Children's Aid Society
LONDON & MIDDLESEX
La Société d'aide à l'enfance

**Empowering Families, Strengthening and Protecting Children:**

**Introducing Kinship Program and Family Group Conferencing Program at the Children's Aid Society of London and Middlesex**


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# Executive Summary

This evaluation of kinship care and family group conferencing[1] (FGC) at the Children's Aid Society of London and Middlesex reports on a number of aspects of the first year of implementation of these two innovative services. Both kinship and FGC are part of Ontario's *transformation* agenda in child welfare practice within a differential response service framework. The goal of Ontario's transformation seeks alternatives to traditional child welfare practice to achieve positive outcomes for children. Kinship is an alternative to traditional foster care by examining the potential of utilizing naturally occurring strengths that exist within the child's immediate ecology such as through the extended family or within the neighbourhood. FGC utilizes a decision making forum that is inclusive of family and non-family members in developing a plan for the child and their family. FGC assumes that there are aspects within even the most difficult family structures that can speak to the best interests of the child.

This report is organized within five chapters, each of which examines a different aspect of kinship and FGC. Each chapter provides a current literature review of the area and a summary of the implications of the findings for child protection.

Chapter One provides an overview of the rationale for integrating differential response and in particular kinship and FGC within child welfare. The ever-increasing demand on child protection in Ontario has necessitated a shift in examining alternatives to traditional services. For London this meant the introduction of Kinship and FGC early in 2005. Within the first year, 47 children were formally admitted into a kin provider's home. The children placed in kinship arrangements are very similar in numerous ways to the children who were previously admitted into traditional foster care. Indeed their risk scores proved to be almost identical. Eighty-five per cent of the kinship arrangements were with family, in descending order of frequency were; maternal grandparents, maternal aunt / uncle, paternal grandparents, paternal aunt / uncle, then cousins. In the remaining 15% of cases, placement was with a close family friend. These placements proved to be of universally high quality based on a quality of kin care index. Outcomes

[1] Throughout this report family group conferencing is the title used for this service as it is the one most commonly reflected in the literature. However, this program was initiated at the CAS of London and Middlesex as family group decision making. The reader should see these two terms as interchangeable.

suggest that the children placed in kin arrangements were rated as more positively adjusted in all aspects relative to children who had been placed in traditional foster care.

This chapter also summarizes the results for the implementation of FGC. 18 FGC's were convened in the first year affecting 31 separate children. Of this group of children, the majority, 80.6%, included a mother as the primary caregiver. The average age of the children was 3.4 months of age, with a range from 0 months to 13.4 years. In 51.6% of the cases the child (ren) in the family had previously been in the care of the CAS in an out of home placement prior to the current CAS involvement. Spousal violence was identified in 45.2 % of the families. In slightly more than 83% of the cases, the mother was also characterized as representing the most significant threat for maltreatment to the child at the time the case was investigated. In all but one FGC, a plan was developed and implemented. Results indicated that at the three month follow up there was no evidence of maltreatment with any of the children who proceeded through the FGC. 86.2% of the children were still residing in the same placement that had been decided by the conference. 88.5% of the children were living with their biological family within the 3 month follow-up period.

Chapters Two and Three focus on the impact of children in kinship arrangements that come to the attention of child welfare either for neglect or due to the exposure to domestic violence. Chapter Two summarizes the findings of the kinship arrangements with children who are neglected and enter care primarily due to their parent's inability to provide appropriate care. 26 children were placed in kin arrangements due to neglect and this group was compared to a similar group of neglected children who had been placed in traditional foster care. Children who were placed in kinship arrangements entered the CAS system at the age of 3.7 years while traditional foster care children entered at 6.7 years. The CAS was involved with children in kinship arrangements for a longer period of time prior to placement; 64.0 months compared to traditional foster care children where involvement has been for 40.7 months. There were no major differences on the mean overall risk assessment (M=3.75, SD = 0.95) for foster care and kinship arrangements (M= 3.70, SD = 0.73). Raters also examined behavioural items with neglected children placed in kinship against those placed in traditional foster care. On

behavioural ratings, children in kinship arrangements had lower rates of behaviour problems at both 3-month and 6-month follow-up periods.

Chapter Three focuses on the outcomes for children in kinship arrangements that came to the attention of the CAS due primarily to exposure to domestic violence. Twenty six (26) children in kinship arrangements fit the criteria based on the case managers rating on the eligibility spectrum code of witnessing parental violence. Similar to the results with neglected children, these children showed better behavioural outcomes when compared to the children exposed to inter-parental violence who had been placed in traditional foster care. Further, children in the kinship program had a mean placement length of 305.2 days whereas participants in traditional foster care had a mean placement length of 46 days, reflecting significantly greater stability and permanence in kinship placements compared to foster care placements. 73.1% of children in the kinship sample were reunited with their biological care givers within the 3 month follow-up period.

Satisfaction with the FGC process is a critical aspect of success and implementation of the plan that is generated from the family conference. Chapter Four summarizes data assessing the extent of satisfaction for both family and non-family FGC participants. From the self reports on satisfaction it is evident that the participants who chose to respond to this evaluation were extremely satisfied with the FGC process. This extended to the preparation, location and the information that was provided. The overwhelming majority, 81.1% reported they were able to use their own effective decision making skills and felt they lent considerable input to the group decision. 88.4% felt that the group reached the ‘right’ decision and 88.6% of the respondents supported the final decision. 90% were willing to put forth an effort to carry out the decision and 91% of the respondents agreed that they were satisfied with the plan created at the FGC.

Finally, Chapter Five reports on the potential impact of the Kinship program and FGC program. Approximately half of the responding child protection workers had made a referral to either the Kinship or FGC programs. The vast majority of the respondents reported they perceived the goals of the Kinship and the FGC programs to be consistent with the mission of child welfare services. What was not predicted was that those workers, who were most likely to have made a referral, reported higher scores on scales assessing worker burnout and compassion fatigue. It could be that the introduction and

involvement of innovative services such as FGC and Kinship is one means of re-engaging child protection professionals in the work of increasing the safety of maltreated children and improving their outcomes.

# Chapter One

## Overview of Outcomes Associated with the Implementation of Kinship and Family Group Conferencing Programs

**Alan Leschied, Ryan MacKay, Shivon Raghunandan,
Nicole Sharpe and Marguerite Sookoor**

# Introduction

## Demands for Service in Ontario's Child Welfare System

Among the major social policy issues challenging Ontario's human services delivery system is the dramatic increase in demand for services on the province's child welfare system. This increase has been documented in numerous publications, most notably the London community's report *Protecting Children is Everybody's Business* (Leschied et al., 2003). Increases from the mid 1990's to 2001 revealed more than a doubling in the rate of children referred and ultimately admitted into the care of child welfare services. This has meant a coincidental increase of more than one hundred per cent in the budgetary allocations from the province to support this level of service. Currently the Ontario budget for directly supporting child welfare sits at 1.3 billion dollars compared to less than five hundred million in the mid 1990's.

London, and indeed Ontario, is not alone in this increasing demand for services. Nico Trocme and his colleagues through the publication of the *Child Maltreatment Incidence* studies (Trocme et al., 1998; 2005a) have revealed an increase in various forms of child maltreatment virtually across Canada. Trocme et al., (2005b) suggested that increasing vigilance on the part of the community to report maltreatment, the use of risk assessment, changing legislation, along with increasing pressures on families that reflect economic hardship may help account for this increase.

Not only is there concern for the increasing number of children admitted to care, but there is also concern for improving the outcomes for children once they are admitted to children's aid societies. Again, drawing from data at the Children's Aid Society of London and Middlesex, Hurley et al., (2006) documented that not only are behavioural and emotional outcomes not very encouraging once children are admitted to care, but there is a high probability of children within families re-entering the child welfare system from one generation to the next. Similarly, the review of foster care outcomes at the Children's Aid Society of London and Middlesex revealed a differential outcome by the age at which children were admitted to foster care, with some age groups doing extremely poorly (Leschied et al., 2004).

## Policy Reviews in Ontario's Child Welfare System

There have been numerous changes in recent years to Ontario's child welfare service delivery system, not the least of which has been the formation of the *Child Welfare Secretariat*. This working group within the Ministry has been charged with directing policy development in child welfare and changes in legislation, promoting evidence-based research in the field, and providing policy reviews to achieve better outcomes for children. One of these reviews relevant to the shift in the nature of services offered was reflected in the publication of, *Child Welfare Transformation 2005: A Strategic Plan for a Flexible, Sustainable and Outcome Oriented Service Delivery Model* (Ministry of Children and Youth Services, 2005). Among the many recommendations made within this report was the emphasis on expanding intervention options that promote flexibility in how services are offered. Such flexibility can enhance permanency for children in producing better outcomes. Specific in this regard was the promotion of kinship care, which was cited as "The fastest growing placement option in North America, yet an under-utilized option in Ontario".

Similarly, as discussed by Trocme, Knott & Noke (2003) is the promotion of *differential response*. Differential response, reflected in Ontario's *Transformation* report emphasizes "greater flexibility [allowing] for more effective collaboration with other service providers and other community supports". Such options as Family Group Conferencing along with Kinship fit within this expanded definition of what constitutes child and family centered services. These services are characterized as being evidence-based, focusing on enhancing child outcomes while maintaining the safety of children. The Children's Aid Society of London and Middlesex, similar to many Ontario child welfare agencies, has over the past several years, launched programs that are consistent with the *Transformation* agenda. For London, part of this launch included the delivery of Kinship and Family Group Conferencing programs.

## Methodology of the Current Review

As part of the delivery of the Kinship program and Family Group Conferencing program in London, the Society also focused on an evaluation agenda to accompany program implementation. There were two goals of the evaluation. The first was a descriptive, process evaluation. This goal was met in describing who were the children and families being referred to the programs. The second goal was met in evaluating the impact of kinship and FGC for children. This included attending to a variety of behavioural and emotional outcomes for children as well as monitoring the extent to which children remained in the same placement over a period of time and ultimately returned to their biological care givers. The first part of this evaluation reports on many of these indicators.

There were additional areas of interest for the London Society related to subgroups within the sample of children and families who were involved with these innovative programs. The first of these related to the delivery of the Kinship program to children who came to the attention of the agency because of neglect. Children who have experienced neglect, broadly defined as children who experience maltreatment due to parenting errors of *omission,* account for the largest increase of all child maltreatment groups within the Canadian Incidence Studies. Research also suggests they are the most challenging children for traditional foster care providers and have the poorest outcomes when measured over the longer term (Marquis et al., 2007). Chapter two of this report focuses on a comparison of outcomes for neglected children in kinship arrangements versus those experienced by neglected children in traditional foster care.

The second study was concerned with children who experience vicarious trauma resulting from the exposure to domestic violence. Among the more controversial areas of child welfare intervention is with children who are admitted to care in part because their mothers are victimized through domestic violence. While Ontario's *Child and Family' Services Act* does not specifically mention children 's experience with vicarious trauma, nonetheless, a considerable number of children are admitted to care out of concern for their exposure to domestic violence. Chapter Three compares the outcomes for these children who were placed in kinship arrangements compared to children admitted to traditional foster care.

The literature regarding Family Group Conferencing has emphasized the importance of participant satisfaction with the process as a primary predictor for successful implementation of conference plans and their benefits. Chapter Four reports on the extent of the levels of satisfaction of the participants in London's Family Group Conferencing program.

Finally, worker participation is fundamental to the success of any innovative human service program. This is of particular relevance to the introduction of Kinship programming and Family Group Conferencing in child welfare. The challenge to the child welfare profession is to balance the needs of safety for children, its regulatory function, with the interests of improving child outcomes. Chapter Five examines worker perceptions of kinship program and FGC at the CAS as they relate to personal job satisfaction.

All of these studies were able to benefit from data drawn from previous studies completed at the CAS of London and Middlesex. From the *Protecting Children* study, a comparison was available on the nature of children and their families who access services prior to the advent of kin services and FGC. This baseline data allows for understanding, relative to a group of children and families who accessed the CAS prior to kinship arrangements and FGC, the nature of children and families who are referred to these two new programs. The foster care outcome study entitled, *Assessing the Appropriateness of Placements in the Child Welfare System: Improving Stability and Outcomes for Children,* provided a benchmark on which to compare outcomes from kinship arrangements

# Kinship Program at the
# Children's Aid Society of London and Middlesex

## Kinship: Who Gets Referred

The London Kinship program provides assessment and support to extended family and community members who propose to provide care for a child in their family. The program was first developed when there was not a provincial assessment tool for kin and extended family in situations where a child is not in the care of the Society but is at a level of risk that requires the child to live outside of the birth family home. As the program developed it incorporated the provincial assessment tools used for foster and adoptive candidates. The Kinship program in London provides assessment to all extended family applicants, including a needs assessment, and then determines the status of the placement, the level of financial support required and the level of social work support that the family requires to meet the needs of the child placed in the family. Some kinship arrangements are situations where children are not in the care of the Society and the family is not a foster home. Other arrangements are situations where the child is a ward of the Society and the kin family is a kinship care foster home. All kinship arrangements are provided financial assistance, kinship care foster homes are provided foster care assistance and kinship services homes are provided assistance at the levels determined in the assessment. All kinship arrangements are provided social work support. The program has also develop kinship cluster groups where care providers are able to meet to share and gain support.

Tables 1 and 2 summarize data regarding kinship from the *Data Retrieval Instrument*. This instrument provides a framework on which to look at file-based data to understand the characteristics of children and families who are seen at the CAS. These tables summarize the overall data from 1042 cases drawn from CAS files from 1995 and 2001, 370 files based solely on children admitted into the traditional foster care system, and the 47 children who were admitted into kinship arrangements during the first year. The picture that emerges describing kinship cases suggests these children are younger, averaging 5.9 years of age at the time of entering the program, with a family that has been involved with the CAS with previous children. The child's mean overall risk assessment

score is identical to the children who were previously admitted to traditional foster care and higher relative to the overall risk score for children who access any service from the CAS.

Table 1
**Continuous Items Collected from Data Retrieval Instrument**

| | Children in all Placement Types (N = 1042) | | Traditional Foster Care (N = 370) | | Kinship Arrangements (N = 47) | |
|---|---|---|---|---|---|---|
| Item | M | SD | M | SD | M | SD |
| Age at time of case opening (months) | 91.8 | 60.8 | 82.0 | 64.3 | 53.9 | 56.2 |
| Age of admission to placement (months) | 85.9 | 63.8 | 82.4 | 64.4 | 71.1 | 56.1 |
| Length of time of CAS involvement with the family (months) | 66.4 | 72.2 | 65.1 | 75.4 | 76.0 | 60.4 |
| Length of time of CAS involvement with the child (recorded in months) | 43.8 | 58.5 | 43.5 | 62.8 | 65.8 | 54.1 |
| Mean overall risk assessment given by social worker (score range is 0 to 4) | 2.9 | 1.2 | 3.7 | 1.0 | 3.7 | 0.9 |
| Mean cumulative risk assessment (total ORAM score out of 88) | 27.9 | 12.8 | 34.0 | 12.4 | 35.8 | 12.3 |
| Number of previous child implemented interventions with CAS | 1.8 | 5.3 | 2.2 | 5.0 | 2.8 | 4.0 |

Children placed with kin are most likely, based on the Eligibility Spectrum Code ratings, to come to the attention of the CAS out of concern for their parent's general inability to provide care. They are almost twice as likely to have experienced physical harm compared to children in traditional foster care. Relative to the foster parent group, these families are more likely to be on social assistance. Three-quarters of these families were provided with prior CAS interventions and a similar number had been admitted to a residential service at CAS before being placed with a kin care provider. Spousal violence

approached sixty per cent of the kinship families which was a rate higher than both the general sample as well as the traditional foster care sample. In forty-six per cent of the kinship sample, the biological mother, was diagnosed with a mental health disorder which consisted of, in descending order, substance abuse, depression and borderline personality disorder. In 30 per cent of the cases, the birth family's living conditions were a primary concern related to the decision to admit the child into care. Relative to the seventy per cent of children who were admitted to traditional foster care requiring some form of court involvement, to reach a settlement, only thirty per cent of kinship cases had court involvement. The overall picture that emerges, suggests these children and their families are very similar in numerous ways to the children who were previously admitted into traditional foster care.

Table 2

**Categorical Items Collected from Data Retrieval Instrument**

| Item | Children in Care All Placement Types (N = 1042) % | Children in Care Traditional Foster Care Cases (N = 370) % | Kinship Cases (N = 47) % |
|---|---|---|---|
| Primary Eligibility Spectrum Code: | | | |
| 1 – Physical/Sexual Harm by Commission | 28.9 | 16.9 | 27.7 |
| 2 – Harm by Omission | 13.9 | 16.6 | 14.9 |
| 3 – Emotional Harm | 3.4 | 0 | 2.1 |
| 4 – Abandonment /Separation | 17.5 | 15.4 | 4.3 |
| 5 – Caregiver Capacity | 36.3 | 31.3 | 51.1 |
| Gender: | | | |
| M | 48.7 | 45.2 | 48.9 |
| F | 51.3 | 54.8 | 51.1 |
| Child/Family on waiting list to be seen by a children's mental health service/family agency at time CAS received referral (% Yes responses) | 7.5 | 7.5 | 0 |
| Child/Family being seen by children's mental health service/family agency at time of CAS received referral (% Yes responses) | 56.1 | 67.4 | 28.9 |

| Item | Children in Care All Placement Types (N = 1042) % | Children in Care Traditional Foster Care Cases (N = 370) % | Kinship Cases (N = 47) % |
|---|---|---|---|
| Primary caregiver on social assistance: | | | |
| Yes | | | |
| No | 52.5 | 61.1 | 65.9 |
| Not Available | 47.5 | 38.9 | 20.5 |
| | 0 | 0 | 13.6 |
| Occupation: | | | |
| Prof/Manag/SE | 4.6 | 3.6 | 0 |
| Trade | 3.7 | 3.7 | 7.0 |
| Unskilled | 15.5 | 13.4 | 9.3 |
| Unemployed | 45 | 55.1 | 48.8 |
| DK | 28 | 20.5 | 27.9 |
| Retired | 0.8 | 1.4 | 0 |
| Student | 2.3 | 2.3 | 7.0 |
| Canadian Origin: | | | |
| Mother | 81.3 | 75.2 | 80.9 |
| Father | 78.3 | 51.7 | 57.4 |
| Family Arrangement: | | | |
| Single mother | 26.2 | 25.6 | 38.6 |
| Single father | 4.3 | 5.0 | 0 |
| Bio parents (m+cl) | 23.8 | 26.1 | 34.1 |
| Mom + partner | 11.1 | 12.2 | 4.5 |
| Dad + partner | 1.4 | 2.5 | 2.3 |
| Bio parents (sep) | 9.8 | 4.7 | 0 |
| Individual identified as presenting greatest risk to child at time of referral to the CAS: | | | |
| Mother | | | |
| Father | 48.7 | 52.1 | 68.9 |
| Both | 17.3 | 15.1 | 4.4 |
| Mother's partner | 7.9 | 13.4 | 11.1 |
| Father's partner | 3.3 | 1.8 | 8.9 |
| | 0.6 | 0.3 | 4.4 |
| Family previously involved in CAS intervention (% Yes responses) | 60.8 | 69.2 | 77.3 |
| Number of previous admissions to CAS prior to the current admission: | | | |
| 0 | 78.4 | 69.6 | 13.6 |
| >1 | 21.6 | 30.4 | 86.4 |
| Prior contact with other children's services | | | |
| Children's Mental Health | 75.7 | 76.6 | Not Valid |
| Youth Justice | 24.3 | 23.4 | Not Valid |

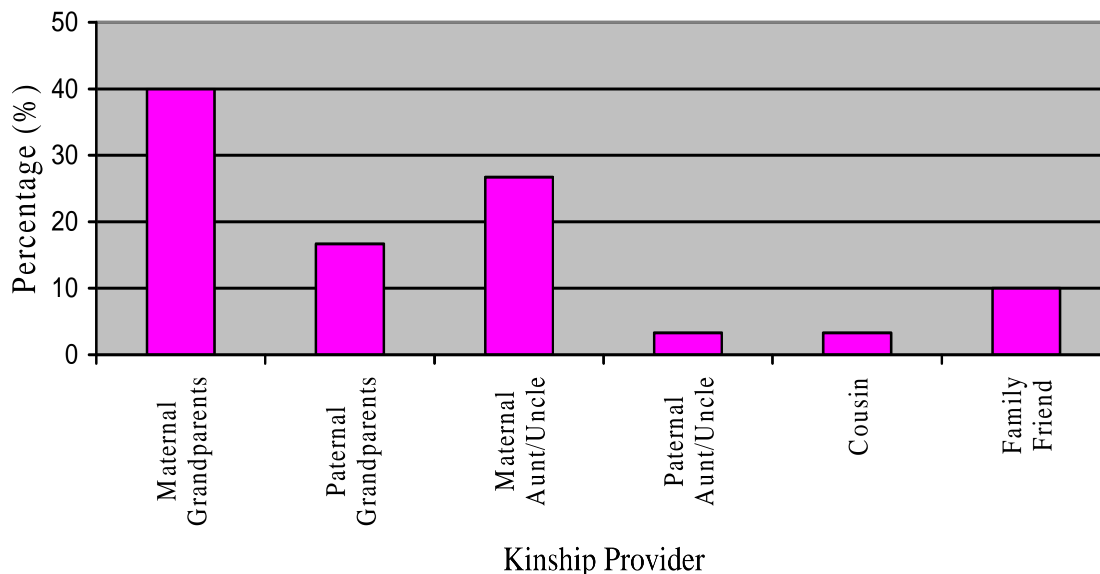
| Item | Children in Care All Placement Types (N = 1042) % | Children in Care Traditional Foster Care Cases (N = 370) % | Kinship Cases (N = 47) % |
|---|---|---|---|
| Type of CAS intervention: | | | |
| Parent management training | 4.2 | 2.4 | 0 |
| Parent counseling | 6.7 | 4.9 | 6.5 |
| Child counseling | 1.3 | 1.2 | 12.9 |
| Prior placement | 4.2 | 3.2 | 29.0 |
| Previous parent /caregiver contact with CAS: | | | |
| As child | 4.0 | 2.7 | 9.3 |
| As adult | 1.8 | 1.6 | 0 |
| As a parent | 46.0 | 42.7 | 48.8 |
| Child involved with mental health services (% Yes responses) | 29.6 | 28.8 | 37.5 |
| Type of mental health service provided to the child and their family: | | | |
| Family counseling | 6.7 | 8.3 | 0 |
| Ind. Counseling | 34.1 | 30.7 | 62.5 |
| Day treatment | 2.3 | 6.9 | 12.5 |
| Residential | 4.7 | 5.8 | 6.3 |
| Child in CAS placement prior to present CAS intervention (% Yes responses) | 41.9 | 54.6 | 55.8 |
| Type of placement: | | | |
| Foster | 10.5 | 9.3 | 50.0 |
| Group | 1.6 | 1.3 | 0 |
| Custody | 1.5 | 1.3 | 0 |
| Children's Mental Health Residential Treatment | 3.7 | 2.7 | 0 |
| Hospital | 3.7 | 5.9 | 0 |
| Extended Family | 25.2 | 21.8 | 20.8 |
| Evidence that child has ADHD (% Yes responses) | 17.2 | 16.0 | 22.7 |
| Evidence that child has Conduct Disorder (% Yes responses) | 7.5 | 7.8 | 30.2 |
| Child on meds now or previously (% Yes responses) | 14.5 | 14.3 | 22.7 |
| Spousal Violence (% Yes Responses) | 50.3 | 54.3 | 57.8 |

| Item | Children in Care All Placement Types (N = 1042) % | Children in Care Traditional Foster Care Cases (N = 370) % | Kinship Cases (N = 47) % |
|---|---|---|---|
| Caregiver physically victimizes their child (% Yes responses) | 54.3 | 54.7 | 75 |
| Was birth mother ever involved with Children's Mental Heath Centre? (% Yes responses) | 12.8 | 18.2 | 0 |
| Caregiver formally diagnosed with major mental disorder (% Yes responses) | 29.3 | 42.5 | 46.5 |
| Nature of disorder: | | | |
| Depression | 25.6 | 15.6 | 5.0 |
| Post Partum Depression | 1.8 | 1.2 | 10.0 |
| Anxiety | 2.8 | 4.3 | 5.0 |
| Bipolar | 6.9 | 8.9 | 0 |
| Schizophrenia | 3.0 | 4.8 | 0 |
| Antisocial | 0.3 | 0 | 0 |
| Substance Abuse | 1.1 | S 22.1 | 30.0 |
| PTSD | 1.5 | 2.2 | 0 |
| Borderline | 3.9 | 4.6 | 10.0 |
| Caregiver with major mental disorder (not-diagnosed) (% Yes responses) | 36.7 | 40.8 | 62.8 |
| Nature of disorder: | | | |
| Depression | 16.2 | 18.9 | 3.6 |
| Post Partum Depression | 2.7 | 4.5 | 3.6 |
| Anxiety | 7.7 | 4.0 | 0 |
| Bipolar | 2.0 | 3.0 | 7.1 |
| Schizophrenia | 1.4 | 1.5 | 3.6 |
| Antisocial | 1.5 | 3.0 | 0 |
| Substance Abuse | 31.5 | 31.2 | 21.4 |
| PTSD | 1.7 | 10.5 | 10.7 |
| Borderline | 3.9 | 4.0 | 0 |
| History of chronic medical condition in primary caregiver (% Yes responses) | 14.4 | 17.9 | 20.5 |
| Family ever homeless? (% Yes responses) | 24.8 | 35.4 | 6.8 |
| Living conditions relevant factor? (% Yes responses) | 15.8 | 15.0 | 23.3 |
| Court Litigation required for settlement? (% Yes responses) | 39.7 | 73.1 | 30.2 |

## Who Are the Kinship Providers?

Figure 1 reflects the percentage placements within the variety of kinship providers who were utilized during the first year. In only fifteen per cent of the cases was a non-family member called upon to provide a placement. In the remaining eighty-five per cent of placements, in descending order of frequency, the most likely placements were maternal grandparents, maternal aunt / uncle, paternal grandparents, paternal aunt / uncle, then cousins.

Figure 1
**Percent Breakdown of Kinship Providers**




## Quality of Kinship Arrangements

Case managers were asked to provide ratings relative to the quality of the kinship placements. This measure reflects a variety of conditions for the child including the physical and socio-emotional environment provided by the care giver (Duerrr-Berrick, 1997). Thirty-five ratings were provided with the average total quality of care score

reflecting a Mean of 347.7, *SD* = 28.3, out of a possible total of 392. Overall, this suggests these placements were universally of an exceptional quality.

## Three and Six Month Outcomes Relative to Child-Wellbeing

Outcome measures describing the child's adjustment while in the kinship arrangement consisted of a series of ratings provided by the case manager on emotional and behavioural indicators of well-being. These items constituted a cumulative index of well-being. Lower scores reflect more positive adjustment. These items related to the child's adjustment both in the kinship placement and foster home as well as at school. As summarized in Tables 3 and 4, children in kinship arrangements showed better adjustment at the three month follow-up on both school and behavioural related measures and more improved outcomes at the six month period in the traditional foster care measures. All outcomes were statistically significant.

Table 3
**Child Wellbeing – Outcome Measures after 3 Months of Out-of-Home Care**

| | Traditional Foster Care (N = 79) | | Kinship Arrangement (N = 44) | |
|---|---|---|---|---|
| Child Well-Being | M | SD | M | SD |
| School-related | 1.5 | 1.9 | 0.82 | 1.6 |
| Behaviour-related | 14.1 | 12.0 | 6.3 | 9.3 |

School-related: F = 4.51, p = 0.05
Behaviour-related: F = 13.8, p = 0.01

Table 4
**Child Wellbeing – Outcome Measures after 6 Months of Out-of-Home Care**

| | Traditional Foster Care (N = 152) | | Kinship Arrangement (N = 23) | |
|---|---|---|---|---|
| Child Well-Being | M | SD | M | SD |
| School-related | 1.1 | 1.9 | 0.4 | 1.1 |
| Behaviour-related | 10.4 | 13.0 | 3.2 | 5.2 |

School-related: F = 3.07, ns
Behaviour-related: F = 6.78, p = 0.01

A more complete picture emerges of the child's adjustment in the summary provided in Table 5. These item summaries identify the individual scores on each of the school and behavioural items. Children in kinship arrangements reflect improved adjustment on a range of items including emotional and behavioural responses. Overall this reflects less hostility, oppositional and defiant behaviour, and fewer interpersonal difficulties to name a few.

Table 5
**Behaviour-Related Outcome Items**

| | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|
| | Traditional Foster Care (N = 79) | | Kinship Arrangement (N = 44) | | Traditional Foster Care (N = 152) | | Kinship Arrangement (N = 23) | |
| Item | M | SD | M | SD | M | SD | M | SD |
| Child is physically aggressive | 1.25 | 1.30 | 0.30 | 0.76 | 0.77 | 1.16 | 0.13 | 0.46 |
| Child is verbally aggressive | 1.28 | 1.29 | 0.43 | 0.87 | 0.57 | 1.06 | 0.26 | 0.75 |
| Child abuses alcohol | 0.19 | 0.64 | 0.14 | 0.51 | 0.18 | 0.65 | 0.04 | 0.21 |
| Child behaves destructively | 0.65 | 1.07 | 0.23 | 0.68 | 0.45 | 0.92 | 0.13 | 0.46 |
| Child is anxious/ fearful/clingy | 0.68 | 1.08 | 0.48 | 0.76 | 0.64 | 1.04 | 0.26 | 0.54 |
| Child abuses drugs | 0.25 | 0.78 | 0.11 | 0.49 | 0.17 | 0.65 | 0.00 | 0.00 |
| Child has eating difficulties | 0.34 | 0.80 | 0.16 | 0.37 | 0.27 | 0.74 | 0.09 | 0.29 |
| Child sets fires | 0.10 | 0.50 | 0.00 | 0.00 | 0.01 | 0.08 | 0.00 | 0.00 |
| Child behaves in hostile manner | 0.71 | 1.10 | 0.25 | 0.78 | 0.47 | 0.96 | 0.13 | 0.63 |
| Child is hyperactive | 0.76 | 1.21 | 0.32 | 0.83 | 0.55 | 1.06 | 0.26 | 0.75 |

| | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|
| | Traditional Foster Care (N = 79) | | Kinship Arrangement (N = 44) | | Traditional Foster Care (N = 152) | | Kinship Arrangement (N = 23) | |
| Item | M | SD | M | SD | M | SD | M | SD |
| Child lies compulsively | 0.34 | 0.85 | 0.09 | 0.42 | 0.34 | 0.81 | 0.09 | 0.42 |
| Child behaves manipulatively | 0.57 | 1.02 | 0.25 | 0.61 | 0.46 | 0.89 | 0.17 | 0.49 |
| Child is non-compliant | 1.29 | 1.30 | 0.50 | 0.95 | 0.84 | 1.19 | 0.30 | 0.76 |
| Child is experiencing night terrors | 0.13 | 0.49 | 0.02 | 0.15 | 0.04 | 0.23 | 0.00 | 0.00 |
| Child is perceptually handicapped | 0.06 | 0.40 | 0.05 | 0.30 | 0.01 | 0.11 | 0.00 | 0.00 |
| Child has experienced problems with peers | 0.78 | 1.09 | 0.20 | 0.70 | 0.51 | 0.97 | 0.13 | 0.63 |
| Child is experiencing day care-related problems | 0.08 | 0.42 | 0.09 | 0.36 | 0.11 | 0.45 | 0.09 | 0.42 |
| Child has been deprived socially | 0.63 | 1.12 | 0.18 | 0.58 | 0.36 | 0.87 | 0.17 | 0.49 |
| Child smokes | 0.16 | 0.63 | 0.16 | 0.61 | 0.16 | 0.65 | 0.09 | 0.42 |
| Child runs away | 0.29 | 0.75 | 0.16 | 0.64 | 0.30 | 0.83 | 0.00 | 0.00 |
| Child is suicidal or engages in self-harm behaviours | 0.33 | 0.86 | 0.25 | 0.65 | 0.26 | 0.76 | 0.17 | 0.65 |
| Child is experiencing separation anxiety | 0.18 | 0.66 | 0.23 | 0.52 | 0.31 | 0.77 | 0.13 | 0.34 |
| Child sexually misbehaves | 0.28 | 0.78 | 0.20 | 0.70 | 0.30 | 0.77 | 0.00 | 0.00 |
| Child has sleeping problems | 0.19 | 0.62 | 0.09 | 0.36 | 0.26 | 0.67 | 0.04 | 0.21 |
| Child steals | 0.23 | 0.58 | 0.07 | 0.45 | 0.22 | 0.64 | 0.00 | 0.00 |

| | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|
| | Traditional Foster Care (N = 79) | | Kinship Arrangement (N = 44) | | Traditional Foster Care (N = 152) | | Kinship Arrangement (N = 23) | |
| Item | M | SD | M | SD | M | SD | M | SD |
| Child swears | 0.54 | 1.07 | 0.23 | 0.74 | 0.30 | 0.84 | 0.04 | 0.21 |
| Child experiences temper tantrums | 0.59 | 1.02 | 0.34 | 0.83 | 0.54 | 1.01 | 0.13 | 0.46 |
| Child behaves violently | 0.71 | 1.11 | 0.32 | 0.80 | 0.55 | 1.02 | 0.09 | 0.42 |
| Child is withdrawn or depressed | 0.37 | 0.82 | 0.36 | 0.72 | 0.28 | 0.70 | 0.22 | 0.60 |
| Child is whinny | 0.10 | 0.47 | 0.09 | 0.36 | 0.14 | 0.48 | 0.04 | 0.21 |

## Summary

These data suggest that children coming to the CAS of London and Middlesex and subsequently placed in kinship arrangements are similar to the children who would have previously been placed in traditional foster care. There has not been a “net-widening” in the number or nature of cases placed in kinship care. Extended maternal family members are the most likely group called upon to provide kinship placements. These placements proved to be of universally high quality. Outcomes suggested that the children placed in kinship arrangements were rated as more positively adjusted in all respects relative to children who had been placed in traditional foster care.

## Family Group Conferencing

The approaches suggested in Ontario’s transformation of child welfare agenda explore a variety of means in moving away from legal formalism to a *differential response*. Differential response is a service delivery response that views each family as a unique system, as opposed to assessing all families in accordance with one set of rules or a single, standard procedure set by a regulatory body. This approach draws on a family systems’

framework, which understands the family as consisting of a holistic unit. This paradigm suggests a shift in the relationship between child protection agencies and families from welfare services viewed as authoritarian towards a dynamic relationship that honours a family as a vital resource in developing plans for their own children. It also honours the cultural uniqueness of each family unit. Family Group Conferencing (FGC) is an example of a differential response approach to improving outcomes for children who are referred to the child welfare system. This section will summarize aspects of the FGC during its first year of implementation at the Children's Aid Society of London and Middlesex. It will summarize who has been involved, what the process has meant for referring child protection workers, and what the impact of the FGC process has meant for families. Chapter Four in this report will summarize data regarding the perception of satisfaction of participants utilizing London's FGC.

## What is Family Group Conferencing?

Family Group Conferencing is a process by which family members come together to develop plans that address children's needs for safety, protection, permanence and well being for children who come to the attention of Children's Aid Societies. Within this process, the family and community, of whom the child is a part, are involved in the planning and the decisions. This process involves a family meeting known as Family Group Conference (FGC) where family and non-family members convene at a set time and location. After receiving the referral from a child protection worker and after the family agrees to enter into the process, the FGC facilitator contacts the family to explain the purpose and the process. The Family Group Conferencing facilitator prepares family members before the family meeting and facilitates the beginning stages of the FGC meeting. Preparation for the FGC meeting by the facilitator is essential and can take many hours. The FGC facilitator also consults with the family about who should be invited to take part. They observe the family's decision in regards to both where and when to hold the conference. Furthermore, they help facilitate the decision making process of determining how participants can be helped to feel safe and be able to present their views Keeping family members safe, holding accountable those who committed violence, promoting the

well being of the child and all family members and respecting the culture of the family and the community are all integral aspects of FGC. The approach is based on the belief that most families, no matter how difficult their histories and circumstances, can make reasonable decisions to stop abuse and neglect and insure their child's safety. Extended family and other community supports usually have extensive knowledge of the family members and an appreciation of their cultural values. This understanding more aptly provides a long-term commitment to the child(ren)'s safety (Tunnard, 1997).

Honoring of the family's culture is an inherent value to FGC. Culture in this sense refers to a myriad of characteristics and values that a family may or may not possess. This may include, but is not limited to, race, ethnic background, social class, age, health, income, and religion (Arthur & Collins, 2005). To ensure that the family's culture is respected, the family group takes a dominant role in decision making. In other words, the family group leads in the decision making process during the conference. Fundamental to this, is that the family group members comprise the majority of attendees, with professionals prepared to take part in the process in a respectful though subordinate way and do not participate in the private family time where the plan is developed. The family's culture is acknowledged throughout the process. A significant religious leader or elder may participate in the family conference and support the family. The process also includes the family opening the meeting with a ritual if appropriate and the family shares in a meal that is culturally appropriate for the family. The family may also conduct the process in their native language or an interpreter is provided to ensure that all members are able to participate. The family is able to function at their own pace, rather than adhering to a set timetable. Respecting the uniqueness of the family's culture serves to reinforce the importance of strengthening communities and families.

FGC draws upon a family's core values, moral learning, responsibility and potential for forgiveness (Darymple, 2002). All of these constructs are shaped by a family's unique culture. In contrast with youth or criminal justice contexts, child welfare is not directly focused on the wrongdoing and harm committed by an offender. Therefore, interventions within the child welfare environment should not be approached in this way. In accordance with this model, the FGC facilitator works with the family in a respectful way that assumes that the family has the capacity to comply with community standards and the law.

Brathwaite (2002) hypothesizes that such an approach is optimal in the context of coercion, but where the implicit threat is in the background. In the case of child welfare, the implicit threat is loss of control over decisions involving the future of one's children (Tunnard, 1997).

## Benefits of Family Group Conferencing.

There is a considerable literature supporting the benefits of utilizing Family Group Conferencing in the decision making process in the child protection system. The following section summarizes some of the principles that make Family Group Conferencing a beneficial program in the context of child welfare.

First, members of the family are given the opportunity to experience feeling close to one another and are able to call on one another for support. Second, children feel loved by family members and do not experience a sense of rejection from their family (Schmid et al., 2004). Third, closer ties are re-established and maintained with extended family members. FGC reinforces a child's sense of identity. Finally, it encourages the promotion of the broader community's responsibility for children and families. Literature demonstrates that plans developed through Family Group Conferencing increase the chances of keeping children within their cultural group (Connolly, 1999).

In addition to these specific benefits, advocates of Family Group Conferencing have given attention to the increase in both family pride and responsibility of extended family members for the child(ren). Integral to the nature of this intervention is the empowerment that the family experiences in being the leaders in their own decision making. A forum is provided in which the family group feels engaged and experiences an increased sense of empowerment over their lives. Furthermore, an increase in a child's sense of personal power is evident (Dairymple, 2002). FGC challenges power dynamics, ensuring an equitable context for a family to arrive at a decision (Adams & Chandler, 2004).

## Family Group Conferencing at the Children's Aid Society of London and Middlesex

The families referred for Family Group Decision Making Program at CAS L/M were first identified by a social worker as being families where a family meeting may be able to address the protection concerns for the children. The child protection worker also identified extended family and community support persons who may be involved in planning for the well-being of the child. Once a family met these criteria, they were designated as a "conference case" within the worker's team. The Children's Aid Society of London and Middlesex developed the FGC program using external FGC facilitators employed by two community organizations and contracting services. The London FGC program provides services to all families where there is a felt need to develop a safety and protection plan for a child and to have extended family and community come together to plan for the children in the family.

For purposes of the family conference the participants included the nuclear family, extended family, significant support persons that the family suggested should participate and community professionals who played a significant role in the family. In the present study 18 family group conferences were held involving 31 children.

## Who Were the Children Involved in FGC?

Table 6 details the demographic variables of the sample of children. Of the 31 children involved in these conferences, the vast majority, 80.6%, included the mother as the primary caregiver of the children. In 41% of the cases the mother was the only caregiver present in the home of the child (ren) at the time of referral. Of the 31 children, 16 children had a primary caregiver that was on social assistance. The average age of the children involved in a Family Group Conference was 3.4 months of age with the majority of children being under the age of three years. However, the ages of the children ranged from 0 months to 13.4 years of age. The number of children involved in a single Family Group Conference ranged from one to three children. In 96.7% of the cases, the Children's Aide Society had been involved in implementing previous interventions prior to the FGC. In

51.6% of the cases the child (ren) in the family had already been in an out of home placement prior to the current CAS involvement.

With respect to family characteristics, spousal violence was identified in 45.2 % of the families and in 26 of the cases, the primary caregiver was the mother. In a similar number of cases, the mother was also characterized as representing the most significant threat to the child at the time the case was investigated. Notably, 11 of the 31 children had been involved with Children's Mental Health Services either prior to or coincidentally with CAS intervention. In 16 of the cases the child had been placed in an out of home placement. In 18 of the cases the greatest concern regarding the child was of a psychological nature. Further, 7 of the 31 children had already been diagnosed as ADHD and 7 diagnosed with conduct disorder. Table 7 provides a description of the source from which each case was referred.

Table 6
**Categorical Demographic Variable Data of Children subject of a FGC**

| Variable | F N= 31 | % |
|---|---|---|
| Age of Child at Case Opening | | |
| Less than 1 year | 13 | 41.9 |
| 1-5 years old | 10 | 32.2 |
| 5-10 years old | 4 | 12.9 |
| 10-15 years old | 4 | 12.9 |
| Gender | | |
| Male | 16 | 51.6 |
| Female | 15 | 48.3 |
| Primary Caregiver at Case Opening | | |
| Mother | 25 | 80.6 |
| Father | 3 | 9.6 |
| Extended Family | 3 | 9.6 |
| Person Presenting the Most Substantial Risk to Child | | |
| Mother | 26 | 83.8 |
| Father | 4 | 12.9 |
| Extended family | 2 | 6.4 |
| Child involved in Children Mental Health Services? | | |
| Yes | 11 | 35.4 |
| No | 18 | 58 |
| Don't Know | 2 | 6.4 |
| Child placed in prior Out of Home placement? | | |
| Yes | 16 | 51.6 |
| No | 15 | 48.3 |
| Greatest Concern for the Child | | |

| | | |
|---|---|---|
| Psychological | 18 | 58 |
| Physiological | 6 | 19.3 |
| Behavioural | 2 | 6.4 |
| None | 4 | 12.9 |
| Not Answered | 1 | 3.2 |
| Evidence that that the Child has ADHD? | | |
| Yes | 7 | 22.5 |
| No | 23 | 74.1 |
| Evidence that the Child has Conduct Disorder | | |
| Yes | 7 | 22.5 |
| No | 23 | 74.1 |

Table 7
**Source of Referral to CAS**

| Variable | F N=31 | % |
|---|---|---|
| Physician | 10 | 31.2% |
| Other | 1 | 3% |
| Anonymous Reporting | 2 | 6% |
| School | 2 | 6% |
| Parent | 4 | 12.9% |
| Extended Family | 2 | 6% |
| Police | 3 | 9.6% |
| Other Agency | 7 | 22.5% |

## Family Member Satisfaction Surveys Interview

Family member surveys were handed out to FGC participants related to the child(ren) involved. This data allowed for a description of the FGC procedures relating to how the conference was run for each family. Twenty-six family member surveys were returned. 84.6% of the returned surveys reported that one family conference meeting was held, while 15.3% stated that in their specific cases, the FGC involved 2 meetings. 73.9% of respondents stated that the number of meetings conducted was acceptable, with 26 % reporting they wished for follow-up meetings to be held. Noteworthy, 50% of respondents reported that the first meeting had not been held soon enough following the decision to convene the conference. Of the 26 family members responding, 12 were completely willing to have the meeting while 12 had some doubts in regards to attending. 34.6% of the family members reported that they were prepared for the meeting by the child protection worker,

while 57.6% were prepared by the FGC coordinator. 16% of family members felt that other family members were excluded that should have been present. 15.3 % participants felt that family members had been excluded for reasons primarily based on personal safety of other participants. A breakdown of the descriptive results is summarized in Table 8.

Table 8
**Family Member Interview**

| | Participants (N = 26) |
|---|---|
| Item | % |
| How many FGC's were held? | |
| 1 | 84.6 |
| 2 | 15.4 |
| How did you feel about the number of meetings? | |
| Just right | 73.9 |
| Not enough | 26.1 |
| The first meeting was held | |
| Soon enough | 50.0 |
| Not soon enough | 50.0 |
| How did you feel about participating in the meeting? | |
| Completely willing | 46.2 |
| Had some doubts | 46.2 |
| Parents did not attend | 3.8 |
| Other | 3.8 |
| Who prepared you for the meeting? | |
| Case worker | 34.6 |
| Facilitator | 57.7 |
| Other | 7.7 |
| Were any family members excluded, that you feel should have been there? | |
| Yes | 16.0 |
| No | 84.0 |

## What Did the Conference Achieve?

Importantly, a plan was achieved in all but one family group conference. This is an encouraging result in regards to the effectiveness of this model as a decision making tool. In accordance with the child follow-up form, the well being of the children who participated in the FGC process was observed at the three month interval following the

conference. Data on 29 of the 31 children was returned. Results indicated that at the three month follow up there was no evidence of subsequent child maltreatment from any of the families. 86.2% of the children were still residing at the same placement that had been decided by the conference. Another further focus of the study was to observe the possibility for reunification of the child to their biological home. Results indicated that 88.5% of the children were living with their biological family. Table 9 summarizes the results of the Family Group Conference as related to the plans made for the children.

Table 9
**Results of the Family Group Conference Related to the Plan for the Child**

| Item | % | N= 29 |
|---|---|---|
| A plan was achieved | 96.9% | |
| The plan was sustained at three months following the Conference (children are not in the care of CAS) | 87.5% | |
| The children living with their biological home | 88.5% | |

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# Chapter Two

## The Role of Kinship Arrangements in Addressing the Needs of Neglected Children: Comparing Outcomes for Adjustment, Quality and Permanence

**Nicole Sharpe and Alan Leschied**

## Introduction

There is a foster care crisis currently taking place in Ontario’s child welfare system (Trocme et al, 20001). Curtis, Dale, and Kendall (1999) suggest that many children are staying in foster care for too long. As well, there has been a decline in the number of traditional foster parent placements available for children who are being admitted to care (Geen, 2004). One solution to the foster care crisis is to decrease the number of children living in out-of-home care by improved methods to address safety and strengthen the family. (Curtis et al., 1999). Thus, it is best to place children in an environment with permanency and appropriate care such that the well-being and future outcomes of these children are enhanced.

The purpose of this study was to investigate the efficacy of kinship arrangements as an alternative to traditional foster care with children who present at the CAS due to neglect.. It is believed that many of the hardships related to the separation and environmental change often associated with traditional foster care, could be minimized if not eliminated if children were to be placed with familiar caregivers.

Neglected children were the population of interest in this portion of the study. Neglect is the most common form of child maltreatment (Trocmé et al., 2005). Outcomes of these children in traditional foster care were compared to those in kinship arrangements. The following literature review summarizes research on these issues thereby establishing a framework for the study.

## Literature Review

Foster care shelters children in a family-like environment while parents are assisted in correcting whatever family condition led to the child maltreatment and the subsequent need for foster care services (Curtis et al., 1999). While most children return home after being in foster care, many do not. It is this population of children who remain in care that is concerning. These children need stable placements until they are old enough to enter independent living and care for themselves. Financial and social work support is required to fund the placements for children who do not have permanent homes.

There has been an increase in the number of referrals and admissions to child protection agencies. In Ontario, child protection is delivered by 53 independent Children's Aid Societies (CAS) (Trocmé et al., 2005). The number of children placed in care has increased 16% from 2001 and consequently so has children aid society's net expenditures (Ontario Association of Children Aid Societies, annual report 2005). Alternatives to traditional foster care is essential in decreasing the demands on the traditional foster care system and increase the child protection agencies' abilities to find residences for the increase number of children that require care.

In 2003, 235,315 Canadian child maltreatment cases were investigated. Of this number, 49% were substantiated (Trocmé et al., 2005). This represents a 78% increase from the 1998 total of 135, 573 cases. Although the increase in investigations could be the result of numerous factors such as increased societal and professional awareness, it is also possible that the absolute rate of child maltreatment has also increased. Nevertheless, the authority to ensure child safety is the mandate of children's aid societies.

Child maltreatment consists of five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence. Neglect remains the most reported form of child maltreatment (Trocmé et al., 2005) and many of these children require an out of home placement such as foster care. The following section summarizes the literature related to the provision of foster care for children who experience maltreatment.

## Traditional Foster Care

Foster care is intended to improve children's outcomes because it removes them from a pathogenic home, placing them in an environment where care and supervision is increased (Jonson-Reid, 2002). Reunification with the birth family is the optimal outcome of foster care placements (Kerman, Wildfire, & Barth, 2002). However, when return to the birth family is not possible (i.e. when reunification compromises the child's safety), adoption is the next permanent alternative (Kerman et al., 2002).

Traditional foster care typically includes 24-hour supervision by caregivers in private homes that are licensed and monitored by child protection agencies (Curtis et al.,

1999). Traditionally foster care was viewed as a long-term settlement (Strijker, Zandberg, & van der Meulen, 2005). Children and youth may enter regular foster care if a permanency option is not available. Conversely, children may have to enter a more intensive program, such as residential or hospital treatment (Cross, Leavey, Mosley, White, & Andreas, 2004).

## Limitations to Foster Care

Although the goal of foster care is to ensure the safety of children and promote a positive family-like setting, this is not always the case. In general, youth in out-of-home care are at a higher risk termination of relationships with biological parents, unstable placement experiences, lack of preparation for independent living, and multiple family problems (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Shin, 2005). Older youth in foster care have a higher rate of psychiatric disorders (e.g. major depression and PTSD) compared to youth within the community (McMillen et al., 2005). This may be the result of the family's psychiatric history, child maltreatment, and the disruption of life often associated with being involved with the foster care system. Stein, Evans, Mazumdar and Rae-Grant (1996) found that children in foster care exhibited almost as many behavioural symptoms as children assessed in a children's mental health centre, and both groups scored significantly higher relative to community norms. These findings suggest that children in the care of Children's Aid Societies and those in children's mental health centres are drawn from the same population of children. They also found that receipt of social assistance was most consistently correlated with psychiatric disorders in these children (Stein et al., 1996). Therefore pre-existing family and child risk factors may be responsible for many of the foster children's problems (Stein et al., 1996).

When maltreated children are removed from home and placed in foster care, they may further suffer due to the inability to separate from their birth family in a healthy way (Clausen et al., 1998). These children experience feelings of rejection, guilt, hostility, anger, abandonment, shame and dissociative reactions in response to the loss of a familiar environment and the separation from family and community (Clausen et al., 1998). Youth living in foster care who become old enough to exit the child welfare system face numerous

challenges given that the transition from foster care to independent living requires substantial social, emotional, and material resources (Kerman et al., 2002). Kerman et al. (2002) investigated the outcomes of youth in long term foster care compared to adopted youth. They found that adoptees and children who remained in foster care into young adulthood were functioning better relative to those who left at age 18 or younger.

One of the major disadvantages of living in foster care can be the instability of placements. Children in foster care are likely to live in multiple settings (Newton, Litrownik & Landsverk, 2000). Research shows that this instability can be detrimental to a child's emotional sense of safety and permanence. Newton et al. (2000) examined the behaviour of children and youth in traditional foster care and found that unstable placement histories contributed negatively to both internalizing (e.g., depression) and externalizing (e.g., aggression) behaviours. Children placed in foster care, because of additional behaviour problems, are more likely to have later juvenile arrests (Jonson-Reid, 2002).

## Child Neglect

Neglected children constitute a significant portion of the maltreatment cases that CAS' service. If neglect is not the primary focus of an investigation, it is often associated with the other forms of maltreatment.

The trauma associated with maltreatment not only affects children's daily functioning, it can also affect their entire course of development (Finzi, Ram, Har-Even, Shnit, & Weizman, 2001). Neglected children not only have blunted affect but are more generally withdrawn from social interactions with peers, easily victimized, more dependent, anxious, and unpopular, and possess less social competence (Finzi et al., 2001). Hildyard and Wolfe (2002) found that neglected children failed to achieve important milestones and continued to be challenged by normal developmental tasks.

Another possible cause of child neglect includes ecological influences. It is possible that run-down, impoverished, and dangerous neighbourhoods create low morale and stress (Crosson-Tower, 1999). Neglected children with unmet needs are isolated from those who have learned to participate in society; therefore, they seek out others with similar backgrounds and begin the pattern again with their children (Crosson-Tower, 1999). It is

imperative that those children who are victims of neglect receive an intervention where they are introduced to caregivers who are positive role models and can create a safe and loving environment particularly when economic and environmental conditions cannot be readily altered.

**Attachment Theory**

Attachment relationships are fundamental to individual functioning at all ages (Crittenden & Ainsworth, 1989). Attachment theory suggests that infants are genetically predisposed to form attachments at a critical point in their lives (Bowlby, 1982). The primary purpose of attachment is to promote the protection and survival of the young. According to this theory, the etiology of psychological disturbance is viewed in the context of early relationships with caregivers (Milan & Pinderhughes, 2000). Bowlby (1982) suggests that the nature and quality of this attachment relationship is largely determined by the caregiver's emotional availability and responsiveness to the child's need for a "secure base". How attachments are formed in early childhood shapes the organization of a child's beliefs and expectations about subsequent transactions with the environment (Milan & Pinderhughes, 2000). Bowlby (1982) believes that children's early experiences with caregivers lead to generalizations about adults' availability and future relationships.

**Attachment Theory and Child Neglect**

For children with a dysfunctional primary caregiver, establishing a positive relationship with an alternative adult may be one means by which children sustain or return to a productive life course (Milan & Pinderhughes, 2000). Most children entering traditional foster care have experienced dysfunctional relationships within their family. They are likely to approach the foster care experience with impaired representations of themselves and their relationships (Milan & Pinderhughes, 2000). Also, foster care, because of its temporary nature, may aggravate the child's mental health problems, thus impeding foster children's ability to form meaningful attachments (Newton et al., 2000). Milan and Pinderhughes (2000) found that children with the most negative mental

representations at entry to foster care also felt less positive affect toward, and had less desire for, proximity with their new foster mothers. Morton and Browne (1998) believe that it is the caregiving relationship that is transmitted across the generations rather than the maltreatment. Research investigating the intergenerational transmission of child maltreatment has identified that a significant proportion of participants have a parent who was also involved with child welfare services or was a victim of child maltreatment as a child (Hurley, Chiodo, Leschied, & Whitehead, in press; Lounds, Borkowski, & Whitman, 2006). Individuals who break the intergenerational cycle of maltreatment tend to have someone in their lives who provided them with the love and/or support which facilitated a personal sense of worth (Morton & Browne, 1998). It is evident that the children placed in out-of-home care need this support in order to achieve better outcomes for themselves and for their possible future families. It is possible that kinship arrangements, provided that the caregiver is deemed appropriate and safe and has a meaningful relationship with the child, may assist in breaking this intergenerational cycle.

## Kinship Arrangements

Kinship is offered as an alternative to traditional foster care. It is defined as any living arrangement in which children do not live with either of their biological parents, but instead are cared for by relatives or someone who has a relationship with the family (Geen, 2004). The definition of kin can go beyond that of a genetic relative and may include relationships such as godparents, family friends, or anyone with a strong emotional bond to the child (Geen, 2004). The literature speaks to there being two types of kinship, formal and informal. Formal kinship service refers to care giving arrangements assessed and approved by a child welfare agency. Informal kinship service implies that the kinship arrangement was organized by the family in the absence of a child welfare agency (Geen, 2004). It is difficult to estimate how many kinship arrangements are informal, but the rate is predicted to be one and a half times greater than formal arrangements (Ehrle & Geen, 2002). Children in kinship arrangements are more likely than children in traditional foster care to have been removed from their parents' homes due to either abuse and neglect, but more predominantly for neglect (Cuddeback, 2004; Geen, 2004).

There are some theoretical advantages to kinship which include; continuity of family identity and knowledge, access to relatives other than the kinship caregiver, continuity of life within the ethnic, religious, and racial community of origin, caregivers familiarity of the child based on pre-existing relationships (Cuddeback, 2004; Geen, 2004). Children are more likely to have their emotional, spiritual, and nurturance needs met, and children in kinship do not experience the same level of separation trauma normally associated with traditional foster care because they remain in the extended family (Cuddeback, 2004). Kinship placements tend to be more stable than other types of placements (Chipman, Wells, & Johnson, 2002). Overall these qualities that kinship arrangements offer may prove to alleviate the behavioural problems that are often associated with children who are placed in non-kin foster care settings.

There is evidence to show that youth in kinship arrangements not only stay in out-of-home care longer than youth in traditional foster care, but they also reunify at a lower rate (Shore, Sim, Le Prohn, & Keller, 2002). In order for a relative to adopt their grandchild, niece, or nephew, it requires the termination of parental rights of the relative's children, sisters or brothers (Link, 1996). This is often a significant dilemma for these relatives.

The limitations to kinship are evident when analyzing the practices and policies of the framework. Some observers argue that kin should not be paid for caring for a related child since such care is part of familial responsibility (Geen, 2004). Previous studies have shown that kinship foster families receive less training, fewer services, and less support than traditional foster families (Cuddeback, 2004). Research also shows that child welfare workers tend to supervise kinship families less closely than traditional foster families (Geen & Berrick, 2002).There remains a debate as to how child welfare agencies should financially support kin, as well as how well does kinship arrangements meet the child welfare goals of child safety, permanency, and well-being.

**Traditional Foster Care versus Kinship**

There have been inconsistent results reported when comparing the outcomes of children in the care of kin versus those in the care of traditional foster care. Research has

shown that kinship children show both more and less behavioural issues compared to a sample of traditional foster children (Benedict, Zuravin, & Stallings, 1996; Keller et al., 2001; Shore et al., 2002).

Contrary to expectations, kinship care has not been shown to enhance reunification rates, rather the pace of reunification is slower for children placed with kin (Berrick, 1998). Geen (2004) suggests that lower rates of reunification may be the result of reduced motivation among birth parents when children are placed with kin. It is also possible that reunification is a less likely option for children in kinship arrangements because they are more likely than children in traditional foster care to be victims of abuse and neglect, with birth parents as the perpetrators. Nevertheless, these findings may be offset by the fact that youth in kinship arrangements who do reunify, tend to re-enter care at a lower rate than youth in traditional foster care (Courtney, Piliavin, & Wright, 1997).

## Focus of the Current Study

Although children living in abusive and neglectful homes may not have a choice of how they are raised, once they are placed in out-of-home care, the expectation is that they will be provided with an opportunity to improve their outcomes, whether through familial intervention and reunification or perhaps adoption. Attachment theory proposes that the parent-child relationship, along with a secure base, contributes to improved social and interpersonal behaviour. Therefore it is important that the intergenerational cycle is broken among these children so that maltreatment and unproductive attachment styles are not propagated. An abused or neglected child requires a safe and stable home where they will be given the attention and security they need to develop effective behaviours and skills.

Not only can kinship offer an alternative that may help address the foster care crisis, but it may also contribute to improved outcomes for maltreated children. The literature describes both the advantages and obstacles concerning children who are placed in kinship arrangements. However, it remains unclear whether kinship is more beneficial for children compared to traditional foster care. Since the children most often placed in kinship arrangements experience neglect, it is this group that this study explored. This study

investigated the efficacy of formal kinship service compared to traditional foster care among neglected children.

This study is one of the first conducted within Canada. The findings showcase the uniqueness of kinship arrangements to Canadian culture. The research question addresses the characteristics of children entering kinship arrangements by reviewing the CAS case files of neglected children placed in either kinship arrangements or traditional foster care arrangements. Understanding whether or not one type of placement is more beneficial for the child than another, provides insight into where further research attention should be directed to and possible policy formation.

This study proposed that neglected children would show better outcomes when placed in kinship arrangements compared to traditional foster care. Outcomes were measured and compared by the level of school and behaviour related issues as they related to child well-being.

# Method

## Study Design

This study comprised three stages. The first was a descriptive field study. Two groups of neglected children in the care of a child protection agency, those in kinship arrangements and those in traditional foster care, were compared based on a number of meaningful demographic variables such as age, gender and the child's welfare history. The second stage involved a retrospective longitudinal follow-up study, where outcomes from qualifying participants were analyzed based on a series of relevant adjustment measures. Third, the quality of kinship arrangements was evaluated relative to the outcomes from child while they were in care.

### Participants

This study drew on participants from the CAS of London-Middlesex. Neglected children in foster care (n = 267) were selected from a larger sample of child protection

cases drawn from a previous study (Hurley et al., in press). Neglected children in kinship arrangements (n = 34) were selected from the CAS kinship program case files opened in 2005 and 2006.

The Ontario Eligibility Spectrum Code which identifies the primary reason a referral regarding a child who may be in need of protection was used to identify participants who were admitted into care of the Children's Aid Society as a result of neglect. Child victims of neglect in the current study were defined as those whose code consisted of harm by omission, risk of emotional harm, children who were abandoned or separated from their family or their parent had insufficient) caregiver abilities or capacity.

Of these two groups, 34 (M = 44.1%, F = 55.9%) foster care cases and 31 kinship cases (M = 58.1%, F = 41.9%) were selected reflecting outcome data at a 3-month follow-up time period after the child's initial admission to the placement. Following 6-months of care, outcome data was collected once again. 146 traditional foster care cases (M = 45.2%, F = 54.8%) and 21 kinship arrangement cases (M = 57.1%, F = 42.9%) were used in this analysis.

Twenty-five kinship cases (M = 68%, F = 32%) were used for the analysis of quality of care at the 3-month period. Seventeen kinship service cases (M = 70.6%, F = 29.4%) were used for the quality of care at the 6-month period.

A preliminary analysis of the data retrieval instrument revealed trends between the kinship and foster care groups and is represented in Tables 1 and 2. Overall, children in the kinship placements tended to have their CAS file opened at a younger age when compared to children in traditional foster care placements. On average, children in kinship arrangements enter the CAS system at the age of 3.7 years (SD = 4.2 years) while children in traditional foster care enter at the age of 6.7 years (SD = 5.3 years). However on average the CAS is involved with children who are in kinship arrangements for a longer period of time prior to placement, 64.0 months (SD = 52.9 months); children in traditional foster care are involved an average 40.7 months (SD = 46.8 months). A higher percentage of children in kinship showed evidence of Attention Deficit Disorder (27.3%), Conduct Disorder (28.1%), and to be on medication for an adjustment related disorder (57.6%). However there were no major differences on the mean overall risk assessment (M=3.75, SD = 0.95) for families where children are in traditional foster care and M= 3.70, SD = 0.73, for

families where children are placed in kinship arrangements and a mean cumulative risk assessment of M= 34.2, SD = 11.7 for children in foster care, and M = 35.4, SD = 13.1, for children in kinship arrangements Therefore although neglected children in kinship arrangements appear to enter the out of home placement earlier and have more behavioural concerns, overall they are assessed as being at the same level of risk as children who are in care and placed in traditional foster care.

Table 1
**Description of children admitted to traditional foster and kinship arrangements**

| | Traditional Foster Care (N = 267) | | Kinship Arrangements (N = 34) | |
|---|---|---|---|---|
| Item | M | SD | M | SD |
| Age at time of case opening (years) | 6.7 | 5.3 | 3.7 | 4.2 |
| Age of admission to care (years) | 6.7 | 5.4 | 5.3 | 4.5 |
| Length of time of CAS involvement with the family (months) | 66.5 | 76.5 | 76.6 | 62.3 |
| Length of time of CAS involvement with the child (recorded in months) | 40.7 | 46.8 | 64.0 | 52.9 |
| Mean overall risk assessment given by social worker (score range is 0 to 4) | 3.75 | 0.95 | 3.70 | 0.73 |
| Mean cumulative risk assessment (total ORAM score out of 88) | 34.2 | 11.7 | 35.4 | 13.1 |

Table 2
**Descriptive family data related to children admitted to traditional foster and kinship arrangements**

| Item | Traditional Foster Care (N = 267) % | Kinship Arrangements (N = 34) % |
|---|---|---|
| Gender: | | |
| Male | 47.9 | 52.9 |
| Female | 52.1 | 47.1 |
| Was primary caregiver on social assistance at the time of referral? (% Yes responses) | 62.9 | 75.8 |
| Family arrangement at the time of initial CAS inquiry: | | |
| Single mother | 29.2 | 48.5 |
| Single father | 3.4 | |
| Married birth parents | 12.4 | 12.1 |
| Common-law birth parents | 11.6 | 30.3 |
| Extended family | 5.2 | 3.0 |
| Other | 38.2 | 6.1 |
| Primary caregiver at the time of initial CAS inquiry: | | |
| Mother | 79.8 | 93.9 |
| Father | 11.2 | 3.0 |
| Extended family | 6.0 | 3.0 |
| Other | 3.0 | |
| Individual identified as presenting the greatest risk to child at the time of referral: | | |
| Mother | 59.4 | 82.4 |
| Father | 9.0 | 2.9 |
| Mother and Father | 13.1 | 11.8 |
| Extended Family | 3.4 | |
| Other | 15.1 | 2.9 |
| Has child ever been involved with a children's mental health service ( % Yes responses) | 29.2 | 33.3 |

| Item | Traditional Foster Care (N = 267) % | Kinship Arrangements (N = 34) % |
|---|---|---|
| Evidence to suggest that the child has Attention Deficit Disorder ( % Yes responses) | 14.6 | 27.3 |
| Evidence to suggest that the child has Conduct Disorder ( % Yes responses) | 7.5 | 28.1 |
| Is child currently on or has ever been on medication for an adjustment related disorder? ( % Yes responses) | 13.9 | 21.2 |
| Has primary caregiver been formally diagnosed with a major mental disorder? (% Yes responses) | 46.8 | 57.6 |
| Depression | 11.2 | 5.3 |
| Post-Partum Depression | 0.8 | 10.5 |
| Anxiety | 4.8 | 5.3 |
| Bipolar Disorder | 8.8 | |
| Substance Abuse | 24.0 | 31.6 |
| Other | 50.4 | 47.3 |

Kinship children tend to come from a single, mother-led family, 48.5% versus 29.2% for children living in traditional foster care respectively. Consequently, mothers are more often identified as the individual presenting the greatest risk to the child (82.4% for kinship service and 59.4% for foster care). There are more kinship primary caregivers on social assistance (75.8%) compared to traditional foster care primary caregivers (62.9%). 46.8% of foster primary caregivers and 57.6% of kinship primary caregivers have been formally diagnosed with a major mental disorder. For both groups, substance abuse was the most commonly diagnosed mental disorder, 24.0% for foster care and 31.6% for kinship service. The second most commonly diagnosed mental disorder reflected in the biological mothers was depression for the children in foster care (11.2%) and post-partum depression for children placed with kinship service caregivers (10.5%).

## Materials

### Children in Care Data Retrieval Instrument

This data collection protocol was created for a larger longitudinal study investigating the increasing demands on the London-Middlesex CAS (Hurley, Leschied, Chiodo, & Whitehead, 2002). The information collected within this instrument included current CAS referral data, family information, history of prior CAS intervention of family and child, child's history with the children's mental health, young offender, educational, and developmental services system and family history of mental health and other concerns. The *Ontario Risk Assessment Tool* was included within the data retrieval instrument.

### Ontario Risk Assessment Tool

This risk instrument is utilized by the CAS to predict future abuse and neglect by measuring the level and nature of risk in different aspects of the child and family's life. There are 22 risk elements subdivided into five assessment categories. These include caregiver influence, child's influence, family influence, intervention influence, and abuse/neglect influence (Ontario Association of Children Aid Societies (OACAS), 2000). Each element includes a five-level scale, with the severity increasing from zero to four (Ontario Association of Children Aid Societies (OACAS), 2000). A total score based on these individual ratings was calculated for use in the present study.

### Case Plan Outcomes Associated with Kinship Questionnaire

This questionnaire contained both three-month and six-month kinship service outcome data. Child well-being related to both school and behaviour while the child was in the kinship placement was rated. There are two school-related items and 30 behaviour related items. Each item is rated on a four-level scale, where a score of 0 means there is no evidence of the problem and 3 means that it is a severe problem. A total score was generated for each of the school and behaviour sections.

**Quality of Kinship Care Protocol**

This 56-item protocol rates the extent to which a kinship placement is related to factors consistent with a successful placement for the child. For each item, the scale ranges from 1 (placement is not supportive) to 7 (placement is extremely supportive for both the child and for reunification).

## Procedure

A retrospective review of case files was provided by the research team which took place at the London-Middlesex Children's Aid Society . Four trained research assistants under the supervision of a project manager collected the kinship data. The research assistants received the same data collection training to ensure that interrater reliability was enhanced. Any concerns were brought to the attention of the project manager and solutions were discussed amongst all researchers for consensus. Foster care data was provided from a previous study that used participants from the same children's aid society.  The outcome and quality of care questionnaires were completed by the child protection workers.

**Statistical Analyses**

Frequencies and percentages were calculated for the descriptive characteristics in each group (kinship and foster). Chi-square and one-way analysis of variance (ANOVA) were performed on the selected data retrieval items to determine statistical significance between the two groups of out-of-home care placements. ANOVA's were used to determine the statistically significant differences between the mean total school-related and behaviour-related outcome scores. Mean total scores were generated for the quality of kinship questionnaire and a multiple regression analysis was performed.

## Results

The purpose of this study was to determine whether neglected children placed in kinship arrangements showed better outcomes compared to neglected children placed in traditional foster care. Secondarily the quality of kinship arrangements was assessed and statistically correlated with the outcome measures to determine whether a specific outcome measure item is predictive of quality care while in kinship care.

### Outcome Measures

All items on the outcome questionnaire were rated on a 4-point scale (0 to 4), where low scores indicated there was no evidence of the experience and high scores indicated there was evidence of the behaviour. Follow-up outcomes, both school-related and behaviour-related, were measured after the child was in care for three months and again at six months (Tables 3-6)

### School-related Items

Overall, ratings for neglected children placed in kinship had more improved ratings at the 3-month follow-up period, $M = 0.58$, $SD = 1.41$ relative to those placed in traditional foster care, $M = 1.53$, $SD = 1.76$, with a significant difference between means $F(1, 63) = 5.68$, $p = 0.05$. This trend was also seen at the 6-month follow-up period, kinship arrangements $M = 0.38$, $SD = 1.12$ and traditional foster care, $M = 1.21$, $SD = 2.01$, although was not statistically significant, $F(1, 165) = 3.83$, *ns*.

### Behaviour-related Items

Raters also examined behavioural items with neglected children placed in kinship against those placed in traditional foster care. Neglected children in kinship arrangements had lower rates of behaviour problems at the 3-month follow-up period, $M = 4.74$, $SD = 6.14$, relative to traditional foster care, $M = 13.41$, $SD = 12.49$, $F(1, 63) = 12.24$, $p = 0.01$.

At the 6-month follow-up, children placed in kinship arrangements were rated as having lower rates of behaviour problems, $M = 3.14$, $SD = 5.39$ compared to neglected children in traditional foster care, $M = 10.33$, $SD = 12.75$, $F(1, 165) = 6.48$, $p = 0.05$

Table 3
**Child Wellbeing – Outcome Measures after 3 Months of Out-of-Home Care**

| | Traditional Foster Care (N = 34) | | Kinship Arrangements (N = 31) | |
|---|---|---|---|---|
| Child Well-being | M | SD | M | SD |
| School-related | 1. 53 | 1.76 | 0.58 | 1.41 |
| Behaviour-related | 13.41 | 12.49 | 4.74 | 6.14 |

Table 4
**Child Wellbeing – Outcome Measures after 6 Months of Out-of-Home Care**

| | Traditional Foster Care (N = 146) | | Kinship Arrangements (N = 21) | |
|---|---|---|---|---|
| Child Well-being | M | SD | M | SD |
| School-related | 1.21 | 2.01 | 0.38 | 1.12 |
| Behaviour-related | 10.33 | 12.75 | 3.14 | 5.39 |

Table 5
**School-Related Outcome Items**

| | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|
| | Traditional Foster Care (N = 34) | | Kinship Arrangements (N = 31) | | Traditional Foster Care (N = 146) | | Kinship Arrangements (N = 21) | |
| Item | M | SD | M | SD | M | SD | M | SD |
| Child experiences school-related problems | 1.00 | 1.13 | 0.42 | 0.16 | 0.73 | 1.18 | 0.29 | 0.72 |
| Child experiencing truancy | 0.53 | 1.08 | 0.85 | 0.64 | 0.48 | 1.02 | 0.10 | 0.44 |

Table 6
**Behaviour-Related Outcome Items**

| | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|
| | Traditional Foster Care (N = 35) | | Kinship Arrangement (N = 31) | | Traditional Foster Care (N = 146) | | Kinship Arrangement (N = 21) | |
| Item | M | SD | M | SD | M | SD | M | SD |
| Child is physically aggressive | 1.18 | 1.24 | 0.19 | 0.60 | 0.77 | 1.14 | 0.14 | 0.48 |
| Child is verbally aggressive | 0.97 | 1.17 | 0.32 | 0.70 | 0.55 | 1.04 | 0.29 | 0.78 |
| Child abuses alcohol | 0.18 | 0.63 | 0.00 | 0.00 | 0.17 | 0.65 | 0.00 | 0.00 |
| Child behaves destructively | 0.59 | 0.99 | 0.13 | 0.50 | 0.45 | 0.91 | 0.14 | 0.48 |
| Child is anxious/ fearful/clingy | 0.65 | 1.04 | 0.48 | 0.77 | 0.66 | 1.06 | 0.29 | 0.56 |
| Child abuses drugs | 0.29 | 0.87 | 0.03 | 0.18 | 0.18 | 0.66 | 0.00 | 0.00 |
| Child has eating difficulties | 0.44 | 0.93 | 0.13 | 0.34 | 0.24 | 0.71 | 0.05 | 0.22 |
| Child sets fires | 0.03 | 0.17 | 0.00 | 0.00 | 0.01 | 0.08 | 0.00 | 0.00 |
| Child behaves in hostile manner | 0.65 | 1.07 | 0.16 | 0.58 | 0.45 | 0.93 | 0.14 | 0.65 |
| Child is hyperactive | 0.65 | 1.23 | 0.35 | 0.84 | 0.55 | 1.06 | 0.29 | 0.78 |
| Child lies compulsively | 0.56 | 1.02 | 0.07 | 0.36 | 0.36 | 0.85 | 0.10 | 0.44 |
| Child behaves manipulatively | 0.59 | 1.02 | 0.16 | 0.45 | 0.46 | 0.88 | 0.19 | 0.51 |
| Child is non-compliant | 1.26 | 1.31 | 0.45 | 0.85 | 0.84 | 1.18 | 0.33 | 0.80 |
| Child is experiencing night terrors | 0.12 | 0.54 | 0.03 | 0.18 | 0.03 | 0.22 | 0.00 | 0.00 |
| Child is perceptually handicapped | 0.00 | 0.00 | 0.07 | 0.36 | 0.01 | 0.12 | 0.00 | 0.00 |
| Child has experienced problems with peers | 0.97 | 1.14 | 0.13 | 0.56 | 0.52 | 0.97 | 0.14 | 0.65 |
| Child is experiencing day care- | 0.09 | 0.51 | 0.13 | 0.43 | 0.11 | 0.46 | 0.10 | 0.44 |

| Item | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|
| | Traditional Foster Care (N = 35) | | Kinship Arrangement (N = 31) | | Traditional Foster Care (N = 146) | | Kinship Arrangement (N = 21) | |
| | M | SD | M | SD | M | SD | M | SD |
| related problems | | | | | | | | |
| Child has been deprived socially | 0.59 | 1.13 | 0.16 | 0.45 | 0.37 | 0.89 | 0.19 | 0.51 |
| Child smokes | 0.12 | 0.54 | 0.00 | 0.00 | 0.17 | 0.66 | 0.00 | 0.00 |
| Child runs away | 0.41 | 0.92 | 0.13 | 0.56 | 0.33 | 0.86 | 0.00 | 0.00 |
| Child is suicidal or engages in self-harm behaviours | 0.32 | 0.91 | 0.10 | 0.40 | 0.27 | 0.77 | 0.05 | 0.22 |
| Child is experiencing separation anxiety | 0.15 | 0.61 | 0.19 | 0.40 | 0.29 | 0.73 | 0.10 | 0.30 |
| Child sexually misbehaves | 0.44 | 1.02 | 0.19 | 0.75 | 0.31 | 0.80 | 0.00 | 0.00 |
| Child has sleeping problems | 0.12 | 0.48 | 0.10 | 0.40 | 0.25 | 0.66 | 0.05 | 0.22 |
| Child steals | 0.15 | 0.44 | 0.00 | 0.00 | 0.23 | 0.65 | 0.00 | 0.00 |
| Child swears | 0.38 | 0.92 | 0.10 | 0.54 | 0.29 | 0.84 | 0.05 | 0.22 |
| Child experiences temper tantrums | 0.56 | 1.02 | 0.26 | 0.73 | 0.51 | 0.98 | 0.14 | 0.48 |
| Child behaves violently | 0.76 | 1.05 | 0.23 | 0.67 | 0.55 | 1.01 | 0.10 | 0.44 |
| Child is withdrawn or depressed | 0.18 | 0.46 | 0.32 | 0.70 | 0.27 | 0.68 | 0.24 | 0.62 |
| Child is whinny | 0.03 | 0.17 | 0.13 | 0.43 | 0.14 | 0.48 | 0.05 | 0.22 |

## Quality of Kinship Arrangements

Overall the average total of quality of care score was $M = 346.8$, $SD = 26.4$, out of a possible total of 392. A multiple regression was used to determine whether there was a

relationship between the quality of care total score and the total scores of the school-related and behaviour-related outcomes at the 3-month and 6-month follow-up periods. The analysis revealed no significant relationship between the total quality score and either outcome measures at both time periods (Table 7). The absence of a relationship between the quality of placement and child outcome reflects the universally high quality scores achieved across kin placements, and the lack of variability within the measure of quality.

Table 7
**Pearson Correlation of Quality of Kinship arrangements as Predicted by Child Well-being Outcomes**

| 3 Months (N = 25) | | | | | | 6 Months (N = 17) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| School-Related Outcomes | | | Behaviour-Related Outcomes | | | School-Related Outcomes | | | Behaviour-Related Outcomes | | |
| R | *T* | *p* | R | *t* | *p* | R | *t* | *p* | R | *t* | *p* |
| -.31 | -2.01 | 0.057 | -.004 | 1.25 | 0.22 | 0.080 | 0.35 | 0.73 | 0.019 | -1.98 | 0.85 |

## Discussion

The purpose of this study was to determine the efficacy of kinship as an alternative to traditional foster care for children coming to the attention of a child welfare agency because of neglect. Child well-being as it pertains to school and behaviour were used as the outcome measures. Children who were victims of neglect were the participants. Literature has indicated that neglect is the most common form of maltreatment coming to the attention of children's aid societies (Trocmé et al., 2005). Results from this study showed that neglected children placed in kinship service had better outcomes in both the school-related and behaviour-related domains contrasted with neglected children in foster care. This trend was viewed at both the 3-month and 6-month follow-up periods. Statistically significant differences were found in all areas except with the 3-month school-related outcome measure. The quality of the kinship placements was evaluated and the results showed that on average the quality of kinship placements was above satisfactory. However the level of quality in care was not predictive of kinship outcomes. This discussion will outline the relevance of these findings in the context of previous literature and the contribution to child welfare planning and practice with kinship service programs.

## Major Findings Related to Previous Literature

The goal of out-of-home care is to remove a child victim of maltreatment from their pathogenic home and place them in an environment where they can temporarily experience a family-like setting while ensuring the child's safety. Once parents receive appropriate assistance and can effectively ameliorate the difficulties in their living situation, reunification of the child to their biological home is the ideal outcome. Unfortunately, children placed in foster care settings are not always reunified with their parents and they spend the remainder of their childhood and adolescence in out-of-home care (Newton, Litrownik, & Landsverk, 2000). If reunification is not possible, adoption is the next desirable outcome. Research has shown some limitations associated with traditional foster care. A foster child not only has to face the social, emotional, and possible physical challenges of being a victim of maltreatment, but they must also deal with the fact they are separated from their family and living with a temporary family.

Kinship is a form of out-of-home care where the primary caregiver is a member of, or has a close relationship to, the child's family. Kinship arrangements are thought to minimize the stigma associated with being removed from home. It also allows for the child to preserve family relationships, cultural, ethnic, religious, and familial identities (Cuddeback, 2004; Geen, 2004). These are characteristics that are not guaranteed to be maintained when a child is placed in traditional foster care.

There is limited research available regarding the children and families of kinship compared to traditional foster care. Therefore the descriptive results serve to provide original information of these neglected children and their families. One study of significance comparing children placed in kinship arrangements versus foster care is reported by Benedict, Zuravin, and Stallings (1996). The outcome measures used consisted of education, employment, and physical and mental health status in adulthood. Although the results did not reflect differences between the two groups in adulthood, these authors did note that in childhood, the kinship group showed fewer developmental, behavioural, and school attendance problems than the foster group. Keller et al. (2001) showed that children in kinship arrangements had similar levels of problem behaviours as children in the general population, which was lower relative to children in traditional foster care.

The current study compared outcomes of child wellbeing in school and behaviour. On average, the kinship and foster care children were 5.3 and 6.7 years old at the time of the case opening, and on average, CAS was involved with the child for 64.0 and 40.7 months respectively. Therefore the school related outcomes may prove to be less informative since these children are predominantly in early elementary school. The behavioural outcomes however showed significant differences between the groups. Children in kinship arrangements scored lower on the outcome questionnaire, indicative of little or no evidence of the particular behavioural disorder being described. This result was observed at both the 3-month and 6-month follow-up periods. Specific items in the outcome measure are of particular importance. The current study's results agree with previous research suggesting that kinship children were rated as having fewer and less severe behavioural difficulties than foster care children (Benedict et al., 1996; Keller et al., 2001).

**3-Month Follow-up**

For the two items used to provide the school-related measure, the item "child experiences school-related problems" had a greater average score difference between the two groups than the item "child experiencing truancy". In the behavioural outcome measure, the item "child is physically aggressive" had the largest average score difference between kinship service (M = 0.19) and foster care (M = 1.18). Other items that showed a mean score difference of 0.50 or greater were: child is verbally aggressive, child is non-compliant, child has experienced problems with peers, and child behaves violently. The data reflects that foster children were identified as having a more difficult time adjusting to their environmental change. It is probable that the difficulties that foster care children have with their peers may be a result of the negative stigma associated with out-of-home care.

**6-Month Follow-up**

At this time period the school-related items contained the same trend reflected at the 3-month follow-up. The difference between the groups however was statistically

significant. Similar to the 3-month period, the item “child is physically aggressive” had the largest difference in score between the groups on the behavioural outcome measure. In the majority of the behavioural items, item scores were higher at the 3-month interval than at the 6-month interval for both groups. However the items child is experiencing separation anxiety, child has sleeping problems, child steals, and child is whiney increased between the two follow-up periods for the foster care group. It is likely that separation anxiety would increase in the foster care group as a result of continuous involvement within an unfamiliar environment particularity if cultural, ethnic, or familial needs are not being met.

**Children**

Seventy-two percent of the children in kinship and foster care had neglect listed as the primary reason for referral. This percentage agrees with statistics provided by CAS’s that deem neglect as the most common form of maltreatment. Shore et al. (2002) showed that kinship children also exhibit behavioural problems, which is likely because these children experience similar maltreatment as foster care children before they are placed in out-of-home care. The present study showed that slightly more kinship service (33%) than foster care (29%) children have been involved with a children’s mental health service. The current study also found that children in kinship arrangements were more likely to show evidence of an Attention Deficit Disorder, a Conduct Disorder, and have been on medication for an adjustment related disorder. A possible cause for this trend is that for these participants, kinship care was not the first intervention used, so these children may have experienced greater placement instability. At the 3-month follow-up period, 73.5% of the neglected children placed in kinship service were returned home. Unfortunately, similar data for the foster care group was not available.

**Caregivers**

This study showed that there are differences, although not statistically significant, between the families from which these samples are drawn. At the time of CAS involvement, the children placed in a kinship arrangement was almost 1.5 times more

likely to have a single parent family arrangement. Consequently the primary caregiver presenting the greatest risk was the mother, in 82.4% of the children placed in kinship arrangements and 59.4% of the children placed in traditional foster care. Primary caregivers for the children placed in traditional foster care had a lower likelihood of being on social assistance, 62.9% versus 75.8% for the children in the kinship group. Forty-six percent of the birth caregivers of the children placed in traditional foster care and 57.6% of the birth caregivers of the children placed in kinship arrangements have been formally diagnosed with a major mental disorder. Substance abuse followed by depression, both clinical and post partum, were the two major mental disorders for both groups. These results suggest that the neglected children in the kinship group came from less stable families reflecting more severe emotional and economic challenges. The average risk assessment however, derived from the Ontario Risk Assessment Tool, showed no significant difference between the two groups, (children placed in kinship arrangements and children placed in traditional foster care, M = 3.70 and M = 3.75 respectively. This implies that CAS child protection workers assessed the level of overall risk between these two groups, as relatively equal and that children who were at less risk of abuse or neglect were being placed in kinship arrangements.

The quality of kinship care questionnaire completed by the child protection workers focused predominantly on the capacity of the caregiver to provide and sustain adequate care for the neglected child. The average total on the questionnaire was 346.8 out of a possible total score of 392. Higher scores indicate a perceived higher quality of care. These results imply that the neglected kinship children in this sample were receiving a high level of quality care. Similar to the results reported by Cuddeback (2004) and Geen (2004), this study found that more than half of the kinship caregivers were grandparents.

## Implications of Findings for Ontario Child Protection

There continue to be increasing numbers of children requiring out-of-home care while the number of traditional foster care placements decreases (Curtis, Dale Jr., & Kendall, 1999). According to the Ontario Association of Children Aid Societies (2005) there has been an increase in the net expenditures for child welfare. Ultimately as with any

human service, prevention strategies are preferred to intervention strategies. Morton and Browne (1998) believe that it is the actual care giving relationship rather than the maltreatment itself that is transmitted across the generations. If this is the case, then it would be ideal to focus attention on maintaining the child-parent bond. Although it may not be possible for this bond to occur between a child and an abusive parent, this bond is more likely to be maintained between kinship caregivers and the child rather than with foster (i.e. stranger) caregivers and the child. Morton and Browne (1998) found that the intergenerational cycle of maltreatment can be interrupted when someone in the maltreated child's life provides love and support that improves self-worth. This development is may be more readily transferred within a kinship service arrangement.

The results of the current study imply that neglected children may have more successful school and behaviour-related outcomes when placed in a kinship family arrangement than in traditional foster care. It is possible that if kinship children are better adjusted at home and in school, they will have better outcomes in adulthood. The necessity to help financially support out-of-home caregivers is one cause for the increase in CAS expenditures. Currently compensation for kinship caregivers within Canada is a highly contentious issue. In the long-term it is possible that expenditures could decrease since children placed in kinship arrangements will display better long term outcomes and arrest the cycle of maltreatment across generations. Longitudinal studies however are awaited before more definitive statements regarding the long term effects of kinship can be made. As well, research shows that although children placed in kinship arrangements may reunify at a slower pace, these children are also more likely to have stable placements when they continue in kinship (Courtney, Piliavin, & Wright, 1997). In the current study, approximately three-quarters of the kinship children were reunified with their parents by the end of three months in care. It was also found that the kinship group had both the child and family involved with CAS for a longer period of time than the foster care group, which is contrary to the implications stated. However this may be due to the fact that kinship service arrangements are relatively new to the London Middlesex CAS and therefore not the first considered option for out-of-home care.

These findings suggest that CAS's may want to put more focus into placing children within kinship arrangements. The kinship placement decision should be the

primary consideration. This would enable the child to receive the most successful and beneficial intervention as soon as possible.

## Implications for Counselors

It is important for those in the helping profession to understand the challenges that children in kinship arrangements may be facing. Similar to children in traditional foster care, children in kinship arrangements contend with being separated from their family and familiar environment.

Finzi, Ram, Har-Evan and Wiezman (2001) found that neglected children may have blunted affect as a result of years of deprivation. They are also likely to struggle with a lack of social competence resulting from a lack of acquired social skills at home (Finzi et al., 2001). Neglect is particularly detrimental since it may interfere with normal childhood development (Hildyard & Wolfe, 2002). Therefore counselors should be aware that these children may have these behavioural and developmental challenges before they begin the counseling process.

Attachment theory predicts that a child who has a disrupted or dysfunctional child-parent bond has an increased risk of psychopathology (Finzi et al., 2001). Although children may be living with an abusive parent, they may still be an attachment between them, albeit unhealthy. Unfortunately this bond is harder to create particularly since the foster home and caregiver may differ in many ways. Research has suggested that culture, religion, familial and social relationships are more likely to be maintained when a child is placed in kinship arrangements

Lastly, counselors should be aware of the role that placement instability has on the development of child behaviour and emotional well-being (Newton et al., 2000). A child who experiences frequent placement changes may be less likely to form close attachments and may express minimal trust of authority-type figures.

## Limitations to Current Study

Although the current study attempted to provide accurate comparative outcome data for kinship and foster care arrangements, there were some limitations associated with this study.

Due to the novelty of formal kinship care and kinship service arrangements with London-Middlesex CAS, the number of participants was limited. The sample size consisted of all the children who were placed in kinship arrangements from September 2005 through to September 2006. The sub-sample was then further reduced to those children who were designated as victims of neglect. Future research should replicate this study with a larger sample size to increase the power of the statistical significance.

This study did not test for attachment style specifically so no definitive conclusions can be made regarding this important developmental construct. It is unclear whether it is the caregiver-child bond specifically that is the helpful characteristic within kinship service arrangements or whether it is other familial factors within the kinship service arrangement.

The use of a random study design is the most effective way to make group comparisons. However due to the extremely challenging nature of randomly placing children in either the kinship service or foster group, randomized designs in this context may not be feasible or even ethically viable. Future research may benefit from using a matched-group design based on significant characteristics such as age, gender, type of maltreatment, length in out of-home care.

## Future Research

The data used in the current study was collected over an approximate 15 month period. Outcome measures were evaluated at the 3-month and 6-month time periods. Future studies should continue to employ such useful follow-up data for even longer periods of time. A longer term comparative assessment of these outcome measures would help to evaluate whether the current preliminary findings continue into adulthood. Reunification and stability levels should be collected for both the foster care and kinship groups to discern whether the current kinship reunification rates are atypical. Although the focus of

the current study was on children in kinship arrangements, what is unclear is whether the future prognosis of foster care children is a result of the maltreatment or the type and quality of the out-of-home care received. Research should also continue to focus on kinship children regarding their attachment styles and the caregiver-child bond. These results would augment the findings associated the intergenerational transmission of maltreatment.

## Summary

Consistent with previous findings, the present study found that neglected children placed in kinship arrangements were rated as having both less severe and less frequent problems as they relate to school and behaviour compared to a similar group of neglected children placed in traditional foster care (Benedict et al., 1996; Keller et al., 2001). This result was found both at the 3-month and 6-month follow up periods. Kinship caregivers were rated overall as providing a higher than satisfactory level of quality care. It is possible that an increased provision of kinship could not only improve outcomes with neglected children but also contribute to a lessening in the demand for an already resource-burdened child protection system. It is also likely that, if a child who has experienced neglect is given the opportunity to thrive in a healthier environment, then their future outcomes will be better and hence the intergenerational transmission of maltreatment may be addressed. Further research is required to evaluate such long term outcomes with maltreated children placed in kinship arrangements.

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# Chapter Three

# Examining the Impact of Kinship Arrangements in Child Maltreatment Cases Served by Child Welfare: Relevance to Children Exposed to Domestic Violence

**Shivon Raghunandan and Alan Leschied**

# Introduction

Canada's child welfare agencies have witnessed a significant increase in the number of children requiring protection and placement (Chiodo, Leschied, Whitehead & Hurley, in press). Canada reported a 320% increase in the number of substantiated child maltreatment cases from 1993 to 2003 (Fallon et al., 2005). The Children's Aid Society (CAS) of London and Middlesex in Ontario experienced a 70% increase in child placement in child welfare between the years 1995 to 2001 (Chiodo et al., in press). One speculation for this increased demand for services within child welfare can be attributed to a range of causes including an increased awareness of the effects of domestic violence on children, mandatory reporting protocols adopted by various agencies when children are identified as living in the presence of domestic violence, and advanced screening for detecting the presence of child maltreatment (Fallon et al., 2005). Some researchers have suggested that child maltreatment cases substantiated by exposure to domestic violence in particular, may contribute to this increase since exposure to domestic violence has been identified as one of the leading causes of child maltreatment in Ontario (Jenney, Alaggia, Mazzuca & Redmond, 2006). The purpose of this study was to investigate the impact of kinship arrangements within a child welfare agency where the presenting risk to the children consisted of them being exposed to domestic violence. This study elaborated on kinship services as an enhanced alternative to traditional foster care when serving victims of child abuse and domestic violence.

The following literature review provides an overview on child welfare and domestic violence services in understanding the barriers impeding collaborative efforts between these two agencies in servicing children and their mothers in cases involving domestic violence. It will elaborate on the coexistence of child abuse and woman abuse and the repeated victimization of both children and their mothers. Finally, kinship arrangements will be presented as a viable alternative to traditional foster care when maintenance of the mother-child unit is not feasible in the presence of child maltreatment and domestic violence.

# Literature Review

## Child Welfare and Domestic Violence

Child maltreatment and domestic violence are interconnected issues. Too often however, social service responses to these matters have developed in separate and often incompatible ways (Edleson, 1999). Domestic Violence Practitioners (DVP) and child protection (CPS) workers have previously focused on one or the other form of victimization, failing to detect the presence and consequences of the other form of violence.

According to Jaffe & Crooks (2004), past research on domestic violence has grown independently from the literature on child maltreatment. These authors suggest there is a lack of consensus related to the development of separate and exclusive forms of interventions. Furthermore, the Canadian judicial system is inadequate, lacking federal legislation that can integrate services in responding to a child's exposure to domestic violence in child maltreatment cases and custody disputes. Recent trends, however, have shown an increased emphasis on domestic violence in custody hearings, but no formal legislation has been sanctioned (Jaffe & Crooks, 2004).

Child welfare is the primary responsibility of the provincial government while domestic violence services (DVS) are usually provided by nonprofit, community driven organizations and are financially supported in part by the provincial government. Magen et al., (2001) suggest that child welfare and community support services to abused women are governed by different philosophies, professional terminologies and regulations which have led to separate approaches and interventions. The child welfare sector is governed under a child-centred philosophy and mandate, while the domestic violence movement is governed under a woman-centred philosophy (Beeman, et al., 1999). Collaboration and consensus on the following issues need to be determined before they can effectively serve both victims; who is the client, how can the rights of both children and their mothers be equally considered, and how can child protection and women's rights be addressed so that the mother-child bond is not disrupted (Waugh & Bonner, 2002)?

**Domestic Violence Services**

The primary objectives of domestic violence agencies are to ensure the safety of abused women, empower victims and provide self-sufficiency training, and hold perpetrators accountable for their violent behaviours (Beeman et al., 2004). Many domestic violence advocates view CPS with suspicion, believing them to be another institution that neglects the needs of abused women by shifting the blame from the perpetrators to the mothers (Findlater & Kelly, 1999a).

Qualitative studies indicate that many abused women are cautioned by DVP and other professionals about possible investigations by child protection if they disclose incidents of domestic violence (Jenney et al., 2006). Abused mothers are faced with the dilemma of choosing to either 'break the silence' of abuse or protect their children from the unknown threats of government authorities. These mothers often feel misunderstood and intimidated by child welfare agencies (Jenney et al., 2006). In addition, plans for intervention frequently focus on what mothers should do to enhance their children's safety, an indication of the current gender biases still present in the child protection system (Beeman et al., 1999; Edleson, 1999).

**Child Welfare Services**

Since the effects of exposure to domestic violence are not formally recognized in Ontario's child protection legislation, intervention strategies involving cases of domestic violence are determined by individual, professional and/or the agency's theoretical approach (Waugh & Bonner, 2002). Child protection agencies primary focus is on the safety and well-being of children. Their child safety focused philosophy leaves the focus of the incrimination of the perpetrator as the responsibility of the criminal justice system. These child welfare professionals face an even greater challenge in providing evidence of the impact of family violence when the perpetrator of the abuse is biologically unrelated to the child, or is not a primary caregiver, even if he has regular access to the child through the mother. The literature indicates that in their efforts to protect children, child protection professionals validate the abuse by charging the non abusive mother with "failure to

protect" allegations (Findlater & Kelly, 1999a). This process works in contradiction to the philosophies of domestic violence services, since abused mothers are revictimized by being held accountable for the actions of the abuser, often losing custody of their child(ren) in the process (Lecklitner, Malik, Aaron, & Lederman, 1999). It is important to note that the revictimization of mothers in this process is not maliciously intended by child protection agencies however, legislation concerning child abuse often leaves child protection workers with their hands tied.

**Bridging Domestic Violence and Child Welfare Services**[2]

Until recently, child protection did not consider women's advocates and domestic violence professionals as potential allies in their efforts to ensure a child's safety. However, there has been a recent trend for child welfare agencies to address issues of domestic violence in child protection cases. Similarly, domestic violence services have expanded their functions to provide support services to children (Williams, 2003). The literature advises that cross-sector training is required to fully understand the complex interconnections of domestic violence and child maltreatment. Both child protection and violence against women organizations need to understand the varying points of view agree on approaches and interventions with the adult victim, the children and the perpetrator, who should be held accountable, and mutually beneficial intervention and prevention strategies (Williams, 2003; Findlater & Kelly, 1999b). Child welfare and domestic violence services need to develop consistent approaches when dealing with the reporting of child maltreatment and assessment and investigation. Too often the lack of consistency between child protection and domestic violence services leads to confusion, separation, and additional stress (Jenney et al., 2006).

Child protection workers need to recognize that the safety of children is best accomplished by ensuring the safety and self-sufficiency of abused mothers. The

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[2] The London community has worked diligently over the years to develop a close working collaboration between child welfare and domestic violence services. This is reflected in referral protocols between agencies and effective means of managing child and family issues. In many respects the relationships that exist in London are the exception rather than the rule. This literature review emphasizes perspectives that are traditionally held in child welfare and domestic violence services broadly and do not necessarily reflect the specific case in the London community.

integration of domestic violence services with child welfare requires the deliberation of a critical issue. (Findlater & Kelly, 1999a) In order to provide effective interventions for both victims, these organizations need to adopt a "dual victim treatment" approach. This approach is premised on the belief that both mothers and children are victims of domestic violence and strengthening the mother-child unit will help to minimize the harm and trauma experienced by children in the long term (Minnesota Advocates for Human Rights, 2003).

## Child Abuse and Woman Abuse

There are very few cases of out-of-home placements provided to children under child welfare services based solely on their exposure to domestic violence. This may seem somewhat perplexing as the rate of co-occurrence of child abuse and woman abuse is significantly high. Research has shown that child abuse is 15 times more likely in households where woman abuse occurs (Mills et al., 2000). Victims of child maltreatment and domestic violence are faced with, what is referred to in the literature as, a 'double whammy' (Chiodo et al., in press). The child is victimized by witnessing the abuse of his or her mother and also directly suffers at the hands of the perpetrator. The mother, on the other hand, loses her integrity and suffers emotional, psychological, physical, and financial consequences of the victimization.

### Child Abuse

Child abuse is defined under four primary categories: physical maltreatment, child neglect, sexual abuse, and emotional abuse (psychological, verbal abuse or mental injury) (Edleson, 1999). As previously highlighted, being a witness to domestic violence has been both formally and informally identified as a form of child maltreatment under the category of child neglect by most child welfare authorities. Research has shown a 319% increase from 1998 to 2003 in the number of children who witness some form of physical violence between their parents and/or primary caregivers (Jenney et al., 2006). A child's safety may be compromised when they attempt to intervene, witness the physical and psychological

aftermath of the violence, continue to live in a fearful environment, or are used as "tools" by the perpetrator to control the mother's behaviours (Lawlink New South Wales, n.d.; Findlater & Kelly, 1999a; Kantor & Little, 2003).

Studies have shown that children who witness domestic violence exhibit similar characteristics to children who were actually physically maltreated reflected in problematic behavioural, emotional, and cognitive functioning (Chiodo et al., in press). Exposure may lead to internalized behavioural difficulties such as fearfulness and extreme inhibition, as well as externalized behavioural problems such as aggression and antisocial behaviour. Children exposed to domestic violence have also been found to have lower social competence and self-esteem, higher levels of anxiety and depression, temperamental difficulties, exhibiting trauma-like symptoms (Edleson, 2004). In addition, mediators that influence a child's response to exposure may include remedial assistance, the child's age and gender, and the child's own resilience (Edleson, 2004). It is also important to consider the impact of multiple forms of violence in relation to external social stressors such as economic hardships, neighbourhood violence, existing cultural and familial tension, and maternal distress (Shipman et al., 1999).

**Woman Abuse**

Several researchers noted "children who witness domestic violence have unique emotional needs because the battered mother may be emotionally unavailable due to coping with her own trauma" (Chiodo et al., in press, p. 5). Abused women face significant health and mental health risks such as depression, social isolation, risk of suicide, and substance abuse (Jenney et al., 2006). Domestic violence has been linked to other psychological problems in mothers such as posttraumatic stress disorder (PTSD), anxiety disorders and antisocial personality disorder (Dubowitz et al., 2001). An abused mother may temporarily lack the proper parenting skills to optimally care for her child. She may also be emotionally unavailable, less attentive and nurturing to her children's unique needs because of the consequences from also being a victim of violence (Dubowitz et al., 2001). She may blame the child for instigating the abuse, project her own self-hatred onto the child, and

even fail to recognize the impact of domestic violence on the child's well being (Kantor & Little, 2003).

Herman (1992) maintained that the psychological control used by perpetrators of domestic violence instills fear and helplessness in women, destroying their sense of self worth and relationship to others including their children. The intentional destruction of attachments to others frequently results in feelings of isolation. The destruction of a mother's self esteem, pride and connection to others perpetuates the abuse and entraps her in an abusive relationship. Perpetrators of the violence often use children to exert control over their victims resulting in mothers who may encourage their children to comply or punish them for protesting out of fear from further abuse towards themselves and/or their children. This "learned helplessness" behaviour does not necessarily mean "defeat". Victims of domestic violence may have learned that "every action will be watched, that most actions will be thwarted, and that she will pay dearly for failure" (Herman, 1992, p. 91).

Is there adequate evidence to justify disrupting the mother-child unit when both victims of abuse are equally re-victimized by separation? Child maltreatment and domestic violence complicates survival for both victims since the home is no longer a "safe haven" (Williams, 2003). Studies have shown that children placed in out-of-home care prefer to remain with their parents if the violence in the home was prevented or interrupted (Jenney et al., 2006). A study that focused on children's perceptions of kinship care showed that children in kinship care regarded their relationship with their mothers as an integral part of their livelihood. Many of these children also expressed a fear of entering the foster care system (Messing, 2006a). Without overlooking the possible temporary incapacity of the mother's parenting abilities, child welfare agencies must respond to the needs of children and their mothers to avoid disruption of the mother-child bond whenever possible (Schechter & Edleson, 1999).

**Attachment in Children**

Research on attachment by Bowlby amongst others has shown the importance of parental bonding and attachment as reflected in positive child development and adjustment

(Lindsey, Martin, & Doh, 2002). Disruption of the parent-child bond and disturbed patterns of attachment reflected in poor social, emotional, and psychological adjustment is considered a primary determinant for the development of psychopathological characteristics (Lindsey et al., 2002; Tarren-Sweeney & Hazell, 2006; Bullock, Courtney, Parker, Sinclair & Thoburn, 2006). It is, therefore, critical to consider placement options that minimize unnecessary complications in attachment. Several researchers have stated that “all children who have been placed in foster care have experienced a loss; all, therefore, have issues related to attachment” (Pacifici, Delaney, White, Nelson & Cummings, 2006, p. 1333). Further, in conjunction with theories on attachment, feminist theories argue that a battered woman may be “much livelier” and possess a more “complex inner struggle” for survival than initially assumed by CPS workers (Herman, 1992). A mother’s method of coping with violence and raising her children may be adaptive to the environment in which she lives, and therefore, placement options allowing mothers to exercise a more healthy style of parenting while maintaining attachment is required.

The *Child and Family Services Act* (CFSA) states that when out-of-home placement is necessary, the least disruptive course of action should be considered (Government of Ontario, 2007). Kinship care may be a more positive alternative when separation is unavoidable since it allows for more regular contact with mothers, ensures uninterrupted placements, maintains continuity, cultural and family connections, and fosters parent-child bonding and the mother-child attachment. The following section will provide an overview of the emergence of kinship care in child welfare services as an alternative to traditional foster care.

## Kinship Service

Many child welfare agencies have recently adopted a more family-centred approach in the decision making process regarding a child’s placement (Geen & Berrick, 2002). This philosophy, of which kinship care is a primary ingredient, holds promise for maintaining the integrity of the mother-child unit as it favours the attachment of the child with his or her biological parent(s), while continuing to ensure the safety of the child. This approach minimizes the secondary trauma that a child and his or her mother may face by

minimizing the consequences of separation (Chiodo et al., in press). Family Group Conferencing (FGC) and Kinship Service (KS) are two such collaborative interventions that support this family-centred framework.

There has been a substantial increase in the number of kinship placements over the last two decades, and kinship care has become the preferred choice of placement in many child welfare agencies (Geen, 2004). As an example of the extent of placements in kinship care arrangements, in the year 2000, there were 4.5 million children in the US under the age of 18 living with a grandparent and 1.5 million children under 18 living with another relative (Messing, 2006b). Several authors (Geen, 2004; Strijker, Zandberg & van der Meulen, 2003) identified factors that contributed to the growth of kinship care placements which included: reformed legislation that promotes maximum contact between children and their parents; greater emphasis on family preservation; a shortage in the number of traditional foster care placements; a more positive attitude toward kin as foster parents; and federal laws recognizing the rights of relatives to act as foster parents.

Kinship service is a living arrangement in which children are cared for by a relative or someone with whom they have had a prior relationship (Geen, 2004). Kinship service providers are considered as individuals who assist in caring for children within the family on a "formally or informally established basis". Kin caregivers may be biologically related or related through marriage, but may also include individuals considered "family" (Lawrence-Webb, Okundaye & Hafner, 2003). Children placed in kinship care differ from children in traditional foster care in that they are usually younger, from ethnic minority groups, are more likely to be removed from their parents' home due to neglect, and are more likely to come from homes where their parents have drug or alcohol problems (Geen, 2004).

There are three identified forms of kinship service, namely formal kinship service, informal kinship service, and legal guardianship or adoption (Messing, 2006a). Children placed in formal kinship service are supervised by child welfare authorities reflected in supervision, compensation and licensing of kin parents. Studies have found that the number of informal kin service arrangements is one and a half times greater than the number of formal kinship placements (Messing, 2006a). This research focuses on formal kinship arrangements supervised by child welfare authorities in the London/Middlesex area

in Ontario, which includes kinship families who have been assessed and approved for licensing, support and compensation and also includes kinship families who have been assessed and approved for support and limited compensation but are not approved as a licensed foster home.

**Benefits of Kinship Arrangements**

Proponents of kinship service argue that this type of placement reduces adjustment problems for children since they are placed in an environment that is conducive to ensuring continuity with their cultural and family traditions (Geen & Berrick, 2002). Placement of children with kin is seen as a “protective experience” as it promotes identity formation in children and attachment with extended kin service providers (Tarren-Sweeney & Hazell, 2006). Attachment formation as previously noted is integral to children’s development. Studies have shown that kinship care protects children from developing attachment related problems (Tarren-Sweeney & Hazell, 2006).

Kinship arrangements are more likely to sustain a child’s sense of identity and self-esteem, even promoting sibling relationships (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004). Children placed in kinship care tend to be less psychologically vulnerable compared to children who are placed with strangers (Geen & Berrick, 2002). Studies have found that children in kinship care have better mental health outcomes, fewer developmental, educational, and behavioural problems compared to children in traditional foster care (Chipman, Wells, & Johnson, 2002).

Other research has shown that children placed in kinship arrangements have significantly fewer removals from care compared to children in traditional foster care (Altshuler, 1998), and placement stability is considered a key component in the definition of “adequate care” (Chamberlain et al., 2006). Kroll (2007) described kinship placements as more “enduring, less prone to breakdown and better links were established and maintained with birth parents” (p. 86). Kinship placements enable children to have more contact with their biological parents, extended families, and cultural community (Geen, 2004) since kin service providers tend to place more emphasis on maintaining contact between children and their primary caregivers (Chipman et al., 2002).

Kinship also holds significant advantages for birth parents as it provides them with a "respite" in which they may access support and treatment for the very reason their child(ren) was removed from their care. More specifically, mothers who were victimized by domestic violence are able to seek support and treatment, but maintain contact and attachment with their child(ren) (Kroll, 2007).

## Limitations of Kinship Care

Critics of kinship placements suggest that the increased contact between children and their biological parents may not be positive in all cases, and argue that this on-going contact can jeopardize the child's safety for the very reason they were removed from their natural home in the first place (Strijker et al., 2003). Opponents also condemn the screening process for kinship caregivers as being minimal, lending credence to the assumptions made by theories on the intergenerational transmission of abuse (Geen & Berrick, 2002). Theories on intergenerational transmission of abuse state that abusive behaviours are learned, being passed down through generations, which is reflected in the cliché, "the apple doesn't fall far from the tree" (Kroll, 2007, p. 85). Therefore, a child placed with a grandparent may be at risk because the grandparent may be the source of the parent's abusive behaviours (Lorkovich et al., 2004). Opponents of kinship arrangements also argue that kinship caregivers may fail to implement firm boundaries around parental visitation out of a fear of family conflict (Messing, 2006a).

## Systemic Barriers to Implementing Kinship Arrangements

Opponents of kinship fail to examine the source of the barriers to kinship service care implementation. For example, studies have shown that it is not the approach of kinship that contributes to these shortcomings but the socio-economic characteristics of kinship providers themselves (Kroll, 2007). Kinship providers tend to be older, less educated, unemployed, have lower incomes, and poorer health (Geen, 2004). For example, children in kinship arrangements are more likely to live in public housing which increases their exposure to community violence (Chipman et al., 2002).

Such societal and political variables can be fueled by government and child welfare legislation that act as systemic barriers hindering the true capacity of kinship arrangements. Kinship caregivers are unequally compensated relative to traditional foster parents and receive less supervision and access to services than non-kin caregivers (Geen, 2004). Geen (2004) noted that kinship caregivers receive minimal advanced training prior to assuming their roles as caregivers and he suggested that child welfare professionals be particularly vigilant and responsive to the unique needs of kinship caregivers.

## Outcomes Associated with Kinship

### Reunification and Adoption

Successful outcomes of kinship are often measured by placement permanence, which is defined by reunification rates, adoption, and stability in placements (Chamberlain, et al., 2006; Freundlich, Avery, Munson & Gerstenzang, 2006). Research on rates of reunification is controversial, influenced by complex variables. Some research has shown that children placed with kin compared to children placed in traditional foster care are less likely to be reunited with their mothers and are even less likely to be adopted (Geen, 2004). This may be attributed to the belief held by many kinship providers that "families do not adopt," and their belief about the sacredness of a parent-child relationship (Lawrence-Webb et al., 2003). Researchers have shown that children were less likely to be reunited if kinship caregivers received subsidy and if there was a positive relationship with the child (Testa & Slack, 2002). Others found that kinship caregivers may be more prone to adoption if they are guaranteed continued payment subsidies and if the biological parents have on-going involvement in the child(ren)'s lives (Geen & Berrick, 2002). The choice of leaving the child's birth name intact can also influence the decision to adopt (Geen & Berrick, 2002). Further research has shown that reunification is dependent on other factors including whether kinship providers perceive birth parents as cooperative, reflected in regular visitation and as working towards regaining custody (Testa & Slack, 2002; Messing, 2006a). Child welfare workers believe that reunification is delayed by regular contact between parent and child and a parent's comfort in knowing that their child is being

cared for by a relative. These factors are believed to act as deterrents in urging parents to work towards reunification (Chipman et al., 2002). Other researchers suggest that kinship "frees" parents from their parental responsibilities and supports their current lifestyle, which dissuades reunification (Kroll, 2007).

**Permanency and Stability**

Permanency in placement is defined as, "a safe, nurturing and stable home environment, a set of relationships with consistent and supportive adults that is intended to last indefinitely, individuals to whom a child can return for support even as an adult, a commitment to continuity for the child, a sense of belonging as well as a definitive legal and social status" (Freundlich, 2006, p. 743). Permanence is a critical factor as it is linked to a reduction in adjustment difficulties in children (Testa & Slack, 2002).

Frequent placement changes may result in significant emotional challenges in both children and their parents since placement changes usually involve a change in neighbourhood, social and educational experiences, and in the familial and cultural community (Chamberlain, et al., 2006; Leathers, 2006). In addition, permanence in kinship arrangements may grant kin and children the time needed to work through adjustment problems resulting from disturbed attachment with their biological parents (Bullock et al., 2006). Kinship provides more permanence for children compared to traditional foster care (Testa & Slack, 2002) in that children placed in kinship have fewer subsequent placements (Chamberlain, et al., 2006; Messing, 2006a). The nature and strength of the relationship between kinship parents or foster parents and biological parents is a strong determinant of permanency in placement (Brown & Bednar, 2006).

A qualitative study conducted by Messing (2006a) on children's perception of kinship arrangements showed that the blood ties inherent in kinship appear to be a source of reassurance for children in care. Kinship also fosters the development of children's self and cultural identity by encouraging contact between children and their parents, siblings, extended family members, and extended community (Schmid et al., 2004). Other measures of outcome that should supersede reunification are the family's ability to provide a safe,

stable, and nurturing environment, as well as meeting the child's basic and special needs (Lorkovich et al., 2004).

It is important to note that previous studies on kinship did not determine child placements through Family Group Conferencing (FGC). Rather, kinship placements were determined by case workers. Since FGC is a cooperative and strength based model that empowers families to be the experts of their own lives, the integration of FGC into kinship care would yield more favourable outcomes for both children and their mothers. The current study investigated the outcomes of children placed in kinship arrangements as a result of direct maltreatment and/or exposure to domestic violence. Kinship placements in the present study included both placements affected through the FGC process as well as those decided within a social work, case management approach. All of the kinship caregivers were assessed through a formal process. Some of kinship arrangements were assessed and became approved foster homes and the children were wards of the Society while other kinship arrangements provided care to children who were not in the care of the Society but were in need of an alternative placement out side of their biological family. All of the kinship arrangements received social work support. The kinship arrangements that were not approved foster homes received limited funding based on family need.

## Rationale and Hypotheses

Domestic violence and child welfare interventions have been independently investigated for many years. This study bridges these services by examining the impact of kinship on both mothers and their children who have come to the attention of child welfare services due either in whole or in part because of their exposure to domestic violence.

The first intent of this study was to describe the nature and characteristics of the families and children referred to kinship placements as a result of domestic violence and child maltreatment in the context of children and families who were referred to the Children's Aid Society with a similar risk presentation prior to the introduction of kinship care services. The following hypotheses contrasted children in kinship arrangements relative to children in traditional foster care with similar presenting risk related to the exposure to domestic violence. The following hypotheses were examined:

*Hypothesis #1:* The first hypothesis examined reunification of children in kinship homes with their birth parent(s). This hypothesis was explored through a follow-up reporting on the number of cases where children in kinship arrangements were returned to their biological parent(s).

*Hypothesis #2:* Children placed in kinship arrangements relative to children placed in traditional foster care will show better outcomes reflected in school and behavioural adjustment after a three month follow-up period subsequent to placement.

*Hypothesis #3:* Children placed in kinship arrangements relative to children placed in traditional foster care will demonstrate greater permanence and stability reflected in fewer placement changes and longer duration in placement during a three month follow-up period subsequent to placement.

*Hypothesis #4:* The fourth hypothesis examined several factors that are known to contribute to the development and maintenance of a secure and positive attachment between children and their kinship caregivers and biological parent(s).

# Method

## Participants

A consenting criteria reference sample was collected consisting of 26 participants in kinship placements and 208 participants in foster care. Participants included children, age ranging from 1 day to 16 years who were in need of out-of-home care (i.e. Kinship Arrangements or Traditional Foster Care) determined by the Children's Aid Society (CAS) of London and Middlesex in Ontario. Descriptive analyses reflecting the nature and characteristics of children and their families in kinship placements and foster care are summarized in Tables 1, 2, and 3. Data from the kinship and foster care samples were

contrasted with CAS cases involving domestic violence which reflected a sub-sample of 526 cases.

Criteria for inclusion in both the kinship and foster care samples consisted of the following: (a) the presence of domestic violence defined in this study as woman abuse and (b) the identified need for an out-of-home placement. Table 4 lists the percentage of kinship, foster, and all CAS cases affected by domestic violence. Substantiation of the presence of domestic violence was determined by case workers at the time the case was opened. The exclusion criteria consisted of families who did not consent to participate in this study.

Table 1

**Descriptive Characteristics of Child Participants per each Sample Group**

| | Kinship (N = 26) | | F C (N = 208) | | CAS (N = 526) | |
|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD |
| Age when case opened (Years) | 3.54 | 4.27 | 7.03 | 5.26 | 7.68 | 4.95 |
| Age admitted to Program (Years) | 4.84 | 4.48 | 7.04 | 5.27 | 7.25 | 5.09 |
| | *n* | Percent | *n* | Percent | *n* | Percent |
| Male | 12 | 46.2 | 86 | 42.6 | 244 | 46. |
| Female | 14 | 53.8 | 115 | 57.4 | 281 | 53.5 |
| Involved in Children's Mental Health Service | 7 | 31.8 | 63 | 31.5 | 180 | 34.4 |
| Evidence of Attention Deficit Disorder (ADD) | 6 | 24.0 | 38 | 18.7 | 101 | 19.2 |

| | Kinship (N = 26) | | F C (N = 208) | | CAS (N = 526) | |
|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD |
| Evidence of Conduct Disorder | 8 | 32.0 | 15 | 7.4 | 43 | 8.2 |
| Medication for Adjustment Related Disorder | 8 | 32.0 | 30 | 14.9 | 82 | 15.6 |

K=Kinship FC = Foster Care CAS = Children's Aid Society M= Mean
SD = Standard Deviation *n* = Frequency

Table 2
**Descriptive Characteristics of Biological Caregivers and Families per Sample Group**

| | Kinship (N = 26) | | FC (N = 208) | | CAS (N = 526) | |
|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD |
| Biological mom's age (Years) | 23.60 | 6.56 | 24.16 | 5.58 | 24.13 | 5.84 |
| Number of siblings | 1.76 | 1.40 | 2.10 | 1.49 | 2.13 | 1.55 |
| | *n* | Percent | *n* | Percent | *n* | Percent |
| Primary caregiver is mom | 23 | 92.0 | 171 | 84.9 | 451 | 86.1 |
| Caregiver on Social Assistance | 21 | 84.0 | 128 | 69.4 | 294 | 63.6 |
| Primary caregiver formally diagnosed with major mental health disorder | 13 | 54.2 | 100 | 49.9 | 200 | 38.2 |
| Evidence of major mental health disorder in primary caregiver without a formal diagnosis | 18 | 75.0 | 94 | 46.7 | 234 | 44.7 |

| | Kinship (N = 26) | | FC (N = 208) | | CAS (N = 526) | |
|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD |
| Mom's childhood involvement in Children's Mental Health Centre | 0 | 0 | 43 | 20.7 | 89 | 16.9 |
| Caregiver to child violence | 21 | 100 | 125 | 60.1 | 322 | 61.2 |
| Family previously or currently homeless | 2 | 8.0 | 85 | 42.3 | 178 | 34.1 |

K = Kinship Arrangement FC = Foster Care CAS = Children's Aid Society
M = Mean SD = Standard Deviation *n* = Frequency

Table 3
**Descriptive Information of Services Used by Children and Families per Sample Group**

| | KS (N = 26) | | FC (N = 208) | | CAS (N = 526) | |
|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD |
| Length of time CAS involved with family (Years) | 6.37 | 4.93 | 7.03 | 7.02 | 7.02 | 6.50 |
| | *n* | Percent | *n* | Percent | *n* | Percent |
| Seen by a Children's Service/Family Agency at time of CAS referral | 9 | 34.6 | 140 | 69.5 | 329 | 62.7 |
| On waitlist to be seen by a Children's Service/Family Agency at time of CAS referral | 0 | 0 | 18 | 8.9 | 45 | 8.6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Prior out-of-home placement | 13 | 54.2 | 137 | 68.3 | 290 | 55.6 |
| Court litigation required | 9 | 37.5 | 163 | 78.4 | 259 | 49.2 |

K = Kinship Arrangement FC = Foster Care CAS = Children's Aid Society
M = Mean SD = Standard Deviation *n* = Frequency

Table 4
**Kinship, Foster and CAS Cases Affected by Domestic Violence**

| | K | FC | CAS |
|---|---|---|---|
| All cases | N = 47 | N = 370 | N = 1042 |
| Number of cases affected by domestic violence | 26 | 208 | 526 |
| Percent of cases affected by domestic violence | 55.32 | 56.22 | 50.48 |

K = Kinship Arrangement FC = Foster Care CAS = Children's Aid Society

## Instruments

### Children in Care Data Retrieval Instrument

A data retrieval instrument developed by Hurley, Leschied, and Whitehead (2002) was used to guide the extraction of pertinent information from the files of consenting families and children. This instrument consists of 103 items and is used to describe the sample by retrieving information related to: referral to the CAS; family information; history of prior CAS intervention of family and child; child's history with the mental health, young offender, educational, and developmental services system; family history of mental health; family immigration; and CAS court involvement.

**Case Plan Outcomes Associated with Kinship Arrangements**

The Case Plan Outcomes Associated with Kinship developed by Leschied (2006a) is a second data retrieval instrument that was used to guide the extraction of information. This instrument recorded information related to outcomes of kinship arrangements reflecting child safety, school related outcomes, behavioural outcomes, permanency, and family and community support. This instrument also accounted for change over time by measuring outcomes related to kinship arrangements after 3, 6 and 12 months. Items that required researchers to score "evidence" to school related and behavioural problems were rated on a 4-point Likert scale (0 = no evidence, 1 = mild, 2 = moderate, and 3 = severe).

**Ontario Risk Assessment Model (ORAM)**

The Ontario Risk Assessment Model (ORAM) was included as part of the Children in Care Data Retrieval Instrument. The ORAM is a standardized instrument commonly used by human service providers during intake at the CAS to assess risk. The ORAM is divided into five assessment categories called *influences* that include caregiver, child, family, intervention, and abuse/neglect. Each *influence* is comprised of *risk elements*, and the ORAM includes 22 *risk elements* in total. Each element is scored on a 5-point severity scale ranging from 0 to 4 (Leschied, in press).

**Kinship Care Placement Information Form**

The Kinship Care Placement Information Form developed by Leschied (2006b) consisted of 3 items pertaining to the child's current kinship placement. The Kinship Care Placement Information form reflected data associated with permanency and stability.

**Quality of Kinship Care Protocol**

The Quality of Kinship Care Protocol was adapted from *The Meaning of Quality in Kinship Foster Care: Caregiver, Child, and Worker Perspectives*" by Chipman, Wells &

Johnson (2002) which rate factors consistent with successful kinship placements. This instrument assesses the extent to which kinship caregivers are able to provide and work towards a successful placement experience for the child including reunification. It consists of 56 items rated on a 7-point Likert scale where 1 represents not supportive of a successful placement and reunification, 4 represents neutral in support of a successful placement and reunification, and 7 represents extremely supportive of a successful placement and reunification.

### Research Design

The design of this study was a convenience criteria referenced sample where all kinship and foster care cases that fit the criteria (i.e. presence of domestic violence and identified need for out-of-home placement) were included.

## Procedure

Letters for consent were mailed to all current and participating kinship families at the CAS of London and Middlesex in Ontario. A retrospective review of the files of all consenting participants was completed by four trained researchers at the CAS location. Researchers had thorough knowledge in the areas of kinship service, traditional foster care, FGC, and family violence. Researchers were also trained on all data retrieval instruments, and had knowledge on the organization, access, and interpretation of family and child files. Each participant was coded by a case worker for the purpose of data entry. To ensure anonymity, a master list of the names of participants along with their code numbers was maintained by the primary researcher.

Researchers completed all instruments after each child and family file was extensively reviewed. Scores for the ORAM were recorded using the data from the Risk Assessment section of the child's file. The Quality of Kinship Care Protocol was completed by case workers. A total of five instruments were completed for each child regardless if there was more than one child from the same family of origin. Each data retrieval instrument was completed in paper form and was stored in a locked filing cabinet.

Information collected from all inventories was entered into SPSS software and statistical analyses of the data were completed.

Foster care data was not collected at the time the kinship data was retrieved. Foster care data was collected by previous researchers who completed similar training and followed similar procedures as detailed above. This data was maintained by the primary researcher. Some measures (i.e. reunification and attachment) were not available for comparison between samples, however descriptive information was obtained. The kinship and foster care data was coded similarly in SPSS which helped to easily identify each measure for comparison.

### Data Analysis

All domestic violence cases in the kinship and foster care samples were selected for analysis. Item 75 in the Children in Care Data Retrieval Instrument, "Was spousal violence ever an issue" and item FI in the ORAM, "Family Influence/Family Violence" were used to select domestic violence cases for analysis. The analyses consisted of descriptive analyses, Pearson's *chi square* and one-way ANOVA.

## Results

The focus of this study examined the outcomes of children who were exposed to domestic violence and subsequently placed in kinship arrangements placements relative to children who were placed in traditional foster care arrangements. Successful outcomes were measured by reunification with birth parents, adjustment of children while in care, permanency and stability, and factors contributing to attachment while in care.

*Reunification within the Kinship Sample*

The first hypothesis assessed reunification of children within the kinship sample. There were no available data on reunification for the traditional foster care sample and therefore comparison analysis is not available. The findings showed that of the 26 children placed in kinship arrangements as a result of exposure to domestic violence, 19 (73.1%) were reunified with their biological caregiver(s) while 7 (26.9%) remained in care at the 3

month follow-up period. A comparison was made to all kinship placements and the results showed that of the 45 children in kinship arrangements, 31 (68.9%) were reunified with their biological parent(s) while 14 (31.1%) remained in care after the 3 month follow-up period.

## Adjustment While in Care

The second hypothesis proposed that children placed in kinship arrangements relative to children placed in traditional foster care would demonstrate greater positive adjustment reflected in scores related to specific behaviours identified on the Case Plan Outcomes Form. Scores from the Case Plan Outcomes Form measured outcomes related to kinship and foster care after 3 months were used to test this hypothesis. The total score of each item for children in kinship placements was compared to the total score of each item for children in foster care. Tests for significance were assessed using one-way ANOVA. Means and standard deviations for all items are presented in Tables 5, 6, 7 and 8.

Table 5
**Means and Standard Deviations of Adjustment Measured by School Related Problems while in Kinship Service and Foster Care**

| | KS (N = 26) | | FC (N = 29) | |
|---|---|---|---|---|
| | M | SD | M | SD |
| School Related Problems | .54 | .86 | .90 | 1.08 |
| Truancy | .23 | .82 | .45 | 1.02 |
| Day Care Related Problems | .08 | .27 | 0 | 0 |
| Total School Related Incidents | .85 | 1.57 | 1.34 | 1.65 |

K = Kinship Arrangements  FC = Foster Care  M = Mean  SD = Standard Deviation
Evidence of School Related Problems: 0 = no evidence, 1 = mild, 2 = moderate, 3 = severe

Children in kinship arrangements (*M* = .85, *SD* = 1.57) did not show more positive overall school related adjustment compared to children in foster care (*M* = 1.34, *SD* =

1.65), $F(1, 53) = 1.31$, $p = .258$. Hence no significant differences were found between these groups on the following variables relevant to school related outcomes: School Related Problems, $F(1, 53) = 1.82$, $p = .183$; Truancy, $F(1, 53) = .751$, $p = .390$; and Day Care Related Problems, $F(1, 53) = 2.33$, $p = .133$).

Table 6
**Means and Standard Deviations of Adjustment Measured by Physical Aggression, Verbal Aggression and Substance Use while in Kinship Service and Foster Care**

| | KS (N = 29) | | TFC (N =29) | |
|---|---|---|---|---|
| *Physical Aggression* | M | SD | M | SD |
| Physical Aggression* | .19 | .57 | 1.00 | 1.25 |
| Behaves Destructively | .19 | .57 | .34 | .81 |
| Sets Fires | 0 | 0 | 0 | 0 |
| Hostile* | .15 | .61 | .72 | 1.19 |
| Behaves Violently | .23 | .59 | .62 | 1.01 |
| Total Physical Aggression* | .77 | 1.97 | 2.69 | 3.80 |
| *Verbal Aggression* | M | SD | M | SD |
| Verbal Aggression* | .27 | .72 | 1.00 | 1.25 |
| Swears | .15 | .54 | .66 | 1.17 |
| Temper Tantrums | .27 | .67 | .52 | .91 |
| Total Verbal Aggression* | .69 | 1.78 | 2.17 | 2.70 |
| *Substance Use* | M | SD | M | SD |
| Abuses Drugs | .04 | .20 | .34 | .94 |
| Smokes | .15 | .54 | .14 | .58 |
| Abuses Alcohol | .12 | .33 | .17 | .66 |
| Total Substance Use | .31 | .88 | .66 | 1.95 |
| Total (Physical Aggression, Verbal Aggression & Substance Use)* | 1.77 | 3.80 | 5.52 | 7.01 |

*p< .05

K = Kinship Arrangements FC = Foster Care M = Mean SD = Standard Deviation
Evidence of Physical & Verbal Aggression and Substance Use: 0 = no evidence, 1 = mild, 2 = moderate, 3 = severe

However, adjustment in care as measured by the presence of physical and verbal aggression, and substance use showed significant difference between children in kinship arrangements ($M$ = 1.77, $SD$ = 3.80) and those in foster care ($M$ = 5.52, $SD$ = 7.01), $F(1, 53) = 5.87$, $p = .019$. More specifically, children in kinship placements exhibited significantly lower rates of overall physical aggression, $F(1, 53) = 5.37$, $p = .024$, defined by being physically aggressive, behaving destructively, setting fires, hostile, and behaving violently. Within the category of physical aggression, children in kinship arrangements were found to be significantly less physically aggressive, [$F(1, 53) = 9.11$, $p = .004$] and less hostile, [$F(1, 53) = 4.81$, $p = .033$] compared to children in traditional foster care. However, no significant differences were evident for the remaining factors related to physical aggression.

The presence of verbal aggression, defined as being verbally aggressive, swearing and throwing temper tantrums were significantly lower in the kinship sample, $F(1, 53) = 5.61$, $p = .022$. Furthermore, in the assessment of verbal aggression alone, children in the kinship sample demonstrated significantly fewer incidents compared to the foster care sample, $F(1, 53) = 6.79$, $p = .012$. Although, no significant differences were found for swearing and temper tantrums between the two groups, there was a marginal significant difference between the two samples related to swearing, where the kinship sample scored lower on this measure, $F(1, 53) = 3.98$, $p = .051$.

There were no significant differences found between the kinship and foster care groups related to substance use categorized by drug abuse, alcohol abuse and smoking.

Table 7
**Means and Standard Deviations of Adjustment Measured by Other Behavioural Problems while in Kinship and Foster Care**

| | KS (N = 26) | | FC (N = 29) | |
|---|---|---|---|---|
| | M | SD | M | SD |
| Lies Compulsively* | .08 | .40 | .48 | .95 |
| Behaves Manipulatively | .15 | .54 | .59 | 1.05 |
| Non-Compliant | .42 | .90 | 1.03 | 1.32 |
| Steals | 0 | 0 | .14 | .44 |
| Whinny | .04 | .20 | .03 | .19 |
| Hyperactive | .23 | .71 | .62 | 1.24 |
| Problems with Peers* | .19 | .69 | .86 | 1.16 |
| Sexually Misbehaves | .23 | .82 | .41 | .98 |
| Total (Other Behavioural Measures)* | 1.35 | 2.67 | 4.17 | 5.24 |

*p< .05

KS = Kinship Arrangements FC = Foster Care M = Mean SD = Standard Deviation
Evidence of Other Behavioural Problems: 0 = no evidence, 1 = mild, 2 = moderate, 3 = severe

The kinship sample showed significantly fewer cases in which children lied compulsively [$F(1, 53) = 4.11$, $p = .048$] and experienced problems with peers [$F(1, 53) = 6.59$, $p = .013$. Furthermore, children in kinship arrangements demonstrated marginally significant positive adjustment compared to children in traditional foster care measured by the following variables: Behaves Manipulatively $F(1, 53) = 3.54$, $p = .066$ and Non-compliant $F(1, 53) = 3.92$, $p = .053$.

Table 8
**Means and Standard Deviations of Adjustment Measured by Psychological Related Problems while in Kinship Services and Foster Care**

| | KS (N = 29) | | FC (N = 26) | |
|---|---|---|---|---|
| | M | SD | M | SD |
| Eating & Sleeping Difficulties* | .27 | .53 | .97 | 1.52 |
| Suicidal or Self Harm | .38 | .80 | .38 | .98 |
| Runs Away | .12 | .59 | .24 | .74 |
| Separation Anxiety | .23 | .51 | .10 | .56 |
| Anxious, Fearful, Clingy | .38 | .57 | .45 | .83 |
| Withdrawn or Depressed | .42 | .81 | .34 | .77 |
| Socially Deprived | .15 | .61 | .59 | 1.12 |
| Perceptually Handicap | 0 | 0 | .07 | .37 |
| Total Psychological Outcomes | 1.96 | 2.05 | 3.14 | 2.61 |
| *Total Adjustment** | 5.92 | 8.57 | 14.17 | 14.73 |

*p< .05

KS = Kinship Arrangements FC = Foster Care M = Mean SD = Standard Deviation
Evidence of Psychological Related Problems: 0 = no evidence, 1 = mild, 2 = moderate, 3 = severe

Adjustment measured by disturbance in eating and sleeping showed that children in kinship placements had significantly fewer difficulties compared to children in foster care, $F(1, 53) = 4.89$, $p = .031$. Although no significant differences were demonstrated for other measures related to psychological adjustment, children in kinship arrangements showed to be marginally significantly less socially deprived than children in traditional foster care, $F(1, 53) = 3.06$, $p = .086$. This hypothesis put forth that children placed in kinship arrangements will demonstrate greater positive adjustment compared to children placed in foster care reflected in the total score related to specific behaviours identified in Tables 5, 6, 7, and 8. This hypothesis was supported as reflected with children in kinship placements ($M = 5.92$, $SD = 8.57$) demonstrating significantly more positive overall adjustment relative to children in foster care ($M = 14.17$, $SD = 14.73$), $F(1, 53) = 6.25$, $p = .016$.

**Stability and Permanence**

The third hypothesis proposed that children placed in kinship arrangements relative to children placed in traditional foster care would demonstrate greater stability and permanence determined by the length of placement and whether the child remained in the same placement while in care. To assess stability and permanence, scores from the Children in Care Data Retrieval Instrument and Placement Information Forms were used to test this hypothesis. Test for significance were measured using one-way ANOVA and Pearson chi square.

Participants in kinship arrangements had a mean placement length of 305.19 days (*SD* = 203.31) where as participants in foster care had a mean placement length of 46.04 days (SD = 34.79), reflecting significantly greater stability and permanence in kinship placements compared to traditional foster care placements, $F(1, 101) = 122.64$, $p = .001$. Noteworthy, placement length in kinship arrangements ranged from 36 days to 607 days which may have skewed the mean placement length reflected in the standard deviation.

The second measure of stability and permanence assessed whether the child under study remained in the same placement while in care. Results from the Pearson chi square showed a significant difference in frequencies between the comparison groups, where children in kinship placements remain in the same placement significantly more so relative to children in foster care, ($X^2$ (1, 226) = 14.55, p = .001).

**Factors Contributing to Attachment**

The fourth hypothesis examined several factors that are known to contribute to the development of a secure and positive attachment between children and their kin caregivers as well as factors that are known to sustain the attachment between children and their biological parent(s). Scores of several items from the Quality of Kinship Care Protocol were used to examine this hypothesis and descriptive analyses were generated. Similar data was not available for the foster care sample and therefore comparison between the two sample groups was not feasible. Means and standard deviation for these items are presented in Table 9.

The results showed that kinship caregivers scored extremely high on all measures that may contribute to the development of a secure attachment with their kinship children. It also demonstrated high scores on factors that may likely sustain the attachment between children and their biological parent(s). Means and standard deviations for these items are presented in Table 9.

Table 9
**Means and Standard Deviations of Factors Contributing to Attachment with Kinship Caregivers and Biological Parents while in Kinship Care**

| | KS (N = 26) | |
|---|---|---|
| *Kinship Service Providers* | M | SD |
| Commitment to care for child as long as necessary | 5.87 | 1.96 |
| Capacity to provide love | 6.77 | .82 |
| Capacity to provide stability & security | 6.27 | 1.51 |
| Capacity to provide moral & spiritual guidance | 6.46 | .58 |
| Commitment to the child | 6.38 | 1.63 |
| *Biological Parents* | M | SD |
| Kinship caregiver's relationship with biological parent | 5.69 | 1.16 |
| Caregiver does not denigrate birth parents | 5.38 | 1.86 |

K = Kinship Arrangements M = Mean SD = Standard Deviation
Successful Placement & Oriented towards Reunification: 1 = not supportive, 4 = neutral, 7 = extremely supportive

# Discussion

This study examined the outcomes of children placed in kinship arrangements relative to foster care as a result of exposure to domestic violence. Previous studies that compared outcomes of kinship care relative to foster care have failed to address the dual benefits of out-of-home placement for both children and their mothers. The current study attempted to address the unique needs of this special population of children and their mothers who were victims of domestic violence.

Child maltreatment and woman abuse have a significantly high co-occurrence rate (Mills et al., 2000). As a result, children suffer the consequences of witnessing their mother's abuse as well as the consequences of direct maltreatment. Mother victims of domestic violence not only suffer at the hands of the perpetrator but endure the long lasting effects of the abuse. The re-victimization of both children and their mothers occur when mothers are accused of failing to protect their children, which often results in removal of the child(ren) from their mother's care (Chiodo et al., in press; Findlater & Kelly, 1999b). This study extends the term 'double whammy' to "triple whammy" as women and their children are victimized three times by direct maltreatment, vicarious trauma from witnessing abuse, and separation. The disconnection between the philosophies and objectives of child welfare and domestic violence services has contributed to the separation of the mother-child unit in cases involving domestic violence (Magen et al., (2001).

The call for a "dual victim treatment" approach is therefore necessary to minimize the trauma experienced by both victims as a result of separation (Minnesota Advocates for Human Rights, 2003). Previous research on attachment has substantiated the benefits of a healthy and stable attachment between a child and his/her caregiver. However, maintenance of the mother-child unit is frequently unavoidable in cases involving domestic violence, and children are often placed in the foster care system.

This research study challenged the traditional methods used by child protection for placement of children who are in need of protection , which can in many instances, further perpetuate the break-down of the mother-child unit. This study presented kinship arrangements as an enhanced alternative to traditional foster care when maintenance of this unit is not possible. The current study extended the findings of previous studies that

demonstrated the superior advantages of kinship placements in promoting familial and cultural continuity for children affected by violence.

The findings of this research highlight some of the benefits of kinship arrangements previously discussed in the literature. This discussion will link the findings of this study to previous literature, explore the implications for service provision, and discuss the implications for counselors who work with children and victims of domestic violence. It will also elaborate on the limitations of this study and propose recommendations for future research.

## Relevance of Current Findings

### Reunification

As previously noted, prior research on reunification has been controversial. The findings in this study showed that 73.1% of children in the kinship sample were reunited with their biological caretakers after being in care for 3 months. Although a comparison with the foster care sample was not possible because of unavailable data, some inferences can still be made from these results. Research by Testa & Slack (2002) and Messing (2006a) stated that reunification was dependent on several variables including kin service providers' perception of biological parents. They noted that reunification was more likely if kinship caregivers perceived biological parents as cooperative and working towards regaining custody. This may be particularly true for the current kinship sample since this study also demonstrated overall positive relationships between kin service providers and biological parents.

Previous studies indicated that children in kinship arrangements were less likely to be reunified with their birth parents relative to children in traditional foster care (Geen, 2004). However, this current study examined a sample of children exposed to domestic violence which may affect the reunification process quite differently from other forms of maltreatment. Exposure to violence has recently been incorporated into the definition of child abuse and therefore this evolving definition and associated child welfare legislations may therefore influence reunification quite differently (Fallon et al., 2005).

However, is reunification always the desired outcome? Reunification may be driven by the underlying values placed on maintaining the family unit, particularly the nuclear family unit. The pressure by child welfare to reunify families is heavily influenced by Eurocentric values which dismisses the value of the extended family. This research challenges child welfare authorities to consider more culturally appropriate goals when necessary, where reunification may not always be the desire outcome.

**Adjustment in Care**

As previously cited, the literature indicates that children placed in kinship arrangements exhibit fewer problems related to behavioural, developmental, and educational adjustment relative to children placed in traditional foster care (Chipman et. al, 2002). The findings of this study support the second hypothesis which showed that children in kinship arrangements demonstrate more positive overall adjustment after a 3 month follow-up period compared to children in traditional foster care. Children in kinship placements reported significantly fewer behavioural problems including fewer incidents of physical aggression, hostility, and verbal aggression. These children also demonstrated fewer episodes of compulsive lying, problems with peers, and eating and sleeping difficulties. Furthermore, children in kinship placements showed marginally significant better outcomes as it relates to swearing, temper tantrums, and social deprivation compared to children in foster care. These outcomes may be as a result of the familial, cultural, social, and educational continuity inherent in kinship (Chamberlain, et al., 2006; Leathers, 2006).

Children in kinship arrangements did not demonstrate more positive school related adjustment relative to children in foster care as previously hypothesized. A possible explanation for this insignificant finding is that children represented in the kinship sample were, on average, 4.8 years of age, while children in the foster care sample were on average, 7.4 years. Using school related behaviors may not be an appropriate measure for adjustment since many children in kinship placements have not yet reached the required age to attend school. Similarly, several other factors used to measure adjustment in care,

including substance use, sexual misconduct, and setting fires may also be inappropriate for the age range represented in the kinship sample.

**Permanence and Stability**

It was hypothesized that kinship placements will demonstrate more permanence and stability compared to foster care placements. This hypothesis was supported by the results which showed that children placed in kinship arrangements stayed significantly longer in their kinship placements relative to children in foster care placements. Findings in this study also showed that children in kinship services had significantly fewer subsequent placements relative to children in foster care. As previously noted by Testa & Slack (2002), permanence is a critical variable to consider when determining the effectiveness of an out-of-home placement. Stability and permanence enables continuity and fosters children's self, familial, and cultural identity (Schmid et al., 2004). The permanence and stability provided by kinship placements may also enable children to form new attachments with familiar adults who may have a long lasting presence in these children's lives as opposed to foster care. Permanence and stability may also allow children to work through adjustment problems resulting from disrupted attachment with biological mothers (Bullock et al., 2006). It is important to note that the significant positive adjustment reflected in the kinship sample may be as a result of the permanence and stability provided by these kinship placements.

**Attachment**

The fourth hypothesis examined several factors that are known to contribute to the development of a secure and positive attachment between children and their caregivers. Results from this study demonstrated that kinship caregivers possessed attributes critical for the development of a positive attachment, including: a long-term commitment to care for the child; the capacity to provide love, stability and security; and the capacity to provide moral and spiritual guidance. Research by Ainsworth showed that *secure attachments* are developed when caregivers are positive, sensitive and responsive to their child's needs

(Karavasilis, Doyle & Markiewicz, 2003). The findings in this study highlighted some advantages of kinship in cultivating secure long-term attachments in children who have experienced disrupted attachments with their biological caregivers.

Another factor known to sustain the attachment between children in kinship arrangements and their biological parent is the relationship and attitude of the kinship parents towards the child's biological parent. The results demonstrate that kinship parents maintained a positive relationship with the child(ren)'s biological parent. This may be attributed to the communal characteristics intrinsic in kinship arrangements. A study by Messing (2006b) indicated that kinship care "is an adaptive response to social and economic hardship within many cultures" (p. 1418). She stated that kinship care is a "natural response" when parents are temporarily or permanently unable to care for their children, and therefore, the positive relationship evident between kinship providers and biological parents may be as a result of this "adaptive response".

## Implications for Service Providers

Messing (2006b) identified kinship as an "adaptive response" for families who are incapable of parenting their child(ren). This communal approach to parenting is common among many cultural groups. Furthermore, the *Child and Family Services Act* states that "Children have a right to a continuous family environment in which they can flourish" and "Families are entitled to receive preventive and supportive services directed to preserving the family unit" (Government of Ontario, 2007). Why then is separation of children from their mothers so common in the Canadian child welfare system?

As previously cited, child welfare is governed under a child-centred philosophy where the focus is on children's safety and well-being (Beeman et al., 1999). The literature indicates that although the benefits of incorporating 'exposure to domestic violence' in the definition of child neglect have protected children, it has also perpetuated the separation of children from their mothers in cases involving domestic violence (Findlater & Kelly, 1999b). Since society places the onus of childcare primarily on mothers and the trauma suffered by mother who are victims of domestic violence is often not understood therefore, mother victims of domestic violence are often blamed and accused of 'failing to protect

their children' (Findlater & Kelly, 1999b). The decision usually involves removing children from their mother's care and placing them in the traditional foster care system.

Protecting children from exposure to domestic violence is critical as research has shown that children exposed to violence exhibit similar characteristics to those who were actually abused (Chiodo et al., in press). Similarly, the secondary trauma resulting from separation is also crucial since previous cited research has shown the negative effects of disrupted attachments on a child's well-being (Lindsey et al., 2002; Tarren-Sweeney & Hazell, 2006; Bullock et. al, 2006). The decision by child welfare authorities to protect a child can result in neglecting the needs of the abused mother and subsequently, have negative consequences for the child. The literature indicates that the needs of these mothers are served by domestic violence services, which in contrary to child welfare are governed under a woman-centred philosophy (Beeman et al., 1999).

The disconnection between child welfare and domestic violence interventions that serves children and their mothers can result in confusion, separation, and distress (Jenney et al., 2006). This study presents kinship placements as a key component to the "dual victim treatment" approach, which is required to equally serve both victims of violence (Minnesota Advocates for Human Rights, 2003). The results show that children in kinship placements not only exhibit significantly fewer adjustment problems, but are also offered more stability and permanence. Stability and permanence is crucial for the development of a positive attachment between a child and his/her caregiver and it may also be influential in sustaining the attachment between a child and his/her biological mother. Although there are no available data on the effects of stability and permanence on mothers; stability and permanence may allow mother victims of violence the time to deal with issues of their own without being disengaged from the lives of their children.

The mutual benefits of kinship for both victims, urges child welfare authorities and domestic violence practitioners to collaborate their efforts when dealing with issues involving domestic violence. Kinship is one solution to the questions previously posed: who is the client, how can the rights of both children and their mothers be equally considered, and how can child protection and women's rights be addressed so that the mother-child bond is not disrupted (Waugh & Bonner, 2002)? The results from this study suggest that with collaborative efforts of child protection services and domestic violence

services, children will be protected, attachment will be maintained, familial and cultural elements will be preserved, and mothers will be given the opportunity to work through their issues while continuing to exercise a more healthy style of parenting while maintaining attachment with their children.

## Implications for Counselors

This study identifies several implications for counselors working with child and mother victims of domestic violence. First, it provides an understanding of the consequences of domestic violence on both children and their mothers. A thorough understanding of both the internalized and externalized problems affecting children and the psychological effects on mothers will enable counselors to respond more effectively to these client populations (Edleson, 2004).

Second, the Canadian Counseling Association's *Code of Ethics* (n.d.) state that counselors have a duty to report to child welfare authorities when a child is in need of protection and 'exposure to violence' necessitates reporting. Counselors need to be aware that reporting may inevitably result in separation and may therefore need to address issues related to loss and grief in both children and mothers. Furthermore, since many of these children may be placed in out-of-home care, they may benefit from counseling that focuses on adjustment and interventions designed to strengthen their self, familial, and cultural identity (Tarren-Sweeney & Hazell, 2006).

Third, counselors should be responsive to the unique needs of mother victims of abuse. Counselors should attend to the loss of motherhood since motherhood may have been an integral part of many women's identity. Re-defining a mother's parenting roles with respect to the restrictions placed upon them by child welfare and parent training may also be important goals for counseling. Issues surrounding competency and inadequacy should be addressed and counselors should work towards helping mothers reengage with their children and extended families. It is imperative for counselors to be mindful of their personal biases when working with mother victims of abuse, since it may result in re-victimization through 'mother blaming'.

Finally, section IV.12 of the *Canadian Code of Ethics for Psychologists* states that a counselor has the responsibility to “contribute to the general welfare of society and/or to the general welfare of their discipline, by offering a portion of their time to work for which they receive little or no financial return” (CPA, 2000, p. 30). This code of ethics along with the Canadian Multicultural Counseling Competencies (MCC) should compel counselors who work with victims of violence to advocate for culturally appropriate placement options such as kinship when out-of-home placement is necessary to ensure child safety (Arthur & Januszkowski, 2001). Social justice oriented counselors should appeal to child welfare authorities and the Canadian justice system to make kinship arrangements equivalent to traditional foster care in relation to legislations, monetary compensation for kinship caregivers, funding, and program regulations and processes.

**Limitations of the Study’s Design**

Several potential limitations were identified in the design of this study. First, sampling was based on a non-probability convenience sample and as a result, the kinship and foster care samples may not be a fair representation of the population of children who require out-of-home care as a result of exposure to domestic violence. Since randomization was not possible, the generalizability of the findings to all children in kinship and foster care is cautioned.

Second, there were no baseline measures to assess pre-placement differences between the children in kinship placements and those in foster care. The lack of baseline measures obscures the data that assessed adjustment in care after a 3 month follow-up period. For instance, although the findings in this study showed that children in kinship care had fewer adjusted related problems, it may be that these children had fewer behavioural problems to begin with.

Third, retrospective analyses of the data may have potentially bias the results since this study was dependent on file data. In addition, the foster care instruments were scored by prior researchers and information on the child and family files were recorded and maintained by caseworkers. Similarly, the kinship instruments were scored by four researchers and some items were based on subjective interpretation, which may have

resulted in inconsistencies in scoring. Finally, the small sample size and the focus on out-of-home placements in the London-Middlesex region of Ontario limits the generalizability of the data.

**Recommendations for Future Research**

The limitations identified in this study are recommended as opportunities for future research. Although the sensitive nature of this research may only permit convenience sampling, it is recommended that future research replicate the hypotheses using larger sample sizes selected from more than one child welfare agency across the country. The findings resulting from these studies might further strengthen the support of kinship service over traditional foster care in the areas of reunification, adjustment, permanence, stability, and attachment particularly as they relate to cases involving domestic violence.

The present study examined behavioural and school related outcomes after 3 months in care. Future studies might strengthen their results by implementing a pre-test to assess baseline measures of behavioural and school related problems prior to placement. This will eliminate the chance that behavioural differences evident between the sample groups are as a result of characterological differences rather than adjustment differences.

The data collected for this study could be expanded enabling future research to examine longer term outcomes related to adjustment. Research on kinship care is relatively new compared to foster care, and therefore, a longitudinal assessment of children's development and adjustment may allow for a more thorough understanding of future adjustment related disorders and psychopathologies.

Finally, future research might want to explore the benefits of kinship care with respect to mother victims of violence. An examination of mothers' perception of kinship care reflected in their ability to engage and maintain attachment with their children while focusing on their needs is a crucial area of focus for future research.

## Summary

This study represents the first study in Canada to examine the outcomes of children placed in kinship care linked to a child's exposure to domestic violence. Despite its limitations, this study contributes significantly to the areas of child welfare and domestic violence. The findings indicate that children in kinship placements have more positive overall adjustment while in care reflected in significantly fewer behavioural problems relative to children in foster care. It also showed that kinship arrangements offered more permanence and stability reflected in longer duration in placement and fewer subsequent placements as opposed to foster care. It highlighted favourable reunification rates in kinship placements and indicated that the strength-based and communal elements intrinsic in kinship care promote attachment between a child and his/her kin caregiver and a child and his/her biological mother.

This study appeals to child welfare agencies, domestic violence practitioners and the Canadian judicial system to recognize the consequences of violence on children and their mothers and the potential re-victimization of mothers and children through the separation of the mother-child unit when children must be removed from their mother's care and are placed in traditional foster care.. It promotes kinship arrangements as a strength based, family oriented, and culturally sensitive "dual victim treatment" approach.

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# Chapter Four

## Participants' Satisfaction with Family Group Conferencing and Outcome: A Three Month Follow-up

**Marguerite Sookoor and Alan Leschied**

# Introduction

## Children's Aid Society: Trends in Admissions to Care

Children's Aid Societies have long explored the need to provide interventions that are adaptive to the increasing diversification of families involved in their services. As society in North America becomes culturally varied, it is incumbent on child welfare programs to reflect that trend through creating services that are both inclusive and respectful (Waites, Macgowen, Pennell, La-Ney & Weil, 2004). Accordingly, there has been a movement through child welfare towards a more child centered, family focused, and culturally sensitive approach, reflected in the development of permanency plans for children who are in out of home care**.** A component of this movement includes the decentralizing of services and the promotion of family inclusive involvement in case planning.

Child welfare is currently exploring a variety of means in moving away from standardized approach to a *differential response* approach (Child Welfare Transformation Agenda, 2005). This approach views each family as a unique system, as opposed to assessing all families in accordance with one set of rules or a single, standard procedure set by a regulatory body. This approach is derived within a family systems' framework, which understands the family as a holistic unit. This paradigm is a shift in the relationship between child protection agencies and families from welfare services viewed as authoritarian towards a dynamic relationship that honours a family as a vital resource in developing plans for children. It also honours the cultural uniqueness of each family unit. This study explored the impact of one such differential response approach, Family Group Conferencing (FGC), in improving outcomes for children who are referred to the child welfare system. This study also explored the satisfaction levels of participants who utilized FGC as a decision making tool.

## Literature Review

Literature supports the trend in child welfare to move towards providing alternatives that are less structured-based modes of care (Adams & Chandler, 2004). Solutions that abide by these principles, while taking into consideration the reality of child welfare agency resources, have been the focus of Canada's child protection services (Fatore & Mason, 2005). Children's aid societies are vested with the responsibility of maintaining a balance between responsiveness to family needs and the regulation of child protections laws in an effort to insure child safety.

Braithwaite's (2002) theory of responsive regulation addresses the importance of sustaining this balance in child welfare policy and practice. This theory suggests that child welfare is in the unique position of having to maintain a balance between child safety and family support (as referenced in Adams & Chandler, 2004). Braithwaite's approach draws on the concept of restorative justice as an integral framework around which to consider interventions in maintaining this balance. Restorative justice implies a process by which victims, offenders, and communities are restored and helped rather than punished and reprimanded. According to Braithwaite's theory, this should be the basis of all processes of governmental regulation. Not only does this allow for less coercive and costly interventions, but also makes more coercive measures, when they are appropriate, more legitimate as they are reserved for when other alternatives have been tried and failed. Responsive regulation is proposed as the solution to maintaining a balance between being a regulatory and restorative body. Family Group Conferencing is an example of an intervention that draws upon this framework. Family Group Conferencing emphasizes family responsibility for their children and youth, children's rights, recognition of culture and partnerships to support families. Family Group Conferencing then, represents one part of a restorative process that is currently being tested within the child welfare system.

Based on the trends in the provision of services within an increasingly multicultural context, it is clear that interventions must be culturally competent. Cultural competence reflects the ability of service providers to respond meaningfully to a broad spectrum of different families (Arthur & Collins, 2005). It is important that a range of families express satisfaction with the services they are receiving. Waites et al. (2004) reported on qualitative

and quantitative research undertaken to evaluate the cultural application of Family Group Conferencing in North Carolina. These researchers found that cultural adaptations can substantially improve engagement and acceptability leading to better recruitment and retention, these authors supported the importance of recognizing that recruitment of non-dominant families in the provision of social services remains a challenging task.

The purpose of this study was to develop an understanding of family's perceptions about their involvement in the process of the Children's Aid Society of London and Middlesex Family Group Conferencing. Satisfaction levels of the families involved were explored in relation to the outcomes of the Family Group Conference. In accordance with relevant literature, (Dew & Bickman, 2005) it was proposed that increased satisfaction with the Family Group Conferencing process by participants would be correlated with more positive outcomes, reflected in the stability of child placements and reunification of the children and the family unit. This descriptive study reported the short term outcomes of FGC by observing whether a plan was developed, sustained and maintained at a three month interval following completion of the conferencing process.

## Family Group Conferencing

Family Group Conferencing (FGC) is a program that encompasses the value of cultural competence. Family Group Conferencing is a process by which safety and protection plans are made for children who are in need of protection and are receiving services from a children's aid society. Within this process, the family and community, of whom the child is a part, are involved in the decisions. This process involves a family meeting called Family Group Conference (FGC) where family, extended family members and other significant persons and non-family members convene at a set time and location. Over a three- to four-week period, a FGC coordinator works with the family to organize their conference: identifying who is key to be involved in the family planning, developing methods to ensure safety of all family members and setting up child care and other practical considerations for holding a family meeting. The FGC coordinator also prepares the professionals on their role and responsibilities during the conference. Keeping families safe, holding accountable those who committed the violence, promoting the well being of

all family members and respecting the culture of the family and the community are all integral aspects of FGC. The approach is based on the belief that most families, no matter how difficult their histories and circumstances, can make reasonable decisions to stop abuse and neglect and insure their child's safety. Extended family and other community supports will usually have extensive knowledge of the family members and an appreciation of their cultural values. This understanding will more aptly provide a long-term commitment to the child(ren)'s safety (Tunnard, 1997).

Honoring of the family's culture is an inherent value to FGC. Culture in this sense refers to a myriad of characteristics and values that a family may or may not possess. This may include, but is not limited to, race, ethnic background, social class, age, health, income, and religion (Arthur & Collins, 2005). To ensure that the family's culture is respected, the family members takes a dominant role in decision making.. Fundamental to this, is that the family group members comprise the majority of attendees, with professionals prepared to take part in the process in a respectful though subordinate way. The family's culture is acknowledged throughout the process. Often this takes the form of inviting a religious leader or elder to represent aspects of the respective culture, bringing familiar foods, or using a culturally familiar venue where appropriate. The family may also conduct the process in their native language. The family is able to function at their own pace, rather than adhering to a set timetable. This is insured through the provision of rest breaks. Respecting the uniqueness of the family's culture serves to reinforce the importance of strengthening communities and families. This is proposed as an important component of how families perceive FGC (Ungar, 2005). This was also a significant concept explored in the instruments used in the present study.

FGC draws upon a family's core values, moral learning, responsibility and potential for forgiveness (Darymple, 2002). All of these constructs are shaped by a family's unique culture. In contrast with youth or criminal justice contexts, child welfare is not directly focused on the wrongdoing and harm committed by an offender. Therefore, interventions within the child welfare environment should not be approached in this way. In accordance with this model, the child protection case manager must work with the family in a collaborative and respectful way that assumes that the family has the capability to come into compliance with community standards and the law. Brathwaite (2002) hypothesizes

that such an approach is optimal in the context of coercion, but where the implicit threat is in the background. In the case of child welfare, the implicit threat is loss of control over decisions involving the future of one's children (Tunnard, 1997).

**Cultural Competence as an Underlying Value**

Cultural competence marks the transition from a dominant cultural perspective of child care to a multidimensional, flexible approach to families receiving services. Sue, Arrendondo, & McDavis (1992) explored the need and rationale for culturally competent services in our society. The goals of the authors were to propose specific multicultural standards, advocate specific strategies, and issue a call for action regarding the implementation of multicultural standards within human services. These authors discussed the rationales for the urgency of multicultural competency. These included the increased diversification of countries such as Canada and the United States, the ineffectiveness of traditional counseling approaches and techniques when applied to those of a racial or ethnic minority, social class populations, and the mono-cultural nature of existing training and ethical issues. Sue et al. (1992) noted that cultural competency was important because of the concept of *sociopolitical reality,* the idea that the counselor, the client and the counseling process are influenced by the state of race relations in the larger society. The author defined this competency as including an active process of awareness, an attempt to understand the worldview of others, and the development of sensitive intervention strategies. Beliefs, attitudes, knowledge and skills were the dimensions that comprised this competence.

Literature supports Family Group Conferencing as a culturally sensitive intervention (Connolly, 1999). Cultural sensitivity in this sense is understood as a holistic incorporation of the dynamic nature of the family and environment. Cultural competence is defined as "commitment and capacity to learning about and appreciating cultural differences and similarities, evaluating one's own cultural competence, adapting one's personal and professional action, and advocating accordingly" (Waites et al. 2004).

In regards to Family Group Conferencing, cultural responsiveness of the family is the foundation of its objectives. Research indicates that factors such as location, cultural

traditions, community identity, the role of elders, and communication contributed to family satisfaction with Family Group Conferencing (Sundell & Viking, 2004). A greater number of families were satisfied when Family Group Conferencing was used and when it ran in accordance with their cultural group norms. Family Group Conferencing provides for flexibility and adaptability in its framework and can accordingly, cater to the unique culture of each family. When making cultural adaptations to interventions, the author indicated that several factors were considered in the cultural appropriation of Family Group Conferencing. These included: sensitivity to the degree of influence of specific cultural family risk and protective factors, level of acculturation, differential family dynamics, the family's migration history, and levels of trauma, financial stressors, and language preferences. It was found that cultural adaptations can substantially improve engagement and acceptability of an intervention.

## Development of Family Group Conferencing.

The importance of the family unit was formally recognized in the 1980's. Family Group Decision Making was first legislated in New Zealand's *1989 Children, Young Persons and their Families Act*. This law emphasized the family groups' responsibility for the safety and rights of their relative's young children and encouraged partnerships among caregivers for the benefit of children and young people (Penell & Burford, 2004). The origins of this approach derive from an Aboriginal framework, which focuses on collective decision making. In Maori culture, Lynn (2001) explained the significance of incorporating indigenous values into the existing social work helping process. She addressed her concerns with "the problem of modernity" and the idea that there is too much emphasis on the rules of science in western social work. Accordingly, a disadvantage to many current interventions is their inability to adapt to varied clienteles because of the reliance on one set of rules and procedures. Concepts of importance found in the Maori's way of mediation included; a greater use of self-disclosure and sharing as a means of demonstrating the condition of genuineness and respect rather than the use of empathy and reflections. The relationship between worker and client was based on familial, cultural connections rather than individualization. Finally, the importance of kinship and familial ties and the primacy

of the group over the individual were fundamental to the indigenous helping process. The author introduced the idea of liminal space, a space of transformation, where indigenous ways can meet with non-indigenous methods in approaching social welfare. Inherently, such an approach provides a system in which the cultural uniqueness of each family group can be considered. These values provide the basic premises for the development and implementation of Family Group Conferencing.

**Conferencing in the Child Welfare Context**

Family Group Conferencing (FGC) has been incorporated into child protection legislation and regulations in many jurisdictions. Since its incorporation, it has been guided by a series of principles derived from the *Child and Family Service Act*. The relevant sections of the Child and Family Services *Act* for Family Group Conferencing are as follows:

> Section 1 (1) of the Child and Family Service Act states:
>
> "The paramount purpose of this Act is to promote the best interests, protection and well being of children.
>
> Section 1 (2) addresses the need:
>
> "to recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and whenever possible be provided on the basis of mutual consent.
>
> finally, Section 1 (2) 5 recognizes:
>
> "that whenever possible services to the children and their families should be provided in a manner that respects cultural, religious, and regional differences"

Accordingly, children's' aid societies promote collaborative decision-making and shared accountability. In accordance with these described patterns, Family Group Conferencing has attracted considerable attention because it is characterized as a culturally sensitive means of empowering families. Furthermore, it has been offered as a means to promote family involvement in the decision making process of providing protection and

care to children. Finally, it offers less costly alternatives to traditional North American western interventions.

### The Process of Family Group Conferencing

Family Group Conferencing is a decision making forum which brings together family and service providers to plan for the safety and well-being of a child designated as being at risk or in need of protection (Schmid et. al., 2004). It is closely based on a series of inherent values or characteristics. Primary amongst these is recognition that all families have strengths. Families are the ultimate experts on themselves and outcomes improve when families are involved in planning for their child. These values are functionally incorporated to include the following principles in the social work context (Lynn, 2001):

1) Family leadership: a relationship in which the family group members are central and their efforts are supported by community organizations and public agencies. FGC relies on the maintenance of a good network of services that can be provided in a holistic sense to the family.
2) Cultural safety: a sense of security that is supported in contexts in which family members can speak in their own language, express their values and use their experiences and traditions to resolve issues. FGC provides a forum in which the traditions of the family can be maintained. Consequently, worldview of the family acts as a guideline instead of a boundary to the decision making process.
3) Community partnerships: a local collaboration in which each partner retains its distinctive role while striving to realize common goals.

These values are the basis of the process of family group conferencing. The family group conference process is unique, based on the individual nature of the family group and the particular concerns being addressed. Typically, it consists of the following stages: opening stage, information giving, private family time, and finalizing of plans.

During the opening stage of the conference, greetings take place. This can be done in a manner chosen by the family. For example, it may include an opening prayer or an

elder member introducing everyone present. In this stage, the coordinator ensures that everyone present knows each others' names and the relationship that each participant has to the child or adolescent for whom the intervention is intended. They must also understand the purpose of the conference. The conference process and ground rules are established such as reinforcing that there will be no interruptions and no violence.

The second stage of the conference is the information giving stage. During this stage, the child protection worker that referred the FGC process set forth the issues of concern to be addressed. Any other invited professionals provide information on a relevant topic. These topics may include alcoholism or abuse. Information about the family strengths and example of family member's abilities is also shared. Finally, statements from some family group members who are either attending or absent are read aloud to attendees.

Following the information giving stage, the family shares a meal and then is given private family time to develop their plan. During this time, all professionals leave such that the family can confer. Designated support persons remain in the room. Any involved authorities and the FGC coordinator remain nearby in the building. Privacy, while the family confers, is important.

The final stage of the Family Group Conference involves finalizing the plan. Once the family has developed the plan, they ask the FGC coordinator to return to the meeting room. The coordinator reviews the developed plan and ensures that all areas of concern have been addressed. The FGC coordinator ensures that the plan is clear, and provides for monitors to check that the plan is being carried out. The family then presents their plan to the authorities and together the last details and needs or resources necessary to carry out the plan are worked out. The FGC coordinator also establishes a means for evaluating the impact of the plan and outlines contingency plans so that the individuals involved know what to do when steps are not carried out appropriately. This agreed upon plan is the equivalent to a contract among all involved and all members receive a written copy of it (Pennell & Burford, 2004).

The child protection agency is an integral but egalitarian role in the process of Family Group Conferencing. After receiving the referral from a child protection worker and after the family agrees to enter into the process, the FGC coordinator contacts the family to explain the purpose and the process. The FGC coordinator also consults with the

family about who should be invited to take part. They observe the family's decision in regards to both where and when to hold the conference. Furthermore, they help facilitate the decision making process of determining how participants can be helped to feel safe and be able to present their views. FGC coordinators also make travel and other arrangements for participants.

**Benefits of Family Group Conferencing**

There is a considerable literature supporting the benefits of utilizing Family Group Conferencing in the decision making process for child protection. The following section summarizes some of the principles that make Family Group Conferencing a beneficial program in the context of child welfare.

First, members of the family are given the opportunity to experience feeling close to one another and are able to call on one another for support. Second, children feel loved by family members and do not experience a sense of rejection by the family unit (Schmid et al., 2004). Third, closer ties are maintained with birth parents. FGC reinforces a child's sense of identity. Finally, it encourages the promotion of the broader community's responsibility for children and families. Literature demonstrates that plans developed through Family Group Conferencing have increased the chances of keeping children with their cultural group, in accordance with the maintenance of the family unit there is inherently the benefit of sustaining a child within his or her cultural racial ethnic group (Connolly, 1999).

In addition to these specific benefits, supporters of Family Group Conferencing have given attention to the increase in both family pride and responsibility of the family for the child(ren). Integral to the nature of this intervention is the empowerment that the family experiences in being the leaders in their own decision making. A forum is provided in which the family group feels engaged and experiences an increased sense of power over their lives. Furthermore, an increase in a child's sense of personal power was evidenced (Dairymple, 2002). FGC challenges power dynamics, ensuring an equitable context for a family to arrive at a decision (Adams & Chandler, 2004).

Researchers have explored the associations with an increased sense of engagement and power for the family and the child. Traditional decision making processes are associated with a sense of loss of control for the family involved. Conversely, FGC enables the family group to tap into its own strengths and resources.
This paradigm has the intention of altering the power relationship of professionals and the families and communities that they serve. It decentralizes the professional-client relationship and widens the circle of responsibility.

## Family Systems Theory

Family Group Conferencing is based on the premises provided from a family systems paradigm. Inherent in this, is a focus on protecting and restoring the family unit. Family systems theory explains the importance of basic protective mechanisms including focusing on resilience and resilience building within the family and the community at large. The importance of this lies in the idea that the community is the ecological context within which families live. Waites et al. (2004) state "the individual function as an integrated organism and development arises from the dynamic interrelations among systems existing within and beyond the person" (p. 295). This paradigm acknowledges family - child relationships, mutual interaction, and reciprocal influence between children and parents and the community at large. Family systems theory promotes the idea that the normative developmental approach to childhood conceptualizes children as fused within the family. Understanding the family system is of vital importance. Skynner & Schalapobersky (1990) explain that, to perform a function adequately, all subsystems of a system must work together. This concept is fulfilled in Family Group Conferencing as each individual within the family unit is given the power to express their own feelings and thoughts. Cooperatively, the family unit comes to a decision. Families require support to care for their children and the nature of families has changed because of the high rate of single parenthood and divorce. FGC can give children a sense of powerfulness when they are at their most vulnerable.

The individual functions as an integrated organism, and family is viewed in the context of providing for the development of the child. Relationships between child, family

and community are embedded. Therefore, these relationships are both dynamic and reciprocal. Parenting practices must be understood in the context of the family's culture, social and economic circumstances as well as the community in which they live.

**Family Systems Approach Applied to Children and Youth**

Family systems theory specifically criticizes the perpetuation of the invisibility of children within the social work context. The issue of visibility of children is fundamentally reflected in the belief that children are competent as social agents. Family Group D Conferencing is proposed as an intervention promoting this social action objective.

An investigation of the discourse of the neglected or at risk child suggests that child welfare is represented not as a domestic, economic or social concern, but principally as a legal site of authority (Fatore & Mason, 2005).

Family empowerment practice is relatively new to the child welfare sector. It provides an opportunity for improved decision making and safer and more responsive services for children and their families. Family Group Conferencing has the potential to increase the child's voice. Perceptions of childhood portray children as either dependent or vulnerable and have had an effect on law and policy. Other cultures and societies have involved children in the life of the community as active citizens. This is now being viewed within certain disciplines (ie. Sociology) as enhancing their development and status in society as well as offering more protection from abuse (Jordan & Jordan cited in Dalrymple, 2000). Children's voices are being heard in Family Group Conferencing, and strategies to accommodate them within the process are put in place. An example of this is reflected in the component of advocacy within the FGC process. An advocate can help children to cope with their sense of isolation and support them through their anxiety within the family. Children are always entitled to be present at FGC's and can be accompanied by anyone whom they wish to speak for them. Young children and infants can attend a family conference and have a significant person speak to their needs. Advocacy has been described as an important tool in adjusting the balance of power between service users and service providers (Tunnard, 1997). Children with advocates reported that their personal position during the conference was enhanced during the process through the presence of an

advocate. They also felt stronger within the family network and were able to participate in the professional decision making to a greater extent (Dalrymple, 2002).

Participation in this sense is defined by Mason and Fattore as "being counted as a member of the community, it is about governing and being governed (p. 21). This is not about treating children and adults equally, but rather acknowledging children's views seriously and considering the perspectives and the relevance of their lives in the decision made.

## Outcomes with Family Group Conferencing

Evidence suggests that outcomes of Family Group Conferencing have been, for the most part, positive. Included in the observed outcomes is the greater likelihood of children remaining with their parents, siblings being kept together, placements stabilized and a reduced incidence of child maltreatment and domestic violence, as well as an enhanced sense of family (Pennell & Burford, 1998). Not all studies indicate these positive outcomes, however. Because the following study provides contrary evidence to the described positive outcomes, a more complete description of its outcomes and methodology is provided.

Sundell and Vinnerljung (2004), in a longitudinal design specifically compared the outcomes of children who underwent family group conferencing to those who underwent traditional investigations. Ninety-seven children involved in 66 FGC's were compared with 142 children from a random sample of 104 traditional child protection investigations assessed in normal Swedish Children's Protective Services procedures in the same local authorities. Following FGC, each participant answered a short survey on satisfaction with the service and the decision. All sample families were followed for three years. Three instruments were used to assess families through index investigations, immediate outcomes, and long term outcomes. This study did not confirm general expectations on long term outcomes for FGC. Higher rates of re-referral were observed for children who underwent FGC.

Importantly, this study also discussed limitations in the chosen research design. These critiques included the idea that the unexpectedly weak outcome for FGC models reflected that the socio-cultural setting of Sweden may not favor such a model. The article

is an important representation of the importance of research within the particular socio-cultural setting where FGC is being utilized. Wide spread evaluation is necessary in the Canadian context. The importance in this research also lies in the lack of Canadian data.

Family Group Conferencing is believed to improve the responsiveness of a broader, more diverse spectrum of families. On the basis of previous analyses, it was found that families considered the meetings a success, especially when they were able to use the process to move from a sense of personal shame and helplessness to family pride and efficacy (Connolly, 1999). The level of satisfaction with the Family Group Conferencing process is a focus of considerable concern. There exists the possibility of incongruence between levels of satisfaction of the agency workers and the family involved. Satisfaction is integral to the success of the process. Satisfaction is one means of assessing sentiment regarding the process. It has been demonstrated that cultural safety, community partners, and family leadership are positively correlated with the family feeling that their objectives were achieved. On this basis, it has been proposed in previous studies that family satisfaction may be correlated with positive outcomes for the child at risk (Sieppert & Unrae, 2003). Relevant literature indicates that high levels of satisfaction have been identified in FGC. In one study, more than three quarters of respondents reported being highly satisfied with conference preparation, location and having the right people at the conference.

## The Importance of Client Satisfaction

The general construct of client satisfaction in relation to human service outcomes has been more extensively explored in the general counseling literature. Specifically, client satisfaction has been shown to be positively correlated with successful outcomes of therapy (Norcross, 2002). Bickman (2005) explored the relationship between satisfaction and outcome. Results suggested that both expectancies and feelings of satisfaction are related to client improvement. Client expectations and preferences have been thought by many to influence the client's willingness to engage in and be influenced by the therapist and the process of therapy. Client expectations can be either about the outcome of therapy or about the role clients or their therapists play in the process (Glass et al., 2002). In this regard,

FGDM promotes the family's opportunities to become invested in the process of decision making. Accordingly, this increase in investment and establishment of the role of each family member would contribute to satisfaction with the decision made. In the proposed study, overall satisfaction will be explored in two groups: the immediate family and the supporters of the family unit. The relationship between satisfaction levels of participants and positive outcome in the FGDM process is the focus for evaluation.

**Family Group Conferencing in the Canadian Context**

Much of the research indicates the success of the FGC processes in Europe and America. Nonetheless, a lack of research is evident in regards to FGC in Canadian welfare systems. The current study was a stepping stone in the process of analyzing the utility of FGC in the Canadian context. Increasingly, child welfare in Canada has acknowledged the importance of maintaining stable, continuous and nurturing bonds between children and their primary care givers. There is a common theme of the domination of professional decision making (Adams & Chandler, 2004), although in the Canadian context, support for this is not as extensive relative to other jurisdictions.

## Rationale and Significance of this Research

The rationale for the exploration of family satisfaction derives from the hypothesis that satisfaction with Family Group Conferencing would be positively correlated with outcomes for the child. FGC requires involvement of the family; and decisions are made by consensus. Accordingly, it is proposed that if a family is satisfied with the placement of a respective child, the decision is one that all participants would be invested in. Based on supporting literature, families rated the experience with family group conferencing positively (Merkel- Holguin, 2003). However, the existence of research conducted within the Canadian context is lacking.

## Summary

This literature review summarized the cross-cultural competency and implementation of culturally competent interventions in the helping professions. Family Group Conferencing is an example within the child welfare system of one such culturally sensitive and competent means of delivering service. Research based on experience in the US indicates that families are more satisfied with Family Group Conferencing than with traditional decision-making processes in child welfare. The primary purpose of the current study was to evaluate family group conferencing in one Canadian child welfare context, Children's Aid Society of London and Middlesex, addressing relevant issues such as the importance of participant satisfaction as being tie to successful outcomes for children.

## Research Questions and Hypotheses

Family Group Conferencing, derived from a family systems approach, takes a strength based perspective over a deficit, pathology orientation in providing services within a child welfare context. This stance connotes a position in which families are empowered by their unique composition and what they have to offer (Schmid et al., 2004). Such an approach is in accordance with trends within the broader child welfare system. FGC allows for the shift to a family centered approach. The family is respected and empowered to take

a role in the decision making for their children. FGC allows for preservation of the unique and complex culture of each family unit. It must be reiterated that culture in this sense is explored as a broad context including all entities that influence family functioning. Nonetheless, there is a lack of data regarding the relationship between levels of satisfaction and the likelihood of positive outcomes. Satisfaction of both family and non-family members becomes a key focus of the FGC process. This construct will be explored descriptively. It will also be observed in relation to positive outcomes for the child involved. The research questions related to this goal in the current study were as follows:

1. Assess the satisfaction levels of FGC participants.
2. Evaluate what satisfaction is comprised of for participating family and non-family members
3. Report the relationship between family members' satisfaction levels and positive outcomes of the decision made for the child at the three month follow up.

# Method

## Participants

This study explored the construct validity of the process of Family Group Conferencing as it relates to participants perceptions of their role and the extent to which those perceptions fit with the principles of FGC. This included an exploration of areas related to perceived satisfaction of Family Group Conferencing as it relates to the outcomes from the Family Group Conference. This study employed a community convenience sample of families experiencing Family Group Conferencing at the Children's Aid Society of London and Middlesex. All participants of the family group decision-making processes within the first year of operation were included as part of this study. Essentially it was a descriptive field study summarizing perceptions of the process as expressed in the data received from both family and non-family participants.

The families chosen for Family Group Conferencing were first identified by a child protection worker as a result of a crisis in the family that put the child at risk of harm or

separation from the family. The child protection worker and the FGC coordinator worked together to identify extended family members and community support persons who were willing to be involved in planning for the protection and well-being of the child. For purposes of the conference, the family unit included the immediate family of the child involved as well as extended family members and community supports Extended family and community supports often included extended family such as grandparents, aunts and uncles. In the present study 18 family group conferences were held involving 31 children.

Different units of analysis were employed in this study. Part of the purpose of this study was to characterize the nature of these 18 FGC's. This review included a detailed description of each conference. The average Family Group Conference lasted 6.7 hours (range = 2-12 hours) in length. Child protection workers reported that the average total number of hours involved in Family Group Conference preparation was 22.9 (range = 10-54 hours) making for a total time committed to the FGC process approximating 30 hours . The most commonly reported goal at the beginning of the conference was reunification of the children with the parents. In 11 cases this primary recommendation was accepted.

Another focus in the data summary included the nature of the families that were referred to the FGC process. Accordingly, all 18 families were included in this portion of the analysis.

Interest was also in the children who were involved in each conference. There were 31 children involved in the 18 FGC's. Each conference included a range of from 1-3 children with a mean of 1.6 children per conference. This portion of the study was concerned with these children. Outcomes of the conference included a summary of the results of the conference as it related to the plan established for each child.

The final unit of analysis was the perception of the participants of the conference in regards to their involvement in the FGC process. Within each conference there was a range of 0 - 23 participants who submitted satisfaction surveys following completion of the conference. The average number of participants returning surveys was 7.7 per conference. These participants were comprised of family members, non-family members and the FGC coordinator. These participants were characterized as a function of the responses to their satisfaction with the FGC process and its outcome. It is important to note that satisfaction measures can only include the responses of participants who completed and returned the

respective questionnaires. This is an obvious challenge in carrying out research of this type as there is an inherent bias in the reporting of satisfaction given the individual's experience with the conference proceedings. This issue will be elaborated upon in the study's discussion under 'Limitations to the current study'.

Of the 31 children involved in these conferences, the vast majority, 80.6%, included the mother as the primary caregiver of the children. In 41% of the cases the mother was the only caregiver present in the home of the child (ren) at the time of referral. Table 1 summarizes details regarding the demographic variables of the sample of children. Of the 31 children, 16 included a primary caregiver that was on social assistance. The average age of the children involved in a Family Group Conference was 3.4 months of age. However, the ages of the children ranged from 0 months to 13.4 years of age. The number of children involved in a single Family Group Conference ranged from one to three children. In 96.7% of the cases, the Children's Aide Society had attempted other child protection interventions prior to the FGC. In 51.6% of the cases the child (ren) in the family had already been in an out of home placement prior to the current CAS involvement.

With respect to family information, spousal violence was identified in 45.2 % of the families. In addition to the fact that 26 of the primary caregiver was usually the mother, in a similar number of cases, the mother was also characterized as representing the most significant threat to the child at the time the case was investigated. Notably, 11 of the 31 children had been involved with children's mental health services either prior to or coincidentally with CAS intervention. In 16 of the cases the child had been placed in an out of home placement. In 18 of the cases the greatest concern regarding the child was of a psychological nature. Further, 7 of the 31 children had already been diagnosed as ADHD and 7 diagnosed with conduct disorder. The demographic description of the children is summarized in Table 1. Table 2 specifically shows a description of the source from which each case was referred from.

Table 1
**Categorical Demographic Variable Data of Children to undergo FGC**

| Variable | F | % |
|---|---|---|
| Age of Child at Case Opening | | |
| Less than 1 year | 13 | 41.9 |
| 1-5 years old | 10 | 32.2 |
| 5-10 years old | 4 | 12.9 |
| 10-15 years old | 4 | 12.9 |
| Gender | | |
| Male | 16 | 51.6 |
| Female | 15 | 48.3 |
| Primary Caregiver at Case Opening | | |
| Mother | 25 | 80.6 |
| Father | 3 | 9.6 |
| Extended Family | 3 | 9.6 |
| Person Presenting Biggest Risk to Child | | |
| Mother | 26 | 83.8 |
| Father | 4 | 12.9 |
| Extended family | 2 | 6.4 |
| Child involved in Mental Health Services? | | |
| Yes | 11 | 35.4 |
| No | 18 | 58 |
| Don't Know | 2 | 6.4 |
| Child placed in prior Out of Home placement? | | |
| Yes | 16 | 51.6 |
| No | 15 | 48.3 |
| Greatest Concern for the Child | | |
| Psychological | 18 | 58 |
| Physiological | 6 | 19.3 |
| Behavioural | 2 | 6.4 |
| None | 4 | 12.9 |
| Not Answered | 1 | 3.2 |

| Variable | F | % |
|---|---|---|
| Evidence that that the Child has ADHD? | | |
| Yes | 7 | 22.5 |
| No | 23 | 74.1 |
| Evidence that the Child has Conduct Disorder | | |
| Yes | 7 | 22.5 |
| No | 23 | 74.1 |

Table 2
**Source of Referral to CAS**

| Variable | F | % |
|---|---|---|
| Physician | 10 | 31.2% |
| Other | 1 | 3% |
| Anonymous Reporting | 2 | 6% |
| School | 2 | 6% |
| Parent | 4 | 12.9% |
| Extended Family | 2 | 6% |
| Police | 3 | 9.6% |
| Other Agency | 7 | 22.5% |

## Measures

Measures for this study included a standardized series of questionnaires. The following section summarizes aspects of these instruments.

The *Data Retrieval Questionnaire* summarized data related to variables of interest describing the family's previous involvement in the child welfare and children's mental health systems. This measure was completed in each case by a member of the research team based on a detailed investigation of the CAS files of both the parents and children.

The *Family Group Conference Evaluation Form* was utilized to assess the outcome of the Family Group Conferencing process. This measure was distributed to all participants in attendance at the FGC. This is an interval scale questionnaire with the majority of the questions measured on a four point Likert scale including evaluations of both the general process and specific elements within the process of FGC such as information giving and preparation for the conference. Sample questions include, “I was satisfied with the preparation of the conference”.

A *Family Member and Conference Participation Satisfaction Survey* was used to assess how each family member participating in the conference perceived the proceedings and the outcome, specifically the decision made at the conference. It reflects perceptions of involvement and empowerment. These surveys were mailed to the families after they had undergone the Family Group Conference and were returned to the research team. This survey was adopted from (Chipman, Wells, Johnson, 2002). Sample Questions included; “How helpful do you feel this conference was for this (these) child(ren)”; “How helpful do you feel this conference was for this family”; and “Would you have changed anything about the meeting”? This questionnaire allowed family members the flexibility to provide detailed sentiments through open ended questions and addressed how the individual felt the process impacted their family group.

The *Family Member Interview* allowed for a detailed review of how each family member perceived the conference, information which supplemented the Family Satisfaction Survey. It addressed issues such as the timing of the conference, the number of meetings held and those who were in attendance. The questions were personal and allowed for reflection by the family members. This questionnaire was more detailed in allowing each family member to share how they felt about specific details of the manner in which the Family Group Conference was conducted. Sample questions included, “Was anyone at the meeting that you didn’t want there”?

The *Family Conference Participation Satisfaction Survey* was a brief questionnaire distributed to all individuals in attendance that was external to the family. These participants included resource persons, close friends, and child protection workers. This measure included questions regarding the effectiveness of the conference and the experience of being a part of such a decision making process. The majority of the questions

utilized a four point Likert scale ranging on degrees of agreement with a specific declarative statement. Questions included, “The Family Conference was helpful for the family”, and “The Family Conference Facilitator was organized”.

A *Child- Family Follow-up* was utilized to collect information regarding the outcome of the conference at 3 months following the FGC. The questionnaire addressed the overall functioning of the child(ren) involved in the FGC. This was a comprehensive survey and included questions regarding psychological, behavioral and physical well-being in both home and school contexts.

## Procedure

### Data Analysis

The initial phase of the data analysis consisted of a descriptive field study. The history and characteristics of each family were collected. The variables of overall satisfaction of all participants and outcome of the child at the three month interval were explored for the existence of a relationship. One component of outcome specifically observed was stability of placement, or whether or not the child remained in the same placement following the conference and for how long. This stability was understood as a function of the level of satisfaction as reported by the family. A range of satisfaction scores in the form of a composite score of satisfaction was developed, derived from items provided in the surveys. It was hypothesized that increased satisfaction levels would be linked to increased engagement with outcome as reflected in the stability of placement at the three month interval. Previous literature has shown that the three month interval is an important and critical period for stability of children in out of home care (Leschied, Chiodo, Whitehead, Hurley, 2004)

Three specific aspects of FGC outcomes were assessed. The first related to whether a plan was achieved through the conference. The second; whether a plan was implemented, and the third; whether the plan was sustained to at least a three month interval. Family member and non family members’ satisfaction levels were explored relative to these three indices of success with respect to the FGC outcome.

# Results

The overarching purpose of the current study was to investigate the process of Family Group Conferencing and to provide a description of how FGC participants perceived the process. Participants included both family and non-family members. A related purpose was to explore the outcomes of the FGC process. Accordingly, the well being of participating children was observed at the three month interval.

There were 18 families included in this study who underwent the family group conference process with 17 families returning outcome data. Of the 17 families with returned data, there was considerable range in the number of satisfaction surveys returned from each conference, from 1 to 23 per conference. An average number of 7 satisfaction surveys were returned per conference. Satisfaction as reported was based on these returned participant questionnaires. 31 children were included in the family group conference processes, with 29 children being followed up at the three month interval following the FGC. The two children with missing data were from the same family and therefore the same Family Group Conference.

The results of this study will be presented in the sequence of the data retrieval tools used in the study.

## Family Group Conference Evaluation Form

A total of 58 Family Group Conference Evaluation forms were returned. Of this total, 25 reflected service provider responses. With respect to family members' returns, 13 were from grandparents, 7 from aunts and uncles and 3 from parents. Overall satisfaction as reported by the respondents was very high, with 89% of the sample indicating that they strongly agreed or agreed that they were satisfied with how the conference was run.

These evaluation forms also addressed specific characteristics of the conference that served to identify more specific aspects of satisfaction with the FGC. From these self reports, 84.8% either agreed or strongly agreed that they were satisfied with the preparation of the conference; 84.4% strongly agreed or agreed they approved of the location of the conference; 85.1% agreed or strongly agreed that the right people were at the conference;

and 89.2% of the participants felt that they received the information that they needed to prepare themselves for the conference. Overall, 89% were satisfied with the way the conference was managed. 81.1% agreed or strongly agreed that effective decision making skills were used at the FGC. 68.7% of the participants felt that they lent considerable input to the group decision with 68.6% of the participants reporting that they had important information to add during the Family Group Conference. 70.5% of the respondents reported that they participated whenever they wanted to during the progression of the conference. 78.8% agreed that other participants listened to them during the FGC. 75.4% of the respondents agreed that they were important to the group and the decision making process. 88.4% felt that the group reached the right decision. 88.6% agreed that they supported the final decision that was made. 90% of the participants were willing to put forth effort to carry out the decision that was made at the conference. 90.9% of the respondents agreed that they were satisfied with the plan created at the FGC.

Table 3 summarizes the responses related to satisfaction with various aspects of the conference process.

Table 3
**Family Group Conference Evaluation Data**

| Item | Participants (N = 58) % |
|---|---|
| What is your main role with the children of this family? | |
| Mother/Father | |
| Stepparent | 5.2 |
| Brother/Sister | 1.7 |
| Grandparent | 1.7 |
| Aunt of Uncle | 22.4 |
| Cousin | 12.1 |
| Other relative | 1.7 |
| Friend | 1.7 |
| Other | 3.4 |
| Foster Parent | 5.2 |
| Service Provider | 1.7 |

| Item | Participants (N = 58) |
|---|---|
| | % |
| | 43.1 |
| Sex | |
| Male | 22.4 |
| Female | 77.6 |
| I was satisfied with preparation | |
| Strongly Disagree | 1.7 |
| Disagree | 13.8 |
| Agree | 44.8 |
| Strongly Agree | 39.7 |
| I liked where the conference was held | |
| Strongly Disagree | 8.9 |
| Disagree | 3.6 |
| Agree | 48.2 |
| Strongly Agree | 39.3 |
| The right people were at the conference | |
| Strongly Disagree | 1.9 |
| Disagree | 13.0 |
| Agree | 59.3 |
| Strongly Agree | 25.9 |
| I got the information I needed | |
| Strongly Disagree | 8.9 |
| Disagree | 64.3 |
| Agree | 25.0 |
| N/A | 1.8 |
| I was satisfied with how the conference was run | |
| Strongly Disagree | 3.6 |
| Disagree | 7.3 |
| Agree | 47.3 |
| Strongly Agree | 41.8 |

| | |
|---|---|
| Effective Decision making skills were used | |
| Strongly Disagree | 3.8 |
| Disagree | 13.2 |
| Agree | 35.8 |
| Strongly Agree | 45.3 |
| I had a lot to say in the group decision | |
| Strongly Disagree | 10.4 |
| Disagree | 14.6 |
| Agree | 47.9 |
| Strongly Agree | 20.8 |
| N/A | 6.3 |
| I added important information during the meeting | |
| Strongly Disagree | 5.9 |
| Disagree | 17.6 |
| Agree | 51.0 |
| Strongly Agree | 17.6 |
| N/A | 7.8 |
| I participated whenever I wanted to | |
| Strongly Disagree | 5.9 |
| Disagree | 13.7 |
| Agree | 45.1 |
| Strongly Agree | 25.5 |
| N/A | 9.8 |
| Others listened to me | |
| Strongly Disagree | 3.8 |
| Disagree | 7.7 |
| Agree | 61.5 |
| Strongly Agree | 17.3 |
| N/A | 9.6 |

| | |
|---|---|
| I was important to the group | |
| Strongly Disagree | 5.7 |
| Disagree | 11.3 |
| Agree | 50.9 |
| Strongly Agree | 24.5 |
| N/A | 7.5 |
| The group reached the right decision | |
| Strongly Disagree | 0 |
| Disagree | 9.6 |
| Agree | 38.5 |
| Strongly Agree | 50.0 |
| N/A | 1.9 |
| I support the final decision | |
| Strongly Disagree | 0 |
| Disagree | 11.3 |
| Agree | 35.8 |
| Strongly Agree | 52.8 |
| I will be willing to put my best effort forward to carry out decision | |
| Strongly Disagree | 0 |
| Disagree | 10.0 |
| Agree | 32.0 |
| Strongly Agree | 58.0 |
| I think the right people were involved | |
| Strongly Disagree | 1.9 |
| Disagree | 11.1 |
| Agree | 46.3 |
| Strongly Agree | 40.7 |
| I am satisfied with the plan | |
| Strongly Disagree | 0 |
| Disagree | 9.1 |
| Agree | 40.0 |
| Strongly Agree | 50.9 |

**Family Member Surveys (Interview)**

Family member surveys were handed out to FGC participants related to the child(ren) involved. This data allowed for a description of the FGC procedures relating to how the conference was run for each family. Twenty-six family member interviews were returned. 84.6% of the returned interviews reported that only one meeting was held, while 15.3% stated that in their specific cases, the FGC involved 2 meetings. 73.9% of respondents stated that the number of meetings conducted was acceptable, with 26 % reporting they wished for follow-up meetings to be held. Noteworthy, 50% of respondents reported that the first meeting had not been held soon enough following the decision to convene the conference, while the other half reported that the meeting had been held soon enough. Of the 26 family members responding, 12 were completely willing to have the meeting while 12 had some doubts in regards to attending the meeting. 34.6% of the family members were prepared for the meeting by the caseworker, while 57.6% were prepared by the facilitator. 16% of family members felt that other family members were excluded that should have been present. 15.3 % participants felt that family members had been excluded for reasons primarily based on personal safety of other participants. A breakdown of the descriptive results is summarized in Table 4 below.

Table 4
**Summary Data from the Family Member Interview**

| | Participants (N = 26) |
|---|---|
| Item | % |
| How many FGC's were held? | |
| 1 | 84.6 |
| 2 | 15.4 |
| How did you feel about the number of meetings? | |
| Just right | 73.9 |
| Not enough | 26.1 |
| The first meeting was held | |
| Soon enough | 50.0 |

| | |
|---|---|
| Not soon enough | 50.0 |
| How did you feel about participating in the meeting? | |
| Completely willing | 46.2 |
| Had some doubts | 46.2 |
| Parents did not attend | 3.8 |
| Other | 3.8 |
| Who prepared you for the meeting? | |
| Case worker | 34.6 |
| Facilitator | 57.7 |
| Other | 7.7 |
| Were any family members excluded, that you feel should have been there? | |
| Yes | 16.0 |
| No | 84.0 |

**Family Member and Conference Participant Satisfaction Survey**

General perceptions of the conference were reported by all participants in the *Family Member and Conference Participant Satisfaction Survey*. Thirty-three family conference participant satisfaction surveys were returned. 90.9% of the respondents reported that the location was easy to travel to. 96.8% of the respondents felt that the time of the conference was suitable. All respondents stated that the conference was conducted in a language that they understood. 90.9% or participants felt that someone had explained the purpose of the conference before they attended. 68.7% of the participants felt that all of the people who needed to be there attended the conference. 93.9% felt that they received enough information at the FGC. A plan was created in 96.9% of the Family Group Conferences. 93.9% felt that they understood the plan that was developed by the end of the conference. 78.1% felt confident that the children would be safe because of the plan developed in the FGC, which is disconcerting given that this leaves almost one in five suggesting they felt the plan may have compromised the child's safety to some extent. 81.8% were satisfied overall with the FGC. 50% of participants felt that both professionals

and families had an equal say about the plan made, while 39.3% felt that families had the most to say. 43.7% of respondents felt that the plan developed would work, 50% felt that it would somewhat work but 6.2% felt that it would not work. 84.8% of the respondents believed that the FGC was mostly or very helpful for the child. 84.8 % of the respondents felt that is was mostly or very helpful for the family. A little over half of the participants, 56.2% of the respondents indicated that there was something that could have been changed about the meeting. Based on qualitative data relating to this item, participants indicated the following; they become concerned when emotions seem to get out of control; they felt criminal checks should be done on custodial parents and that this information should be shared at the conference; participants wished that the initial plan had been made clear going into the conference; and participants suggested only those people who have a direct relationship with the child should be included in the conference. A breakdown of these descriptive results is reported in table 5.

Table 5
**Summary Data from the Family Member and Conference Participation Satisfaction Survey**

| | Participants (N = 33) |
|---|---|
| Item | % |
| The Location was easy to travel to | |
| Yes | 90.9 |
| No | 9.0 |
| The time was suitable | |
| Yes | 96.8 |
| No | 3.1 |
| It was conducted in a language you understood | |
| Yes | 100 |
| No | -- |
| Before attending, did someone explain the purpose of the conference? | |
| Yes | 90.9 |
| No | 9.0 |

| | |
|---|---|
| Before attending did someone explain the reason for your presence? | |
| Yes | 100 |
| No | -- |
| All who needed to be there, were there | |
| Yes | 68.7 |
| No | 31.2 |
| I got enough information | |
| Yes | 93.9 |
| No | 6.0 |
| I understand the plan that was made | |
| Yes | 93.9 |
| No | 6.0 |
| I am confident that the children will be safe | |
| Strongly Disagree | 9.3 |
| Disagree | 12.5 |
| Agree | 25 |
| Strongly Agree | 53.1 |
| A plan was created for the child(ren) | |
| Yes | 96.9 |
| No | 3.1 |
| Who had the most to say about the plan? | |
| Family had most to say | 40.6 |
| Professionals had most to say | 9.4 |
| Family and Professionals | 50 |
| Do you think this plan will work? | |
| Yes | 43.8 |
| Somewhat | 50.0 |
| No | 6.3 |

| | |
|---|---|
| How helpful was this for the children? | |
| Not at all helpful | 9.1 |
| Mostly unhelpful | 6.1 |
| Mostly helpful | 36.4 |
| Very helpful | 48.5 |
| Would you have changed anything about the meeting? | |
| Yes | 56.3 |
| No | 43.8 |

**Family Conference Participant Satisfaction Survey**

Family Conference Participant Satisfaction Surveys were distributed to both family and non-family participants. 30 surveys were returned. Of this number, 11 were from child protection supervisors, 10 from child protection workers, 5 from resource persons from other agencies, 2 family members, 1 from a close friend and 1 had an unspecified relationship to the family. All but one respondent felt that they had a clear understanding of the purpose of the conference. Out of 28 responses, 42.8% heard about the conference from the coordinator, 32.1% from the social worker, 21.4% heard about the conference from the family. 82.7% of the respondents agreed that the conference was helpful for the family; only 17.8% were unsure or disagreed that the conference was helpful. Only one respondent disagreed that the facilitator was organized. 85.7% of the respondents agreed that the facilitator was knowledgeable. 58.6% of respondents believed that the family plan was currently being used. 89.2% of the respondents indicated that the FGC was a positive experience. Relevant results are summarized in Table 6.

Table 6
**Summary Data from the Family Conference Participant Satisfaction Survey**

| Item | Participants (N = 33) % |
|---|---|
| I am overall satisfied with FGDM | |
| Strongly Disagree | 3.0 |
| Disagree | 15.1 |
| Agree | 39.3 |
| Strongly Agree | 42.4 |
| How did you learn about FGDM | |
| CPS Manager | 6.3 |
| FGDM Specialist | 28.1 |
| Court | 6.3 |
| Family Member | 43.8 |
| Friend | 3.1 |
| Other | 12.5 |

**Follow up Data to the Conferences**

Importantly, a plan was achieved in all but one family group conference. This is an encouraging result in regards to the effectiveness of this model as a decision making tool. In accordance with our child follow-up form, the well being of the children who participated in the FGC process was observed at the three month interval following the conference. Data on 29 of the 31 children was returned. Results indicated that at the three month follow up there was no evidence of maltreatment from any of the families. 86.2% of the children were still residing at the same placement that had been decided by the conference. Another further focus of the study was to observe the possibility for reunification of the child to their biological home. Results indicated that 88.5% of the children were living with their biological family. Table 7 reports the results of the Family Group Conference as related to the plans made for the children.

Table 7
**Summary Data from the Family Group Conference Related to the Plan for the Child**

| Item | % |
|---|---|
| A plan was achieved | 96.9% |
| The plan was sustained at three months following the Conference (children are not in the care of CAS) | 87.5% |
| The child was returned to their biological home | 88.5% |

# Discussion

## Current Findings Related to Previous Research

Results of this study indicated that overall, FGC is a responsive and collaborative process. There appears to be within the sample of respondents, is a high level of satisfaction with both the process itself as well as participant involvement in the process. This is consistent with previous research that demonstrates a shift in interventions implemented by CAS to be more responsive and respectful of the family unit (Waites, Macgowen, Pennell, La-Ney & Weil, 2004).

Results indicated that the majority of respondents felt that they were heard and respected during the FGC. More importantly the majority of participants reported that the decision was influenced either collaboratively by professionals and the family or mostly by the family. This supports the movement described in literature from the decentralization of services and the promotion of family involvement in case planning. While traditional child placement decisions are generally made by the CAS child protection workers FGC allows the family to play a leadership role in the decisions regarding a child's life. This empowerment of the family derives from an approach that views each family as having strengths that can be utilized. As expressed by participants, most individuals felt a sense of importance and belonging in the decision making process.

Braithwaite's approach as described in the literature review indicates the importance of the movement to restorative justice where family strengths can be drawn upon for decision making. Inherent in this approach is a shift in the perception of regulation of families who are seen through child protection. He draws on the concept of restorative justice as an integral framework around which to consider interventions in maintaining this balance. This aspect of restorative justice has particular relevance for children's aid societies. Restorative justice implies a process by which victims, offenders, and communities are restored and helped rather than punished and reprimanded (Adams & Chandler: 2004). The current results demonstrated that FGC allows for this restorative process to occur. Participants in this study reflected an eclectic group of people including individuals from regulatory bodies, as well as both family and non family members who have an interest in the care of the child. FGC supports a cooperative approach to developing a plan rather than focusing on reprimanding and punishing parents and guardians. It provides a less coercive intervention for parents who have been deemed unable to care for their child(ren). Brathwaite believes that interventions within this spectrum of service will enable child welfare to be both a regulatory and restorative body. This movement could in turn lead to an altered perception in the broader community of the CAS from a punitive forum to one where families can be empowered and involved in the long term planning of the welfare of their children.

Based on results of this study, it would appear that a high degree of agency and family cooperation and compliance are necessary from both the child protection workers and families involved for FGC to succeed. Indeed the extent of collaboration in the current FGC study reflected that of the 18 FGC's that were convened, only one did not arrive at a decision by the end of the conference. FGC capitalizes on the cooperation of many people to collaborate for the best interests of the child. This concept of cooperation is consistent with the origins of the FGC process as reflected in previous literature. FGC is based on the perception that it is the family group's responsibility to ensure the safety of the child (Pennell & Burford 2004). The family group in this sense extends beyond the western North American concept of the nuclear family as it broadens the group to included non-blood relations that play an important role on the child's life. This was supported in our findings where parents were in fact one of the smallest participant groups. Rather, aunts

and uncles, grandparents and non-blood relatives had an important role in the decision making process. Furthermore, social workers and members from external agencies were in attendance at many of the conferences.

Results indicated that FGC's generally involved young children coming from a family arrangement that included a primary caregiver who was a single mother. It also involved families that had contact or access to extended family, who in most cases was the child's grandparents. Grandparents were generally the most responsive family members to the process, and they most often played the critical component in the development of the plan for the child involved. This again demonstrates the success of the process to involve relatives beyond the immediate parents/guardians. Drawing upon elders and utilizing them as a resource is yet another fundamental reflected component consistent with the origins of FGC. The Maori culture in New Zealand as discussed in previous literature has long found that the elders of their community to be an integral component of both child care and decision making in general (Lynn, 2001). Based on the results of this study, FGC is an intervention that may bring attention to the elders of a family and community, as they are often underutilized in making familial decisions.

Through reports from the families involved and their reported satisfaction with the process, it was found that the cultural competence and sensitivity of FGC was reflected in the current sample of respondents. Overall, families reported that they felt respected both as individuals and as a family unit as reflected in the acceptance of their ideas to the process. They also reported that they generally felt that their opinions were significant to the decision making process. This feeling of empowerment is directly related to cultural competence. As described in previous literature, cultural competence directly relates to the ability of an intervention or service mindful to the unique needs of the individuals who are involved in the process. There was very little discrepancy expressed in the satisfaction levels of participants of this study. Across all 17 conferences there were reportedly high levels of satisfaction. For items specific to feelings of respect, there was consistently high satisfaction levels expressed. Cultural competence was also reflected through the reports of all participants that the language of discussion was understood. Furthermore, as reflected in participants' responses, the majority of the participants reported the process to be clear and well understood.

An important factor that was explored in this study was the ability of FGC to uphold the values and principles of children's aid society as a child protection organization. As discussed in the literature review one of the principles that children's aid societies endorses is the concept of community partnerships, in which each partner retains a distinctive role while striving to collaborate towards a common goal. This is a construct that was expressed in the results of the conference. Participants included a vast array of individuals from different spectrums. Participants expressed that everyone was heard and considered in the decision making despite the varied role they had in the child's life. This allowed for a decision to be made based on the perspectives of the many people representing different facets of the child's life.

An integral component of this study involved an exploration of the efficiency of FGC as determined by whether or not a plan was developed, implemented and sustained at the three month period. Previous research has indicated that FGC outcomes show a high degree or agreement between positive child outcomes and well planned and stabilized placements. In the current study, plans were established, implemented and sustained at the three month follow up period to a great extent. Results from descriptive data collected regarding the wellbeing of the children at the three month period, it is important that the majority of the children remained at the same placement that was decided at the conference. Furthermore, for the majority of the FGC cases this placement involved living with biological family members. This supports previous data regarding increased permanency of placement in regards to decisions made through FGC. It also supports previous literature that indicates increased reunification with biological family in decision made at FGC. This in itself proves to be a culturally competent component of the FGC process. Seemingly, by placing children with their biological families, there is an increased likelihood that they will be exposed and become comfortable with their perspective cultural identities. At the three month follow-up interval only three children were back in the care of the Children's Aid Society. This indicates that the vast majority of children remained in placements decided by the family at the conference.

A significant number of participants as reflected in the results questioned whether the child would be safe with the plan that was made at the FGC. This is significant, since despite high satisfaction with the process in general, one out of five respondents voiced

concern for the child's safety in the context of the proposed plan. Drawing on Brathwaite's theory of responsive regulation, FGC is constantly challenged in arriving at a balance between being responsive to the family unit and regulating safety of the child (Adams & Chandler, 2004).

Despite high levels of satisfaction, many respondents indicated the desire to change something about the FGC process. This is an integral finding in regards to the possibilities for future application of the FGC process. The most frequently stated exception to the current FGC process was a greater need for clarity in the goals of the FGC process and desired outcome. Some participants felt that they could have benefited from a more comprehensive explanation of goals and objectives prior to meeting.

The previous literature on FGC indicates one of the benefits if the process is its ability to promote child inclusive practice (Fatore & Mason, 2005). This is one area that was not observed in the results of this study. The decision was generally made at the conference where the child was not present. In the current study, the child(ren) in question were very young, and child-centered inclusiveness may be more relevant for older children. Nonetheless, methods of including children in the decision making must be explored for prospective FGC practice.

This was an exploratory study of the introduction of Family Group Conferencing within one large urban-based child welfare agency. As such, it chronicles the first 18 conferences held in the first year of operation of the program. These conferences involved 31 children. While all referrals to FGC were exhausted, this number remains relatively small for any extensive data analysis. Future research with this sample should build on subsequent referrals to see whether over the longer term similar trends are identified that support the cultural competence, respect and awareness to the family's issues that these first 18 conferences reflect.

**Suggestions for Future Research**

This study supports the nature of the FGC as an intervention that promotes a child centered approach, one that is culturally sensitive to the uniqueness of each family unit. Future initiatives must be taken to observe the long term outcome with children involved in

FGC. Longer term follow up periods with involved families and children is integral to understanding the efficiency and ability of FGC as a means of placement and decision making with child protection cases. Within the paradigm of a child centered approach, this sample of FGC's was unable to facilitate ways in which the child could be directly involved in the process. This is an area that warrants future research. One means by which this could be achieved is through the use of qualitative designs involving children more directly in the evaluation process.

FGC is just now, with the advent of *Differential Response*, being systematically introduced to child protection agencies. Recent changes in regulations and amendments to the Child and Family Services Act also endorse Family Group Decision Making as an approved alternative dispute resolution method for cases that are before the court.

Accordingly the sustainability of FGC program for children's aid societies will need to be monitored. Also, and despite considerable effort,, the researchers received minimal feedback from FGC facilitators and coordinators. The perceptions of child protection workers and service providers are pivotal as FGC is dependant on the support and encouragement of the FGC coordinator.

Although the majority of the families reported perceptions of general satisfaction, there were a much smaller number who reported to the contrary. Future research should include an observation of why these individuals were dissatisfied with the process. CAS needs to understand why dissatisfaction was expressed to be able to competently alter or adjust the coordination of the process.

Further research into FGC is necessary to observe the cultural applicability of FGC in regards to other ethno-cultural groups. This includes, but is not limited to, marginalized communities, families lacking community support, and families with older children. It is important to discover why the sample used for current FGC is so homogenous. Torjman (1998) discusses that the construct of community problem solving is important for encouraging participation form other groups. She explains community problem solving as the process of finding a solution appropriate to the community by engaging players from different sectors. This in turn, encourages communities to work collaboratively to identify concerns, set goals, and develop appropriate implementation strategies. (Torjman, 1998).

This approach addresses the importance of this in engaging cultural and ethnic minority in North American society. Based on this study, FGC has the potential to fulfill this construct.

Prospective research can explore the cultural adaptation of the FGC process. This study indicates that FGC has the potential to be a flexible process. There was variance in the number of conferences held, timing of the conferences and the plan that was implemented. This flexibility is a promising prospect. Nonetheless, as stated before this sample was predominantly of Anglo-Saxon descent, with a homogenous family arrangement. Research on the application of FGC to diverse families is important

Implications for Counselors

This study relates specifically to Children's Aid Society child protection workers working within a case manger role and counselors with intentions of taking on roles as FGC coordinators or facilitators. Results from this study indicate that FGC is a process derived from a responsive paradigm. It is an intervention allowing children's aid societies serve as both a restorative and regulatory body. FGC has the potential to encourage a shift to a family systems theoretical approach in which the family is seen as the best informant and is seen as possessing strengths that can be drawn upon. These new roles for child protection workers within the CAS context accentuate the strength of the family systems approach as a theoretical framework from which problems can be solved. Encouraging a cooperative relationship between the agency and the family promises the prospect of new culturally competent family centered interventions, where the safety of the child need not be compromised. Results of this study demonstrated that a plan was derived for all but one FGC. This demonstrates the effectiveness of FGC for decision making in the child welfare context.

For counselors outside of the child welfare context, the results of this study support the ideal of engaging extended family members in the counseling context and drawing upon the unique strengths and nature of each family. This family centered approach is one that can be carried forward to other intervention within the counseling context. The perspective that an individual in a component of a family and the functioning of the family will affect the individual is a foundation to the FGC process. Family Group Conferencing process observes the family as a unique unit and allowing a flexible and adaptable approach to families who are not congruent with the North American concept of the

nuclear family. These results encourage more counselors to derive from a family systems theoretical perspective.

## Implications for Children's Aid Societies

Despite the limitations of this study the results demonstrate implications for innovations in child welfare According to the results of this study; FGC presents to be congruent with the values of a differential response program as described in the Ontario Child Welfare transformation report. Participants expressed that they felt respected and heard during the process, reflecting the idea of honouring the cultural uniqueness of each family. The results are encouraging; however it is clear that further research must take place regarding the long term outcomes for children undergoing the FGC process.

Finally, research regarding CAS employee perception of FGC is integral. FGC is a process that is reliant of the participation and cooperation of child protection workers and managers. Accordingly, their input on the process and their sentiment regarding preparation for the process would be an important focus.

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# Chapter Five

# The Utilization of Innovative Practice in Child Welfare: Relationship to Job Satisfaction and Professional Quality of Life

**Ryan MacKay and Alan Leschied**

## Literature Review

A dramatic increase in the number of child abuse and neglect investigations in Ontario have resulted in a significant increase in the number of children coming to the attention of Children's Aid Societies (CAS) across the province (Trocme, Fallon, Maclaurin & Neves, 2005). Approximately 18,000 children are currently in CAS care compared to only 10,000 in the early 1990s (Ministry of Children and Youth Services, 2005). The province spends in excess of $1.2 billion a year on direct child welfare services, double the amount it spent in the late 1990s (Ministry of Children and Youth Services, 2005; OACAS, 2007). A number of explanations have been offered to account for these increases, including a heightened public awareness of abuse, more rigorous investigation procedures, increased levels of poverty in families, increased levels of parent problems that negatively impact on parenting, (Leschied et al., 2003 and a shift in the types of abuse agencies are investigating. This demonstrates an increased need for human service professionals to deliver effective and efficient service (Trocme et al., 2005). As increasing numbers of children continue to require protection services, the stresses on child welfare agencies and those employed by these ministries, also increase. Through an examination of existing research, it is evident that human service providers, involved in a wide range of agency activities, face negative consequences as a result of the nature of their profession. The purpose of the current investigation was to evaluate professional involvement in innovative child protection practices and its relationship to these negative consequences. The study investigated whether new and innovative ways of working with children and families presents a viable alternative to traditional practices in order to mitigate some of the negative consequences associated with working in child welfare.

Human service professionals are involved in a number of organizational functions within child protection services. This involves fulfilling a variety of professional roles in both direct care delivery and care management (Coyle, Edwards, Hannigan, Fothergill & Burnard, 2005). Jobs characterized by long-term involvement in traumatic situations with children and families require a substantial investment of empathic and emotional energy. Although these emotional connections with children and families offer intrinsic satisfaction for service providers, there are also a number of occupational stresses and hazards

associated with this work (Acker, 1999). Various studies have focused on the unique environmental stressors (Savicki & Cooley, 1994; Angerer, 2003) and individual characteristics (Bakker, Ven Der Zee, Lewig & Dollard, 2006; Wright & Cropanzano, 1998) faced by human service providers, which influence their ability to be effective in the practice of child welfare. A unique susceptibility to burnout reduces the level of dedication and engagement human service professionals have in their work (Gonsalez-Roma, Schaufeli, Bakker & Lloret, 2006).

Burnout has been characterized as a syndrome consisting of emotional exhaustion, depersonalization and reduced personal accomplishment, which can occur among individuals who work with people in some capacity (Maslach, Jackson, Leiter, 1996). Emotional exhaustion is considered to be the key aspect of burnout, characterized by feelings of being overextended and is often accompanied by physical symptoms, such as fatigue (Wright & Cropanzano, 1998). Depersonalization, another aspect of burnout, is the development of cynical or callous feelings toward one's clients and can lead some staff members to view their clients as somehow deserving of their troubles (Maslach et al., 1996). Finally, diminished personal accomplishment refers to the tendency to evaluate one's self negatively, while feeling dissatisfied with accomplishments on the job (Maslach et al., 1996). Burnout symptoms can also include recurrent bouts of the flu, fatigue, substance abuse, poor self-esteem, inability to concentrate and a tendency to blame clients for their problems (Maslach, Schaufeli & Leiter, 2001). Burnout among human service professionals involves extensive personal exhaustion and reduces the quality of care to clients, which can cause further harm (Rupert & Morgan, 2005; Maslach et al., 1996).

In addition to burnout, compassion fatigue has been used to describe a similar syndrome associated with working in close relation with people in a helping capacity. The act of being compassionate and empathic often requires a significant amount of emotional investment, and in many circumstances this may result in a reduced ability to bear the suffering of others (Figley, 2002). Research has found a direct link between compassion fatigue and Post Traumatic Stress Disorder (PTSD) (Figley, 2002). When the Diagnostic and Statistical Manual of Mental Disorders was published in the 1980s, it was the first time that criteria existed for diagnosing PTSD (Figley, 2002). The manual not only established criteria for the traumatized individual, but also asserted that human service providers who

are involved in helping clients who have experienced these traumatic events can also develop PTSD, sometimes referred to as Secondary Traumatic Stress Disorder (STSD) (Salston & Figley, 2003; Figley, 2002). Feelings of anger, disgust, sadness, distress, difficulty in maintaining relationships and problematic somatic responses are some of the reported symptoms associated with compassion fatigue. “Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress… resulting from helping or wanting to help a traumatized or suffering person” (as cited in Salston & Figley, 2003, pp.169). Therapeutic involvement with clients who have experienced trauma often requires the professional to discuss the details of the traumatic experience. This may involve role-playing and dramatic re-enactment, which is crucial to the therapeutic process, but can have a devastating impact on the professional’s emotional well-being (Figley, 2002).

## Antecedents to Burnout

### Role Conflict and Role Ambiguity

Role conflict and role ambiguity have been identified as being associated with burnout (Kirk-Brown & Wallace, 2004). Piko (2006) suggested that role conflict is an important organizational factor that impacts work climate and contributes to job-related stress. Role ambiguity, or the lack of clear guidelines for implementing various services in the workplace, also contributes to burnout (Kirk-Brown & Wallace, 2004). Managing multiple roles in the workplace may cause negative emotional reactions, which can lead to psychosomatic symptoms. These symptoms are an important indicator of professional burnout (Piko, 2006). Research has also shown that role conflict has a negative impact on the individual and the organization; it reflects itself in job tension, anxiety and dissatisfaction with the job. Kirk-Brown and Wallace (2004) suggested that one method of reducing the emotional exhaustion experienced by human service providers should be to clarify the goals and roles of the workplace.

**Work Overload**

Work-related responsibilities of human service professionals can include a variety of complex tasks ranging from meetings with families to spending a significant amount of time completing paperwork. Anderson (2000) noted that child protection workers, on average, had a caseload of almost thirty families, and noted that administrative paperwork and case recording can consume roughly half of workers' time. Some child protection workers reported frustration with what they felt were inadequate resources needed to do their jobs (Anderson, 2000). Increasing numbers of child abuse and neglect investigations, combined with high turnover rates for human service professionals, has in many cases led to work overload. Often human service professionals are required to complete their own caseloads and also cover departing worker's caseloads (Anderson, 2000). This results in more hours on the job, and to compound this work overload, they may also be asked to fill multiple roles within the organization (Angerer, 2003). This contributes to role conflict and role ambiguity, thus increasing the probability of experiencing burnout.

**Lack of Social Support**

The work environment in human services has been weakened by the high rates of transfer and turnover. Angerer (2003) suggested that individuals no longer stay with the same employer from graduation through to retirement. As a result, members in the human services are less connected with each other and the organization, resulting in an environment of low support from peers and supervisors. These supportive interactions were found to positively correlate with decreased levels of burnout (Savicki & Cooley, 1994). When workers were encouraged by supervisors they reported increased levels of personal accomplishment, but when these human service professionals were required to adhere to strict rules and procedures they reported higher levels of depersonalization (Savicki & Cooley, 1994). Cole, Panchanadeswaran & Daining (2004) summarized a number of studies identifying that human service professionals benefit from quality supervision, which can serve to increase job satisfaction and mitigate job stress and burnout. Veteran child protection workers often used internal coping strategies, such as

cognitive restructuring and problem solving, more than they used their social support and expressing emotions. (Anderson, 2000) Anderson (2000) indicated that emotional debriefing should be an important part of the social support of the organization.

**Lack of Autonomy, Bureaucracy and Filling Statutory Responsibilities**

The lack of workplace autonomy and bureaucratization has been linked to burnout and reduced job satisfaction. Arches (1991) argued that the structure of the organization can negatively affect human service providers by discouraging autonomy and promoting bureaucracy. As human service professionals become part of the bureaucracy, they are less able to utilize the advanced helping skills learned in school, which contributes to the experience of frustration and burnout (Arches, 1991; Anderson 2000). Acker (1999) summarized a number of studies that support the idea that human service professionals favour counseling and making helping connections with their clients rather than providing concrete services such as, referrals, advocacy and the management of simple life activities. In the United Kingdom, it has been found that fulfillment of these responsibilities has been a significant predictor of burnout and job dissatisfaction in welfare agencies. The study determined that high job demand and not feeling valued for one's work were related to high rates of stress and emotional exhaustion (Evans et al., 2006). Those who work as independent practitioners, outside of an agency, often have greater control over their work activities and less bureaucratic responsibilities. These solo-practitioners report less burnout than their counterparts employed in group-independent practice and agencies (Rupert & Morgan, 2005). Similarly, those who are encouraged to be autonomous in the workplace, to be self-sufficient and make their own decisions reported increased feelings of personal accomplishment (Sivicki & Cooley, 1994). Coyle et al. (2005) reviewed a number of studies and suggested that the organizational structure of an agency can have a profound impact on the level of stress experienced at work. They suggested that factors to mitigate burnout include having a sense of autonomy, control of decision-making and flexibility, as well as being part of a team that is working well.

### Degree of Involvement with Clients

The nature of the human service profession involves working with clients who have experienced significant abuse or maltreatment. Kirk-Brown and Wallace (2004) argued that burnout can be attributed to long-term involvement in emotionally demanding situations and being engaged first-hand with individuals and their traumatic experiences. One study investigated the trauma histories of human service professionals and the impact on burnout as a result of continued exposure to traumatic material. Stevens and Higgins (2002) proposed that these professionals may withdraw from their client's problems because it becomes too close to their own experiences of trauma; however, the results indicated that those reporting instances of their own childhood trauma, found no correlation between burnout and their own history, despite being continually exposed to traumatic events at work. This may indicate that a professional's own traumatic histories have little impact on their experience of burnout, suggesting that continual involvement with severely traumatized clients is the more likely precursor to their burnout (Acker, 1999)

## Outcomes of Burnout

### Turnover

Voluntary turnover has been the subject of extensive research in the applied psychology literature with respect to human services because of its potential costs to organizations in terms of loss of skilled professionals (George & Jones, 1996). One result of voluntary turnover is that the remaining human service professionals are expected to compensate for the increased caseloads due to high turnover rates (Anderson, 2000). Due to the emotionally draining effect of burnout, some researchers suggested human service professionals may employ coping mechanisms, such as avoidance or complete withdraw from the work environment which often results in voluntary turnover (Wright & Cropanzano, 1998). In one longitudinal study of burnout, Savicki and Cooley (1994) suggested that the three aspects of burnout increased over an18-month period in parallel, rather than in sequence in recently hired human service professionals. They concluded that

longevity in this type of work is linked with increasing levels of burnout, which will invariably lead to high rates of turnover, thus guaranteeing a consistent supply of inexperienced workers attempting to provide service to the most difficult cases. It is noteworthy that a precursor to turnover may be frequent absenteeism as a result of psychosomatic problems, which then contribute to the increasing individual caseload and the frequent disruption of service to clients. Psychosomatic problems for human service professionals are regarded as an important indication of burnout leading to turnover (Piko, 2006). It is vital for quality service within the human services that skilled and dedicated professionals are retained (Lloyd & King, 2004).

**Decreased Job Satisfaction**

Job satisfaction is defined as, "a positive emotional state resulting from the appraisal of one's job situation and is linked with the characteristics and demands of one's work" (Acker, 1999, p.112). Satisfaction with one's work has been found to be a predictor of burnout and may have an influence on job performance (Piko, 2006). Although the terms "job satisfaction" and "burnout" are often used interchangeably in the literature, Maslach, Schaufeli and Leiter (2001) highlight the issue concerning the interpretation of the commonly found negative correlation between job satisfaction and burnout. A directional link between the two concepts has not been established and it is unclear whether job satisfaction leads to burnout or vice versa. Predictors of decreased job satisfaction include heavy workload, poor wage, lack of support from colleagues, and decreased feelings of personal accomplishment (Cole, Panchanadeswaran & Daining, 2004).

**Reduced Efficacy**

Human service professionals found to be satisfied with their job report experiencing high levels of perceived efficacy (Cole et al., 2004). Maslach, Schaufeli and Leiter (2001) contended that depersonalization is a process of disengaging from one's clients in an attempt to reduce the overwhelming demands of his or her job. This distance adds to the erosion of one's sense of effectiveness (Maslach et al., 2001). Although burnout has been

related to absenteeism, intention to quit and actual turnover, people who stay on the job are found to be less productive and effective at work (Maslach et al, 2001). Wright and Corpanzano (1998) found, even after controlling for personality factors, emotionally exhausted employees exhibit diminished job performance and eventually leave their job. Job efficacy is impacted further by burnt-out workers who are shown to cause greater personal conflict and disrupt job tasks of other employees (Maslach et al., 2001).

## Impact of Improving the Quality and Nature of Service on Worker Satisfaction.

Research has shown that human service professionals involved in progressive and innovative forms of childcare can benefit from their unique approach to dealing with children and families (Sundell, Vinnerljung & Ryburn, 2001; Testa & Stack, 2002). Both Family Group Conferencing and kinship care services are gaining momentum in child welfare agencies in Ontario and across Canada. Pilot projects have been initiated in Alberta, Ontario, Manitoba and British Columbia. Adding these alternative strategies to the "toolboxes" of human service professionals may help to foster a more diverse and culturally responsive set of services for children and families. To date, no research has examined whether involvement in progressive services can help to mitigate some of the occupational stressors experienced by human service professionals who work in child welfare.

Traditional foster care has been a widely used child protection strategy in Ontario. When parents cannot provide their children with adequate care, or when previous attempts to maintain a child with his or her family have failed, the children may be brought into the care of the Children's Aid Society. Since a child's developmental needs are best met in a family environment, traditional foster care is often the first choice for these children. In January 2007 the Ontario Association of Children's Aid Societies published statistics on the state of child welfare in the province. As of March 2006, there were 26,378 open protection cases, of them 17,011 were new cases opened during 2005-2006. At the same time, there were 7,518 foster homes and 1,439 adoption homes "available or in use" for children (OACAS, 2007). The number of "available or in use" foster homes for children

dropped 16.5% from the previous year. Specific data on the number of available homes was not differentiated from homes that were already supporting children in the report; therefore, the precise number of available placements for children was unknown. As an increasing number of children enter Children's Aid Societies in Ontario, it would be important to establish data on the number of available placements for children.

Establishing provincial data on available placements for children is beyond the scope of this project, but highlights the need for alternative interventions to traditional foster care to help children and families. The most recent study on child maltreatment found an estimated 128,108 child investigations were conducted in Ontario in 2003. Approximately 44% or 58,425 cases were confirmed as child maltreatment cases (Fallon et al., 2005).

Foster care placements are designed to improve adverse family and environmental conditions that interfere with regular child development (Lawrence, Carlson, Egeland, 2006). Timmer, Sedlar and Urquiza (2004) argued that research has shown the temporary nature of foster care can complicate the negative effects of maltreatment on children (see Newton, Litrownik & Landsverk, 2000; Johnson-Reid, 2002). In Ontario, foster care arrangements are often short-term solutions to dysfunctional home environments and in some severe cases, extended placements are required. Ultimately, the most important objective of the child welfare service is to eventually reunify children with their families. According to Miller, Fisher, Fetrow and Jordan (2006) however, many children re-enter care because of subsequent abuse or neglect. In a longitudinal study, Lawrence et al., (2006) suggested that a child's removal from the family and placement in foster care may lead to an increase in behavioural problems that continues even after exiting the system. In fact, in their analysis of maltreated children either placed in care or left in the care of their maltreating caregiver(s), Lawrence et al. (2006) compared pre and post placement outcomes for behavioural problems in these two groups of children. The researchers concluded, "the increase in problematic behaviour following departure from foster care significantly exceeded change in behaviour problems among those reared by maltreating parental figures, suggesting an exacerbation of problem behaviour in the context of out of home care" (Lawrence et al., 2006, p.71). In addition to these results, the researchers examined the degree to which the type of foster care arrangement impacted the

development of subsequent behavioural troubles in familiar and unfamiliar placements. Immediately following the release from foster care, behaviour problems such as somatic complaints, withdrawal, and anxious/depressed behaviour was highest among children exiting unfamiliar foster care compared to those in maltreated home-environments and those exiting familiar foster care (Lawrence et al., 2006).

Pilowsky and Wu (2006) found that adolescents in foster care had more psychiatric symptoms as compared to adolescents without a history of foster care placements; twice the number of conduct disorders and were significantly more likely to report suicide attempts and ideation. These findings suggested separation from family and placement has a negative impact on the lives of children who have already experienced some type of maltreatment. It is of great concern to employ service interventions that ameliorate the child's immediate situation in a pathogenic home environment and attempt to mitigate some of the future consequences of being removed from one's home and parents.

Two alternative programs used in child welfare agencies around the world are Family Group Conferences and kinship interventions. These two unique and progressive programs strive to meet the needs of children and families in a culturally sensitive and responsive manner. In addition, these services may help to mitigate some of the poor outcomes for human service professionals who often work in these stressful child protection environments. The subsequent sections discuss these interventions in the context of helping human service professionals to engage families in a more sensitive manner, while empowering the family unit to take responsibility to be accountable for their children.

Family Group Conferencing originated in New Zealand[3]. Its implementation helped to address the diverse cultural representation of children in the state-care system (Sundell et al., 2001). A Family Group Conference is a decision-making forum which empowers family members and human service professionals to devise a plan to protect children from abuse and neglect (Schmid, Tansony, Goranson & Skyes, 2004). Immediate family members, extended family and sometimes godparents or neighbours are invited to partake in planning for the child's future safety (Holland & O'Neill, 2006). Family Group

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[3] The Children's Aid Society of London and Middlesex initiated this pilot project under the title, "Family Group Decision Making." The title used in this report, "Family Group Conferencing" reflects the terminology used in the research literature and will be used for the purposes of this report.

Conferences seek to preserve the family unit, reduce government involvement and promote local solutions while emphasizing community participation and accountability (Sieppert, Hudson & Unrau, 2000).

In a Welsh study, some family members became so empowered by the family group experiences that they became involved in the project's management committee and some members were trained to become paid FGC coordinators (Holland & O'Neill, 2006). The meetings offer a reversal of the usual power structures in child welfare decision-making and promote the child's participation in the process with his or her family (Holland & O'Neill, 2006). In the same Welsh study, children were encouraged to participate in the decision-making process and the researchers reported that most felt positive about the experience and felt that they had been heard. By empowering both the child and the family within the decision-making process to be accountable and responsible for the child's welfare, this may help to alleviate some immediate pressure on the caseworker. A Swedish study showed that the process of Family Group Conferencing might also serve to alleviate some of this pressure by reducing the professional's involvement during the meeting (Sundell & Vinnerljung, 2004). The research showed that the professional rarely participated during the families' meeting time and most families reached an acceptable plan for the child.

Family Group Conferences have been used in a number of cases where there has been reported family conflict; some cases have included child protection, child behavioural difficulties, educational troubles, juvenile justice, women abuse and parental substance misuse (Holland & O'Neill, 2006). Sundell et al. (2001) found social workers from both Sweden and Britain reported high rates of approval for the use of Family Group Conferencing in child welfare work, but interestingly, the number of referrals for these conferences was low in each country (an average of .5 Family Group Conferences per social worker per year). An explanation for the lack of actual referrals, in spite of overwhelming approval, relates to the fact that social workers are ultimately accountable for the child protection cases (Sundell et. al., 2001). The researchers concluded that the reluctance to share the decision-making powers with the family stemmed from an inability to hold other parties responsible if the plans failed. Thus, reforms in child welfare require

significant commitment from policy makers to protect social workers from being "blamed" if plans do not succeed.

A Calgary pilot project found there were inherent advantages to Family Group Conferencing. The researchers argued the teamwork inherent in Family Group Conferencing increased the potential for greater helping impact than would be achieved by individual helping efforts, leading to more creative and practical solutions due to the input of more diverse participants (Sieppert et al., 2000). The Calgary project also identified some limitations to Family Group Conferences; most noteworthy is the extensive use of the coordinator's labour and time. The average preparation time for each conference was seven hours (Sieppert et al., 2000). It was suggested by these researchers that the highly trained and educated professional did not necessarily need to be responsible to organize the meeting (phone calls, letters and initial contacts). Instead, a well-trained paraprofessional would be sufficient (Sieppert et al., 2000). It has also been suggested that Family Group Conferences often lead to kinship arrangements and keeping the child within the extended family unit (Schmid et al., 2004)

Kinship arrangements have been recognized as the fastest growing form of child placement in countries such as Australia, United States, Norway, Canada, New Zealand and the Netherlands (Srtijker, Zandberg & van der Meulen, 2003; Geen & Berrick, 2002; Spence, 2004; Holtan, Ronning, Handergard & Sourander, 2005; Worrall, 2001). Beeman, Kim & Bullerdick (2000) suggested the growth of kinship arrangements can be attributed to the increasing number of children in care, the decreasing number of foster families available and the general acceptance of kinship placement as a sensible alternative to traditional foster care. Kinship arrangements offer children some unique advantages compared to traditional foster care such as, placing children with familiar family members that help to reduce the trauma of separation, strengthening the child's sense of identity and self-esteem and encouraging sibling bonds (Lorkovich, Piccola, Groza, Brindo & Marks, 2004). Opponents to kinship often argue that parents who have been unable to provide adequate care for their own children are often reared by abusive and neglectful parents or relatives; therefore, a kinship placement may subject the child to subsequent abuse (Holtan et al., 2005). Lorkovich et al. (2004) argued that although poor parenting of children can influence their later parenting potential for abuse, many other social factors such as drug

abuse, lack of education, financial problems and mental illness are far better predictors of whether parents will abuse their own children. In addition, other barriers to kinship care involve the ambivalence of human service professionals as to what degree kin caregivers should be screened and monitored by child protection agencies (Cuddeback, 2004).

Research has shown that kinship caregivers are more likely to be in poverty, have less education, tend to be older, unmarried and of lower socioeconomic status (Chipman, Wells & Johnson, 2002; Timmer et al., 2004). In addition, kinship caregivers tended to have poorer physical health compared to their non-kin counterparts (Timmer et al., 2004). The increased challenges faced by kinship foster parents, therefore, require additional support to ensure they have the resources and skills to adequately care for the children in their custody (Geen, 2004). This support is necessary considering that the outcomes are more positive. Children placed in kinship foster care generally have less educational and behavioural problems, have better mental health and fewer developmental troubles compared to their non-kinship counterparts (Chipman et al., 2002; Geen, 2004).

It is important to note that these children enter kinship often with more behavioural problems and more vulnerability than children entering traditional foster care. Ehrle and Geen (2002) suggested younger children might be more likely to be taken into state custody because of a perceived vulnerability and subsequently placed with an appropriate relative. When compared to children in the general population, children going into kinship arrangements have poorer health and more behavioural problems (Chipman et al., 2002). According to Beeman et al., (2000) children with a known disability or special need are also more likely to be placed in kinship foster care than in non-kinship foster care. Geen (2004) reported that children in kinship foster care are more likely to have been taken into care due to neglect or abuse, and in combination with this finding, Beeman et al. (2000) found that parental substance abuse was more prevalent with children in kinship foster care. Although the outcomes for children in kinship foster care have been found to be positive, children entering kinship often due so with a greater level of adversity than those entering traditional foster care. This may suggest that child protection staff use kinship care as a viable option for the most difficult cases.

In a recent study, Peters (2005) recorded the thoughts, feelings, experiences and beliefs of child welfare professionals during a number of training sessions about the value

of placing children with kin. He noted that although many negative feelings were expressed during these training sessions, the professionals held a great deal of positive attitudes toward placing children with their relatives. In his analysis, Peters (2005) noted that many professionals felt that children thrived developmentally when placed with relatives rather than traditional unfamiliar foster care parents. In addition, he found that human service providers felt that kinship children developed a more accurate reality of their family of origin, which helped the child adjust during the process of reunification with birth parents or when they "aged out" of the respective child welfare system. Peters (2005) found kinship arrangements encouraged familial contact with children and helped to engage families in the procedural changes to ensure child safety. Some child protection workers went so far as to state that for these reasons, when contrasted with kinship "traditional foster care is a set-up for failure for the family," (Peters, 2005, p.599).

Beeman and Boisen (1999) also found that child protection workers generally held positive attitudes toward kinship foster care and advocated for these types of placements. The workers agreed that the agency should make revisions to the kinship process to ensure successful implementation in the areas of training and support. Overall, there was strong support in favour of kinship foster care and child welfare professionals felt the organizational systems should support the unique aspects of kinship care arrangements (Beeman & Boisen, 1999). In a qualitative study, Spence (2004) interviewed a number of caseworkers, caregivers and children hoping to increase the understanding of kinship care arrangements in Australia. He found that human service professionals viewed kinship arrangements to be less traumatic and frightening for the children, and strongly preferred kinship care arrangements in their practice. In addition, these workers and caregivers believed that the traditional foster care system was flawed and detrimental to children's interests, especially with respect to particular indigenous groups.

Kinship offer new opportunities for child welfare professionals to support children and families. The support of these professionals along with the openness to make changes in traditional practice will help to successfully integrate kinship care into the child welfare system.

**Summary and Hypotheses**

Empirical evidence indicates that human service providers are uniquely susceptible to burnout, which often manifests itself in the form of emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment. These consequences have been shown to eventually lead to decreased job satisfaction and voluntary turnover. Those who have a strong sense of competence tend to maintain commitment longer and have a heightened sense of motivation. Those with a low sense of self-efficacy also have low self-esteem and often feel helpless, anxious and have pessimistic thoughts about their personal accomplishment (Bandura, 1994). Based on both the empirical and theoretical evidence, it can be argued that in order to reduce voluntary turnover and burnout among social workers there is a need to heighten a sense of self-efficacy amongst this group of professionals by creating an environment where they feel competent and have increased feelings of personal accomplishment. Traditional forms of child placement must be reassessed to strive for a system that better develops a social worker's sense of self-efficacy. New and progressive forms of care need to be seriously considered as viable options for preventing social worker burnout and voluntary turnover. Family Group Conferencing and kinship arrangements have been identified as two innovative and progressive programs for child-placement that have been well received internationally.

The purpose of the present study is to evaluate the effectiveness of Family Group Conferencing and kinship arrangements as alternatives to formalized foster care, specifically with respect to mitigating the effects of human service worker burnout and desire to quit. This information will help child welfare agencies make decisions concerning the implementation of Family Group Conferencing or kinship programs. This study addressed the following hypotheses based on the literature examined thus far:

> *Hypothesis #1:* Human service professionals involved in Family Group Conferences and kinship will report less burnout as reflected in scores on the *Maslach Burnout Inventory* (MBI-HSS) than workers not involved.

*Hypothesis #2:* Human service professionals involved in Family Group Conferences and kinship will report higher job satisfaction scores on the *Job Satisfaction Survey* (JSS) than workers not involved.

*Hypothesis #3:* Human service professionals involved in Family Group Conferences and kinship will report higher compassion satisfaction, less burnout and compassion fatigue on the *Professional Quality of Life Scale* (ProQOL R-IV) than workers not involved.

# Method

## Participants

Respondents for this study consisted of staff from the Children's Aid Society of London and Middlesex. This agency is a large child protection agency in south-western Ontario. A total of 180 surveys were distributed to human service professionals involved in the delivery of child protection services within the agency. The resulting sample consisted of 65 child protection workers, reflecting a response rate of 36.1 percent. This sample included 55 females (mean age = 37.8, *SD* = 9.97) and 10 males (mean age =42.1, *SD* = 10.4). Approximately 56.9 percent (*n* = 37) of the sample were holding a bachelor's degree, while 43.1 percent were holding a master's degree. The sample consisted of 10 team supervisors (15.4 percent) and 55 case manager/front line protection workers (84.6 percent). The team supervisors had been working in child welfare for approximately 14.5 years (*SD* = 8.6); the case managers/front line protection workers for an average of 6.5 years (*SD* = 6.0).

This study investigated staff responses as a function of whether they had been involved with, and made a referral to, either of the agency's Family Group Conferencing or kinship programs. Of the 65 respondents, 53.8 percent (*n* = 35) had referred children to either the Family Group Conference or kinship programs. Specifically, 50.8 percent of the respondents (*n* = 33) had made a referral to the kinship program, with an average of 4.2 children involved (*Mdn* = 2.0); 20.0 percent had made a referral to the Family Group

Conference program, with an average of 2.6 children (*Mdn* = 2.0). This group of participants was of particular interest because these child protection professionals are consistently involved in the assessment of child safety and determining appropriate referral options for programs either within the agency or the community.

In addition to the socio-demographic questions, each participant responded to items regarding the perception of their job and duties performed while at work. Some examples of the questions were, “All in all, how satisfied are you with you job?” and, “In the work that you do, how often do you feel you are able to effect positive change in the population that you serve?” A 7-point, Likert-type rating scale was used, where higher scores represented more positive attitudes. The means and standard deviations for these questions are presented below (see Table 1). An additional four items were used to ascertain worker perceptions of the family group conferencing and kinship programs (see Table 2). These face valid questions contributed to a better understanding of this sample with respect to their feelings about the job and their function at the CAS. Lastly, one item investigated the participant’s intention to change jobs in the foreseeable future. Of the 65 participants surveyed, approximately 24.6 percent ($n$ = 16) reported intending to change jobs. The 16 participants where then asked to report how soon they intended to change jobs (see Table 3). Approximately, 62.5 percent ($n$ = 10) of the staff reporting to change jobs, only referred to traditional child placement programs; whereas 37.5 ($n$ = 6) referred to the Family Group Conferencing and kinship programs.

Table 1
**Means and standard deviation of worker perceptions**

| Item | *Mean* | *SD* |
|---|---|---|
| 1. All in all, how satisfied would you say you are with you job? | 5.1 | 1.1 |
| 2. If a friend indicated an interest in a job like yours, would you encourage them in a career in child welfare? | 4.8 | 1.3 |
| 3. In the work that you do, how often do you feel that you are able to effect positive change that you serve? | 4.3 | 1.1 |
| 4. How often do you feel you have made meaningful contributions in child welfare? | 4.6 | 1.1 |

Table 2
**Worker perception of Family Group Conferencing and Kinship programs**

| Item | *Mean* | *SD* |
|---|---|---|
| 1. Do you feel Family Group Conferencing is consistent with the mission of child welfare by focusing on child safety and protection? | 5.4 | 1.0 |
| 2. Family Group Conferencing is a useful method to solve problems and situations where children may be maltreated. | 5.1 | 1.1 |
| 3. Do you feel kinship care is consistent with the mission of child welfare by focusing on child safety and protection? | 5.3 | 1.2 |
| 4. Kinship care is a useful method to solve problems and situations where children may be maltreated. | 5.2 | 1.3 |

Table 3
**Worker intention to change jobs**

| Time | *n* | *P* |
|---|---|---|
| 1. Within 6 months | 3 | 18.8 |
| 2. Within 12 months | 5 | 31.3 |
| 3. Next 2 years or more | 8 | 50.0 |

*Note. This table presents the number and valid percentages of participants identified as intending to change jobs.*

## Measures

Four questionnaires were employed for data collection. They included a demographic questionnaire, Maslach Burnout Inventory - Human Services Survey Questionnaire, the Job Satisfaction Scale, and the Professional Quality of Life Scale.

The demographic questionnaire was designed by the principal researcher for this particular study and was used to assess various socio-demographic variables including age, gender, years of working in child welfare, educational attainment and job title. In addition, the demographic questionnaire asked a number of face valid questions with respect to the perception of their job and their involvement in pro-social programs.

Compassion satisfaction, burnout and compassion fatigue were measured using The *Professional Quality of Life Scale* (ProQOL; Stamm, 2005). Compassion satisfaction is defined as the pleasure gained from helping others and being able to do one's work well. The average score on this subscale is 37, with about 25% of respondents scoring higher than 42 and about 25% of respondents scoring below 33. Scores in the higher range suggest the participant derives a good deal of professional satisfaction from their position, whereas scores below 33 suggest the respondent might be experiencing some difficulty with their job. Burnout is associated with feelings of hopelessness and having difficulty at work. The average score on the burnout scale is 22, with about 25% of respondents scoring above 27 and 25% of respondents scoring below 18. A score below 18 reflects the respondent is experiencing positive feelings about their work accomplishments, whereas scores above 22 suggest the respondent might not be feeling effective at work. Compassion fatigue assesses work related secondary exposure to extremely stressful events, which can cause a number of psychological and somatic difficulties. The average

score on this subscale is 13, with about 25% of respondents scoring below 8 and 25% of respondents scoring about 17. Scores above 17 indicate that the respondent may be experiencing some frightening events at work and might need to re-examine their work and work environment. The alpha reliabilities for the scales are as follows: compassion satisfaction alpha = .87, burnout alpha = .72 and compassion fatigue alpha = .80 (Stamm, 2005).

Job satisfaction was measured using the *Job Satisfaction Scale* (JSS; Spector, 1985). This inventory is a 36 item, self-report questionnaire assessing overall attitudes with one's employment and various aspects of the job. Respondents answered each question with six choices per item ranging from "strongly disagree" to "strongly agree." The items were asked in both directions; hence approximately half of the items were reverse scored. The nine subscales addressed are pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. For each of the nine subscales the scores are based on 4 items each and can range from 4 to 24; while scores for total job satisfaction range from 36 to 216. The *JSS* was originally designed for use in human service organizations, but is also appropriate for a wide range of organizations (Spector, 1985). Internal consistency reliabilities (coefficient alpha) have been reported between .60 and .91 for each subscale. A test-retest reliability score for the entire measure was .71 for the entire scale and ranged from .37 to .74 for the subscales (Spector, 1985). Higher scores represent higher levels of job satisfaction and lower scores represent lower levels of job satisfaction.

Finally, burnout was measured using The *Maslach Burnout Inventory – Human Services Survey* (MBI-HSS; Maslach, Jackson and Leiter, 1996). The *MBI-HSS* is a widely used burnout measure in the human services. It is comprised of three subscales consisting of emotional exhaustion, depersonalization and personal accomplishment. Higher scores on the emotional exhaustion and depersonalization subscales reflect higher levels of feeling overextended and feeling distant from clients. On the emotional exhaustion subscale a score of 27 or over is considered High, between 17 and 26 is Moderate and 0-16 is Low. On the depersonalization subscale a score of 14 or over is considered High, between 9 and 13 is Moderate, and 0 to 8 is Low. Whereas, higher scores on the personal accomplishment subscale reflect increased levels of perceived efficacy with one's work. On the personal

accomplishment scale a score between 0 and 31 is considered High, a score of 32 – 38 is considered Moderate and a score of 39 or over is considered Low. With respect to reliability, internal consistencies estimated by Cronbach's coefficient for each subscale were the following: .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment (Maslach et al., 1996). In addition, numerous test-retest evaluations demonstrate a high degree of consistency with respect to each sub scale over periods from one month to a year. Lastly, the survey demonstrates strong convergent and discriminant validity (Maslach et al., 1996).

## Procedure

One hundred and eighty questionnaires were distributed to the child protection workers employed at the Children's Aid Society. Prior to the receipt of the questionnaire, the executive director and the director of research at the CAS distributed a letter of information regarding the study, alerting potential respondents to the research. This letter included a brief description of the research project and the general purpose of the study, while providing information as to how they could participate. Shortly following receipt of the letter of information, each potential respondent received the questionnaire package in their office mailbox. The data collection window was open for approximately five weeks, with weekly email reminders to complete and submit the questionnaire or thanking the respondent for completing the package. A secure drop box was used to provide the respondent with a secure and discrete place to return their completed questionnaires in confidence.

Each potential respondent was given the option to participate. Individual surveys were not seen by anyone other than the principal researchers. Once the last survey was collected, the data was entered using SPSS Version 15, and subjected to statistical analysis.

*Normative Sample vs. Sample Data:* The data from the current sample, with respect to these measures, are shown along side the normative sample data from the respective manuals as a basis of comparison with the current sample. The normative sample is presented in the following tables with the means and standard deviations from the *JSS* (see Table 4), *ProQOL* (see Table 5), and the *MBI-HSS* (see Table 6). The current sample,

while small, showed consistently similar results to the mean normative data from each of the inventories. Our response rate of 36.1 percent included a wide range of participants, with a mean age of 38.4 and an average of 7.8 years working in field of child protection. Approximately 55 females and 10 males were sampled, and held both undergraduate and post-graduate degrees. The data provided indicates that this is a typical sample in the human service profession.

Table 4
**Means and standard deviations of normative data compared to sample data from the Job Satisfaction Survey**

| Subscale | Normative data | | Sample data | |
|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* |
| Salary | 12.1 | 2.4 | 14.0 | 5.5 |
| Promotion | 12.0 | 1.8 | 15.5 | 4.1 |
| Supervision | 18.7 | 1.8 | 19.4 | 4.7 |
| Benefits | 14.4 | 2.2 | 14.7 | 4.5 |
| Contingent rewards | 13.7 | 1.9 | 14.9 | 4.5 |
| Conditions | 13.6 | 2.0 | 10.2 | 3.5 |
| Coworkers | 17.9 | 1.5 | 18.6 | 2.7 |
| Work Itself | 18.9 | 1.8 | 19.4 | 2.9 |
| Communication | 14.5 | 2.0 | 17.0 | 3.2 |
| Total | 136.0 | 11.6 | 143.8 | 21.9 |

*Note: The JSS normative data was derived from 116 samples, which consisted of 30382 subjects as of June 22, 2006 (Spector, 2006)*

Table 5
**Means and standard deviations of normative data compared to sample data from the Professional Quality of Life Survey**

| Subscale | Normative data | | Sample data | |
|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* |
| Compassion Satisfaction | 37.0 | 7.3 | 36.7 | 7.1 |
| Burnout | 22.0 | 6.8 | 21.8 | 6.6 |
| Compassion Fatigue | 13.0 | 6.3 | 15.7 | 8.7 |

*Note: The normative data presented was derived from 463 subjects.*

Table 6
**Means and standard deviations of normative data compared to sample data from the Maslach Burnout Inventory**

| Subscale | Normative data | | Sample data | |
|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* |
| Emotional Exhaustion | 21.0 | 10.8 | 22.8 | 8.9 |
| Depersonalization | 8.7 | 5.9 | 7.6 | 5.3 |
| Personal Accomplishment | 34.6 | 7.1 | 35.6 | 5.8 |

*Note: The normative data consisted 11,067 subjects.*

## Data Analysis.

Descriptive statistics were used to provide an overall picture of the sample with respect to the socio-demographic variables. In addition, particular socio-demographic variables were assessed relative to how they were linked to a worker's involvement in and referral to each of the family group and kinship programs and their perception of their job. An analysis of variance test was used to determine the differences between the groups who referred to these programs relative to those who did not refer with respect to the sub-factors on the questionnaires.

# Results

The purpose of the present study was to investigate the differences between child protection workers who refer to the Family Group Conferencing and kinship programs, compared to those who do not, by examining their levels of reported burnout, job satisfaction and professional quality of life. Burnout was assessed using the *MBI-HSS*, which examines emotional exhaustion, depersonalization and personal accomplishment. Job satisfaction was examined using the *JSS*, which assessed nine sub-factors: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. Lastly, the aim of the study was to examine the differences on the *ProQOL*, with respect to compassion satisfaction, burnout and compassion fatigue in social workers who refer into these innovative programs and

those who do not. A total of 65 child protection workers, involved in the assessment of child safety, participated in the research. A total of 35 respondents referred children and 30 respondents did not refer to the programs.

For the purposes of this section, the term 'progressive' is used to describe those who referred to the Family Group Conference and kinship programs, and 'traditional' for the group who did not. Table 7 presents the descriptive data for the measures of burnout, job satisfaction, and professional quality of life for both groups.

Table 7
**Mean and standard deviations of burnout, job satisfaction and professional quality of life.**

| Maslach Burnout Inventory | | *Mean* | *SD* | *n* |
|---|---|---|---|---|
| Emotional Exhaustion | Traditional | 23.0 | 7.3 | 30 |
| | Progressive | 22.7 | 10.2 | 35 |
| Depersonalization | Traditional | 7.4 | 4.9 | 30 |
| | Progressive | 7.7 | 5.7 | 35 |
| Personal Accomplishment | Traditional | 37.3 | 5.5 | 30 |
| | Progressive | 34.2 | 5.8 | 35 |

| Job Satisfaction Survey | | *Mean* | *SD* | *n* |
|---|---|---|---|---|
| Pay | Traditional | 14.5 | 5.4 | 30 |
| | Progressive | 13.6 | 5.5 | 35 |
| Promotion | Traditional | 15.5 | 4.4 | 30 |
| | Progressive | 15.5 | 4.0 | 35 |
| Supervision | Traditional | 19.5 | 5.1 | 30 |
| | Progressive | 19.3 | 4.3 | 35 |
| Benefits | Traditional | 14.5 | 4.3 | 30 |
| | Progressive | 14.8 | 4.8 | 35 |
| Rewards | Traditional | 15.4 | 4.5 | 30 |
| | Progressive | 14.6 | 4.9 | 35 |
| Conditions | Traditional | 10.7 | 3.8 | 30 |
| | Progressive | 9.7 | 3.2 | 35 |
| Coworkers | Traditional | 18.4 | 3.0 | 30 |
| | Progressive | 18.8 | 2.5 | 35 |

| | | | | |
|---|---|---|---|---|
| Nature of Work | Traditional | 19.9 | 2.9 | 30 |
| | Progressive | 19.0 | 3.0 | 35 |
| Communication | Traditional | 17.4 | 3.1 | 30 |
| | Progressive | 16.7 | 3.3 | 35 |
| Total | Traditional | 145.8 | 20.8 | 30 |
| | Progressive | 142.0 | 23.0 | 35 |

| Professional Quality of Life Scale | | *Mean* | *SD* | *n* |
|---|---|---|---|---|
| Compassion Satisfaction | Traditional | 37.1 | 6.4 | 30 |
| | Progressive | 36.4 | 7.7 | 35 |
| Burnout | Traditional | 20.0 | 5.7 | 30 |
| | Progressive | 23.4 | 7.0 | 35 |
| Compassion Fatigue | Traditional | 14.5 | 8.3 | 30 |
| | Progressive | 16.7 | 9.0 | 35 |

One-way analyses of varies were computed to compare the groups on all sub-factors found in each measure and a few significant results were found. Table 8 presents the univariate statistics for each analysis of variance.

**Professional Quality of Life**

The first subscale, *Compassion Satisfaction*, revealed no significant difference in the satisfaction derived from the workers professional experiences. The progressive group ($M = 36.4$, $SD = 7.7$) did not significantly differ from the traditional group ($M = 37.2$, $SD = 6.4$).

The *Burnout* subscale of the measure is associated with feelings of frustration and hopelessness with performing professional duties. The analysis of variance showed that the level of reported burnout was significant, $F(1, 63) = 4.61$, $p < .05$. The progressive group ($M = 23.42$, $SD = 7.0$) reported significantly higher levels of burnout than the traditional group ($M = 20.00$, $SD = 5.7$).

The final subscale, *Compassion Fatigue/Secondary Trauma*, revealed no significant difference in the level of reported secondary trauma. The progressive group (*M*

= 16.7, *SD* = 8.9) did not significantly differ from the traditional group (*M* = 14.5, *SD* = 8.3).

## Job Satisfaction Scale

This measure consists of nine subscales and an overall total score. Univariate statistics revealed no significant difference on any of the subscales and the total score of this measure. In sum, there were no significant differences between the progressive and traditional group on reported job satisfaction.

## Maslach Burnout Inventory

The first subscale, *Emotional Exhaustion*, revealed no significant differences in the professional's ability to apply themselves emotionally to their clients. The progressive group (*M* = 22.6, *SD* = 10.1) did not significantly differ from the traditional group (*M* = 23.0, *SD* = 7.3).

The second subscale, *Depersonalization*, revealed no significant differences in the development of negative attitudes toward one's clients reported by the child protection workers. The progressive group (*M* = 7.7, *SD* = 5.7) did not significantly differ from the traditional group (*M* = 7.4, *SD* = 4.9).

The final subscale, *Reduced Personal Accomplishment*, revealed a significant difference with respect to which group of child protection workers reported feeling unhappy about their accomplishments on the job. The analysis of variance showed that reported personal accomplishment was significant between the groups, $F(1, 63) = 4.69$, $p < .05$. The progressive group (*M* = 34.2, *SD* = 5.7) reported feeling less personal accomplishment than their traditional (*M* = 37.3, *SD* = 5.5) counterparts.

Table 8
**One-Way Analysis of Variance for Dependent Variables.**

| Source (Involvement) | *df* | *F* | *p* |
|---|---|---|---|
| *Maslach Burnout Inventory* | | | |
| Emotional Exhaustion | 1 | 0.02 | .89 |
| Depersonalization | 1 | 0.05 | .83 |
| Personal Accomplishment | 1 | 4.69 | .03* |
| *Professional Quality of Life Scale* | | | |
| Compassion Satisfaction | 1 | 0.19 | .67 |
| Burnout | 1 | 4.61 | .04* |
| Compassion Fatigue | 1 | 1.08 | .30 |
| *Job Satisfaction Scale* | | | |
| Pay | 1 | 0.41 | .53 |
| Promotion | 1 | 0.002 | .97 |
| Supervision | 1 | 0.05 | .83 |
| Benefits | 1 | 0.10 | .75 |
| Rewards | 1 | 0.55 | .46 |
| Conditions | 1 | 1.40 | .24 |
| Coworkers | 1 | 0.45 | .50 |
| Nature of Work | 1 | 1.74 | .19 |
| Communication | 1 | 0.68 | .41 |
| Total | 1 | 0.48 | .49 |

*Note:* $* p < .05$.

Overall, the entire sample was within the average range for each measure. Sample means for each subscale were also within the average range, but there were significant findings for some subscales between the referring and non-referring group. The significant findings indicated the group referring children to the Family Group Conferences and kinship programs reported higher levels of burnout on the *ProQOL* and reduced personal accomplishment on the *MBI-HSS*.

## Discussion

The primary goal of child protection agencies is to ensure the safety of children who have been abused or neglected. The very nature of this work has resulted in human service professionals often facing a number of negative personal consequences. Some of these include decreased job satisfaction, elevated levels of burnout, and a compromised professional quality of life. These consequences can negatively impact the optimal degree to which child protection agencies can fulfill their mandate in protecting children and serving families in need. This challenge is reflected in increased turnover rates and a potential inability of child protection staff to cope with the accumulated stresses on the job. One way to improve the quality of the professional environment and promote access to service to children is to provide child protection staff with additional resources to work with an increasing number of children who are coming into care.

In recent years, Family Group Conferencing and kinship programs have been two programs introduced in child protection agencies across Canada. These programs serve to empower members of the child's family to share in the responsibility in planning for the safety of their child(ren). In addition, these programs help to reduce the sole responsibility and decision-making power placed on the child protection worker. The primary feature of these programs is the framework from which they operate. Family Group Conferencing encourages family members and relevant community members to take part in the process, helping to create a plan that will preserve the cultural traditions or customs specific to that child. Kinship keep the child within their family, preserving the child's sense of belonging and familiarity to kin.

The aim of this study was to contrast the difference between child protection workers who refer to these alternative programs and those who remain involved in promoting more traditional foster care arrangements. Specifically, the study investigated burnout, job satisfaction and professional quality of life. The hypotheses underlying this research was that service providers referring to these programs would generally report lower burnout, higher job satisfaction and better professional quality of life. The idea behind these hypotheses was the belief that service providers with a more progressive approach to child welfare practice would utilize these programs to increase their sense of

self-efficacy on the job. Also, the potential for more positive outcomes associated with these programs – providing higher quality services to children and their families – would increase the likelihood of workers making referrals. While the primary hypotheses were not supported by the data, a number of extremely relevant findings emerged. This discussion will highlight these findings in the context of their relevance to child protection agencies incorporating both Family Group Conferencing and kinship services.

The findings showed that child protection staff utilizing these programs actually reported higher levels of burnout on the *ProQOL* and a reduced sense of personal accomplishment on the *MBI-HSS*. Although these findings were not expected, they present an interesting perspective on who is choosing to utilize the availability of alternative programs in human service organizations. Because these programs were only recently introduced to the agency involved in this study, the duration of the utilization of these programs may not have been lengthy enough to effect change in the levels of burnout and professional quality of life. Therefore, the results are restricted to providing a snapshot of those who are currently referring to these programs, instead of the *outcomes* that these programs may have. Furthermore, because these programs are only offered as an alternative to the dominant practice, and are presented as a pilot project, workers may not be engaged in these progressive programs for a significant enough portion of their child-welfare experience in order to effect change in their professional quality of life. What the results do demonstrate is that workers on the brink of burnout may be turning to these progressive forms of care as a way to prevent further negative consequences.

Approximately one in four respondents reported intending to change jobs within the foreseeable future, but would generally recommend this type of work to a friend. Universally, workers reported feeling satisfied with their jobs, and believed they had made meaningful contributions to the field of child welfare. Furthermore, the respondents indicated positive attitudes toward their ability to effect positive change in the population they serve. Although the sample reflected a universally positive attitude toward the profession, it remains significant that almost 25% of these professionals indicated they plan to leave their jobs in child protection within the next two years.

**Perception of Family Group Conferencing and Kinship Programs**

Child protection workers learn sophisticated helping techniques through educational training, but rarely use these techniques because of the overabundance of paperwork and other administrative duties required of them (Arches, 1991). Research has shown that child protection workers prefer working directly with clients and using sensitive helping techniques, rather than administering standardized procedures (Acker, 1999). The bureaucratization of child welfare may restrict the autonomy of child protection workers, limiting the use of their special skills in a field that requires a strong investment of empathic resources. Family Group Conferencing and kinship are forms of innovative practice that present a new approach to child welfare. These programs are sensitive to the needs of children, while preserving a child's sense of culture, tradition and family. Sharing the decision-making power with the child's family reduces some of the burden on the child protection worker, allowing for a collaborative responsibility between the family and agency. Overall, workers reflected universally positive attitudes toward these programs as reported in the demographic questionnaire. Generally, workers agreed that Family Group Conferencing and kinship were consistent with the mission of child welfare and were useful methods to solve problems where children were being maltreated. Consistent with Sundell et al. (2001) our current sample reported positive attitudes toward Family Group Conferencing. Consistent with Beeman and Boisen (1999) kinship foster care was also generally perceived as a useful method to ensure the safety of children in need of protection.

**Threshold Effect**

Overall, the sample data generated does not reflect extremely high nor low scores on the *ProQOL* or *MBI-HSS*. All respondents were in the average range for each subscale. A threshold effect may explain this finding. Workers with extremely high levels of burnout may have been so disengaged that they refused to participate in the research. Furthermore, workers who might report extremely high levels of burnout could be so professionally burdened that they resist any alternative approaches to child protection. Workers who are

experiencing only slightly reduced personal accomplishment and increased levels of burnout would refer to these progressive programs in order to reengage themselves in the process of providing service. Wright and Cropanzano (1998) have suggested the *Conservation of Resources* theory to explain this phenomenon. These researchers argued that emotionally exhausted employees tend to employ strategies to prevent further loss to personal emotional resources. Therefore, extremely frustrated and emotionally disengaged professionals might never use these programs in an attempt to prevent any further feelings of inadequacy and personal resource loss. This suggests that the availability of these innovative programs can offer a different avenue for a particular subset of workers to feel more competent about their work. These programs, then, can help professionals on the brink of burnout to increase their feelings of accomplishment and productivity while at work.

**Reduced Personal Accomplishment and Increased Burnout**

Child protection workers found to be referring to these programs, reported diminished levels of personal accomplishment as compared to their non-referring counterparts. Although these levels were not in the high range reflected on their scale scores, they do indicate that for the referring group, feelings of personal accomplishment were slightly reduced relative to the non-referring group. These results, coupled with the evidence of positive attitudes toward these programs, could indicate that these workers were utilizing kinship services and/or Family Group Conferencing as means to increase their sense of accomplishment on the job. These programs for this particular set of workers may help them feel more positive about the services they provide to children and families. Reduced personal accomplishment is often found in human service professionals experiencing elevated levels of burnout (Maslach et al., 2001).

Higher levels of burnout were reported on the *ProQOL* by child protection workers referring to these programs. Again, burnout levels were not in the extremely high range, but significantly higher than their non-referring counterparts. Burnout is related to feelings of hopelessness and frustration with one’s job and is often related to working with traumatized individuals. Maslach et al. (2001) suggested that organizational and

environmental factors play a crucial role in burnout along with individual factors. Innovative practices can broaden the strategies available to the worker, creating a greater sense of choice toward child intervention, thus influencing the organizational and environmental factors at play.

It is interesting to note, that the compassion satisfaction scores for both groups did not significantly differ, indicating that both groups derive relatively equal pleasure from their work. This may suggest that the referring group does derive enough pleasure from their work, to seek out alternative ways to mitigate their increased level of burnout. As previously mentioned, the threshold effect may explain why those who experience greater amounts of burnout or decreased compassion satisfaction may not choose these alternative strategies.

## Implications for Child Protection Staff/Child Welfare

The findings support the importance of the availability of progressive programs for staff reporting slightly elevated levels of burnout and reduced personal accomplishment. For this particular subset of child protection staff on the brink of experiencing further burnout, these programs offer an alternative way to provide services. This can help to mitigate some of the high rates of turnover in this profession by breaking down the traditional constraints associated with more traditional child welfare practices. This high-level of intention for turnover was reflected in the descriptive data, with one in four respondents indicating they expected to change their jobs within the next two years. However, it is interesting to note, that nearly two-thirds of the respondents identified as intending to change job did not refer to the progressive programs available. This could suggest that involvement in innovative practice might have an influence on the desire for staff to quit their job. By providing other means to mitigate burnout, child welfare workers may be less likely to quit their jobs.

These findings support a belief that for a particular group of social workers, the availability of these programs may be a crucial way to approach the decision-making process underlying child safety and protection. Although workers may feel overwhelmed by the increased investment of resources into these programs, the long-term effects of

involvement could help these workers feel better about their jobs, as research shows improved child outcomes associated with involvement in innovative practices (Holtan et al., 2006; Timmer et al., 2004).

Administration within the Children's Aid Society will want to be aware, either through training or information sharing, how child protection workers can be agents of organizational change toward a more holistic and progressive stance in the delivery of child welfare service. Many of the financial constraints existing in the delivery of child welfare services emphasize the importance for alternative child welfare practices which reduce the financial burden on the budget for child welfare while at the same time delivering higher quality service. By mitigating some of the negative consequences associated with the profession, the ministry will be able to retain more professionals who have received a great deal of training.

## Implications for Counselors/Practitioners

Counselor competency includes practitioners who are current with the research and therapeutic approaches in helping the clients they serve. The *Canadian Code of Ethics for Psychologists* states that practitioners have a duty to, "keep themselves up to date with a broad range of relevant knowledge, research methods, and techniques, and their impact on persons and society, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research and conclusions will benefit and not harm others" (CPA, 2000, p. 16). The acquisition of knowledge related to the profession provides a resource rich environment for both practitioners and clients. Counselors possessing a larger skill set can offer services better tailored to clients and their unique situations. Therefore, it is important for counselors to seek out opportunities to be involved in innovative practices as a part of being a competent counselor. Ultimately, counselors can benefit by having a more diverse approach to helping, which can create a more flexible and efficient working relationship. In addition, the approach can help certain practitioners to feel more productive in their work with clients, and ameliorate some of the negative consequences associated with working in the human services. Overall, new and

progressive practices can help counselors reengage in the helping process, as well as provide better services to clients.

**Limitations**

Burnout, job satisfaction and professional quality of life are concepts that prove difficult to measure, as their abstract nature cannot be fully captured by a single questionnaire. Qualitative research may prove beneficial in this type of investigation as more emphasis can be placed on the individual experience and its relationship to involvement in innovative practice in child welfare. Rather than focusing on specific variables, a number of questions could be asked to explore the more complex phenomenon of innovative practice in child welfare and its relation to professional satisfaction.

Although our response rate of 36.1% is acceptable, it limits the ability to make inferences about the child protection culture at large. Babbie (2001) suggested a response rate of 50% or above is adequate for analysis and reporting. Given this low response rate, we caution the interpretation of the findings which might indicate response bias. We cannot comment on the participants who chose not to respond to the survey, which may significantly differ from our sampled population by more than just their willingness to participate. Ultimately, a larger sample is needed to more closely represent the child protection population. This will help to determine the differences among referring and non-referring child protection workers and the relationship to involvement to innovative practice. Some of the descriptive data demonstrated a non-significant trend of non-referring workers reporting an overall higher level of job satisfaction in the *JSS*. A larger sample would help to further illuminate the differences between referring and non-referring staff, with respect to our dependent variables.

A larger sample will also help to produce a more diverse representation of child protection staff. Much of the descriptive data reported that the entire sample was within the average ranges on most of the sub-factors in each questionnaire. This might suggest the presence of a response bias, in that workers who were completely disengaged and cynical toward their function in child welfare chose not to respond. Perhaps workers who are experiencing an accumulation of the negative consequences of working in child protection

were completely uninterested in participating in the investigation. Similarly, workers who are completely satisfied with their jobs might not be inclined to participate in research that aims to effect change.

Another limitation is that there may have been other reasons why certain workers did not refer to kinship or Family Group Conferencing. Certain workers may not have referred to these two progressive programs because they did not have an appropriate case. Because these programs are in their early development, many workers might still be within their own process of incorporating these practices into their personal approach to child welfare. There might be a number of workers who would refer to the Family Group Conferencing and kinship programs, but are still learning about the decision-making process and the suitability of an appropriate referral.

Lastly, a number of comparisons were performed in the analysis of variance, with certain univariate tests showing significance. There is the possibility that a multiple comparison bias could account for the significant findings. A Bonferroni correction, often used in these situations, was not utilized in the analysis to preserve the exploratory findings in this research. Nakagawa (2004) argued that Bonferroni corrections are too rigorous, and can hinder the accumulation of knowledge to the relevant field of study, particularly in the early stages of knowledge building in specific areas. In addition, while Bonferroni corrections attempt to reduce Type I errors, they inadvertently increase the probability of Type II errors (Perneger, 1998; Nakagawa, 2004). To protect the findings in the current study a Bonferroni correction was not used; therefore, caution must be exercised when interpreting the results.

## Implications for Future Research

Future research should replicate the following study in a number of Children's Aid Societies across the province. This would generate data from agencies in unique communities, which could demonstrate who is referring to these innovative practices in areas where cultural sensitivity is of great importance. Further research at other agencies across the province can help to demonstrate the effectiveness of both short-term and long-term involvements in innovative child welfare practice, which have been suggested to

improve job satisfaction, professional quality of life and reduce burnout. Because these programs have only recently been introduced, future research should focus on the long-term effects of these practices once they have been widely accepted in the culture of child welfare in Canada. Future research can focus on the specific factors of these innovative programs and how they help child protection workers feel more effective at work.

Another area of future study is to identify the turnover intentions of child protection staff and their involvement in innovative practice. It would be important to examine the relationship between worker involvement and turnover intention, as a playing a causal factor in their decision to quit.

It would also be of value to conduct longitudinal studies in the agency used in this study in order to demonstrate whether these workers on the brink of burnout, have reduced levels of burnout and higher job satisfaction after engaging in these programs in the long-term.

## Implications to the Field of Child Welfare

This study was able to contribute to the body of knowledge in child welfare by providing evidence-based research that explores staff perceptions of involvement of progressive and innovative practices which provide additional resources to child protection workers. The importance of these programs is paramount to child protection staff members who may be on the brink of burnout and becoming increasingly disengaged in the delivery of child welfare services. The availability of alternative practice provides child protection staff with different methods of delivering service to children and families, which reduces the pressure on the worker, by placing shared responsibility of the child's safety with the family. Considering the unique nature of child welfare and those who work in the profession; our attention is drawn to improving the working environment for this group of professionals. Providing opportunities to be involved in innovative practice can help to reduce some of the negative experiences associated with the child welfare profession. Family Group Conferencing and kinship programs are two forms of innovative practice introduced in Canada, and any research into the effectiveness or availability of these programs may help also to further the establishment of these programs across the country.

## Summary

As the child welfare field evolves, practices must evolve with it to meet the increasing demands on the system. As more children come into the care of the Children's Aid Society, research which examines ways to advance the delivery of services to children is paramount. Similarly, as increasing numbers of service providers experience burnout and leave their jobs, research which explores ways to mitigate this effect, is also of vital importance.

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