

Final Report

Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nation¹ Kinship Care Program

By

Alexandra Wright
Diane Hiebert-Murphy
Janet Mirwaldt
George Muswaggon

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(The views expressed herein do not necessarily represent the official policies of
Health Canada)

¹ As of 2005 “Cross Lake Band” First Nation.

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INTRODUCTION AND BACKGROUND

This report provides an overview of a research project that began in 2003. The study was designed to evaluate factors that contribute to positive outcomes in kinship care placements in a Northern Cree community. This included an understanding of a First Nation's child and family service agency's policies, procedures, and practices regarding the provision of kinship services to children, youth, and their families, kinship caregivers, and the community. The study included an examination of operational or practice definitions of kinship care and the extent to which they reflect the intent of the legislation and are consistent with the reality of cultural practice. The study also included community members' perspectives and experiences with meeting the needs of these children and youth.

There is very little research in Canada that examines the practice of kinship care in Aboriginal communities. As a result, this research responds to an identified gap in knowledge concerning the benefits and limitations of kinship care. It also reflects a northern, Aboriginal perspective, one which is under-represented in research. One component of the research focused on children's and youths' perspectives of, and experience in, kinship care. This inclusion of children's and youths' voice is consistent with priorities identified in the UN Convention on the Rights of the Child. Finally the research presents a unique partnership between a university, a First Nation's Agency, and the Office of the Children's Advocate.

This report begins with a brief overview of identified benefits and challenges to kinship care provision and includes a definition of kinship care as presented by the Child Welfare League of America. The report continues with a summary of the Manitoba child and family service system, and reviews the services provided by the Awasis Agency in Pimicikamak Cree Nation, as of 2005 called "Cross Lake Band". The second section of the report discusses the research design and methods, followed by the presentation of initial research findings. Finally, the report concludes with a discussion of key research findings.

Kinship Care Definition, Benefits, and Challenges

Over the past decade there has been an increased recognition of the benefits of kinship placements by child and family services agencies (Beeman, Kim, & Bullerdick, 2000). Kinship care is defined by the Child Welfare League of America (2005) as:

... the full time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment.

Within First Nations' child and family service agencies, the use of kinship care has been a means to end assimilationist and ethnocentric practices towards First Nations' communities by non-Aboriginal governmental and related service entities. The practice of kinship care builds on natural support networks and returns control of caring for children to the community (Palmer & Cooke, 1996). Kinship care also recognizes a child's right to culture and heritage as outlined in the UN Convention on the Rights of the Child, particularly Article 20.3 and the "desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background".

In a review of foster family and foster children characteristics, children and youth in foster care have been found to have higher rates of behavioural and emotional problems (Orme & Buehler, 2001). It is believed that kinship care provides First Nations' children and youth with enhanced placement stability. Research has found that children placed in kinship care at the time of their removal from their parental home were more likely to remain in the kinship home, were older at the time of placement, and had fewer prior placements compared with children placed in non-kinship homes (Beeman et al., 2000). Resilience in children and youth has been identified as a contributing factor to better outcomes in care. Connecting children and youth in care with community and culture has been identified as a means of empowering and developing resilience within them (Silva-Wayne, 1995). Another study found that children in kinship care were more likely to be in receipt of mental health services (Bilaver, Jaudes, Koepke, & Goerge, 1999). However, little is known about factors that contribute to positive outcomes in kinship care placements. The purpose of this project was to evaluate the kinship care program of one Aboriginal child and family service agency and identify factors that contribute to positive outcomes in kinship care placements.

The Child and Family Service System in Manitoba

In the Province of Manitoba, mandated child and family services are provided by a mixed service delivery system, comprised of private child and family service agencies (including Aboriginal and non-Aboriginal agencies) and provincial

government regional offices. Prior to 2000, First Nations' agencies were restricted to providing services solely on reserve. In 2000, in response to the Aboriginal Justice Inquiry, the Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI) began. The AJI-CWI is a joint initiative of four partners: the Province, the Assembly of Manitoba Chiefs, the Manitoba Keewatinowi Ininew Okimowin, and the Manitoba Métis Federation. As a result of the AJI-CWI, the responsibility for child and family services is now shared among the partners. Aboriginal communities control the delivery of services to their communities and their community members outside of their geographical areas. First Nations' agencies, along with a newly created province-wide agency for Métis people, now provide culturally appropriate services through Aboriginal agencies to children and families throughout the province. Aboriginal agencies are no longer restricted by geographical mandates as the partners hold concurrent jurisdiction, meaning that First Nations and now Métis children, youth and their families can access culturally relevant services no matter where they live in the province.

The Minister of Family Services and Housing holds ultimate responsibility under *The Child and Family Services Act* for the services carried out as mandated under that Act. Manitoba has a provincial Director (Child Protection and Support Branch) but the province has devolved much of the provincial director's responsibility for the implementation and oversight of the mandate to four child and family service authorities, three of which are Aboriginal authorities. The creation of the authorities, legislated through *The Child and Family Services Authorities Act* (proclaimed on November 24, 2003) represent a fundamental organizational and philosophical change in the provincial service delivery structure. The four authorities include: The General Child and Family Services Authority (non-Aboriginal), the Métis Child and Family Services Authority, the First Nations of Northern Manitoba Child and Family Services Authority, and the First Nations of Southern Manitoba Child and Family Services Authority. Manitoba has legislated duties to the newly created authorities to ensure "culturally appropriate standards" requiring that "...the development and delivery of programs and services to First Nations, Métis and other Aboriginal people must respect their values, beliefs, customs and traditional communities" (*The Child and Family Services Authorities Act*, Bill 35, 2002). In 2002-2003 there were five private non-profit non-Aboriginal child and family service agencies, 12 First Nation child and family service agencies, and five regional offices of the Department of Family Services and Housing (Manitoba Family Services and Housing, 2003) delivering protection services in the province. In addition there was one Métis organization providing non-mandated services across the province.

Kinship care provision has existed historically and has been incorporated into child and family services across Manitoba. Kinship care provides children and youth extended family placements, based on values that prioritize the importance of family and community in a child's life. The objectives of kinship care are to maintain connections between the child and his/her extended family and community when an agency has determined that the child/youth can no longer reside in his/her parents' home. In Manitoba, current legislation, regulations, and provincial standards require that when a child enters care agencies are obligated to assess the viability of kinship care. Assessments are tied to the child's needs and the ability of the caregiver to meet those needs. This is considered to be the placement option of first choice. Should a kinship care option be unavailable the agency is then obligated to explore placement in the child's community. This is considered to be the placement option of second choice. Once the viability of these two options are assessed and determined to be either unavailable or untenable in meeting the child's needs, agencies then explore care arrangements outside the kinship network and/or identified community.

As evident in Table 1, Manitoba has a high number of children and youth in care. The vast majority of these children and youth live in some form of foster care. Foster care is defined under the Child and Family Services Act as “a home other than the parent or guardian of a child, in which a child is placed by an agency for care and supervision, but not for adoption” including a relative or kinship home. Manitoba does not track kinship care provision and kinship care can be categorized as foster care, other care, or non-pay care. As a result, there is limited knowledge of these children, their caregivers or the impact of kinship care on their lives.

Table 1. Number of children by placement by reporting agency in Manitoba 2002-2003

Service Provider	Foster Care	Residential Care	Other	Select Adoption	Other	Total
Private Non Aboriginal	1,916	195	523	100	169	2,903
Native Agencies	1,441	97	324	4	168	2,034
Regional Office	355	41	120	6	74	596
Total	3,712	333	967	110	411	5,533

(Manitoba Family Services and Housing, 2003, p. 94)

As shown in Table 2, Manitoba has a high number of Aboriginal children and youth in care. Treaty Status children and youth consistently comprise approximately 66% of the total number of children in care.

Table 2. Aboriginal status of total child in care population 2002-2003

Aboriginal Status	2002-2003
Inuit	9
Metis	422
Non Status	402
Treaty-Status	3,633 (66%)
Total Aboriginal	4466 (81%)
Non Aboriginal	1067
Total	5,533

(Manitoba Family Services and Housing, 2003, p. 93)

The Awasis Agency of Northern Manitoba

The Awasis Agency of Northern Manitoba (the Agency) is one of Manitoba's largest child and family service agencies and has served many communities, including the communities of Cross Lake Band, York Landing, and Split Lake since the early 1980s². The Agency is the primary provider of child and family services in Northern Manitoba and has an office in each community. Cross Lake Band First Nation is a northern Manitoba Cree Nation. Approximately 6,000 people live in Cross Lake Band, 60% under the age of 25 years.

The Agency provides a full range of child and family services to the community, including child protection services. The Agency also responds to 5,200 calls to the Cross Lake Band First Nation community crisis line per year. There are twelve Agency staff who are responsible for intake, foster care/placement, family services, permanent ward services, reunification services, and post care services. Agency staff carry out a generic practice and are required to work with the child, the care provider, the biological family, and the community. They act as service providers and case managers. In 2001-2002 160 family service files were opened providing services to approximately 500 children. Seventy-five children and youth reside in Agency care representing 4,000 paid days in care. The majority of these children and youth live in foster care, including kinship care, and are between the ages of 6 and 15 years.

² After funding was received to conduct the research in the Cross Lake Band community, the Agency requested that the communities of York Landing and Split Lake also be included.

Figure 1. Awasis agency research site locations

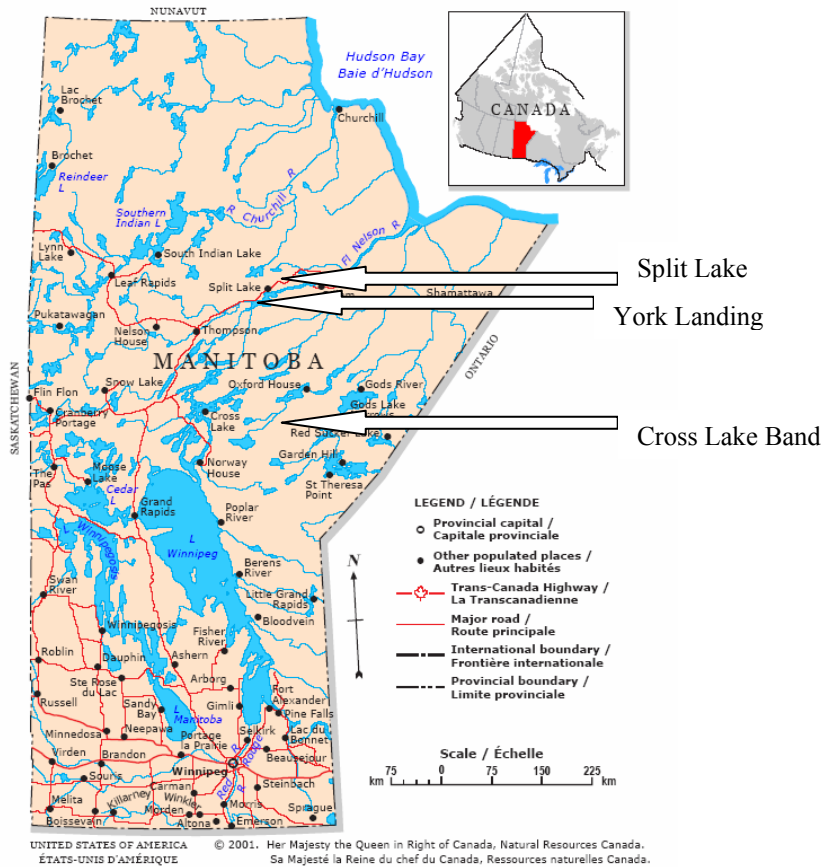


Table 3. Cross Lake Band general child and family service data

Population	6000
Staff	12
Children Served	500
Families Served	160
Children in Care	75 (4,000 paid days in care)
Typical Caseload Size	25-35 cases per worker

Kinship care as a service intervention is historically anchored within traditional culturally based child rearing practices of First Nations’ communities. In recent years such practices have been recognized and reflected in provincial legislation and care standards and Agency policy and practices. The placement of children

and youth in kinship care placements within the community has been incorporated in Agency policy and practice since 1983. Children and youth enter into care primarily at crisis points in a family's life. Placement type, duration, and quality of care provided are based on (a) the child's individual needs, (b) the caregivers' ability to meet those needs, (c) the capacity of the agency to resource/support the placement, and (d) the community's ability to support the placement. As such, kinship placements can vary in duration, stability, and quality of care. Kinship care placement aims to provide children and youth with stable extended family placements based on three fundamental principles:

- 1) The placements are within the community;
- 2) The placements are based on kin/tribal ties; and
- 3) The placements are community sanctioned.

RESEARCH DESIGN AND METHODS

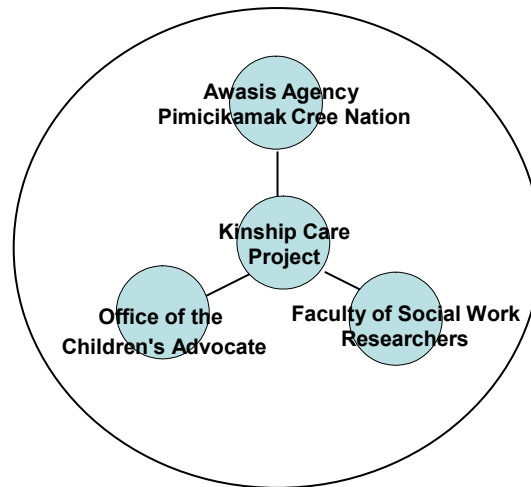
Project Aims and the Research Question

This project aimed to evaluate factors that contribute to positive outcomes in kinship care placements. The research question underlying all aspects of the project is:

What are the factors (child/youth/family/community) which contribute to positive outcomes in kinship care?

Additional project aims included a) the development of the capacity of service providers to conduct research, and b) the establishment of partnerships between practitioners and researchers.

Figure 2. Research partnership model



Data Collection Methods

The research employed a predominantly qualitative design to investigate factors that contribute to positive outcomes in kinship care. The data collection methods combined the use of focus groups, interviews, and document and file reviews.

Methods used to collect data include:

1. Three focus groups with agency staff ($n = 19$);
2. Interviews with staff ($n = 3$);
3. Interviews with children and youth in kinship care ($n = 18$);
4. One interview with a key community stakeholder;
5. Interviews with kinship caregivers ($n = 15$);
6. The examination and analysis of family support documents and files ($n = 18$);
7. A document review to identify program eligibility requirements, goals, and stated outcomes;
8. A review of legislation, regulations, policy, and standards related to kinship care.

These methods provided the project with multiple data sources as well as a triangulation of data ensuring a depth and breadth in the information collected.

Sample and Procedures

Approval to conduct the research was granted by the University of Manitoba's Joint-Faculty Research Ethics Board. Data was collected from three sub-sites in the larger Awasis communities (Cross Lake Band, York Landing, and Split Lake). The three research partners met in Cross Lake Band in March/February of 2004 and over the course of two days conducted a focus group, multiple interviews, and file reviews. The two other Agency community offices were visited by two researchers at a later date. Data from the three sites was combined for analysis purposes.

Children and Youth Qualitative Interviews

The following criteria were used to select children and youth as potential research participants:

- (a) He/she is in the care of the Agency,
- (b) He/she is in a kinship placement of at least six months duration,
- (c) He/she has an open file with the Agency,
- (d) He/she is not medically fragile, and
- (e) He/she is between the ages of 6 and 18.

Consent for the children and youth to participate was obtained by the Provincial Director of the Child Protection and Support Branch. Based on the above criteria, Agency staff approached eligible children and youth to request their permission to be participate in the research. Eighteen children and youth from three sub-sites in the larger community chose to participate in the qualitative interviews. Once verbal permission was been granted, interviews were scheduled and the research project was explained. A written consent was obtained from all children and youth prior to data being collected. This consent stated the requirements of participation, limits to confidentiality, and the right to withdraw.

Agency Staff

The researchers explained the purpose of the research to agency staff and interviews were arranged with those who chose to participate. Staff were provided with a consent form stating the requirements of participation, limits to confidentiality, and the right to withdraw from the research. All participating staff signed the consent form. Nineteen staff were interviewed in three staff focus groups in each of the sub-sites. One staff person was interviewed individually

because of her specialized role in foster care and two senior managers were interviewed jointly in a separate location (for their convenience).

Community Stakeholders

Staff and the Agency research partner identified several community stakeholders who had particular knowledge of kinship care in the community. These people (who included elders and law enforcement, health services, and education personnel), were approached by staff members and invited to participate in the research. One community stakeholder chose to participate and completed a consent form.

Kinship Foster Parents³

Agency staff identified kinship foster parents in the community and invited them to participate in an interview. Once the caregiver chose to participate an interview was scheduled. As with children and youth, Agency staff, and community stakeholders, foster parents were provided with a consent form explaining the requirements of participation, limits to confidentiality, and the right to withdraw from the research. Each individual signed a consent form prior to participation. Fifteen foster parents from two sub-sites chose to participate.

Table 4. Participant sample size

Sample	Frequency (<i>n</i>)
Children and youth	18
Staff	22
Community stakeholder	1
Kinship foster parents	15
Total participants	56

File Reviews

Eighteen child and youth files were identified by staff as meeting the stated selection criteria. Consent to review these files was obtained by the Provincial Director of the Child Protection and Support Branch as well as the Agency.

³ The term “foster parent” is used to refer to individuals providing care to children and youth in out-of-home placements as this is the term employed by the Agency and community.

FINDINGS

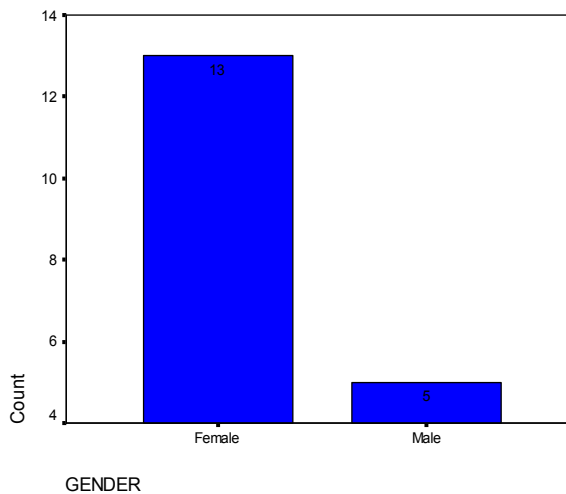
Findings are presented in two sections. The first section presents descriptive statistics based on the file reviews of 18 children and youth in kinship care. The second section presents the findings from the qualitative data collection (interviews and a focus group) with children, youth, staff, the community stakeholder, and kinship foster parents.

I. Findings: File Reviews

Legal Status and Gender

Seventeen of the children and youth were permanent wards of the agency. One was under apprehension, and the determination of the child's guardianship was before the courts. As presented in Figure 3, thirteen of the children and youth were female (72%) and 5 were male (27%).

Figure 3. Gender of child or youth



Current Age and Age at First Placement

The ages of the children and youth ranged from eight to 18 years with a mean age of almost 13 years (12.7). Five were 12.5 years of age, two were 13.5 years, and two were 14.5 years.

Twenty-five per cent of the children and youth were first placed in care at the age of 4.5 months or younger, and 50% of these children had their first placement under the age of 10 months. Seventy-five per cent of the children were four years or younger at their first placement.

Table 5. Age at 1st placement (months)

Mean		24.2
Median		10.0
Minimum		1.5
Maximum		82.0
Percentiles	25	4.5
	50	10.0
	75	51.0
N	Valid	16
	Missing	2

Placement Characteristics

As evident in Table 6, the length of the children’s and youths’ current placement varied from seven months to 12.25 years. Fifty per cent of these children and youth were with their current placement for almost three years (2.7) and 75% per cent of these children and youth had been in the same placement for almost 4 years (3.8).

Table 6. Length of current placement (months)

Mean		44.50
Median		32.00
Std. Deviation		38.19
Minimum		7.00
Maximum		147.00
Percentiles	25	19.00
	50	32.00
	75	46.75
N	Valid	16
	Missing	2

Table 7 presents data on the number of placements children and youth experienced prior to their most recent placement. The majority had multiple placements prior to their recent placement, ranging in number from 1 to 51 placement moves. Further analysis is required to determine the reason for the multiple placements and whether the children and youth experienced multiple returns to the parental home or movement in foster care. As well, many external factors (such as poverty, unemployment, fewer foster homes/greater foster home burnout, the provincial shift to Aboriginal control over their communities on-reserve and off-reserve) may have influenced this high movement.

Table 7. Total number of placements

Placements		Frequency	%	Valid Percent
Valid	1.00	2	11.1	13.3
	3.00	1	5.6	6.7
	4.00	1	5.6	6.7
	15.00	1	5.6	6.7
	17.00	1	5.6	6.7
	22.00	3	16.7	20.0
	25.00	1	5.6	6.7
	27.00	1	5.6	6.7
	31.00	2	11.1	13.3
	36.00	1	5.6	6.7
	51.00	1	5.6	6.7
	Total	15	83.3	100.0
Missing		3	16.7	
Total		18	100.0	

Table 8 summarizes descriptive statistics on the total number of foster parents with whom the children and youth resided. On average, children and youth had lived with twelve different foster parents. Twenty-five percent of the children and youth resided with 4 or fewer foster parents and 50% had 14 or more foster parents.

Table 8. Number of foster parents

Mean		12.1
Median		14.0
Std. Deviation		7.9
Percentiles	25	4.0
	50	14.0
	75	17.0
N	Valid	15
	Missing	3

Table 9 presents the frequency of the total number of foster parents a child had lived with from a low of one to a high of 29.

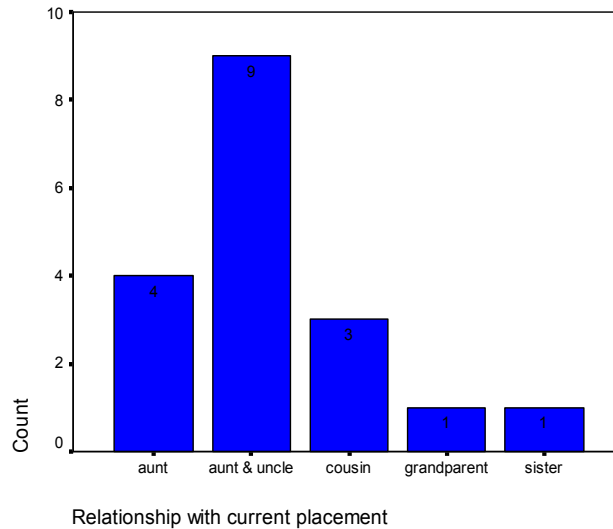
Table 9. Number of foster parents

		Frequency	%	Valid Percent
Valid	1.00	3	16.7	20.0
	4.00	1	5.6	6.7
	9.00	1	5.6	6.7
	11.00	2	11.1	13.3
	14.00	2	11.1	13.3
	15.00	1	5.6	6.7
	17.00	2	11.1	13.3
	18.00	1	5.6	6.7
	20.00	1	5.6	6.7
	29.00	1	5.6	6.7
	Total	15	83.3	100.0
Missing		3	16.7	
Total		18	100.0	

Relationship with Current Foster Parent

As evident in Figure 4, female relatives, specifically aunts, play a major role in providing care for these children and youth. Almost 75% of the foster parents were aunts. In 50% of the cases an uncle was also a foster parent. Three cousins, one grandparent, and one sister were also identified as foster parents.

Figure 4. Kinship foster parents’ relationship to child or youth

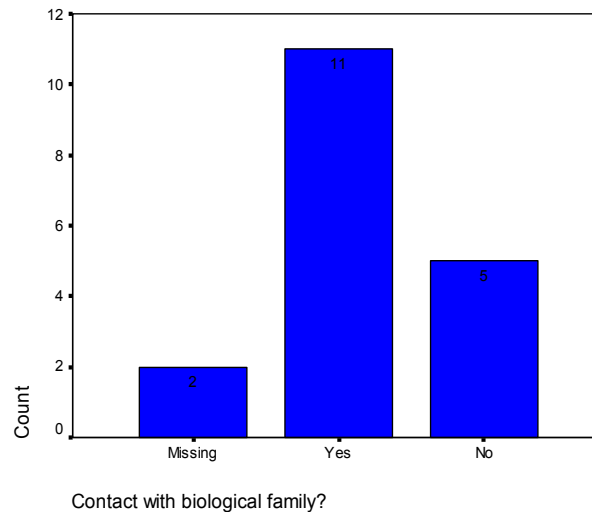


Reason for Involvement and Contact with Biological Parents (Mother & Father)

Table 10 presents a summary of the reason for the children’s and youths’ involvement with the Agency and whether or not the child had contact with his/her biological parents. File data identified that the majority of children and youth were involved with the Agency due to substance abuse by the parent(s). Four files noted that the mother had a substance abuse problem and eight files recorded substance abuse by the father as the reason for Agency involvement. The files reported that eight of the children’s and youths’ mothers were deceased (in some cases this occurred in sibling groups). It is unknown if this was the reason for initial Agency involvement or whether the death occurred during the child’s or youth’s placement in care.

All of the participating children and youth ($n = 16$) had siblings who were also in the care of the agency. Eight were placed with a sibling and seven were not living with a brother or sister. Just over half of the children and youth (56%) reported having contact with their parent and siblings. Five of the children and youth had no contact with their biological parents, and 11 continued to have contact. It was unclear as to the nature and the quality of the contact.

Figure 5. Child and youth contact with biological family



Five of the files noted that the child or youth had rare contact with the mother ($n = 2$) and father ($n = 3$) and in two cases the father was unknown. In two cases the mother was recorded as living out of the community (although there continued to be limited contact).

Children's and Youths' Health

Twelve of the children and youth were either diagnosed as having, or thought to have, special needs: Eight were believed to have Fetal Alcohol Spectrum Disorder (FASD) and four were thought to have Attention Deficit Hyperactivity Disorder (ADHD).

II. Findings: Qualitative Interviews

Child and Youth

The interviews with children and youth identified a general satisfaction with kinship care. Children and youth reported that a nurturing relationship with the caregiver was what they liked about living in kinship care. They reported that the foster parent “*treats me nice*” and “*takes care of me.*”

Children and youth also stated that it is important to be placed with their sibling when in care. Most of these participants reported contact with their parent or siblings who were not living in the kinship home. The majority of children and youth reported to be stable in placement. They reported that they were doing well in school; they referred to their foster parents as “mom and dad”, and felt very happy in the foster home. These children and youth believed that they were adjusting well to foster care and had a decrease in problem behaviours. The majority accepted that they could not reside with their biological parents and reported a decrease in feelings of anger or hurt. For example one youth explained that she knew and accepted that she was unable to reside with her biological mother, due to her mother’s problems. In terms of resilience, children and youth reported that acting out behaviors decreased due to kinship care, and that their performance at school improved. Most reported that they were using their indigenous language, Cree. Challenges reported by children and youth included the draw to the larger urban centers.

Foster parents

Kinship foster parents were overwhelmingly in support of providing this service to their families and their community. Many foster parents reported that providing kinship care is a link to their culture and traditions. Several reported that they had experienced kinship care while they were growing up, either having been raised by a relative other than a biological parent or having relatives’ children raised by their birth parent. They believed they should carry on this practice. This practice was reflected in the sample. For example in one case, one set of foster parents was caring for their nephews and the daughter of these foster parents was caring for a sibling to the nephews. Both female foster parents reported to have been cared for by a grandmother when they were children. In this family, the practice of kinship care crossed and extended across three generations.

One kinship foster parent explained that kinship care allowed the biological family to maintain proximity, both physical and emotional, with the child and youth in care:

I think our main concern at the time was keeping the family together. That was our main goal, rather than you know, having one way on the other side of the reserve, or spread out in the community. We tried, our intention, we tried to keep them close.

Kinship parents stated that they believe that the child in kinship care experiences a decrease in acting out behavior and performs better in school. Kinship parents added that kinship care is easier for the biological parents to accept because the child is placed with an extended family member and not a stranger. This results in a two-way knowledge exchange in that the pre-existing relationship facilitates the sharing of information between the biological parent and the kinship foster parent. Both have knowledge of each other and as a result, of the child's or youth's familial context. Another strongly perceived benefit of kinship care is that children and youth remain in the community and neighborhood. This results in greater stability for the child or youth and security by maintaining ties with the school, recreational activities, and professionals. All kinship parents cited that children and youth require emotional nurturing and support and perceived kinship care to provide love, security, and stability.

Kinship foster parents also identified challenges that they confronted in caring for the child or youth. These included difficult child behaviours; a lack of information about the child's needs; a lack of agency support in terms of training, contact with the worker, and financial resources; poor community support; and at times, conflict with the biological parent(s). Kinship foster parents reported that the community believes that family should take care of their own as part of their traditional responsibility without any remuneration. Given the high rates of community unemployment, the issue of payment for care provision remains a contested issue in the community and some community members negatively perceive payment to the caregiver as a way for the kinship caregiver to generate an income. Of note, none of the kinship foster parents reported financial benefits as their motivation for providing kinship care.

Staff Perceptions

Staff were overwhelmingly in support of kinship care. Staff explained that kinship care is a traditional way of looking after community children. Similar to foster parents' comments, staff cited that kinship care benefits the child primarily because there is a pre-existing relationship between the foster parents and the child resulting in a familiarity between the child and foster family. Thus the child has knowledge of the family and the family's functioning: children and youth know what is expected of them when living with the family. This relationship decreases the child's or youth's apprehension and increases the child's or youth's sense of belonging. As one staff commented:

...a family has their own values, their own beliefs and that child already knows what the relative placement, what they're expecting....So it's very easy for them to blend into that family and the expectations are the same as they would perceive from their original family.

Staff perceived that kinship placements increase the placement length because the child is more "stable". Acting out behavior was thought to decrease and it was reported that school performance improves. In terms of staff resources, kinship placements were perceived as beneficial to the worker as staff reported receiving fewer telephone calls concerning the child: there is the perception of less need for kinship foster home support compared to non-relative foster homes.

Staff believed that the use of kinship care resulted in greater numbers of children and youth remaining in the community which maintained their connection to culture, language, and tradition. Ultimately kinship care was considered to be a means of developing community resilience.

Staff also echoed many of the foster parents' perceived challenges to kinship care. These included severely limited agency resources. For example, there are insufficient numbers of homes and/or relatives willing to open up their homes to provide kinship care. Some relatives may also be experiencing the same or similar challenges as the parents and are therefore unsuited to provide care. Staff also reported that biological parents can and do interfere which causes conflict in the extended family and in particular for the child or youth. Staff found that some kinship care foster parents experience conflict in trying to help the child process their feelings about the biological parent while at the same time trying to manage their own feelings about their adult relative's behaviors or actions. In addition, it was reported by staff that the community is not as supportive as staff and kinship parents would like. Agency staff reported that the community views the Agency

as a “necessary evil” and that the community has a limited understanding of the Agency’s mandate and role. This results in many problems, including hesitancy among community members to become involved with the Agency.

Burnout of over-stretched foster parents was a major concern for staff. Staff explained that payment of foster parents was considered problematic by many in the community. There is no additional funding or policies that acknowledge that kinship homes come from the same community context with shared issues such as unemployment, limited health and social service options, and poverty. In the current system, children and youth are moved between under-resourced families which can result in the overtaxing of limited familial resources in under-resourced communities.

Staff defined kinship care in a variety of ways. For example, some staff stated that kinship care referred only to those foster parents who were related to the child or youth by “blood”, for example, all extended family members. Others believed that kinship care could include non-blood “family”; essentially people in the community who had developed a nurturing relationship with the child’s or youth’s biological family through an emotional bond. Staff also explained that kinship care placements could occur outside of the immediate community if the child or youth had a relationship with the foster parent in another community.

CONCLUSION

This project represents a unique partnership between the university, a First Nation Agency, and the Office of the Children's Advocate. The research evaluated a program of a northern, Aboriginal child welfare program, historically under-represented in research. The results of this evaluation respond to a gap in knowledge regarding the effectiveness of kinship care placements, as to date; there has been no systematic evaluation of kinship care programs across Canada. In addition, the research included children's and youths’ perspectives, consistent with the mandate of the UN Convention on the Rights of the Child.

This report provides a summary of initial findings based on analysis of file reviews, qualitative interviews, and policy documents. Further analysis and publications of research results are forthcoming. Initial key research findings include:

- *All study participants, children and youth, a community person, kinship foster parents, and agency staff, reported a general satisfaction with the program.*

- *Kinship care is considered a traditional practice passed down from generation to generation. Kinship foster parents and staff reported that providing kinship care is a link to their culture and traditions. Many foster parents reported they had also experienced kinship care in the past and believe they should carry on this practice. By definition, the Cree words “minisiwin” (family) and “wahkotowin” (relations) determine the expected roles and responsibilities of extended family.*
- *The community stakeholder, staff, and kinship foster parents identified a "connectedness" between the child, the caregiver, and the community. This was reflected in the emotional bond between the child and caregiver, and the child's or youth's connection to culture, language, and community. The majority of children and youth reported being able to communicate in their indigenous Cree language because they remained in their community.*
- *The study identified a number of families who provided kinship care to the community over a lifetime. Their commitment goes well beyond expectation of foster parents in a non-reserve setting. These individuals not only provide care to children, but they live as neighbours with the families and experience a context of chronic under-resourcing and community issues. These care givers appear to be truly committed to the child and the continuation of a valued cultural practice.*
- *Placement stability in kinship care homes was perceived by all participants to improve due to kinship care provision; 75% per cent of these children and youth were in the same placement for almost 4 years.*
- *All participants, including the child and youth, reported positive outcomes as a result of the kinship placement. These outcomes included, for example, school performance, and a decrease in problem behaviours. The practice was also perceived as helping to promote children's and youths' understanding and acceptance that they could not live with their biological parent. Generally, children and youth maintained some contact with their biological family.*
- *Ongoing challenges to kinship care exist. The community and agency operate in a context of severe resource limitations. This has repercussions for the quality and quantity of service provision, recruitment and hiring (of staff and foster parents), training of foster parents, and policy (Agency, and provincial legislation, regulation, standards).*

- *“Typical” foster parent issues such as recruitment, training, and coping with care giving demands confront these foster parents. Issues such as remuneration for care giving remain contested in the community. A community belief continues to exist that family should care for their own without corresponding financial support. Provincially, “professional” foster parents often receive high per diem rates. However, relative foster parents who are often caring for children with high needs are generally paid basic rates.*
- *The study identified different definitions for kinship care as understood by participants which highlights potential areas of tension or conflict in both practice and policy. However a common link between definitions was the existence of an emotional bond between the child or youth and the care giver. While the kinship practice is consistent with provincial legislation in general, provincial legislation, standards, and resources appear inconsistent with the requirements to better support kinship homes. For example, while agencies are required to use kinship care placements as a first placement option, the province and agencies do not share a consistent definition of kinship care.*
- *The province does not track kinship placements and kinship placements are not categorized. The absence of this information creates challenges for program planning.*

PROJECT PRODUCTS

Presentations:

1. Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nation Kinship Care Program. Pathways to Resilience, June 15-17, 2005, Halifax, Nova Scotia.
2. Evaluating Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nation Kinship Care Program. October 14-16, 2004. Building Lifelong Connections. Saint John, New Brunswick.
3. Factors that Contribute to Positive Outcomes in the Awasis Pimicikamak Cree Nations Kinship Care Program. October 20, 2004. Awasis Agency of Northern Manitoba Annual General Meeting.

Reports:

1. Final Report, March 2006.
2. Summary Report, March 2006.
3. Summary of Findings published in the Annual Report of the Office for the Children's Advocate's, 2004-2005.

Forthcoming:

1. Presentation at future international conference.
2. Presentation of Final Report to Awasis Agency and research participants.
3. Day seminar to develop Agency research skills through evidence-based social work and apply research knowledge.
4. Letter to participants.
5. Publications in academic journals.

PROJECT CONTACT LIST

For information regarding the project please contact:

Name: George Muswaggon, Associate Director
Affiliation: The Awasis Agency of Northern Manitoba
Email: awasisgm@mts.net
Telephone: (204) 676-3902

Name: Alexandra Wright, Assistant Professor
Affiliation: Faculty of Social Work, University of Manitoba
Email: awright@ms.umanitoba.ca
Telephone: (204) 474-9094

Name: Diane Hiebert-Murphy, Associate Professor
Affiliation: Faculty of Social Work, University of Manitoba
Email: hiebrt@cc.umanitoba.ca
Telephone: (204) 474-8283

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