of residential school syndrome. Although the work teams surveyed did not

necessarily believe that the presence of these issues precluded success as a foster caregiver, it was identified that sensitivity was essential.

The Manager/Supervisors team identified services and supports available to kin when they care for children through the foster care system as including financial reimbursement for some expenses, and access to training and expertise in addressing a child's special needs. Access to financial and supportive services suggests to the Manager/Supervisor team that fostering can be preferable to private arrangements in caring for kin. Kinship foster caregivers also identified respite and worker involvement in mediating conflict as services that are particularly supportive and helpful.

The Manager/Supervisors team concurred with provision of support; this team commented that kinship foster caregivers generally have fewer supports available to them as often the conflicts with extended family inherent in kinship foster caregiving can also reduce the potential sources of informal supports available to them. Training was suggested as one way to ameliorate these concerns. Other identified benefits to providing training to kinship foster caregivers were increasing skill level and clarifying the fostering role. The caregivers interviewed commented that they found training helpful.

In summary, kinship foster care provides an array of challenges for caregivers and the agency. However, the parties involved with kinship foster care concur that the positive implications for the children are numerous and compelling.

Chapter 5: Conclusion

Although this study began with questions about the degree that kinship foster care is used and issues that accompany it, the new knowledge gained has been extraordinarily diverse. A summary of the primary findings is followed by a discussion of the further implications about the utility, versatility, and applicability of this model.

Foster Homes

Of the 110 foster homes in the Yukon with full time placements on March 31, 2006, 15% of these were kin. These kinship foster caregivers were geographically dispersed throughout the Yukon. Like numerous other studies, an ethnic minority (in this case First Nation) is highly represented among this population; 88% of the kinship foster families were First Nation. The higher representation of First Nation kinship foster families in the rural areas reflects the ethnic make up of this area.

Children in Care

Like other parts of Canada, there is a high representation of First Nation children in care in the Yukon. On March 31, 2006, two thirds of the Yukon's children in care were First Nation. Of the children living in foster care, 23% lived in kinship foster homes. The children-in-care living with kin were split evenly between the rural and urban areas. Only the urban centre had non-First Nation children in kinship care.

The age, sex, and child welfare legal status of children in kinship foster care was examined. Children entering kinship foster care ranged in age from newborn to 12 years old with no significant differences between the rural and urban areas. There were also no significant differences between the areas for the age of the children when placed with kinship foster families, suggesting that age, when less than 12, does not

impact on the agency's tendency to seek kin, nor kin's willingness to accept placement of a related child. Closer examination of the use of kinship foster care for adolescents is one area that requires more research. At the time age was measured in this study, children in kinship foster care ranged in age from 1 to 17 years old, consistent with other studies that remark on the stability of kinship foster care placements.

Children tended to be placed with kin early in the child welfare intervention process in both urban and rural settings and had spent the majority of their time in care with their kin. With respect to age at the 3 points in time examined (admission to care, placement with kin, and current age), no significant differences were found between the rural and urban subgroups of children, suggesting minimal differences in the outcomes of child welfare practices.

Although more children in kinship foster care were female, gender was equally balanced in the urban setting; however there were over four times more females than males in kinship foster care in the rural area. It is unclear if this is due to differing attitudes of workers or families respecting gender, additional child characteristics such as behavior or physical/mental health issues, or chance. No spontaneous comments were made by the child welfare teams or the kinship foster caregivers about gender.

Approximately 2/3 (66%) of children had temporary or interim legal status at the time of their placement into kinship foster care, suggesting that the long term plan was either reunification or yet unspecified. Participants from both the kinship foster caregivers and the child welfare teams commented on the unpredictable outcomes that accompany kinship foster care arrangements, and the need for commitment and flexibility in spite of this. Voluntary custody agreements were used sparingly with

kinship foster care in both rural and urban areas. A Chi Square test revealed that residency in a rural or urban area did not impact the legal status of children placed in kinship foster care. At the time of this study, almost all the children in kinship foster care were subject to permanent care and custody orders. This finding lends support to the premise that kinship foster care placements tend to be stable and lasting over time.

Children in kinship foster care were placed with maternal and paternal relatives fairly evenly, however in the rural area, the number of maternal placements was slightly higher than paternal. Because Yukon First Nations are matrilineal (Champagne Aishikik Social Services Society, 1990; Legendseekers, 2000) and the proportion of First Nation people in the rural area is higher, this finding lends support to the premise that kinship foster care is well suited to Yukon First Nation culture.

Differences between the rural and urban areas, with respect to the type of relative with which the child was placed, were found. There were no instances of children in the rural areas placed with grandparents, yet a high incidence of placement with cousins or more distant relatives; conversely, in the urban area, most placements were with grandparents and there were no instances of placement with cousins or other relatives; placement with aunts and uncles were distributed almost evenly. There are several possible explanations for this finding. In the cases of non-First Nation children, all were placed with grandparents comprising 2/3 of the number of grandparent kinship foster caregivers; as none of the children in kinship foster care in the rural area were non-First Nation, this may have impacted frequency of use of grandparents somewhat. In addition, the rural communities are more highly populated with First Nation people than the urban one, and many of these rural communities are the main settlement of a

particular First Nation group with ancestral ties to the area. Thus, the presence of cousins and more distant relatives can reasonably be expected.

Highlights of Findings from Child Welfare teams

There are five reasons the child welfare agency in the Yukon uses kinship foster care. Kinship foster care is believed to contribute to an improved perception of child welfare in the community at large. Social workers reported that they were able to fulfill their case management duties with greater ease in a kinship foster care situation. The increased stability of kinship foster care placements led to fewer placement disruptions thus lessened the strain on the agency's limited foster care resources and lessened the likelihood that a child would experience a move. Finally, the teams of child welfare workers believed that the positive aspects for the child of kinship foster care warranted its use.

The child welfare teams identified the advantages of kinship foster care for the child as including a greater sense of belonging, higher levels of family involvement, smoother transitions as they enter and leave care, maintenance of significant relationships and routines, decreased trauma and stress for the child resulting in more positive adjustment. Conversely, child welfare teams were concerned that children in kinship foster care may encounter difficulties adapting to the changed roles of kin in their day to day care, and may also experience feelings of guilt and divided loyalties as their relationships with kin become stronger. Challenges associated with kinship foster care for the child welfare agency were ensuring that caregivers received adequate support and conformed to agency standards and expectations.

Highlights of Findings from Kinship foster caregivers

Kin needed to consider several factors prior to assuming care of the child on behalf of a child welfare agency. Kin contemplated how caring for the child would change their circumstances; the possible reaction of the child's parents and the extended family was another consideration, as well as the effects on others in their household. Some kin also thought about the impact of their personal history and issues on their capacity to provide care.

A dominant theme which emerged from kinship foster caregiver comments was the importance of family and relationships. Kin spoke candidly about the complexities of their relationships with the children and the children's parents before, during, and beyond child welfare involvement. The kinship foster caregivers' commitment to the children and their parents was testimony to their tremendous capacity to care.

Kinship foster caregivers offered their perspectives on reunification. While reunification was viewed to be positive in the right circumstances, caregivers were also honest about these agonizingly painful experiences, and their own sense of inner turmoil as they put children's needs ahead of their own. Remaining a predictable and neutral entity in the midst of conflicting and confusing messages requires great stoicism. Although research suggests that kinship foster care is associated with slower reunification rates, the agency recognizes that family relationships are maintained for children placed with kin. Kinship foster caregivers believed that reunification could happen at any time during a child's time in care, and was unrelated to externally imposed court or legislative deadlines.

Highlights of Integration of Survey and Interview

There was considerable agreement between child welfare teams and kinship foster caregivers regarding their experiences throughout the lifespan of a kinship foster care situation.

Motivation and Recruitment

Reasons kin become foster caregivers fit into three main areas: familial care and concern, societal expectations, and family honour. Each is interconnected and overlapping. Familial care and concern reflects a sincere concern for the child and the child's parents. Kin seek to preserve the child's roots and ties and reduce trauma. Societal expectations refer to a sense of duty to larger community and cultural origins, nurturing the child's spiritual and emotional health, and assisting the child to develop a sense of identity and belonging. Family honour encompasses issues such as avoiding the stigma of child welfare involvement of a family member, living up to a higher standard of scrutiny, and seeking to achieve an image of competence especially from the agency and extended family they serve. Fostering out of a sense that doing so was important and morally right was also part of this theme.

Child welfare teams identified numerous strategies for identifying kin among high risk families; kin's experiences of contact with the child welfare agency corroborate these strategies which range from informal to quite formalized. Kin's initial involvement with fostering could be the result of direct requests from the parents or other relatives, was sometimes due to their prior involvement with the child or family, suggestions from other service providers, or at the request of the child welfare agency.

Assessment

There was concurrence between the kinship foster caregivers and child welfare teams about issues that impact one's suitability to foster; these are caregiver health and circumstances, compatibility of agency and caregiver, and extended family dynamics. However, child safety superseded all factors. Caregiver health referred to physical as well as emotional health and stability and required careful assessment when a concerning history was present. Compatibility of agency and caregiver means that the caregiver understands the agency's role in planning for the child; it also means that the agency is supportive and sensitive to the difficult position in which fostering places kin. Extended family dynamics refers to the presence or absence of support for the placement by the extended family and how this will impact the kinship foster caregiver's ability to provide care.

Experiences with Implementation

During the lifespan of a kinship foster care placement, concurrent and inter-related issues that arise and pose challenges are personal functioning of the caregiver, family dynamics and relationship between caregiver and agency, including the agency's role in supporting the kinship foster caregiver.

Personal functioning of the caregiver encompasses issues such as coping with stress, burnout, isolation, and disillusionment. Fatigue, poor health, age, and dated parenting practices were identified as exacerbating the stress with which a kin was required to cope. Setting and maintaining boundaries with the child's parents and managing extended family dynamics adeptly increase the strain on relationships kin has with family.

The agency has a role in supporting the caregiver, mediating conflicts, while ensuring adherence to agency requirements. Incongruity between kinship foster caregivers and the agency perception of roles and responsibilities appeared. While the kinship foster caregivers called for a higher degree of input, the agency reported relying heavily on the kinship foster caregiver to support parents and implement case plans. The kinship foster caregivers spoke of the challenges of attempting to resolve their loyalty to birth family while working with the child welfare agency, as well as accepting the agency's authority while dealing with family perceptions of their alliance with that agency. Two types of support from the agency were identified: caregiver specific and child related. Support for the caregiver included assistance to deal with personal issues they confront when fostering such as grief and disillusionment. Kinship foster caregivers spoke strongly of the need and appreciation for the agency to assist them in dealing with the child's parents. Kinship foster caregivers reported feelings of inner conflict about fostering, questioning whether they were doing the right thing, and experienced feeling powerless and devalued. Support related to care of the child includes financial reimbursements, child care, respite care and training.

Consistency of Findings with Other Studies

This study contains findings consistent with previous research. Although this study contained no comparisons between kinship and regular foster caregivers, as in other studies (Berrick et al., 1994; Dubowitz et al., 1993; LeProhn, 1994), there was a high representation of an ethnic minority (in this case First Nation). The kin interviewed were prepared to assume considerable levels of responsibility to ensure the children's needs were met and that they had contact with their parents (LeProhn, 1994).

As in other studies (Carriere-Laboucane, 1997; Gordon et al., 2003), kin found dealing with the child's parents to be a stressful aspect of fostering requiring support from workers at the child welfare agency (Kelley et al., 2001). Kin in this study identified financial support, as well as a good relationship with the worker from the child welfare agency as helpful to them in carrying out their duties (Berrick et al., 1994; Carriere-Laboucane, 1997; Gleeson et al., 1997). Unlike other studies (Gleeson et al., 1997; LeProhn, 1994), grandparents in the Yukon represented only a small portion of kinship foster caregivers. Like the kinship foster caregivers studied by Gordon et al. (2003), kin in this study viewed fostering as a way to keep their family members out of the formal child welfare system.

Child welfare professionals from the Yukon tended to view kinship foster care positively and believed it was an appealing option for the children placed, as caseworkers in other studies have also reported (Beeman & Boisen, 1999; Carriere-Laboucane, 1997; Gleeson, 1996; Gleeson et al., 1997). Also as reported by Beeman and Boisen, workers in the Yukon rely heavily on kinship foster caregivers to ensure that contact occurs between parents and children. Consistent with other studies, (Beeman & Boisen, 1999; Gleeson, 1996; Gleeson et al., 1997) workers in the Yukon study believed that kinship foster caregivers should adhere to the same standards and expectations as regular caregivers; however, workers from the Yukon also endorsed the provision of additional supports to kin in order to meet these standards.

The children in the Yukon study were primarily of First Nation heritage; other studies have also found a significant representation of ethnic minorities among the population of children in out-of-home-care (Dubowitz et al., 1993; Grogan-Kaylor,

2000). More female than male children were in kinship foster care in the Yukon at the time of this study; other studies have been inconclusive about whether gender has an impact on placement type. The children in kinship foster care in the Yukon had experienced stability in the length of their placements.

This study validates what other studies reported about the value and cautions of kinship foster care. Cautions identified in this study include the agency's heavy reliance on kin to meet the child's needs and oversee parental access; considerable levels of stress are associated with the kinship family's relationships with biological parents and other extended family including kin's capacity to maintain healthy boundaries and manage with variable levels of family support. Questions arose about kin's ability to meet a child's needs in cases where the child and/or the kinship foster caregiver may have emerged from a problematic environment. There are also instances reported of poor collaboration between kin and agency. In addition, children may not perceive themselves as safe in their kin's care. As no comparisons were made between children in kinship foster care and other children in out-of-home-care and no outcome variables were measured, conclusions cannot be drawn about kinship foster care being a comparatively beneficial placement option for children. Reasons for placement in out-of-home-care, placement histories, longitudinal studies and a comparison group would be useful features in further research in the Yukon regarding kinship foster care.

Policy and Practice Implications

Assessment

During assessment of a proposed kinship foster family, focus on specific issues in addition to those typically evaluated in a fostering assessment is required. Capacity

to keep the child safe in light of tendency for significant levels of contact between children and their parents is essential. Careful evaluation of the relationship between the caregivers and the biological parents is needed in order to measure the proposed caregivers' capacity to manage their relationship with biological parents while establishing healthy boundaries for the sake of the child; examination of the caregiver and parent relationship is also needed in order to determine the degree to which the caregiver can participate in the case plan that addresses the child welfare issues of the family. Also essential is a proposed caregiver's acceptance of the risks to the child and a willingness to work cooperatively with the child welfare agency. As many kinship foster care situations extend longer than anticipated, a discussion at the outset about both short and long term care needs is warranted.

There are also other issues to consider at the time of initial assessment. The level of prior involvement kin has had with the child can reduce the disruption a child experiences through placement. Discussion with the caregiver about their available support system, both formal and informal, helps gauge a caregiver's tendency to access supports when needed and also gives an indication of the types of supports used. A worker knowledgeable about kinship foster care issues can assist a caregiver to realistically anticipate the types of issues that may arise with fostering, including loss of support from expected sources such as the extended family network. As with all foster care applicants, examination of stability, maturity, and emotional health needs to occur; however, with kinship applicants, a greater tolerance for the presence of past issues has been identified, providing a thorough exploration of their resolution has occurred. How these issues are likely to impact caregiving merits discussion using a

strengths-based approach in order to anticipate the supports that will be required during placement.

Implementation

Kinship foster care situations require specific approaches in light of their unique circumstances. Adherence to the same standards as other foster parents is expected, but with provision of additional support and services to meet those standards. Access to support that assists a caregiver to establish and maintain healthy boundaries with biological parents, and to adhere to the child welfare agency requirements is recommended. Financial support, services, and training that assist the kinship foster caregiver to meet the basic and special needs of the child are also recommended. As the demands of caring for the child potentially lead to surfacing of personal issues and stress in the caregiver, assistance with these issues is also proposed. Recognizing kinship foster care as a form of family preservation gives cause to acknowledge the kin family's expertise and to celebrate the arrangement as a success.

Program development

A number of initiatives have potential to enhance effective use of kinship foster care. Although provision of training to caregivers has been proposed, training workers on how to engage with a broader spectrum of family members may be useful in assisting the kinship network to meet the child's needs; it may also provide an avenue for increased involvement of the kinship triad in decision making. Opportunities, for joint training of workers and caregivers together, may clarify the roles and expectations each party has of the other and decrease misunderstandings. Subsidized guardianship for kinship caregivers who, with financial assistance, are able to provide safe settings

for children outside of the foster care system may be a permanency option for children. Continued research into kinship foster care, such as comparison studies, examination of abuse, and placement histories of children entering care, and exploration with previous kinship foster caregivers, has the potential to expand the knowledge base of the issues and challenges associated with kinship foster care use.

What was Learned?

At the start of this inquiry, I proposed that for children requiring out-of-home care, kinship foster care may offer greater opportunity for family preservation (Hegar & Scannapieco, 1995; Malucchio et al., 1994), build family capacity for self care (Bellefeuille et al., 1997; Ricks et al., 1999) and support cultural autonomy and self-determination (Carriere-Laboucane, 1997; Smith, 1999).

The concept of kinship foster care as family preservation was supported in the comments expressed by child welfare teams and kinship foster caregivers. Kin and workers alike spoke about the maintenance of significant attachments and routines for children when placed with kin. Kinship placements often become the permanency plan for children overtly or by default. In cases of reunification, the child's disrupted attachments are also often minimized. Continuity of relationships for the child was the most striking revelation emerging from the integrated survey and interview component. From before the time a child is brought into care, until permanency through long term foster care or reunification occurs, a child experiences on-going meaningful contact with and active membership in their family system. Kinship foster caregivers and the agency workers, those closest to the kinship foster care model, agree about the importance these features offer the child. Viewing kinship foster care as a positive and

celebratory event, as well as a more official vehicle in which to achieve the normalized phenomenon of family caring for family, reduced the negative perceptions of child welfare involvement.

Kinship foster care as a form of family capacity building is supported. Fostering interventions and experiences, as expressed by child welfare teams and kin, emanate a strong view that kinship foster care is perceived from a strengths basis. Accounts were provided of kin's engagement in the process of addressing the family's child welfare issues pre and post reunification. In addition, there were descriptions of how a broad spectrum of family contributes to meeting the child's needs through provision of assistance such as respite, child care, or transportation, recognizing the role and duty of extended family and larger community (Blackstock, 2003). In this study, joint training of kin and workers was suggested as a way to increase collaboration and common understanding between these two groups. Joint training as an act of collaboration was also believed to contribute to greater general awareness of child welfare issues, and provide an opportunity for an exchange of perspectives that would contribute to the cultural sensitivity of the worker.

Efforts towards collaborative practice have further potential to build community capacity. Findings from this study endorse community capacity building approaches consistent with those described in the literature. While accounts of the degree to which collaboration between kin and agency occur vary widely, significant potential exists, within the group of kinship foster caregivers, to actively convey their skills and knowledge to a larger setting. In particular, possibility for capacity building within First Nations communities is enhanced.

Carriere-Laboucane (1997) describes kinship foster care as a way to give back to the community, provide hope for others and thus contribute to community rebuilding. In this study, societal expectations as a motivation to foster encompassed reasons such as cultural preservation, provision of a sense of history and connectedness, acting upon one's obligations, and benevolent reasons such as achieving a sense of fulfillment, and recognizing the importance of the task.

Barter (1997) notes that recognizing and using informal helping networks, such as extended family, is a way to develop local resources and thus enhance community capacity. Child welfare teams describe instances of working within these established systems in order to carry out their duties by holding family meetings with an array of members to discuss possible ways to address child welfare issues. Carriere-Laboucane (1997) indicates that locally made decisions best address community issues. In this study, local decision making examples included adherence to family or First Nation recommendations for child placement.

Bellefeuille et al. (1997) discuss the merits of decentralized, community based resources, and community driven decision making as a way to strengthen community organizations and build community capacity. In this study, community driven decision making is exemplified by the direction members of child welfare teams receive from the elders councils and elected clan leaders that are present in some communities. The importance of communities having control over the process, as well as the decisions, is emphasized by Bellefeuille and Ricks (2003). Three child welfare protocols negotiated between First Nation and Territorial governments are in place detailing interventions procedures. Family and community capacity building, through enactment of a

strengths-based model like kinship foster care, may be an avenue towards increased cultural autonomy and effective self governance.

Current child welfare research suggests movement toward greater collaboration and broader definition of family. Some child welfare research recommends a redefinition of the child's best interest principle to be more inclusive of family. In addition, holistic generalist approaches, rather than specializations, as well as community based initiatives are noted to be well suited in First Nation environments.

First Nation child welfare models tend to be oriented toward a paradigm of prevention and wellness through a holistic practice perspective that incorporates the concepts of traditional values and customs and a broad definition of family; kinship care embodies all of these. While at the current time, Yukon First Nations opt to receive their child welfare services from the Yukon Government, the establishment of a partnership to deliver these services in a culturally suited manner is desired, thus legislation, policy and practice reflecting this is vital.

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Appendix A

Information Sharing Agreement

Yukon

Health and Social Services
Box 2703, Whitehorse, Yukon Y1A 2C6

January 30, 2007

Dr. Gerard Bellefeuille (Thesis Supervisor)
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

Dear Dr. Bellefeuille:

Re: Use of Departmental Information in Completion of Master of Social Work Thesis

Attached please find a copy of the original *Agreement for Disclosure of Information for Research to Meet Requirements of Master of Social Work,* with respect to Beverly Fouhse's thesis research, as well as a copy of an *Amended Agreement for Disclosure of Information* dated July 21, 2005.

I approve an extension to this agreement for the period from January 1, 2007 to August 31, 2007.

I trust this is the information you require.

Sincerely,

Elaine L. Schroeder
Director
Family and Children's Services

/tp
Attachments

c   Beverly Fouhse

Yukon

Health and Social Services
Box 2703, Whitehorse, Yukon Y1A 2C6

July 21, 2005

Dr. Gerard Bellefeuille (Thesis Supervisor)
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

Dear Dr. Bellefeuille:

Re: Use of Departmental Information in Completion of Master of Social Work Thesis

Attached please find a copy of the original *Agreement for Disclosure of Information for Research to Meet Requirements of Master of Social Work*, with respect to Beverly Fouhse's thesis research, as well as a copy of an *Amended Agreement for Disclosure of Information* dated July 21, 2005.

In summary, the following amendments have been agreed to between the Director and Beverly Fouhse:

* Deletion of references adoption home and use of adoption files
* Deletion of reference to past and present services and programs offered by Family and Children's Services
* Amendment of the effective dates of the agreement to be extended to December 31, 2006
* Addition of "Age" and "Number of children-in-care who are First Nation" under information collected respecting children-in-care
* Deletion of reference to trend comparisons

I approve an extension to this agreement for the period from July 1, 2005 to December 31, 2006.

I trust this is the information you require.

Sincerely,

Elaine L. Schroeder
Director
Family and Children's Services

/dm
Attachments

c   Beverly Fouhse

Health and Social Services
and
Bev Fouhse
Agreement for Disclosure of Information for Research to Meet Requirements
of Master of Social Work
Amended July 21, 2005

BETWEEN

Beverly Fouhse

AND

Director, Family and Children's Services

WHERAS Bev Fouhse is an employee of the Family and Children's Services Branch and is engaged in research for her Master of Social Work degree in the area of foster care services to children in care and

WHERAS the Director is in agreement with the research being conducted,

This agreement outlines amendments to the original agreement dated and signed on December 17, 2002.

THE PARTIES AGREE AS FOLLOWS in Accordance with Paragraph 10 of the attached agreement:

Deletion of reference to and inclusion of Adoption Files under paragraph 3(a),
Deletion of paragraph 3(b) in its entirety,
Amendment of paragraph 8 to read "This agreement shall commence on July 1, 2005 and will terminate on December 31, 2006."

Amendments to the appendix are as follows:
Dates will be for the duration of April 1, 2001 to December 30, 2006,
Paragraph A, delete reference to Adoption Program in its entirety,
Paragraph B, delete reference to Adoption files in its entirety,
Paragraph B, sub heading "CIC" (Children in Care) add "age",
Paragraph C, sub heading "Children in Care" add "number of Children-in-Care who are First Nation,
Paragraph D, delete "Trends based on Comparisons from April 1, 2001, 2002, and 2003.
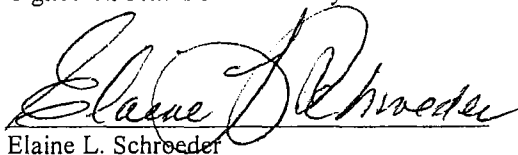
1. AMENDING PROCEDURES

This Agreement may be amended by the written agreement of the parties herein.

Signed on behalf of the Family and Children's Services Branch.

_____
Elaine L. Schroeder
Director
Family and Children's Services

_____
Bev Fouhse
Social Worker
Family and Children's Services

_____
Date   July 21, 2005

_____
Date   July 21, 2005

**Health and Social Services
and
Bev Fouhse
Agreement for Disclosure of Information for Research to Meet
Requirements of Master of Social Work**

BETWEEN

Beverly Fouhse

AND

Director, Family and Children's Services

WHERAS Bev Fouhse is an employee of the Family and Children's Services Branch and is engaged in research for her Master of Social Work degree in the area of foster care services to children in care and

WHERAS the Director is in agreement with the research being conducted,

This agreement will allow for the disclosure of information for research purposes.

THE PARTIES AGREE AS FOLLOWS:

1. DEFINITIONS

Child in care: A child who is in or who has been in the care and custody of the Director of Family and Children's Services of the Yukon Territory within the duration of this study, Or a child in the care and custody of the Director of Child Welfare of another province but living in the Yukon territory and under the courtesy supervision of the Director of Family and children's services within the duration of this research study.

Foster parent: A substitute family setting that has met the requirements of the Yukon Foster Home program.

2. PURPOSE OF THE DATA SHARING

The purpose of this data sharing activity is to allow for research by Bev Fouhse to meet the requirements at her Master of Social Work degree and to measure and document the status of kinship foster care in the Yukon Territory.

3. CONFIDENTIAL INFORMATION TO BE USED BY THE EMPLOYEE IN THE PROCESS OF CONDUCTING RESEARCH

The Family and Children's Services Branch will allow access to the following information that is detailed in Appendix A and attached to this agreement.

(a) Information on Foster Home, Child in Care, and specific Adoption Files held by the Director of Family and Children's Services.
(b) Information regarding past and present services and programs offered by Family and Children's Services.
(c) Statistical Information generated by Family and Children's Services.
(d) Information collected, which will be stored on a non-identifying database, which will then undergo SPSS and other analysis to meet the goals of the research study.
(e) Kinship foster caregivers, through a 3rd party and subject to the terms of the Ethics Review Board of the University of Northern British Columbia.

4. USE OF CONFIDENTIAL INFORMATION

Only non-identifying information will be used for the following purposes:

- Provision of summary statistics
- Research
- Primary and Secondary analysis
- Reports resulting from research including production of thesis.

Bev Fouhse will not use confidential information provided under this Agreement for any purpose other than that set out in the Agreement and as outlined in Access to Information and Protection of Privacy Act. Bev Fouhse will not use confidential information in any manner that directly or indirectly reveals the identity of the person to whom that information pertains.

5. NOTICE REQUIREMENT

A written request to obtain the agreed upon information will be made; a copy of this agreement will be attached to this request.

6. METHOD OF SHARING DATA

Information required for research under this agreement is detailed in Appendix A. It will be requested in writing as per paragraph 5. Results from the analysis of the information may be published in the Master of Social Work thesis document. A copy of this thesis, once defended and accepted by the University of British Columbia, will be provided by Bev Fouhse to the Director of Family and Children's Services.

7. ACCURACY AND SECURITY OF THE CONFIDENTIAL INFORMATION

Bev Fouhse will:
- Ensure control is maintained over physical access to the data
- Keep copies of confidential information in secure areas.
- Ensure no identifying information leaves the Family and Children's Services premises.

8. DURATION OF DATA SHARING AND RETENTION OF PERSONAL INFORMATION

This Agreement shall commence on November 20, 2001 and will terminate on June 30, 2005.

9. TERMINATION OF THE DATA SHARING ACTIVITY

In the event of the termination of this Agreement, confidential information obtained by Bev Fouhse under this Agreement shall be returned to the Family and Children's Services Branch.
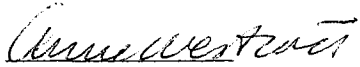
10. AMENDING PROCEDURES

This Agreement may be amended by the written agreement of the parties herein.
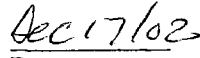
11. CHANGES THAT AFFECT THE AGREEMENT

The parties undertake to give one another written notice of any changes in legislation, regulations or policies respecting those parties and programs that are likely to affect this Agreement.

Signed on behalf of the Family and Children's Services Branch.
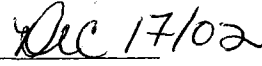
Anne Westcott
Anne Westcott
Director,
Family and Children's Services

Dec 17/02
Date

Bev Fouhse
Bev Fouhse
Social Worker,
Family and Children's Services

Dec 17/02
Date

Appendix A

INFORMATION ACCESS REQUEST

Yukon Wide: Regional Services and Whitehorse for the duration of April 1, 2001 to April 1, 2003

A. Client Index:

Foster Home Program:
    Open Foster Homes per community and per worker
    Foster Home subprogram info (to determine Kin Vs other types)

Children in Care Program:
    Open CIC per community and per worker

Adoption Program
    Number of CIC adopted by kinship caregivers

Aggregate Numbers of CIC and FH files

B. File Review:

FH files for info:
    Residency
    Ethnicity
    Category and Degree of Relationship
        Maternal/Paternal
        Grandparent; Aunt/Uncle; Sibling/Cousin etc).
    "Motivation to Foster" section of Home study
CIC files for info:
    Residency
    Ethnicity
    Category and Degree of Relationship (see above)
    Legal Status --- Current
    Legal Status --- At time of placement into kinship foster care
    Age at time of Placement into kinship foster care
    Length of time in care before placed in kinship foster care
    Gender of Child in Kinship foster care
Adoption files for info: (Adoption files from kinship adoptions)
    Characteristics of children adopted by kin
    Characteristics of kin who adopt children

C. Departmental Information

Family and Children's Services Department Records such as:

Children in Care:	Number of CIC by placement type (group, treatment, foster care, number in kinship foster care, YOA/YCJA placement, contracted placement)
Foster Care Records	Number of Foster Homes
	Number of Children in Foster Homes
	Foster Care list

D. Data Analysis

Trends based on comparisons from April 1, 2001, 02 and 03.
Patterns in the use of kinship care identified from the data.
Regional and Whitehorse (Rural and Urban) differences.
Cultural Suitability and Suitability of this model in the north.

Appendix B

SURVEY PARTICIPANT INFORMATION SHEET

I am undertaking a research study, entitled *Moving Forward with Lessons from the Past: An Examination of Kinship Foster Care in the Yukon,* in the area of kinship foster care (the foster placement of children-in-care with relatives) for my Master of Social Work Thesis at the University of Northern British Columbia.

For the purpose of this research I am surveying social workers, social service workers, and placement workers who are currently working with children-in-care and their families or foster caregivers. I am also surveying supervisors and managers who oversee these professional staff.

You are being asked to participate in this study because you work for the Government of Yukon's Department of Health and Social Services in one of these capacities. I have obtained permission from the Yukon Government to conduct this research.

Your participation will include a written survey consisting of seven (7) questions. I estimate this will take approximately 20 minutes of your time and a follow up group discussion. There are some risks associated with participating in this study in that your anonymity cannot be guaranteed in a group setting.

In terms of benefits, your answers are important in developing a better understanding of kinship foster care. The information you provide will help identify how kin foster caregivers became involved with the foster care program, what special attributes and challenges there are in a kinship foster care situation, and how the kinship care model works for you, the worker.

Before you agree to participate, please consider the following information:

1. Your participation is completely voluntary.
2. You may withdraw at any time without any consequences or any explanation or refuse to answer particular questions. If you choose to withdraw from the study your data will not be included in the study without your written permission
3. Your identity will not be revealed in the report. Every effort will be made to maintain anonymity of participants' identities and confidentiality of the data. For instance, no identifying information will be used (i.e. participants will be issued an alphanumeric code and coding of data will be employed), data will be managed in a confidential manner, and all information will be stored in a secure location and destroyed at the conclusion of the research process.
4. You will be given a copy of your survey response.
5. Records will be stored in a locked cabinet in my residence and kept for 2 years after completion of my thesis. After 2 years, records will be destroyed.
6. Information you provide will be used toward my Masters thesis, as outlined above.

If you have any questions or comments about this research project, please contact me at Bev.Fouhse@gov.yk.ca or through the mail at Box 33101, Whitehorse, Yukon Y1A 5Y5. Alternately you may contact my Thesis Supervisor, Gerard Bellefeuille at bellefeg@unbc.ca. You may also direct complaints to Max Blouw, Vice-President Research, at blouw@unbc.ca.

Please complete the attached consent form and retain copies of both your signed consent form and your completed survey for your records.
Thank you for your participation.

Beverly Fouhse

CONSENT FORM

1. I understand the purpose of the research study, entitled *Moving Forward with Lessons from the Past: An Examination of Kinship Foster Care in the Yukon,* as described in the attached information letter.

2. I understand that the research results will be published in a thesis document available to me through the Family and Children's Services Library and the Yukon College Library.

3. I understand that Beverly Fouhse and the University of Northern British Columbia shall use their best efforts to ensure that my identity is not revealed, whether directly or indirectly.

4. I understand that there are some risks associated with this study in that my anonymity cannot be guaranteed in a group setting.

5. I understand my participation is completely voluntary. I may withdraw at any time without explanation or penalty or may refuse to answer particular questions.

6. I understand as part of the research project that I will be asked to fill out a survey form consisting of seven questions and participate in a follow up group discussion.

7. I understand that I will have an opportunity to ask questions and discuss this study with the researcher.

8. I understand that I can make and keep a copy of my survey response to review and correct.

9. I have reviewed the Survey Participant Information Sheet and retained a copy for my personal records.

10. I agree to participate in this research project and I have read the statements above.

Name or Participant: _____ Date: _____

                     (Please Print)

Signature of Participant: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Witness: _____ Date: _____

AGENCY PERSONNEL SURVEY

_____

NOTE: In the interest of confidentiality, please do not use client names or identifying information.

Please indicate which work team you currently belong to:

_____ Intake Team   ____Children's Team

_____ Family Service Team   ____ Regional Services

_____ Foster Care Team   ____ Adoption Team

Please indicate your position on this team:

_____ Social Worker   ____ Placement/Social Service Worker

_____ Supervisor/Team Leader/Coordinator ____ Manager (please circle
                                                                           Regional or F&CS)

1. Why do you think families provide foster care placement for the children of their relatives?

2. What strategies (if any) do you use/*are used* to identify a foster placement from within the child's extended family?

3. In what circumstances do you believe that placement with extended family is a suitable plan? An unsuitable plan?

4. In your experience, what are the advantages to the foster caregivers being related to the children-in-care?

- Advantages for you, the worker:

- Advantages for the caregiver:

- Advantages for the child:

5. In your experience, what challenges arise when foster caregivers are related to the children-in-care?

- Challenges for you, the worker:

- Challenges for the caregiver:

- Challenges for the child:

6. What key factors influence you when you consider kinship foster care as an option?

7. Are there any further comments you would like to add?

Appendix C

Organization Charts

Organization Chart: Family & Children's Services
February 22, 2005

A/Director
Family & Children's Services
Elaine Schroeder

Adult Residential Services
Marg Rander

Administrative Assistant
Darlene Morgan

Supervisor
Finance & Administration
Nancy McCallum

Manager
Programme Support
Paddy Colfer

Financial Services Clerk
Chris Bedford

F&CS Receptionist
Trish Parker

Programme Support
Charles Pugh

Children's Services Clerk
Jacky Vanhorn

Records Clerk
Marlene Picard

Financial Clerk/
Receptionist
Michael Roberts

Manager
Early Childhood & Prevention
Brad Bell

A/Manager
Family & Children's Services
Darrell Jerome

Manager
Child Placement Services
Patricia Fortin

A/Manager
Children's Assessment
& Treatment Services
Joyce Reid

A/Manager
Youth Justice
Irene Lubbers

Secretary
Healthy Families
Darla Kulych

Secretary
Audrey Meyer

Secretary
Heather Bojem

Psychologist
Roger Marceau

Administrative/
Research Assistant
Debbie Taylor

Administrative
Assistant
Michelle Larouche

Supervisor
Child Care
(Vacant)

Supervisor
Healthy Families
Debbie Mauch

Supervisor
Healthy Families
Linda Johnnie

Supervisor
Intake &
Assessment
Jane Bates

Supervisor
Family Services
Anne Motherill

A/Supervisor
Family Services
Jim Curdy

Family Support
Supervisor
Brook Hill

Supervisor
Adoption
Services
Reita Morgan

Supervisor
Children in Care
Team
Mary-Jane Oliver

Supervisor
Fostering &
Contracted
Group Care
Cathy Casbon

Senior Therapist
Child Abuse
Treatment Services
Annette Klog

Supervisor
Residential Youth
Treatment Services
Lonnie Bjorgford

Supervisor
Residential
Treatment Services
Greg Bunce

Supervisor
Children's Receiving
Home
Kim Durkatch

A/Supervisor
Custody Services
Monica Barr

A/Supervisor
Youth Probation
Dayna Chaudel

A/Supervisor
Youth Achievement
Centre
Dale Cheeseman

Coordinator
Youth Sex Offender
Treatment Services
Cathy Deacon

Clerk/Receptionist
Wendie Howe

Family Support Worker
Delores Sprigings

Family Support Worker
Tanya Barnett
(Maternity Leave)

Social Worker - .6
Lucy Steele-Masson

Social Worker - CC
Lisa McCormack

Social Worker - CP
Lana Pelissey

Respite Social Worker
Linda Priestley

Social Worker
Bev Foubert

Social Worker
Vacant

Foster Care Support
Worker
Donna Wilkinson

A/Intake Worker
Jennifer Rabbits

RYTS
Klondike
9.5 FTE

RYTS
Firewood
9.5 FTE

Secretary
Eva Lahaie

Youth Probation
Officer
Vacant

Secretary
Darla Kulych

A/Financial Clerk
Jean Nikos

Family Support Worker
Marion Box

Family Support Worker
Yvonne Jack

Social Worker
Trish Lunt

Social Worker - CP
Cleo Sadd

Social Worker - CP
Mireille Simon

Family Support Worker
Nancy Mutter

Adoption Disclosure
Betty Sinton

Social Worker
Pat Simcox

Foster Care Support
Worker
Tracey Martmargolo

A/Caseworker
Kim Scott

RYTS
Annex
4.5 FTE

RYTS
Wilson House
7.5 FTE

Cook
Darlene
Thompson

Youth Probation
Officer
Vacant

Facilitator
Doug Roberts

Child Care Inspector
Tammy Reinhart

Bilingual Family Support
Worker
Ysabelle Perreault

Family Support Worker
Donna
Frankiewel-MacMillan

Social Worker - .1
Rebecca Miller

Social Worker - CC
Alla Blywak

Social Worker - CC
Debbie Elliot

Social Worker
Miriam Vorkes

Social Worker
Lisa Peters

Foster Care Support
Worker
Michael Peter

Regional Worker
Meghan Maguire

A/Custody
Services Worker
Rob Marshall

Youth Probation
Officer
Jennifer Trudeau

Facilitator
Lorraine Stick

Child Care Inspector
Carol Oberg

Family Support Worker
Loretta Wattsby

Family Support Worker
Linda Molnar

Social Worker
Jody Stradney

Social Worker - CP
Brenda Weatherhead

Social Worker - CC
Diane Billingsley

Family Support Worker
Barb Gale

Social Worker
Daisy Parent

Foster Care Social
Worker
Brenda Dion

Regional Worker
Tammy Reis

YSW Team
Leader
Vacant

Intensive Support &
Supervision
Pat Shaw

Facilitator
Andrew Flaunt

Child Care Inspector
Ruth Bjorgford

Family Support Worker
Bonnie MacDonald

Family Support Worker
Denise Bjork

Social Worker
Vacant

Social Worker - CP
Vacant

Social Worker - CP
Tracey Rumbolt

Family Support Worker
Nicole Yurkoski - T/A
to CIC Team

Social Worker
Kathleen Dawson -
T/A 1 year

Social Worker
Robin Chamberlain

Foster Care Social
Worker
Denise Pare

Case Worker
Darlene Griffin

EJS
Coordinator/Youth
Justice Panel
Pam Adamske

Facilitator
Ellen Thomas

Child Care Inspector
Lesley
Gardiner-Falle

First Nation Training
Position - Family
Support Worker
Edie Berard

Social Worker
Binal Ling T/A to
Regional Services

Family Support Worker
Barbara Schack

Social Worker
Nicole Yurkoski
(1 year T/A from FS)

Foster Care Intake
Social Worker
Shadeen Patterson

Youth Support
Workers
5 FTE

YSW
6.5 FTE

Facilitator (term)
Charlene
Mountain

Family Support Worker
Connie Egg

Social Worker
Tim Darling

Family Support Worker
Jean Dacko-Brinck

YSW Team
Leader
Vacant

Facilitator (term)
Trish Newport

Family Support Worker
Carol English

Facilitator (aux)
Peter Huber

Family Support Worker
Belinda Poyntz

YSW
7 FTE

Regional Social Services

Regional Social Services organizational chart:

- Director, Family and Childrens Services
  - Director, Social Service
    - Manager Social Services
      - Supervisor Adult Services
        - Supported Independent Living Worker(s)
        - Family Support Worker(s)
  - Manager Regional Services
    - Supervisor Child Welfare
    - Supervisor Child Welfare
      - 10 Regional Social Workers
        - Social Service Worker(s)
        - Administrative Assistant(s)
- Director, Continuing Care
  - Manager Community Care
    - Supervisor Home Support
      - Home Support Worker(s)

Appendix D

UNBC Research Ethics Board Approval Letter

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Beverly Fouhse
Gerard Bellefeuille

From: Henry Harder, Chair
Research Ethics Board

Date: August 29, 2005

Re: E2005.0808.084
Moving forward with lessons from the past: An examination of kinship
foster care in the Yukon

Thank you for submitting the above-noted research proposal and requested amendments to the Research Ethics Board.

Your proposal has been approved.

Good luck with your research.

Sincerely,

Henry Harder

Appendix E

INTERVIEW PARTICIPANT INFORMATION SHEET

I am undertaking a research study, entitled *Moving Forward with Lessons from the Past: An Examination of Kinship Foster Care in the Yukon,* in the area of kinship foster care (the foster placement of children-in-care with relatives) for my Master of Social Work Thesis at the University of Northern British Columbia.

For the purpose of this research I am interviewing foster parents who have children related to them placed in their homes by Family and Children's Services or Regional Services. You have been asked to participate because you have a child related to you placed in your home. I have obtained permission from the Yukon Government to conduct this research.

Your participation will include an interview that will be audio taped. I estimate that the interview will take approximately 30 to 60 minutes of your time. The interview will consist of seven questions. There are some risks associated with participating in this study in that your anonymity cannot be guaranteed.

In terms of benefits, your answers are important in developing a better understanding of kinship foster care. The information you provide will help identify how kin caregivers become involved with the foster care program; it will also help identify what special attributes and challenges there are in a kinship foster care situation. I am also interested in knowing more about what it's like to be a kin foster caregiver.

Before you agree to participate, please review the following information:
1. Your participation is completely voluntary.
2. You may withdraw at any time without any consequences or any explanation or refuse to answer particular questions. If you choose to withdraw from the study your data will not be included in the study without your written permission
3. You will be paid $50 for participating.
4. You will be given an opportunity to review and correct transcripts of your interview.
5. As a Social Worker, Beverly Fouhse is obligated to report to appropriate authorities, information that you reveal if this information suggests any of the following:
    - risk or potential risk to a child
    - threat to someone's life and safety
    - Crime.
6. Our interview will be audio tape recorded and then the tape will be transcribed. Our interview will be typed out word for word and a copy of our interview and a summary will be provided to you to review and keep. Your information will be used in a way that will not identify you or what you said and will be treated confidentially. Your identity will not be revealed in the report. Information from all interviews will be summarized in a way that presents the comments made, but that does not indicate who made specific comments.

7. Records will be stored in a locked cabinet in my residence and kept for 2 years after completion of my thesis. After 2 years, records will be destroyed.
8. Information you provide will be used toward my Masters thesis, as outlined above.

If you have any questions or comments about this research project, please contact me at Bev.Fouhse@gov.yk.ca or through the mail at Box 33101, Whitehorse, Yukon Y1A 5Y5. Alternately you may contact my Thesis Supervisor, Gerard Bellefeuille at bellefeg@unbc.ca. You may also direct complaints to Max Blouw, Vice-President Research, at blouw@unbc.ca.

Please complete the attached consent form and retain copies of both your signed consent form and this Interview Participant Information Sheet for your records. Thank you for your participation.

Beverly Fouhse

CONSENT FORM

1. I understand the purpose of the research study, entitled *Moving Forward with Lessons from the Past: An Examination of Kinship Foster Care in the Yukon,* as described in the attached information letter.

2. I understand that the research results will be published in a thesis document available to me through the Family and Children's Services Library and the Yukon College Library.

3. I understand that Beverly Fouhse and the University of Northern British Columbia shall use their best efforts to ensure that my identity is not revealed, whether directly or indirectly.

4. I understand that there are some risks associated with this study in that my anonymity cannot be guaranteed.

5. I understand that my privacy and confidentiality will be maintained.

6. I understand my participation is completely voluntary. I may withdraw at any time without explanation or penalty or may refuse to answer particular questions.

7. I understand as part of the research project that I will be asked to answer seven questions in an interview with Beverly Fouhse at a place and time of my choosing.

8. I understand that I will be given the opportunity to review and correct transcripts of my interview.

9. I understand that I will have an opportunity to ask questions and discuss this study with the researcher.

10. I have reviewed a copy of the Participant Information Sheet and retained a copy for my personal records.

11. I agree to participate in this research project and I have read the statements above.

Name: _____ Date: _____
        (Please Print)

Signed: _____ Witness: _____

INTERVIEW QUESTIONS

In the interest of confidentiality, names, events and any other identifying information will not be documented. For example, the transcripts will refer to people as *"the child"*, *"the caregiver"*, and places will be referred to as *"name of community"* etc.

1. How did you become aware that the child(ren) needed a foster placement? How long had they been in foster care by then?

2. What happened between the time you learned they needed a placement, and the time they actually moved in with you?

3. What factors did you consider as you were deciding whether to become a foster caregiver?

4. What has this experience been like for you?

5. What issues have arisen for you from your experience being a kinship foster caregiver?

6. Explain the statistical findings and ask for comments.

7. Are there any other issues you believe are important and should be discussed?

APPENDIX F

Table: Age of Children-In-Care at Admission, Placement with Kin and Currently

(N=32)

Age In Years	<1	1	2	3	4	5	6	7	8	9	10	11	12	13-19	Range	Mean	Standard Deviation
At Admission to Care																	
Rural	3	2	1	3	1	3	0	1	1	0	0	0	1	0	12	3.69	3.30
Urban	1	0	3	3	4	0	1	1	0	3	0	0	0	0	9	4.44	2.78
Total	4	2	4	6	5	3	1	2	1	3	0	0	1	0	12	4.06	3.00
At Placement With Kin																	
Rural	3	1	2	2	1	0	0	1	2	1	1	0	2	0	12	5.06	4.31
Urban	1	0	2	2	5	0	2	0	1	1	1	1	0	0	11	5.00	3.10
Total	4	1	4	4	6	0	2	1	3	2	2	1	2	0	12	5.03	4.00
At March 31, 2006																	
Rural	0	2	0	0	0	0	1	0	2	3	0	3	3	2	15	9.31	4.01
Urban	0	0	0	0	2	2	2	1	1	0	1	2	1	4	13	9.38	4.36
Total	0	2	0	0	2	2	3	1	3	3	1	5	4	6	16	9.34	4.12