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A Review of the Kinship Initiative within Child Welfare in Ontario

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Abstract

The purpose of this study is to evaluate the current kinship initiative within the field of Child Welfare in Ontario by reviewing its history and exploring any obstacles that may be preventing the support of this program. Key themes that were derived from the data include economic, policy and legislative barriers to permanency and workplace culture creating barriers. Recommendations include the support of specialized kinship workers and assessors, increased funding to support this model and kinship service families, centralized government services and a more universal direction from the Ministry regarding service delivery.

Implications for social work practice, policy and further research were also discussed and included less frustration with the program, resulting in an increase of referrals and continued growth and sustainability of placements; the end result would be fewer children entering foster care. The possibilities for future research include: evaluating permanency outcomes for children in kinship in-care versus kinship out-of-care, exploring what the long term social and economic impact of skipped-generation parenting will have on kin, and to assess if funding constraints and legal limitations are impacting clinical case planning in Child Welfare.

Résumé

Le but de cette étude est d'évaluer l'initiative de parenté actuelle dans le domaine de la protection des enfants en Ontario en examinant son histoire et en explorant les obstacles qui peuvent empêcher la prise en charge de ce programme. Les thèmes qui ont été dérivées les données comprennent économique, création des barrières de la culture des obstacles politiques et des lois à la permanence et le lieu de travail. Recommandations comprennent la prise en charge des travailleurs de parenté spécialisés et des assesseurs, augmentés le financement à l'appui de ce modèle parenté service familles, services gouvernementaux centralisée et une direction plus universelle du ministère concernant la prestation de services. Implications pour la pratique du travail social, politique et poursuivre les recherches ont également discutées et inclus les moins frustration avec le programme, ce qui entraîne une augmentation des renvois et a continué de croissance et la durabilité des placements ; le résultat final serait moins d'enfants entrant soins foster. Les possibilités pour de futures recherches incluent : évaluer les résultats de la permanence pour enfants dans la parenté en soins versus parenté out-de-soins, exploration quel le long terme impact social et économique des responsabilités parentales génération ignoré aura sur kin, et d'évaluer si le financement des contraintes et des restrictions juridiques sont perturber une planification cas cliniques dans le bien-être de l'enfant.

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CHAPTER 1

Introduction

There are two levels of care in Ontario for children who are in need of protection which allow these children to reside with either extended family or with a person in their cultural community. Kinship service is an out-of-care living arrangement that is supported by Ontario Works through the Temporary Care Allowance. Kinship care is an out-of-care living arrangement that is similar to foster care, with the same provincial regulations and standards, except that the child resides with a relative. The kinship initiative was one part of the changes in the 2006 Ontario Child Welfare Transformation Agenda which provided new direction and options for children in need of the protection of Children's Aid Societies. It was within the context of this "Transformation Agenda" that kinship services and kinship care became part of Child Welfare regulations in Ontario. Previous to the Transformation agenda, Child Welfare Agencies for the most part, had been operating from a forensic, deficit-based model that relied heavily on the legal system to secure the outcomes for families involved with Children's Aid Societies. Initially these new options for children were met with a sense of renewed hope and encouragement that would not last long. Extensive training was provided to staff and individual agencies grappled with program formation while finding ways to provide and support the services in these jurisdictions.

Changes in the Child Welfare field were spurred by the deaths of many children who had been receiving the services of Child Protection authorities in the province. These tragedies also precipitated the creation of the Ontario Child Mortality Task Force in 1997. The recommendations from this task force contributed to the "Transformation

Agenda” and to a conscious effort to move from a deficit-based model towards a more cooperative strength-based approach, with families receiving services from Child Welfare agencies, a model that was more consistent with social work values and ethics (Kirst-Ashman, & Hull Jr., 1999). Unfortunately, field staff and supervisors, who generally believe in the philosophical concept of the kinship initiative, have been exhausted by the confusion around regulations and timelines and disillusioned by the government’s lack of financial support for families in many cases, grandparents caring for their grandchildren (Fuller-Thomson, 2005).

The purpose of this research project is to evaluate the current kinship initiative within Child Welfare in Ontario from the point of view of social workers who are implementing it. This research will explore, through the experiences of individuals who work with kinship families, whether the programs and policies are being implemented with the intent that they were based on; and, will ascertain what obstacles could be interfering with the utilization of kinship policy in Ontario and ultimately creating barriers to permanency for children in the kinship programs. It is the hope of this researcher that the data collected may reveal areas for improvement so that children may have more opportunities to live with extended family safely, rather than being placed in stranger care, and to achieve better outcomes for permanency. My research question is “what obstacles could be interfering with the utilization of the kinship initiative and the implementation of kinship policy in Ontario?”

As a Child Protection Worker with the Children’s Aid Society of Owen Sound and the County of Grey, I have become aware of these issues first hand in clinical practice, and also through conversations with colleagues and during attendance at Kinship

Symposiums and regional meetings with other kinship workers in the Southwestern Region. The following chapter is an overview of the Ecological and Life Cycle theories and how they relate to the kinship philosophy preceded by a chapter that reveals Ontario's experiences with the kinship program. The fourth chapter is a literature review of kinship experiences in British Columbia, the United States and Australia identifying the make-up of kin and similar struggles and successes in these countries. The fifth chapter will discuss the design methodology and the makeup of the focus groups preceded by the analysis of data and key findings and implications. The concluding chapter will focus on recommendations and future research to be considered in the field.

2. Ecological Systems Theory and Kinship Approaches

When working with children and families it is important to consider a systems perspective like the Life Model (Germain and Gitterman, 1980) or an ecological theory, as an individual's relationship to family, culture, community and political systems are often interdependent and cyclically impact one another (Germain and Gitterman, 1980). Professional social workers Germain and Gitterman (1980) believe social workers should have a broad understanding of life processes and how they are patterned, focusing on: an individual's strength, continued growth and potential; and, understanding the need to change an individual's environment to sustain their safety or well-being, while empowering an individual to attain their optimal person to environment fit.

Human development as envisioned by Bronfenbrenner, (1979) is a process that occurs amidst a multiple-tier system that is made up of a variety of interdependent bio psychosocial factors that evolve over one's life span. Bronfenbrenner considers five factors that are conducive to an individual's healthy development throughout their lifespan as follows: (a) *the individual level*, which he identifies as one's genetic make-up, personality traits and physical features; (b) *the microsystem level*, being how the individual interacts with family, peers and community; (c) *the mesosystem level*, how one's microsystems interact with each other, believing that when an individual's microsystems are strong and supportive of one another, their mesosystem is stronger, (an example of this might be when a person's faith community comes together to support the individual through a life crisis) ; (d) *the exosystem level*, is identified as

indirect systems that impact one's life like federal, provincial and municipal laws that govern health, education, social and child welfare services; and finally (e) the *macrosystem level*, relates to the larger belief system of one's microsystems that are passed from one generation to another, impacting the individual's life i.e. cultural and religious traditions, gender roles, distributions of wealth and what level of importance is given to woman and children.

Ecological theorists, Germain and Gitterman, (1980), and Swearer and Doll, (2001), believe that an individual's development occurs based on the interactions between these different levels or systems within one's environment, and "presumes that simultaneous with development in language, cognition, social competence and physical integrity, children also accommodate to their environment and physical environment. This environment, in turn, is mediated by more remote forces in the larger community and society" (Swearer and Doll, 2001, p. 9). Thus, the quality of one's development is directly impacted by the quality of interactions between these systems. So when a child's extended family or community present a plan to care for the child and are supportive of the biological parent or the child's primary caregiver, the child will have a greater opportunity to experience healthy development. And still today in some cultures, a child's mother was rarely the primary caregiver to the child because mothers were often busy with other responsibilities and traditional roles. Consequently the child's primary caregiver may have been a grandparent, another elder in their community, or perhaps an older sibling. A child's sense of security develops through that connection and identity with the people around them that care for them (McGoldrick and Carter, 1999). The kinship initiative is aligned with ecological theory and with the philosophy

that keeping children with persons that they have a connectedness to, as either family or community, should enable the child to develop and mature with a stronger sense of self and identity (Ontario Kinship Standards 2006).

Mackiewicz (2009) reviewed several studies in the United States of America and the United Kingdom and determined that the benefits to kinship care for children are that the child has a sense of belonging and feels loved when with family, and has more stability in the placements and fewer changes. He also noted the benefits to remaining connected to extended family, friends and community. Researchers studying the well-being of children in kinship care have reported mixed outcomes. Kang (2003) reviewed 17 empirical studies that attempted to measure the well-being outcomes for children in kinship care compared to those in foster or stranger care. These studies focused on measuring academic performance, behaviours at home and at school and the child's physical and mental health issues. In her revision Kang concluded that it is premature to ascertain a true comparison without longitudinal and comparative studies that track a child with similar challenges in both situations. The studies that she reviewed determined that the children in kinship care have:

- greater health needs with often inadequate services
- below average cognitive skills and average academic performance
- Many children in kinship care homes were negatively impacted by social and environmental stressors such as being exposed to parental drug addiction or prenatal drug exposure that exacerbate developmental and behavioural issues (Grant 2000, et al Kang 2003).

McHugh (2009) reviewed a comprehensive study evaluating 62 comparative studies that measured outcomes of children in kinship care versus foster care. Their findings contradict some of the outcomes of Grant (2000), suggesting that children in kinship care have better outcomes with regards to their behavioural development and mental health while maintaining stable placements. Other outcomes in this study determined that children in foster care had better access to health and social services and achieved more definite permanency outcomes (Winocur, Holton and Valentine, 2009: 4, et al., McHugh, 2009).

It is essential for kinship programs to be reviewed in the context of family, culture, society and the political influences that drive the decision making, in order to fully understand the stressors and influences that impact successful policy and programming. Today's economic climate has a direct impact on this very new program and kinship families face financial limitations due to, considerable cutbacks to Child Welfare authorities across the province, lack of funding for the program and the large number of field staff being laid off. The following chapter reviews literature from Canada, Australia, the United States of America and the United Kingdom where kinship programs have experienced similar struggles and growing pains.

3. Ontario's Experience with the Kinship Initiative

Ontario Children's Aid Societies have undergone major structural changes since the roll-out and implementation of the Child Welfare Transformation Agenda (2006) which provided the framework for individual agencies to develop new policies and programs for working with families. In the later part of the 20th century, the numerous deaths of children receiving services from Child Welfare agencies spurred the implementation of the Ontario Child Mortality Task Force (1997). This Task Force was commissioned by Office of the Coroner for the Province of Ontario and the Ontario Association of Children's Aid Societies and supported by the Ministry of Community and Social Services (OACAS Journal 1997, special edition). Over a two-year period, the Task Force reviewed the deaths of 100 children who were receiving services from Child Welfare authorities across the province and presented their findings in March 1997(OACAS Journal, 1997, special edition). The recommendations from this Task Force provide, in part, the basis of the Child Welfare Transformation (2006). Kinship Care and Kinship Service were some of the changes providing a new direction for children in need of protection by Children's Aid Societies in Ontario. Changes under Kinship Care and Kinship Service included: congruently planning for the permanency needs of a child; implementing a single information system across the province; educating and relying on current research to guide practice; and, differential response methods that allow field workers to respond in a less intrusive, child focused manner while maintaining their accountability at all levels (Ontario Child Welfare Transformation, 2006). In February 2006, the Ontario Kinship Service Standards were implemented,

providing the basis for minimal service delivery of Kinship Service and Kinship Care programs. Amendments were made to the Children's Law Reform Act 2006 to legislatively support these changes and these amendments were widely supported by major stakeholders and First Nations and Aboriginal organizations. Service delivery and program formation was left to the individual Societies for interpretation and implementation based on each Agency's financial restraints and capabilities, (Ontario Kinship Service Standards, 2006). The standards provide a guide to Child Welfare practitioners through every stage of service delivery from the initial search for kin, through the assessment process, service delivery and planning, providing ongoing support to the kinship caregivers and congruently through the continuum of establishing permanency for the child to closure.

This signaled a change away from a deficit-based forensic model of working with families to a more cooperative, child focused, strengths based approach to working with families in the Child Welfare system. The new model promoted a more collaborative approach with the families being served and identifying community collaterals that may also be working with the family and was, therefore, viewed as more consistent with social work values and ethics (Kirst-Ashman, & Hull Jr., 1999). Intensive training sessions were established and field workers met the changes with mixed reviews - some with a sense of renewed hope and others with cautious apprehension. This is consistent with the findings of this research project. During the first year of the kinship initiative, senior child welfare staff across Ontario and several stakeholders formed the Child Welfare Secretariat's Kinship Working Group and Permanency Reference Group, to provide field advice and expertise on the initial roll-out of the kinship initiative. Field

workers and supervisors were still getting acquainted with the Kinship Standards when additional changes were being recommended based on input from these two groups and field staff. By December 31, 2006 the new Kinship Regulations were implemented. Changes included a two-tiered assessments process with an initial assessment within the first month of involvement with the proposed Kin caregiver, and a second comprehensive assessment to be completed within three months of the child being placed in the home. Other changes impacted when files could open and close and workers were no longer recording information about the kin family in the biological parent's file, but, rather in a separate file under the prospective kin caregiver's name (Ontario Kinship Service Standards, 2006)

Practice and Research Together (PART) was commissioned by the Ministry and the Ontario Association of Children's Aid Societies (OACAS) to deliver current research from the field, worldwide, on various topics including Kinship Care. In the spring of 2008, PART organized a symposium on Kinship Care and Permanency Outcomes. Field staff and supervisors listened to researchers from the United States, England and Canada at the two-day conference and took back to their learning to apply the research in their respective Agencies. Currently there are 53 Child Welfare Agencies in Ontario each interpreting the Kinship regulations to suit their own geographic, financial and logistical constraints. From 2006 to now, Agencies have tried to create service models to deliver kinship services. In some circumstances this has meant supporting a generic social work model where the worker services a variety of case types, some protection, some child in care, plus a portion of kinship files. Other Agencies created specialized teams with specific kinship workers and assessors. However, depending on workload

volumes, the kinship worker may carry a combination of assessment and ongoing files. Unfortunately with different models and a variety of interpretations of the legislation and standards, confusion developed around the standards and implementation, confusion that continues today as reflected in the findings of this research. Differing interpretations of the Standards has created significant challenges; for example, when two neighbouring Agencies share files, as is the case when the biological family lives in one jurisdiction and the kinship caregivers in another. When the two agencies do not interpret the regulations in a similar way, services to the families suffer, often resulting in lack of services to the kin family. In some circumstances, as was revealed in this study, agencies are refusing to complete assessments for their neighbouring Child Welfare Agencies; for example when a parent leaves one jurisdiction, moves to another and their children remain in the first jurisdiction, the new agency where the parent now resides may refuse to open a protection file because the children are not living in this home. These cross-jurisdictional disputes cause lengthy service interruptions, delay the assessment process of kin homes and result in children remaining in the Foster Care system longer, or potentially indefinitely, before moving onto adoption.

Now, four years after the implementation of the Kinship Standards, little appears to have changed. The number of children entering the foster care system remains high, field workers and supervisors continue to be confused about the Kinship Standards and when to use Kinship Care versus Kinship Services. Many are still not familiar with the standards, relying on specialized workers/supervisors to clarify their questions and the number of custody trials remains high. Field workers either support the Kinship initiative with enthusiasm, or they avoid making referrals to their prospective Kinship teams, as

demonstrated in the findings of this study. It is apparent that more research in this area is needed to evaluate cross-jurisdictional protocols between child welfare agencies across the province and the dispute resolution methods that are used to settle these differences.

As the kinship programs are relatively new to Ontario, there is little research reflecting what's happening in this province, but elsewhere in the country and in the United States and Australia, the kinship care programs are well established and the research more available. I reviewed a study that evaluated similar obstacles to the aforementioned countries as well as a study from the Yukon that again was consistent in revealing similar challenges for kinship care providers and those implementing the programs. The following chapter is a literature review that will attempt to identify who the kinship care providers are and give a better understanding of the challenges they and program implementers face.

4.0 Literature Review

As the evolution of the kinship programs in Ontario is relatively young, literature specific to this study from Ontario was virtually unavailable, so I turned to empirical research from areas of British Columbia, the United States and Australia where the kinship “phenomenon” has been growing for more than twenty years, in an effort to learn from these experiences. In this chapter, I review literature from some of the western provinces of Canada and the United States of America and Australia collectively to gain a better understanding of the make-up of kinship care providers and the challenges they may be facing. I also wanted to determine if Child Welfare authorities in these areas are experiencing any barriers to permanency and to identify any similarities with kinship programs and permanency barriers. Finally, I felt that it was important to review what has been learned from the experiences of others, in an effort to bring a perspective for change and renewed hope to Ontario’s Child Welfare Authorities.

4. Kinship out-of-care: How the phenomenon evolved in parts of Canada, the United States and Australia:

When reviewing the experiences with kinship programs in northern British Columbia, I noted that the circumstances that encouraged the development of kinship programs in this province were almost identical to Ontario’s experience. In the 1990’s the death of a child receiving services from Child Welfare Authorities spurred a full scale inquiry into Child Protection Services in British Columbia (Burke and Schmidt, 2009). Recommendations from the Grove (1995) inquiry included stronger interventions and as a direct result of Child Welfare authorities implementing this recommendation, the

number of children entering the foster care system increased significantly from 1996 to 2002. This, in turn, increased the number of children being cared for by kin or a family friend. In British Columbia the Family Relations Act allowed for biological parents to transfer custody of their children to a family member or friend and then, in 1996 the Child and Family Community Services Act, provided opportunities for the provincial government to provide funds to such placements. Unfortunately, this change was not fully implemented until 2002 (Walmsley, 2005). The provincial government began to recognize the enormous financial benefit of kinship programs as suggested by Cradock (2007) who noted that a foster home would be paid between \$700 to \$10,000 monthly, depending in the special needs of the child in their care, while a kinship home would receive \$450 monthly regardless of the needs of the child in their care.

The 2006 Canadian census indicated that the number of kinship caregivers since 2001 has increased by 10 per cent, representing 62,500 grandparents across the country. The number of children living with a single grandparent was 31,275. In the North West Territories from 2001-2006 the use of kinship care has increased by 57.5 per cent (Hawkins & Millard, 2008). Parents were identified with unresolved social issues, contributing to their children having to reside in kinship homes, including:

- substance abuse
- mental health issues
- teen pregnancy
- Divorce
- death of a parent
- Neglect and abuse of the child (Statistic Canada, 2006).

In the United States the tremendous growth of kin caring situations is being dubbed a “phenomenon” and certainly the out-of- care option as it is referred to, the equivalent to Ontario’s kinship service program, is the largest form of care for children who are not able to reside with their biological parents (Ehrle et al., 2001: Goodman & Silverstein, 2001). It is estimated that 1.76 million children are being cared for by a relative other than their parent at a ratio of six to one compared to formalized care (Goodman & Silverstein, 2001), with grandparents as the kin most commonly utilized. Fuller-Thompson & Minkler (1997) identify representation from all ethnic groups however; African American families are most prevalent.

Australian researcher McHugh (2009), identified in her comparative study of kinship care models in several countries including New Zealand, Australia, Norway, the United States, Canada and the United Kingdom, that child abuse and neglect continues to be a significant social concern in Australia. As a result, the number of children being cared for in the traditional formalised foster care homes has been increasing yearly since the mid-1990’s. She points out that in 2008 Australia had the highest use of formalized foster care; almost 47.7 per cent of children not living with their parents were in formal foster care while 45 per cent were living with kin (McHugh, 2009). Of the total number of children in care there is a high rate of Indigenous youth about 25 percent in formal foster care and typically, more Indigenous children are placed with relatives than non-indigenous children.

4.1 Who are the Kinship Care Providers? Skipped Generation Parents:

Some American researchers suggest that typical kinship care givers in the United States are single woman with a lower level of education, in fair to poor health and living

on lower than average income levels (Berrick, Barth, & Needell, 1994), with the majority being of some ethnic diversity. African American grandmothers were the largest demographic identified (Berrick et al; 1994; Pecora, Prohn, & Nasuti, 1999).

Canadian grandmothers caring for their grandchildren were often single, with low incomes and were more likely unemployed (Statistics Canada, 2006). When looking at Canadian First Nations skipped generation parents, Fuller-Thomson (2005) noted that between 1991 and 2001 there was a 20 per cent increase in the number of Canadian children living with their grandparents and that First Nations Métis and Inuit populations were over- represented in this figure. She also reports that 23 per cent of these kinship caregivers were also caring for an elderly parent or relative, while living in extreme levels of poverty. One third of these would also be caring for more than one child (Fuller-Thomson, 2005).

Kinship caregivers are primarily relatives of the biological mother (73%), grandparents made up (48%) of this group while maternal aunts and uncles made up (44%); Holtan, Handegard, Ronning, & Sourander, (2005). The age range of these caregivers, as identified by Burke & Schmidt (2009), was generally between 37 and 68 and many were struggling with pre-existing health issues like bipolar disorder, depression, arthritis and chronic back pain. Fuller-Thompson, Minkler and Driver (1997) identified families where the grandparent is the primary caregiver and neither parent lives in the home as “skipped generation” households. Similar to the Canadian statistics, the social issues which have resulted in the children having to reside in a “skipped generation” home include: drug and alcohol abuse, teen pregnancy, mental and physical illness, abuse and neglect, AIDS and incarceration of the primary caregiver,

most often the biological parent. Understandably kinship caregivers are at a greater risk of depression as a result of several variables, including inadequate financial supports, not being able to access services like affordable housing and childcare and trying to sustain their family on an income that is below the poverty line (Mills, Gomez-Smith & De Leon, 2005). Many kinship caregivers also struggle with the strained relationship they have with their adult child, feeling caught in the middle. They still love their adult child but may feel disappointed in their life choices, while at the same time loving their grandchildren and wanting to keep them safe (Burke & Schmidt, 2009). This tension is at times difficult to manage for the grandparents especially when the adult child has mental health and/or substance abuse issues as suggested by Fuller-Thomson (2005).

In her study of Indigenous and non-indigenous kinship caregivers in Australia, McHugh (2009) found that the majority of the kinship caregivers were married (70 %) and the age range was broader than that found by the American researchers (Burke & Schmidt, 2009) starting at age 57 to 74 and (80 %) of her sample group were retired and not working to supplement their retirement income. She determined that about half of this group was receiving retirement income as their primary income while the other half were on social assistance. Consistent with the research findings in Canada and America, the majority of kinship caregivers were grandparents (McHugh, 2009; Holtan, Handegard, Ronning, & Sourander, 2005; Berrick et al, 1994; Pecora, Prohn, & Nasuti, 1999; Statistics Canada, 2006). This researcher also touched on the sometimes tenuous relationship between the grandparent and their adult child and how they themselves struggle with feelings of guilt over what is happening to their families (McHugh, 2009).

Despite the numerous social obstacles faced by skipped generation families, grandparents and other kin persist with little or no resources. When Burke & Schmidt (2009) surveyed the grandparents in their study, almost all of them stated that regardless of any financial support, they would continue to care for their grandchildren. Let us then examine how these social and policy issues become barriers to permanency, leaving children in legal limbo.

4.2 Barriers to Permanency:

Funding inequities

Funding inequities between kinship families and foster families appears to be a common theme in all of the countries evaluated but as Craddock (2007) stated it is his belief that the rising costs of formalized foster care motivated the provincial government to support the continued growth of kinship out-of care placements in British Columbia. This is consistent with the findings of this study, as field workers described the push from the government and their management to use kinship services as the “preferred option”. There was a strong understanding among field workers and management that it was a cost savings measure. Burke and Schmidt (2009) identify glaring funding inequities between formal foster care and kinship homes in British Columbia, pointing out that a foster home caring for children with special needs could receive as much as \$10,000 per month while a regular foster home would receive about \$ 700 per month and a kinship home \$450 monthly. Craddock (2007) argues that enormous costs associated with formalized foster care became the catalyst for the Government to support kinship out-of-care placements. It is not surprising then, that the majority of kinship homes are informal, out-of-care relationships (McHugh, 2009; Ehrle et al.,2001;

Goodman & Silverstein, 2001; Hawkins & Millard, 2008; Burke & Schmidt, 2009; Hawkins & Millard 2008).

The lack of consistent and adequate financial support to kinship out-of-care families was overwhelmingly the most common obstacle and the one most frequently mentioned in all of the studies I reviewed. Certainly, as Craddock (2007) states, it would appear that the government's motive to reduce deficits directly impacted kinship families and one could argue that, in doing so, they have intruded on the good nature of grandmothers and other kin. Geen (2003) pointed out that kinship care providers generally received little or no notice before the children arrived in their care and certainly, not enough time to financially prepare for the added costs associated with 24-hour care of a child- i.e. purchasing a crib, car seat, diapers, formula- not to mention sourcing affordable child care. Other kin agree to care for their family members in crisis situations with the expectation that it is only temporary. Burke and Schmidt (2009) reported the experience of one of their grandmothers who expected that her grandson would only be staying for a "few weeks while mom was in treatment and, you know that didn't happen," (p. 137). She went on to share how the responsibilities increased and how, before long, she was buying clothes, and organizing dental and eye care appointments.

Since the majority of kinship caregivers sustain their families at impoverished income levels, it is not surprising that this becomes a barrier to permanency. Grandparents are not applying for legal custody of their grandchildren because of the enormous costs associated with legal fees and the stress of a potential trail (Gibson & Singh, 2010).

Resistance to Apply for Custody

Gibson & Singh (2010) discuss how the lack of appropriate funding impacts a kinship caregiver's ability to have "a legal relationship" with the child in their care and to secure guardianship or custody. McHugh (2009) reported that where the biological parents will often be in a position to qualify for the services of legal aid, kinship caregivers are not because they may have income and assets that exceed the level required making them eligible for these services. This is also consistent with the findings of this study. Taking on the financial burden of a potential trial is not within the means of many of the grandparents and kin. McHugh quoted one grandparent's legal expenses for obtaining custody of their grandchild at "\$20,000". It is understandable then that many children remain in the care of kin with their parents continuing to have legal custody over them. Gibson and Singh (2010) refer to this as "children being out on layaway" (p.85), but they caution that leaving children in this type of relationship puts them at risk of being "reclaimed" by either of their parents, even though the parents may not have been a part of their lives for a long period of time. Some researchers have also noted that a kin's resistance to the court process comes from the grandparents who, in an effort to preserve their relationship with their adult child and not to appear to be giving up hope that they will recover from their struggles, may avoid confrontation in the best interest of the children, and prefer not to use the legal system (Gibson & Singh, 2010). This information is also consistent with the findings of this study.

Kin have reported having less money after achieving custody of the children in their care (Mills, Gomez-Smith & De Leon, 2005). This is in part due to the regulations around government funding programs. In some states the Temporary Assistance to

Needy Family (TANF) has restrictions and expiration limits that do not allow it to continue or grandparents are not able to accommodate the work restrictions (Mills, Gomez-Smith & De Leon, 2005). In British Columbia, grandparents expressed a fear that their subsidy would be cut off if they achieved custody of their grandchildren (Bruke & Schmidt, 2009). This was a consistent theme in Australia; grandparents could not afford the expensive legal costs and feared losing what little support they were getting if they secured custody of their grandchildren (McHugh, 2009).

A more immediate ramification when kin do not have legal authority over the child in their care is that they are at a disadvantage in being able to access services like medical insurance, social services, registering for school and receiving dental and eye care for their grandchild (Gibson and Singh, 2010). Kelley, Yorker, Whitley, and Sipe (2001), found that when kinship caregivers were supported with social work, legal and nursing services for a period of six months, 38 % of the kinship caregivers had obtained custody of the children in their care.

Access to Services

In the literature that was reviewed and consistent with the findings of this study, there are a few factors that impact the kinship caregiver's ability to access services. Although not having a "legal relationship" with the child is a big factor, kinship caregivers in British Columbia, the United States and Australia referenced how a good relationship with a social worker mitigated issues with other social services that they were unfamiliar with and trying to navigate, including information about the legal options available (Gibson & Singh, 2010; McHugh, 2009; Burke & Schmidt, 2009; Hawkins & Millard, 2008). Given age, educational levels and the fact that many of these grandparents have

been thrust back into the parenting role with little or no advance warning, they find themselves very quickly trying to register children for school, find clothing resources, furniture, affordable and adequate housing, medical and dental care and the list goes on. It is not surprising then, that they find the process overwhelming, which in turn, impacts their own well-being (Fuller-Thoms2005).

Unfortunately without legal custody some kinship caregivers are not able to register children in school, get medical insurance coverage for the child, qualify for social assistance or afford dental care. In turn, this also impacts the wellness of the kinship caregiver resulting in a higher level of depression among this group (Fuller-Thomson, 2005; Fuller-Thomson & Minkler, 2000), which in turn is impacts the level of care they are able to provide to the children in their care (Fuller-Thomson & Minkler 2000; Bruke & Schmidt, 2009; Mills, Gomez-Smith & De Leon, 2005).

Relationship with Adult Child

McHugh (2009); Gibson & Singh (2010); Burke & Schmidt (2009) identified that there is often a contentious relationship between the kinship caregivers and their adult children. When parenting responsibility changes, so do the family dynamics and the roles within the family. When the parent is struggling with substance abuse and/or mental health issues, the relationship becomes even more strained. Some grandparents will avoid confrontation with the biological parents so that the children will not be affected. Maintaining contact with both parents regardless of their own feelings toward the parent may increase the kinship caregiver's stress (Burke & Schmidt, 2009).

Goodman and Silverstein, (2000) determined in their research that when there is a good relationship between the parents, grandparents and the child and the grandmother sees

herself “act(ing) as a mediator for the family” (p.194), she will have greater satisfaction and meaning in her life, increasing her well-being.

A resource that the literature reveals as being underutilized is the Family Group Conferencing model and it is suggested this model could help to mitigate custody battles and placement issues early on in the relationship of the kinship family (Burke & Schmidt, 2009; McHugh, 2009; McHugh, 2009, Hawkins & Millard, 2008) It is anticipated that by initiating this service model at the onset of service. The larger extended family and support network could help to formulate a placement plan that everyone can agree to potentially support the kinship caregiver throughout the placement (McHugh, 2009).

Support by Social Workers

The literature reviewed offered mixed feelings regarding relationships between kinship caregivers and social workers. Some kinship caregivers made reference to the need for an ongoing relationship with a social worker, stating that they valued the support and their knowledge base regarding areas like accessing services and mitigating issues of negative child behaviours (McHugh, 2009; Burke & Schmidt, 2009). Others reported a fear surrounding Child Protection authorities and preferred to avoid any relationship with a social worker as they fear being perceived as incapable caregivers (Geen, 2003). Unfortunately the reality was more often that social workers valued kinship placements, but have little time to spend with kinship families except for crisis interventions (Spence, 2004 et al., Burke and Schmidt, 2009). Kinship care providers identified a need for social workers to have more experience in managing child behaviours and to be stronger advocates for them when they are navigating

services like social assistance and legal aid. They also need help to mediate family dynamics with workers skilled in assisting grandparent to manage their own feelings of guilt and ongoing grief related to the changes in their life situation and sometimes to the loss of the relationship with their adult child. Sensitivity training around Native and Indigenous cultures and traditions was also an identified need with the grandparents in Northern British Columbia and Australia (McHugh, 2009; Mills, Gomez-Smith & DeLeon, 2005).

Another barrier to permanency that should be mentioned here is the responses from social workers towards kinship programs. Although there appears to be a sense in the literature that social workers understand and value the philosophies regarding kinship placements, they also feel there is more work involved initiating the kinship home and then working with kinship families to maintain the placements, compared to a foster family (Burke & Schmidt, 2009). Some workers find kinship caregivers “more challenging to work with than foster carers” (McHugh, 2009, p.106) because they will advocate more strongly for the best interests of the child. Consistent with the views of the kinship caregivers, social workers also acknowledged the lack of time they were able to spend with kinship families who they saw as having limited training and therefore requiring more of their time (Burke & Schmidt, 2009). Many researchers are concerned about the lack of clarity surrounding kinship out-of care policy and suggest that this confusion could be, in part, why social workers give less of their time to kinship families. These researchers also suggest how the policies have impacted the kinship families to the point of causing economic strife which inhibits a legal relationship with the children in their care (Gibson & Singh, 2010).

4.3 Positives Steps Forward, What We Can Learn from Experience:

The literature has thus far been fairly consistent in terms of whom the kinship caregivers are and issues they are facing in Canada, the United States and Australia. However, there was fairly minimal evidence to draw from in reviewing what efforts are being made to reduce the stress and support the permanency outcomes of children living with kin. In the United States Gibson and & Singh (2010) report how some states have passed the de facto custodian guardianship legislation, which allows kinship caregivers who have been caring for a child under the age of three for longer than six months, to petition the courts for de facto custody of the child. This means that the kinship caregiver will not have to prove the inadequacies of the parent and they will not need their consent to petition, they only need to prove that they have been the primary caregiver to the child for the past six months. For children older than three, the kinship caregiver would have to prove that they have cared for the child for an entire year. Unfortunately this legislation has been poorly publicized and is not being widely utilized as a result (Gibson & Singh, 2010).

The Kinship Care Support Act (2008) in the United States helps to support kinship families after custody is awarded with financial supports equal to what formalized foster parents are paid. This legislation is two-fold: it creates a “navigator” program where- by Child Protection authorities are funded to implement a system to track, and assess potential kinship homes; and helps to navigate and connect kinship caregivers through the myriad of services they will require to meet the need of the child in their care in order to sustain the placement. The legislation also encourages building connections and collaboration between other community service providers to provide

training for kinship caregivers, legal services and the development of a kinship care resource guide. The legislation establishes and supports a kinship care ombudsman and finally supports activities and educational formats designed to benefit and enhance the kinship caregiver's skills (Child Welfare League of America, 2010).

This legislation was piloted with great success in the state of Illinois and four other states; at the time Illinois had the highest per capita number of children living in a kinship care relationship (Testa, 2008). In 1997, Illinois implemented this pilot and as Testa (2001) reports some encouraging figures emerged. Adoptions in the state of Illinois increased from 1,640 to 7,315 annually during the years of 1995 to 1999. Of these, kinship care adoptions accounted for 48% of the children being adopted in 1995 and 58% in 1999 (Illinois Department of Children and Family Services 2000, et al., Testa 2001). Testa (2001), suggests that these figures demonstrate a convincing argument that subsidized guardianship/custody improves permanency outcomes for children.

The Law Reform Commission of Canada that was established in 1993 and disbanded during the Mulroney administration, reinstated in 1996 and again disbanded by the current federal government in 2006, made a recommendation to the federal government regarding Family Law suggesting that it "review all laws and policies" that would affect kinship out-of-care and in-care relationships and respond according to the "social realities "(The Law Reform Commission of Canada, 2006). It is not clear if any of these recommendations have been implemented to this date.

4.4 Conclusion:

Extended family choosing to care for their kin is not a new concept. We only have to consider the outcomes of civil wars or either of the world wars to recall that thousands of children who became parentless during these periods of history and who were united with relatives they may or may not have known. I suppose it is this historical context that leaders of our country recall when they reinforce the “duty” of family to care for its own. It would not be difficult to argue that this has been the philosophy which has contributed to the extreme state that the kinship programs are in today. Encouraging results from the Kinship Support Act in the United States demonstrates what we perhaps know as common sense-that when we adequately support families in need the outcomes are more positive. Ironically, here in Canada, the very governments who are pushing the kinship programs without regard for the greater impact on society are the same governments who are encouraging a demographically aging population through a national media campaign, to save for retirement.

5. Design Methodology

The current study utilizes an exploratory qualitative design to examine the subjective experiences of field and management staff working with kinship service and kinship care families in Ontario. It is anticipated that the findings of this research will assist Child Welfare agencies across the province with policy development and implementation of kinship programs that will meet the needs of the families working with their respective agencies. Verbal consent to conduct the study was sought prior to sending a letter of permission to the Executive Director of the participating agency, explaining the purpose of the study and requesting support to conduct the research on site. In an effort to mitigate any adverse ramifications by the employer, assurance was sought for the participants that no disciplinary action would result should they choose to participate in this study or not (see Appendix B). A specific sampling group was sought for the purposes of this study, as it was important that the participants have relevant experiences to the study (Berg, 2001). An e-mail was circulated internally at the agency inviting all employees to participate on mutually acceptable dates; this was an attempt to strengthen the sampling group by inviting equal participation from a specific population (Berg, 2001). It was my intent to run one focus group, however, the overwhelming enthusiasm of the selected agency caused me to adjust my design in order to learn from all of the participants (Maxwell, 2005). Five groups were then scheduled -two on the first day and three groups on the second day-and in order to accommodate work obligations and scheduling challenges of the participating agency, one individual interview was accommodated on the first day. Consistent with the views

of Maxwell (2005) being flexible to this change, I believe, allowed for a larger sampling size and in turn greater latitude during the collection of data for this study, enabling me to learn more from the participants. As a social worker currently working in the field of Child Welfare and specifically with kin families, access to external workshops, conferences and regional committees allowed me to gain a greater understanding of the systemic issues related to the kinship programs across the province. Information gathered from these sources gave me the opportunity to “identify those characteristics and elements in the situation that are the most relevant to the problem or issue being pursued and focusing on them in detail,” as stated by Lincoln and Guba (1984, p. 304).

Sample

The sample group was a specific population and included child protection workers, supervisors and one program manager who are all currently working in the field of Child Protection in Ontario. There are 53 Child Welfare authorities in the province of Ontario and certainly a cross sectional selection of agencies would have been my preferred sampling but, due to time constraints a single agency in the Southwestern Region with a considerable staff complement to draw from, was selected. As well, I currently work in the field of Child Protection and specifically with kinship families in a different jurisdiction than the sample group. I have made this bias known throughout the process and feel that I am in a position to speak to similarities that develop during the study and understand that this can contribute to a broader perspective and elicit questions that demonstrate in-depth knowledge of the field and the work (Lincoln and Guba, 1984); extensive field notes were taken and ample reflective time was given to evaluate my position and to help mitigate the impact this may have on the study (Finlay, 2002).

Five focus groups and one personal interview took place with a final sample size of 21 participants: 12 field staff, 8 supervisors and 1 program manager. I attempted to organize the groups according to hierarchy in order to mitigate any imbalance of power within each group and to aid in eliciting an unobstructed discussion. Participants were invited to voluntarily take part in the focus groups and were made aware of their right to withdraw from the study at any time. One participant who felt she did not have much experience working with kinship families initially felt that she should leave the group but then decided to remain and contributed to the process. She did however excuse herself a few minutes early due to other work-related commitments.

Each participant completed a short demographic questionnaire prior to beginning the focus group for the purpose of collecting and charting the identifying make-up of the groups. The questions were specific to gender, age range, educational training, years of experience in Child Welfare and years of experience in their current job. The results of this questionnaire identified that the majority of the participants were female, have completed a post graduate degree and have been working in the field of Child Welfare for more than twenty years. Five of the participants had less than 5 years' experience working in Child Welfare, with the second largest number having between 6-15 years' experience. The full results can be viewed below figure #1.

Figure #1

Demographic Questionnaire				
	<i>Male</i>		<i>Female</i>	<i>Total</i>
Gender	2		19	21
Age	<i>20-25</i>	<i>26-30</i>	<i>31-40</i>	<i>40+</i>
	1	1	7	12
Years' Experience	<i><5</i>	<i>6-15</i>	<i>16-20</i>	<i>>20</i>
	5	7	1	8
Years in Current Job	<i><1</i>	<i>1-2</i>	<i>2-5</i>	<i>>5</i>
	1	4	7	9
Training	<i>CYW</i>	<i>BSW</i>	<i>MSW</i>	<i>N/R</i>
	2	4	14	1

CYW- Child and Youth Worker, BSW- Bachelor of Social Work, MSW- Masters of Social Work
N/R- No Response
Voluntary Nature of Participation

Participants in this study received an information package prior to the initiation of the focus group. The package explained the nature of the study and included an invitation for their voluntary participation, and explained their right to withdraw from the study at any time (Glesne, 1999). As it is virtually impossible to ensure the complete anonymity of participants, based on the familiarity with one another as colleagues, assurance from the employer was sought before the initiation of the study that supported their employees' decision to participate or not to participate and that this decision would in no way result in disciplinary action by their employer (see Appendix C). Consistent with the views of Bogdan & Biklin (1992). I felt it was important ethically to ensure that the risks to the participants did not outweigh the benefits of this study to the field.

Confidentiality

Potential participants were given an introduction/recruiting letter and consent forms which they were asked to read and sign should they decide to participate in the study (see Appendix D). The signed consents were collected prior to initiation of each group or individual interview. Participants were given numeric identification cards at the beginning of the session to respect confidentiality and were asked to refer to their colleagues using their respective numbers during the process. The same number was written at the top of each consent form and demographic questionnaire. Each group was designated by a numeric code and that number was also written at the top of each consent form and questionnaire. All documents were kept in a locked file to support the confidential nature of this process and stored in this researcher's office. Each session was audio taped and the tapes remained in the same locked file. Participants were informed of this process and consented to be audio taped and they were informed that all tapes and documents would be destroyed at the completion of this study.

Design

As the kinship initiative is relatively new to Ontario, there is limited research on the topic and for this reason, an exploratory qualitative design was used to grasp a better understanding of the experiences and needs of social workers serving kinship families (Maxwell, 2005; Rubin & Babbie, 2001). The collection of demographic information assisted me in identifying the make-up of the sample group. When I was designing this study, I was anticipating running one focus group of about 10 participants, however, I determined that there was a need to be flexible when the enthusiasm of the participating Agency warranted increasing the number of sample

groups and running them at convenient times for the Agency, accommodating the number of participants that each time slot was able to (Maxwell, 2005). In one circumstance, the process became a personal interview as the participant was the only one who signed up for this particular time slot and I wanted to hear from all willing participants about their experiences with kinship care and kinship services and, therefore, took the opportunity to conduct a personal interview. Consents were signed and collected at the beginning of each session and participants were verbally reminded that their participation was voluntary and that, in no way should they feel any pressure to participate, and that they could withdraw at any time (Glesne, 1999). Each session ran about an hour and a half and although I began with set questions (see Appendix F) to initiate conversation that would draw responses consistent with my research question, the interview style was semi-structured and open-ended questions like, “tell me more about that, or help me to understand that” were used for clarification of a discussion consistent with the model presented by Seidman (1998) and at times I would repeat back the words of the participant to follow-up on a response “you said...”. This technique allowed the flow of discussion to head into other directions that perhaps I did not anticipate and questions related to those new topics were explored, allowing for greater latitude for discovery (Rubin & Babbie, 2001). Recording the group discussion was the most accurate way to be able to recall the thoughts of all the participants and consistent with Weiss (1995), I found that using a tape recorder increased my ability to be attentive to the participants.

5.1 Data Collection Procedures

Once consents were signed a demographic questionnaire was handed out and participants were invited to complete it voluntarily. All participants chose to complete the questionnaire and all questions were answered except for one participant who chose not to or forgot to answer the question referring to their education. All sessions were audio-taped and then later transcribed and themes were drawn from the written text. Handwritten notes were also taken to assure that if the audio-tape malfunctioned that there would be back-up notes that I was able to refer to. This also helped in circumstances where voice levels fluctuated and were not audible as I was able to refer to my notes for clarification. It was also helpful when evaluating the transcripts as it helped me to identify and locate themes more readily. Following each session and at the end of each day I made reflective notes evaluating my reaction to the discussion (Finlay, 2002). I found that running three focus groups each day made it difficult to offer enough time to reflect adequately and in another circumstance, I would protect this time more diligently. A thematic coding process was used to sort the data into themes based on the descriptive information shared in the focus groups (Flick, 2002). Consequently, some of the themes impacted one another and so subcategories were formed to better understand this relationship and how it impacts my research question.

In group five when one of the participants felt they did not have much experience with kinship families and she expressed to the group that she did not think she would have anything to contribute to the process, the participant was invited to stay and listen and perhaps learn from the experiences of her colleagues, or she could choose to withdraw. She chose to remain and stated that she would likely remain silent but consequently had some valuable experiences to offer to the process. By withdrawing

pressure on the participant and giving control of the situation back to her, I felt she was able to make a decision that was in her best interest at that time and certainly she appeared to feel comfortable enough to participate during the focus group (Weiss, 1995).

5.2 Data Analysis

Establishing Trustworthiness

In an attempt to support the claim of this study, I wanted to test my hypothesis in other Child Welfare venues. I took field notes at regional meetings and conferences related to kinship care programs, making consistent observations in order to gain a better understanding of the systemic issues in the context of this study (Lincoln & Guba, 1984). It is through this process that I was able to identify themes that were relevant to my research question and that allowed me to focus on them in detail (Lincoln & Guba, 1984).

In this study I sought a specific sampling group, field workers and management staff employed with a Child Welfare authority as it was important to this study to have a sampling group with relevant experiences (Berg, 2001). To strengthen the sampling group and reinforce the internal validity of the study, an invitation was extended to all field staff of the participating agency to ensure equal opportunity and to satisfy the need for the participants to be drawn from a large pool of relevant participants (Berg, 2001). Therefore, there is no reason to suggest that the participants of this study were not representative of social workers in the field of Child Protection in the Southwestern region of Ontario.

I attempted to remain transparent regarding my own biases by ensuring that each group was made aware of the fact that I am a Child Protection Worker (CPW) and that I work directly with kinship service families in Grey County. Being aware of my own subjective experiences as a CPW, kinship worker, mother, grandmother and an extended family member to many more, I wanted to be aware of how these experiences and influences in my life could influence the interpretation of the data (Finlay, 2002). I made extensive notes reflecting on my reactions to the information presented following each focus group. There were times, however, when the groups were booked too closely together which did not allow for reflective time, so my notes were made later that same day. Having an in-depth knowledge of the field I believe offered me greater latitude for in-depth questioning (Lincoln and Guba, 1984).

A demographic questionnaire was circulated to all participants in each group and a univariate analysis was completed, the data was presented in table format in figure #1 p. 31. Physical observations were noted in my field notes, like where participants sat during the focus groups and how the group dynamics impacted the responses by the participants. I feel that these steps assisted me in understanding the fuller context of the study topic of discussion and, as themes emerged from the first group, I used this information to explore questions with subsequent groups. I have presented the groups according to their current work experiences, field workers first, and then managerial staff. I felt it was important to divide the roles to help bring clarity to their perspectives.

Description of Focus Groups

Group One (G1)

Focus group one consisted of seven field staff, all females, who are working in various capacities, F1, F3 and F7 are protection workers who work with the biological parents and have interactions with kinship families because they have children on their case files who are placed in a kin home. F5 and F6 are child and youth workers who provide ongoing support to kinship service families. F4 works in the resource department specifically supporting kinship care placements and assessing kinship care homes, while F2 provides ongoing services to kinship care families. Participants F1, F2 and F3 have less than five years experience in the field of Child Welfare and between two and three years experience in their current job. Participants F6 and F7 have more than 11 years experience in Child Welfare and between 3-4 years experience in their current job. Participants F4 and F5 had between 16-20 years experience in Child Welfare and 3-4 years experience in their current positions. In terms of education participants F5 and F6 have their diplomas as Child and Youth Workers, participants F1 and F4 have Bachelor degrees in Social Work and participants F2, F3, F7 have their Masters degrees in Social Work. (See figure #1)

Group Five (G5)

Participants in this focus group are field workers and were all females except for F12 who is male. F8 and F12 have their Bachelor degrees in Social Work while participants F9, F10 and F11 hold their Masters degrees in Social Work. Participants F8 and F10 have less than six years experience in Child Welfare, F10 has more than five years experience in her current position while F8 has between 1-2 years experience in

her current job. Participant F11 has worked in the field of Child Welfare less than 10 years and has been in her current position for more than five years. F9 and F12 both have more than 20 years experience in Child Welfare, while F9 has worked in her current position for more than five years and F12 in his position less than 2 years. In the following section I will attempt to identify themes drawn from these two groups starting with the economic barriers to permanency. (See figure #1)

Group Two (G2)

Focus group two was an individual interview with a female supervisor currently overseeing an Integrated Native Team, but previously, she supervised an Intake Team for most of her career. She has her Masters degree in Social Work and more than 20 years experience in the field of Child Welfare and more than five years experience in her current position. (See figure #1)

Group Three (G3)

Participants in this focus group were supervisors with the Integrated Native Team and Intake Team. S2 is a female supervisor with a Masters degree in Social Work and more than 20 years experience in the field of Child Welfare and more than five years experience in her current position. S3 is a male supervisor of one of the Integrated Native Teams who has more than 20 years experience in Child Welfare and more than five years experience in his current position. S3 either forgot or chose not to fill out his educational information. An observation I made with this group was that S3 appeared to have more experience and knowledge about kinship families and research related to kin. This knowledge base was also reflected through a deep respect for S3 by S2,

enabling her to comfortably change her stance on various topics based on S3's knowledge. (See figure #1)

Group Four (G4)

The participants in this group are a mix of supervisors and one program manager. It was not my intent to have a hierarchical mix in any of the groups as I wanted to facilitate a better flow of information, but participants did not seem to feel this would have an impact and I, therefore continued with the process. Participants in this focus group were all females S4 and S5 both have a Masters degree in Social Work and between 11-15 years experience in Child Welfare. S5 has been supervising the High Risk Infant Team that interfaces with Kinship Service, and has more than five years experience, while S4 has been supervising the Kinship Service Team for less than a year. Participant M1 is the program manager for the Kinship program; she has a Masters degree in Social Work, more than 20 years experience in Child Welfare and more than five years' experience in her current position. She was very involved in the development of the Kinship initiative, both at her own agency and at the provincial level. She was a member of the working committee developed by the Secretariat to give input into the kinship standards and regulations. (See figure #1)

Group Six (G6)

Focus group six consisted of three female supervisors, all with their Masters degrees in Social Work. S6 had between 6-10 years' experience in the field of Child Welfare while S7 had between 11-15 years experience and S8 had more than 20 years experience in the field. S6 and S8 have both been supervising their current teams between 3-4 years; S6 is a supervisor with the Child and Family Services department,

but had supervised the initial Kinship Services and Kinship Care team before the agency's model changed to separate these two roles. S8 supervises part of the new model; she is the current supervisor of the Long Term Care Unit overseeing the agency's Crown Wards, which include children placed in Kinship Care homes. S7 has been supervising an Intake Team for more than 5 years. (See figure #1)

Theme Development

Semi-structured interviews were conducted with all five groups and the individual interview. I initiated each group with a set of open-ended questions to stimulate open discussion. Participants were either eager to sing the praises of the kinship program or they had active criticism. In my field notes I noted times when there were periods of silence and times of laughter and during one very sensitive conversation, there was noted empathy from colleagues regarding a very difficult situation. At times, during some of the group sessions, I would contribute to the discussion by sharing an experience, but was conscious to what extent my information could impact the findings of this study (Seidman, 1998).

Consistent with analytical models for qualitative studies developed by Wolfe (1973), Miles & Huberman (1994), and Berg (2001), I followed a similar process whereby the audio-taped sessions of each focus group, about an hour and half in duration, were transcribed and then reduced by extrapolating themes. A line by line reading of the data was reviewed repeatedly searching for similar themes and patterns most relevant to the research question, as suggested by Lincoln and Guba (1984). Several different coloured highlighter pens were used to identify the recurring concepts and were grouped into initial codes such as "funding, policy or communication". Then,

using a memo writing technique, I reflected on thoughts and hypotheses regarding these initial codes in the margins of the transcripts. I then applied a data reduction technique to categorize the themes in each of the sessions. Using a colour code to identify the different themes allowed for quick visual recognition of the themes that were later grouped into more abstract themes (Flick, 2002). More global themes emerged from the initial themes, for example, funding became “economic barriers to permanency” and policy became “policy and legislative barriers to permanency” and communication and education themes emerged as part of “workplace culture creating barriers to permanency”. All of these themes are interconnected with the research question of this study “what obstacles could be interfering with the utilization of kinship policy in Ontario”.

In the following chapter I will identify the themes that emerged from the focus groups. I separated the field staff themes and the management themes as their perspectives were somewhat related to their current position; for example, in the groups with field staff, I heard much more about client experiences and participants’ frustrations when trying to advocate on behalf of their clients, where as in the management groups there was more of a focus on policies and regulations and the frustrations that their staff are encountering with the legislation.

5.3 Limitations with Research Design

Some possible limitations with the design of this study could be that the sample group was taken from only one Child Welfare authority in one region of Ontario. Time constraints and geographic limitations did not allow for a cross sectional representation of the province, however, the review of literature across the country that supports some

of the findings in this study would suggest that this sampling group is in fact an accurate representation. This is reinforced by the fact that there are repeating themes within and across the groups (Auerbach & Silverstein, 2002). I do respect that there could be geographic implications that were not considered in this study, such as travel and transportation issues, or isolation and availability of services, that could be reviewed in future studies. Another consideration, although it did not seem to be an issue, is that the interviews were audio-taped and took place on the site of the participating agency and one could argue that this might inhibit the freedom of information flowing during the focus groups (Weiss, 1995). I did not observe such restriction in this study. There seemed to be candid and what appeared to be comfortable conversation flow, periods of silence and laughter, and no lack of willingness to share personal and, at times very difficult, situations that the agency needed to work through when departments within the agency disagreed with the direction being proposed for a family. I should also mention that efforts to eliminate the hierarchical forces in the groups were not achieved in Group Four as the program manager joined this group of supervisors. I did observe that this individual did dominate the discussion, but it appeared that this was as a result of her knowledge of the subject and her personal experience implementing the programs internally and provincially. She openly heard criticism about management decisions and programming issues with kinship services and kinship care programs and, in some circumstances, agreed with the criticism or offered a critical view herself. The other participants did not appear to be selective of their topics and appeared comfortable in her presence. Unfortunately, there is no real way at this point to fully gauge the impact this may have had but even if the information from Group Four were to be excluded

from this study, I don't believe that it would impact the result significantly as the themes were repeated in other groups. In future studies I would be more diligent in preventing this from happening.

Although there are limitations to this study I do believe that efforts were made to mitigate the impact and certainly to present sufficient evidence in support of the methodology. In the following chapter using the thematic coding process, the data was analyzed with similar procedures utilized by Flick, (2002). As the themes are identified and grouped the possibilities for future research in this area are revealed and discussed in the final chapters.

6. Findings and Implications

Themes Identified by Focus Groups:

Three global themes related to the research question of what obstacles may be preventing the support of the kinship program in Ontario, have evolved out of this study. The three main themes are economic barriers to permanency, policy and legislative barriers to permanency and workplace culture creating barriers to permanency. From the three main themes, several other themes evolved which are discussed in this chapter. Let us then look at the first barrier to permanency related to social economic status of kinship caregivers and how they are funded.

Economic Barriers to Permanency

Some of the themes that have been subcategorized under economic barriers are (a) social economic status of kin providers (b) inequitable distribution of funds between the kinship service and kinship care programs and (c) how social issues of the biological parent impacts the kinship family.

As supported by the literature review for this study, the majority of kinship caregivers are grandparents, single women, usually related to the biological mother and impoverished. The findings of this study concurred with this research and broadened this view to include the “working poor”, who although they are sustaining employment and may own property, experience barriers when they apply for other government services like Legal Aid, the Child Tax Credit and for subsidized day care to help support their placements. This is evident in the following statements where participants of group one spoke about the daunting costs of daycare:

- F4 “Day care is a humongous expense here. I have a number of cases in the past few weeks where grandparents are saying I can’t spend \$1,000 a month on day care, so come up with it.”
- F5 “When it comes to money, again that is where it would be helpful for kin if there were separate areas (budgets) for day care and things like that, for people who are working poor that on paper are making quite a bit of money. But you have your house, you have your own kids and then you are adding in three or four other kids, they can’t do it.”

As was later pointed out by participants, these expenses are causing kinship caregivers to go broke or to go further into debt. Field workers spoke about the adversarial pattern that develops between themselves and their kinship clients, due to the frustration the kinship caregiver feels as a result of having to pay for expensive services, that are unexpected and unplanned for, as a result of helping a family member. The frustration for workers comes from not being able to help directly with these expenses, or at least to direct the kin to services that can help them, resulting in some cases where the placement breaks down, or the placement does not occur at all. As this participant says:

- F4 “Sometimes we want to place with kin because kin is the appropriate placement but financially they really cannot do it...I have this one family right now who I am not going to be able to approve simply because of money and they are wonderful people who love their nephews, they asked me, can you help me a little and I have to say no, I can’t.”

Kin who fall into low income and the working poor sectors are unable to secure permanency for the children in their care because they simply cannot financially endure the legal costs of a trial, or even to make an application for custody. Typically these kin do not qualify for legal aid because they often own property and have regular employment at a level that exceeds the threshold. This is consistent with the literature reviewed, as are the outcomes for children in this situation, who remain in limbo, unable to leave the Child Welfare system. A participant describes an unusual outcome:

F7 “I can think of a case where kinship worked really well...family actually ended up getting custody of the children and we were able to no longer be involved because all the risks were then taken away. But these were families that were upper middle class families that were able to manage to take that on (legal costs related to custody), but when you’ve got people on fixed income, that’s never going to happen, so we’re never going to be out of the picture and that’s supposed to be the ultimate goal for all the families.”

Supervisors and other field staff support the view of this worker but as pointed out in the next example, there is a need for balance, as providing financial support can also form a dependency that kinship caregivers fear they will lose if they obtain custody of their children. This is demonstrated by the following statement:

S5 “Financial support can be a barrier to families getting custody...it creates dependency and then prevents permanence. That’s a challenge. Logistically once they get custody, we are not able to provide them financial support on an as needed basis, so that resource gets taken away from them. The biggest one that I see because I work with little ones is the day care piece. So we could have been supplementing day care and then that can be taken away from them. And like (M1) said, our kin families are not usually in the higher economical levels, so they are struggling to make ends meet and taking away even minimal amounts of financial support is a big difference on a day-to-day basis.”

(a) Workers and management staff in all groups made references to the inequitable distribution of funds between kinship service families and kinship care families and how these discrepancies are manifested. Internally, workers pointed out that some kinship service families would receive more financial support than others, as the agency would assist in purchasing needed furniture for one family but not the next as this worker stated:

F9 “When I did kinship service some families got things and other families didn’t and they have similar issues, and it’s just like the link you made (referring to views expressed by two other participants (F10 and F11) about people and how our own personal issues get in the way...my preference is really to do (kinship) in-care because the barriers you might have in kinship service um, are broken down because everybody gets the same (in kinship care)”

This statement by the participant worker reflects a broader issue that will be discussed below in a discussion of permanency barriers created by workplace culture. However, the worker touches on how the two programs are supported financially by the Ministry and how, as a worker, it becomes less frustrating and less stressful to engage with families that are adequately funded. The program manager in group four shared a more provincial outlook and a supervisor promotes a needed partnership between the kinship caregivers and the government to change the status quo:

- M1 “Financial support is critical. As a Province we are so inconsistent with that piece. I don’t see how, as an Agency, we can promote it (kinship programs) without providing that financial support. That is just contradictory, because (for) the majority of them, actually we are mirroring the research. Our experience (is that) the majority are grandparents, often on disability, or on Ontario Works and so tend to be quite impoverished.”
- S3 “And without placing the emotional obligation on you, I think (kin) are saving the state something and there should be some type of partnership of finances to help to support (kin) to take that load on and not with the threat of cutting them off. There is a cut off and I think there has to be continued support if we want them to continue to support their grandchildren. Otherwise what we do, we create a delay in the process, (so) that in three years’ time, all those kids run the possibility of entering our system.”

Inequitable funding was the theme mentioned most often by participants in all the groups. These workers pointed out what transpired when the programs were first started and they were inviting kinship service caregivers to training sessions for foster parents and kinship care. Kinship care families are funded at the same level as traditional foster care homes and receive about \$900 per month per child from the society, while kinship service families receive about \$230 per month per child from Ontario Works through the Temporary Care Allowance. This imbalance plays out

between the two kinship programs when the caregivers themselves discover the inequities as stated by this participant:

F9 “Why am I doing the same job and I am getting considerably less?”

This participant went on to say that the barriers created by this discrepancy between the kinship service and kinship care clients made it difficult to put the groups together. So much so that field staff had to stop inviting kinship service clients to various training programs that included foster parents and kinship care participants, because they would share with one another information about funding and services they receive, creating resentment and anger within the two groups. Workers in both groups pointed out how inconsistent messages around the funding of the kinship programs created misconceptions around expectations that kinship service families had for their workers, the agency’s ability to support them and what the government’s support would look like. These misconceptions continue today as protection staff, who are often the first person the kinship family begins working with, unknowingly misinform the potential family about financial expectations that cannot be fulfilled under the current system. This, in turn, creates a difficult situation for the kinship workers to come into as this worker points out:

F11 “They start out with a Child Protection Worker who’s given them what they think is true and explaining to them the process the best as they know it and then a kinship worker comes out and tells them something totally different because the Child Protection Worker was misinformed, or they didn’t know, or they described service that was actually kinship care.”

It was clear that this inequity did not sit well with any of the participants and it was not difficult to see and feel the stress and how it is impacting on the field workers and managers at this participating agency as these participants describe:

S2 “I think a big (obstacle) is funding and I don’t always agree with how this Agency has chosen to fund kin. I think we have very high expectations of kin families.”

- S3 “The struggle I have (with the current system) is the level of support that we need to provide kin both short term and long term is, I think we are the ones who are not sticking it out. I think we encourage custody for belonging but I think longer term, maybe after a year or two years. I don’t want to be in a situation then that I feel sometimes those situations are marginal, medically fragile (grandparents) at a certain age group, there should be an obligation on our part to give them some support or to build up a support system in order to maintain.”

The final theme that was explored under economic barriers to permanency was the social issues of the biological parents and how they impact kin. The global economic downturn around the world, and here in Canada, has impacted many of the families that Child Welfare authorities serve as plant closures and job losses became a frequent headline in the news limiting a parent’s ability to provide the necessities of life for their children. This has also affected the ability of extended family members to help out in this time of need as stated by this worker:

- F 5 “ I know that in part of our learning, you know, extended families should be helping out with kin raising their own grandchildren, however in these economic times, people can’t afford to. People are having hard enough time losing their jobs ... and they can’t always be giving extra money to their other family members. ”

The increased financial stress to families has also had an impact on mental health and drug addiction of the biological parents. In some cases, as workers point out, there is a significant struggle for kin who are trying to maintain a relationship with the biological adult children:

- F1 “grandparents and family members are going broke because we have clients who have mental health issues and they don’t know when to give up.”

Some of the observations that workers are making is that the kinship families are seen by the biological parent as taking on the role of the Society. So, instead of feeling supported by the kin, the parent will perceive that the kin has taken their children away

from them and that they are contributing to the parent's financial stress by insisting they contribute financially to help support the children when, in fact, it is outside agencies putting this demand on the kin. This will be discussed further in the next section. One of the biggest barriers to permanency that workers have observed happens when a parent has severe mental health issues or a dual diagnosis of mental health and addictions. These parents are challenging to the kin and field workers and throughout their involvement, they drain the kin families emotionally. This is certainly an observation I have made with my own clients but when kin are making an application for custody, parents with these problems often fight the process to the end, at great expense to the kin as described by workers and supervisors:

- F4 "If they (bio parents) have severe mental health problems and they are not going to change, I mean it's just going to go on and on and that needs to stop."
- F5 "when the whole custody court piece takes three, four years because parents can fight it...you're broke within a year."
- S8 "When you try for adoption or permanency there are lots of road blocks. I can't adopt because this is my grandchild and I'm still hoping that my daughter is going to get her act together and um, someday she's going to be able to parent these children herself and you know you have those kinds of ideas."

Consistent with the ecological systems theorists, the information presented so far demonstrates how each level affects another. Here, the mesosystems are not interacting well with one another, which in turn will have a negative impact on the family and the individual (Bronfenbrenner, 1979). Let us then look at how government systems interact with one another and thus impact the kinship home.

Policy and Legislative Barriers to Permanency

Themes related to policy and legislative barriers were (a) bureaucratic obstacles; (b) inconsistent interpretations of regulations and standards; and (c) interprovincial differences. Discussions regarding these themes were lengthy and at times reflected high levels of frustration amongst the participants. Workers described very frustrating bureaucratic processes when kin try to access services in the community to support and sustain the placement of the children in their care. As we have discussed earlier, funding for the kinship service program is administered by Ontario Works through its Temporary Care Allowance. When there is a need for support, the kinship service caregivers must apply themselves, once the children are in their care. This usually involved a two hour meeting- for a grandmother caring for a toddler; this can be a challenge in itself. Identifying information like the child's Birth Certificate are required to process the claim, but in some circumstances when this is not available at the first meeting, they will process the claim with the expectation that the kin will follow through with applying for the certificate. Frustration ensues when documents cannot be obtained. Participants F5 and F4 shared how the larger community systems impact one another, and in turn impact the biological parents and in turn the kin families:

F5 "there needs to be a process because hospitals don't register the babies anymore in our region anyway, that's what I have found, so births are not being registered. So not only do grandparents, three or four years down the road, then have to do the Statement of Live Birth Registration, which is \$50 and is not always processed because parents won't sign it because they like to have control, or you can't find them, kin are trying to sign it and then they have to pay for a Birth Certificate. It's not working."

F4 "(referring to Ontario Works) they cut them off all the time too. We have to write letters all the time to get them back on again."

Again the system is impacting the individual and when parents with substance abuse and mental health issues resist helping to complete documentation for their children this

impacts the kinship caregiver's ability to meet the basic needs of the child. This field worker shared how her efforts to advocate on behalf of a kinship service family were to no avail, as road blocks and bureaucratic red tape were met all the way up to her local MPP:

F5 "so people are getting stuck with kids not able to start school because they don't have a Birth Certificate, not being able to receive Ontario Works because they don't have a Birth Certificate, not getting health cards because they don't have Birth Certificates; meanwhile our own Government is stopping families that are trying to care for their own."

To further the frustrations of kin and field workers trying to support the kin; when the health cards are locked, when a Birth Certificate cannot be produced and, children are being denied services, like dental and counselling, until this situation is rectified. In some cases this is taking a long time:

F1 "It took me two years, it took me two years because she (the child) wasn't registered at birth and they sent the registration package, but then they wanted mom's Birth Certificate. Oh yeah, that was a nightmare, and I had to get her on adoption probation and that wasn't happening until we got that Birth Certificate."

So once Birth Certificates are obtained, kin are then in a position to apply for the services they need like the Child Tax Benefit, but as participants pointed out, this process has also changed to the detriment of kin. This next participant shared her understanding of this process:

F5 "When they changed over the Child Tax Benefit to whoever the child is living with, it used to be based on the parent's income, so if the parents were on Ontario Works or ODSP, the children would receive the maximum which would help the kin families. When it all changed over, that then it was based on the person caring for the child, some grandparents don't even qualify, again it is working poor."

This participant elaborated that it may look like the kin are doing well on paper because they own property and have some savings, but this is typically their retirement income

which is generally fixed and intended to sustain a couple over the course of their retirement years, not an entire family. The impact that skipped generations parenting is having on seniors in Canada was studied by Fuller-Thomson (2005) who also supports this concern for kin. In her study, she points out the negative impact this added stress is having on their physical and mental well-being and how this in turn can affect the children in their care. Another issue that participants discussed was the challenges faced by kin when a biological parent dies. During very stressful periods when kin are grieving the loss of a daughter, son, sister or brother and also helping the children through this difficult process, government agencies do not make it easier:

F5 “I just had a case where the grandmother was told by OW that she would be cut off until she applied for the Survivor’s Benefits and she’s had to fight with Survivor’s Benefit that it come to her and not the dad, cause that’s the way it goes. Ontario Works ended up having to pay for the mother’s funeral but withholding the death certificate from the grandmother so she can’t close out bank accounts, she can’t get CPP, she can’t go to court, she has to beg every time to OW.”

This example demonstrates how government agencies do not always work well with one another on behalf of shared clients and how each department’s internal policies and power struggles can impact a family. The biggest irony for field staff and management seems to be that the very government which pushed the kin program through has created this maze of obstacles preventing kin from adequately caring for their own:

F7 “There has been a huge push over the past however many years from the Government, and from the top down here, kin, kin, kin, kin, kin, but there hasn’t been a whole lot of long term thought about how this is going to work, how it is actually going to work. There is not enough staff in our kinship department, there’s not enough funding to our kinship department and then all of the other Government agencies.”

S2 “Kin came in very quickly, it sort of came slam ‘in at us, and this lack of continuity, this lack of regulation and this lack of sorting through, what is CAS’s obligations, what is the rest of the community’s obligations? This did not help us

in any way shape or form, I think it is a big huge mess and I would have rather that they delayed it for a year or two and got some of these other things in place.”

It is not difficult to feel the frustration levels of field staff and managers towards the bureaucratic barriers while they are trying to navigate kin through the community services, but as some of the management staff point out the, bureaucratic red tape was also within their own system and workers trying to navigate the new regulations and standards were feeling their own frustration levels rise:

S8 “at one time they thought there would not be as many standards that we would have, that they wouldn’t have to go through the entire Foster Home Study but now it is a full Foster Home Study and it takes as much as nine months for that to be completed you know. They’re supposed to go through the Pride training and all the other Safe training as if they were regular Foster training so if this whole initiative was done to save the Government money, it hasn’t turned out that way um, because we haven’t been able to live with the risk of them having different standards than other Foster parents.”

S1 “The paper work and timeframes in the standards. People (field workers) are bogged down by the standards and the paperwork and it’s just kind of one more thing...if they don’t get the referral done in 24 hours, they are responsible for the next few um pieces like the record checks and the home safety and the um, the initial screening. When you have a caseload and you possibly have an apprehension or a TCA, it’s quite overwhelming to add that onto it.”

This same supervisor shared how then the system that their agency has developed over the last four years to manage and support the kinship programs, has had to go against the values that the participating agency had once aspired to:

S1 “The paper work, the timelines, because we used to have a process here where there is not a wait list, there is now. So I know for a fact that when we are faced with the next kin thing where I have to send a worker who’s already completely overwhelmed out, to either a designated place of safety, or to do a supervision order placing there, or to get that seven day visit in or the criminal record checks and then the 30 day, this is a huge obstacle, the amount of paper work to placing with kin. That whole notion that this is a phantom apprehension, and at this organization that is a big question you know, is this a phantom apprehension?”

As was pointed out by participants, in some cases there is now a three month waiting period to have a kinship family assessed. There are not enough workers to manage the volume of referrals and agencies find themselves in a conundrum, because they are not being adequately funded by the government to hire more staff to support the volume.

The following subcategory relating to inconsistent interpretations of regulations and standards has not only created challenges for kin, but also internally with the sample agency and externally with neighbouring agencies. Issues develop as a result of the deliberate latitude afforded to each of the 53 Child Welfare Agencies in Ontario when interpreting the standards and implementing programs (Ontario Kinship Standards, 2006). This range is afforded to the agencies to allow them to accommodate the kinship regulations and standards to the unique needs of the communities they serve. However, the experiences of these sample groups are that the liberal interpretations are creating barriers to permanency. An example of this occurs internally with the sample Agency when there continues to be uncertainty surrounding the regulations and expectations in both programs:

- S1 “It has to come from the top. I mean yes, there (it) is again there is agency protocol, but it is all up to interpretation and we absolutely do not interpret things the same way.”
- F12 “things I have found problematic is that there is still not enough clarification between kinship services and kinship in care. People hear kinship and they immediately assume one or the other and it is usually kinship services. So there is a negative connotation that comes with it...we are still educating ourselves about the process.”
- S1 “You know what’s a big problem with kin, in terms of jurisdiction, is that we don’t all do it the same and it becomes very confusing and very complicated and very frustrating. I know even our colleagues; we don’t all do it the same.”

S2 “My understanding of our initial steps was that everything was unclear and it was building the bridges that you walk on. That’s my recollection, I think we made a lot of promises to families with the belief that we would support kin, so if you need day care, well of course we would support that and then we would go to the kin people who hold the budget and they say no we won’t or we’ll pay it for three months but we won’t pay for it indefinitely and then we realize that we have made false promises to people and they were very upset and rightly so.”

S6 “Sometimes the standards get adhered to and kinship files get homes opened and standards get done and services are provided to kin and then another supervisor looking at the same situation... don’t feel that the standards apply so they don’t follow through and so that’s a divided issue for the agency.”

This supervisor went on to describe how differing interpretations within their own agency is creating an inconsistent model and as a result, more barriers are created, instead of less, for the kinship families. The following interaction discussions suggest the agency is still divided on this issue:

S2 “And there needs to be less barriers initially. That whole nonsense about this phantom apprehension and at the moment of crisis we have to go out there and assess it and that you can’t really move kids in until you do this or that has to go away. So is that a change in regulation or is it just this agency’s interpretation, I don’t know? We need to be able to say, right now, mom’s having a crisis and you’re safe enough, you’re good enough.”

The confusion continues to mount as the program manager shares how the threat of an inquest can direct decision making.

M1 “Do you know what one of the challenges is, it is that legislative one, so say the regulations only apply if it is not a prearrangement... but in some ways in practice at the end of the day, and I’m thinking more of at an inquest, it sure won’t matter because if your argument is oh well, it’s a prearrangement we don’t need to worry about that. The reality is that you still have a child in a home that we are servicing and so...I worry about that, I really worry about that because we have set a dynamic up that really doesn’t make sense for the child’s perspective.”

Following this comment by the program manager, I echoed her concern and shared that our agency has interpreted this differently and has taken the position that when there is a “need to protect”, that we would want to be involved, verifying how the liberal

interpretations are creating confusion for all agencies. I attempted to explore this topic further with the field staff in group five. I asked why they felt this continues four years into the kinship program? As one worker tells us, there could be a larger reason:

F9 “It just depends on the approach of your supervisors and there’s a lot of variances from supervisor to supervisor and where they put importance you know, what’s important to them in terms of, making things work and again that whole struggle of what’s good enough...I think in kinship it just really becomes a barrier, it does require an approach that is flexible but still balances the provincial expectations.”

These examples demonstrate how the internal struggle within the agency was impacting not only the clarity of the service delivery, but also the workers’ ability to support their families. When the mesosystems are not in sync with one another and continuity of service is not there, confusion results. Several field staff in both groups pointed out the need to have a “supportive supervisor” and that everything “comes from the top” and that different supervisors bring their perspective about kin to the table which can affect decision making:

F9 “I truly believe that when we speak about goodness of fit, that it starts with the top right through to the family and a lot of it has a lot to do with leadership and the way your supervisor may look clinically at the issue, and then the team as well and then the family”

Participant F9 went on to share her experience with a supervisor in her past, who was not experienced and was not well versed on the philosophies surrounding the kinship program and the research supporting it, she shared “that was very difficult too”. What several participants determined was that, when there is not clarity and understanding for the program, supervisors and field staff are avoiding making referrals which in turn could result in a higher number of children entering formalized foster care:

F10 “if you don’t practice it frequently enough you don’t really remember, okay is it that form or this form and do I go to this supervisor or that

supervisor... it gets to be a little confusing so it's possible that, I hate to say it, maybe to even just avoid some of the extra workload or what have you um, because of the confusion and lack of understanding or knowledge, it may be avoided, unfortunately."

S1 "At this age and stage of my career in my life I remember things based on using it in repetition. So if you don't use it within a certain timeframe, you lose it."

S1 Referring to Foster Care:

"It is probably easier, it's maybe not necessarily the best thing. But I also think, and again I think we have learned that you can't necessarily put children in kin homes without doing your up- front work and um, in order to have success and sustainability you need to do that. And for many reasons you just don't have that stuff at the tip of your fingers, like it takes time, but you need to ensure safety. You know as far as foster, there's recognition too, that it is not the be all and end all. I think there are problems inherent with foster care and it is not necessarily the best thing for children but there are times when it's the only thing."

Even when there is recognition that kin may be a better long term option for the child, it was explained to me that this agency has taken the position that children in need of immediate protection are being placed in foster homes until a thorough assessment can be completed on the kin home. This is a change from the initial position of the agency when they would designate a kin home as a place of safety while assessing the kin for appropriateness. This change came as a result of some bad experiences when children were placed before assessment, only to find out later that the kin had concerning child protection or criminal records:

F9 "At our Agency um, we don't do Temporary Agreements after-hours, so again there is another policy piece and we don't do place of safety designations after hours and for reasons why, the administration would have to explain why. If the child is removed, it's an automatic apprehension and that's for legal reasons because of some (negative) experiences, but if a family wants to place a child, we can't be involved with that piece."

F11 "I have occasionally done place of safeties on after-hours but it's pretty rare. And that happened a number of times, it's two o'clock in the morning and you do the best you can, and we placed in kinship homes and the next day we got more information and we really wished we hadn't. But once children are placed in a

kinship home we can't take them out, so the decision was made, better safe than sorry so if they have to go to foster care for a night or two until we have a chance to really check out this home, then that's our preference (rather) than having kids in a home that doesn't meet the even good enough standards."

- M1 "I call it kinship gone bad, I know we have had a handful of cases gone really bad because the place of safety designation. I understand why it existed, at the same time it is a snap shot, not a comprehensive assessment which I think really um, one needed to look at the short term capacity of the kin to meet the child's needs and you have to look at the... long term viability. You (referring to another supervisor) had said earlier the whole piece about when you do kinship, it is with the intent of concurrent planning and could this be a permanency plan...I think I agree that was a difficult lesson learned, but that is part of the evolution at our agency, so I think it works way better, way better. We still have you know, glitches

Another frustration participants expressed was when there are different interpretations surrounding the regulation and standards between neighbouring agencies, or other provincial agencies, and service delivery to kin is impacted:

- F10 "even within the province, I mean people have different interpretations and different protocols where you can't even actually technically make the referral until you get a written letter requesting this, this and this with this information and that information and you may not even get that for over a month after your initial phone call. So I mean there's a lot of issues with obstacles in that area as well."
- M1 "As it happens we're in the hot spot so, for example, um we have a situation and um, the child has a kin and the kin is in at another agency, so out of jurisdiction and we have provided a level of support while the child is let's say here but as soon as the child moves to another jurisdiction the agency's policy is, yes we do the regulations and standards but um, do not provide a level of financial support...so we create really a lot of disparity but also it really demonstrates the disconnect in terms of um, how um there's differential treatment. We've created a system of differential treatment of kin by virtue of whether we support them financially or not."
- S7 "There was a case where there was a kin assessment initiated by another society but wasn't completed um, but there was a number of concerns and then when there was another grandchild born, we asked that they complete the (first assessment requested) assessment and they actually refused to even initiate an assessment based on the fact that they didn't feel that it would pass. They didn't feel that they would support this one becoming a kin placement so they weren't even willing to do the assessment."

This was a very difficult process for this supervisor who went on to share that the participating agency made a decision to do the assessment on this grandmother themselves, entering another agency's jurisdiction. The grandmother passed the assessment process and her infant grandchild has since remained there successfully. This disconnect that the program manager points out is sometimes being viewed as more than differing interpretations of the standards and regulations, even as a blatant disregard for them:

S6 "We placed the child with kin under a supervision order yet we have a home local agency who won't initiate kinship standards... clearly not in compliance in this situation (which) dictates that the kinship standards must apply but because of that agency's experience with the family, they refused to."

Participants also pointed out that provincially there can be different terminology used that brings us to the final subcategory in this section, exploring the interprovincial differences. This dilemma was only touched on lightly by both groups. I felt that it was important to mention as it reinforces the issues faced when children must leave Ontario to be placed with kin out of province or when they enter Ontario to live with kin here:

F12 "Kin take a lot of work, they just do...nobody wants to touch kinship because they are just more complicated and they take more work...there's been all kinds of problems too with kinship, out of province issues because other provinces have different terminology and different standards...when you try to work across the borders, oh man, they don't know what we are doing and we don't know what they are doing and we don't understand one another and I'm talking about other Child Welfare Services."

I believe that it is important to note that although there seems to be more frustrations working out interagency protocols, some external exosystems are capable of working well together to achieve better outcomes for families:

S8 “My team is just getting a case from (a neighbouring agency) that involved three little kids who have been living with their grandmother but it involved British Columbia and Ontario and um, I gather there was a lot of work involving multi-purpose case conferencing and Family Group Decision Making and all of these processes in order to make the decision to move the children from Foster Care. So working with that Agency in B.C. was a successful process. There must have been a lot of communication across the country for that to be a success.

Field staff and supervisors have touched on how personal approaches and value systems can shape an individual's reaction and support of kin. Let us explore this further below in the discussion of workplace culture and barriers to permanency.

Workplace Culture Creating Barriers to Permanency

This is the final global theme that evolves from the subcategories (a) trust in the legislation and process; (b) divided support for the program and (c) education and training. These themes took up the majority of discussion time within most of the groups and at times the discussion was sensitive and often interconnected with funding issues.

When I evaluated themes related to trust in the legislation and process the most frequently mentioned topic that participants in all groups saw as a barrier to permanency, was their agency's position not to apply for custody on behalf of kin. To understand this further I think it is important to recall that legislative changes to the Child and Family Services Act within the Child and Family Services Statute Law Amendment Act, 2006 were made that would allow Child Welfare authorities to apply for custody of a child on behalf of kin. The intent of Bill 210 was to reduce delays in court processes and the number of cases going to trial, as well as to reduce the cost to kin in obtaining custody of the children in their care. The Bill offered “alternative dispute resolutions” which included giving the Child Welfare authorities the capability of making an application for custody on behalf of the kin to help facilitate permanency for children. In

some cases, Child Welfare authorities are utilizing this option and in my own experience, I have observed that it is less stressful and costly for kin and resolution occurs within 12-24 months. In the case of the participating agency, management at the agency has taken the position that in providing this service to kin, they would be in a conflict of interest; this was the understanding of the field staff and managers in each group. Participants were clear about how this decision is impacting their families:

- F6 “The message that we have got from legal is that they need to be loyal to the parents, that’s what it boils down to, that they can’t support somebody when they’re supposed to be supporting the bio parents is my understanding...it depends on the lawyers too, some people will say you know, even with the kinship department that we can’t take them to our court house and introduce them to FLIC (Family Law and Information Center) , who supports them through the whole legal process, because it looks like we are being biased...”
- M1 “That’s an internal challenge, I think, you are absolutely right because it’s the kind of disconnect between achieving permanency and the process of it and how legally the perception is, like internally, and each Agency has gone through this. The internal perception is that it is a conflict of interest and so we are creatively trying to gather data to help support ...There are lots of inconsistencies across the province.”
- S3 “I think the legal piece is huge, it’s in every case because the push is always there and our struggle is always how we get the family to move forward.

Participant F6 outlined how this is manifesting in the kin home including, increased stress for the kin and feelings of being overwhelmed as they are expected to enter an area that is completely foreign to many of them:

- F6 “These grandparents have no idea and you know with the new legislation as of March, with the new form you know, they are filling out two different forms that are massive, plus getting police checks done, plus getting Child Welfare checks like they’re overwhelmed with doing that and there are some of our lawyers who will say that we are absolutely not supposed to do that with them um, or explain to them what to do because it’s bias.”
- F11 “If you are a 67 year old grandmother with a two year old grandson in your care, you may not know a heck of a lot about how to file your response

and how to make yourself a party to the court application and just the process of going to court, it's so overwhelming for families...we do think it is a barrier to families for getting custody."

The barrier that participants see occurring as a result of this legal position, combined with earlier themes that kin don't always qualify for legal aid based on owning property and their income level, result in kin not applying for custody independently because it is too expensive and so the child remains in limbo without permanency, contradicting the intent of the legislation:

- F9 "It's a huge barrier, people who would have been able to adopt or take custody aren't able to get their children out of the system. Let me rephrase, we really need that service, for some, that's the only thing preventing them from moving on."
- S4 "Another barrier is the legal issues, kin can't afford to get their own lawyer and our Agency will not apply on their behalf. Often, if they have to get their own lawyer, it can rack up costs of thousands of dollars and a lot of them can't afford that."
- S2 " You know we've had disagreements about that as well because you know kin don't necessarily have the money to hire a lawyer and if the biological parents fight them, you know it's fine if people agree then you can help them fill out their answer form and it's nothing. It's when the biological parent says, I disagree with my child being placed with my mother forget it and you are heading to trial."

As we have heard earlier, the sometimes contentious relationships between kinship caregivers and their adult children can become an obstacle to permanency if the adult child has addictions and/or mental health issues. It is not surprising then that they would fight a custody application in court and this would certainly be consistent with my own experience. It is however apparent that the lack of trust in the legislation is creating a barrier to permanency for children.

Divided support for the kinship program was apparent from the onset of the first focus group. As was pointed out earlier when the first group entered the interview room

there was a noticeable divide in the group, and the divide became even more apparent as the discussions evolved. I felt this subcategory deserved to stand on its own because the reluctance to trust stemmed from a variety of factors like lack of familiarity with the standards and regulations, personal value systems, workloads and inconsistent dissemination of the research supporting kinship relationships. The latter theme ties into the final category as well. With group one it did not take much effort to generate discussion and the discussion was at times emotional on both sides. An example of this occurred when I began the session; I tried to start each session asking the participants to share with me their positive thoughts about the kinship programs, understanding that the question was somewhat leading but attempting to create a comfortable strengths base approach to the interview. The tone of the session was set immediately as demonstrated in two conflicting views:

- F6 “I think the fact that we are placing kids with people they know and not having to introduce them to strangers, it’s a whole different environment...it’s easier for kids to be placed with family, with somebody they know, somebody that they feel comfortable with, somebody who actually had a genuine interest in them, it’s a fantastic program.”
- F8 “I have had very few positive experiences unfortunately with kinship, in care or out of care. I’ve had very negative experiences where the children had to be removed from the kinship home.”

This exchange caught me off guard especially so early in the session and also because it was the first focus group but in reflection (Finlay 2002), it was a healthy exchange and from it, more information came out as to why perhaps some field workers are having bad experiences with the kinship programs, that in turn, affect their view of the programs and subsequent lack of support. I asked participant F8 what would have helped in her situation and she outlined the following:

F8 Making sure there has been a thorough assessment done as to the suitability of the kinship care providers um, cause some of the situations where I've had negative experiences has been where there hasn't been, they were placed by the after-hours worker."

Although this worker was the most vocal regarding her negative experiences, after other workers shared similar frustrations and also their more positive experiences with kinship families, this worker was later able to share her own positive experiences. Certainly the frustration of workers was felt as they continue to be confused about the regulations and standards and when a crisis occurs and workload issues arise, kinship programs are not foremost in their thoughts:

F11 "I think too having been enmeshed in kinship for eight months and now being back at Intake where you might do kinship maybe three times a year depending on your caseload it's hard, it's hard for the worker...(because for kinship to work) it needs to be forefront I think in our minds...(but when you use it only) three times a year, there are so many other things(that workers need to remember and)unless you have a supervisor who's really familiar with the standards and the process...as a worker we need to be encouraged to look at kinship."

This worker had the unique experience of supervising kinship for almost a year and then returned to an intake position. She understands both perspectives and how they need to be in sync with one another but also points out the significance of the message coming from the top:

F11 "It's not that people purposefully are ignoring it (kinship). I think that truly when a family is in crisis and you need to make a plan for a child, that sometimes you don't think of (kinship) and if you don't have a supervisor who's really supportive of the philosophy of the program, all the things that the program offers, sometimes it gets missed."

Lack of use is not the only reason that workers feel that the program is under-utilized, this next field worker discussed how training and experience can impact the kinship program:

F10 "But I think looking at the education piece on the workers perspective, we're aware of the standards but we may not know the research behind it, I question if everybody does know the standards and um, I question if because I know I had time working as a screener at the booth and anytime a kinship referral came in, we avoided it like the plague cause nobody knew exactly which way it was supposed to go, who was supposed to enter what and I think there is still some confusion about that on front line basis. Um, I mean I know we are supposed to be well versed on it, but it is one of those things where I think too, if you don't practice it frequently enough you don't really remember."

These comments speak to the practical reasons why workers may not consider or want to plunge into a kinship referral. I explored this further to see if there could be other reasons and asked directly if participants felt there could be a divide within their staff about the programs and staff views towards them:

M1 "at our Agency that shift has been a very slow shift...there are tremendous cheerleaders in terms of workers who have been converted, one case at a time and supervisors...then there are others who have had one bad experience and those who get dragged through the mud and are tainted, and we hear things like well they are related to so-and-so and you know the apple doesn't fall far from the tree."

S5 "And I think from my perspective uniquely when I am working with infants, I have always got in the back of my mind, all the home studies that I've read for potential adoptive parents. So when I am looking at this child's life and I see a marginal kin, that the courts are going to recognize, that we are going to have long term struggles versus an adoptive home that's fully committed, I think that ensures, it's a very difficult struggle for me, in my role."

S2 "I have been here long enough to have seen the generational pieces, so with families that I don't know, it's probably easier to accept the kin and say this is a wonderful thing, let's do it. When you've seen the generational piece and you hear that grandma, who was my open file, is applying for these children to come live with her, then I have to erase some of what is in my brain in order to be open or ask someone else on my unit, like (another supervisor) to take a look at this because I have my own experiences or my own memories of that parent, plus I guess I really wonder whether research shows us whether or not that this(kinship) is really working."

S5 "I would say that there has definitely been a shift since 2007, um, but it is absolutely true that there are supervisors who are on board and workers who seek out kin, and there are workers who are reluctant to do that and I think that's still the case."

- S4 “I think as the program evolved there’s been a greater embracing of the philosophy and it just takes time. Initially I think there was ah, the whole apple doesn’t fall far from the tree but as people have had successes and the program has evolved, it’s moving again, it’s got credibility...the whole philosophy I think when it works it’s phenomenal.”
- F9 “I don’t think you can legislate people’s attitudes and cultural belief systems the issue is acceptance and sensitivity.”

These comments are consistent with my observations. Some participants spoke positively about the programs and others held back their views or were very vocal against the program. The struggle that field staff and management have when weighing the pros and cons of a kin placement, are not unique. It is also a personal struggle when completing assessments on “marginal” kinship caregivers. However, much of the time the factor that tips the scale is the lack of financial supports, which we have heard about previously. As it has been an observation that I have made at my own agency, I wanted to explore if a worker’s level of experiences affects their comfort with utilizing kinship programs. Here, four supervisors share their experiences:

- S2 “I think sometimes, beginning workers have an illusion of who foster parents are, workers with more experience would understand the pitfalls of foster care. But I think that one of the bigger things that shifts people’s thinking towards believing in kin, is when you see the foster parent who you thought was going to hang with that kid forever and they hit a bump in the road that is significant, and they call you up and say you’ve got until the end of the week to get another plan and you think that can’t be happening. When you’ve seen that happen, you’re more likely to turn towards kin. So I think the experienced worker may have less difficulty looking to kin because they don’t have this idealized version of our foster system.”
- S6 “I think that new staff have this ideal that in a foster home the child will have services and this will go onto College or University. They are ignoring the wonderful benefits for the child being able to stay with family, versus stranger care. They have an ideal of what foster care (offers) and I also think they sometimes feel a lot safer...and more comfortable... new workers they may not have the confidence and skill to be a little bit more creative in their problem solving or looking at other placement solution.”

S7 “I think the experienced worker has the benefit of seeing cases through the duration of years and seeing kids go through the system. Younger workers when they start out have that mentality that they are going to save the world and have um an idealistic approach, I did that too when I started out and probably would have been much more intrusive than I would be now. But I think there can be some class biases that some people will think here is this lovely foster home in a lovely neighbourhood and a beautiful house and they give the child all these things and I think some people still struggle with how could this grandparent’s home in low income housing district possibly be better than the foster home.”

Supervisors recognize that inexperienced workers may unintentionally create barriers for kinship placements but, as the latter participant stated, there could be “class biases” that also affect decision making when it comes to placing children. This next supervisor offers a slightly different perspective disregarding experience:

S8 “I have very mature staff on my team and sometimes they become cynical as well, but if they have had a number of kin placements over the years that have not been successful, then they are not going to be supportive of that either so sometimes, yes people who are idealistic are able to accept the risk of placing a child with relative home better. Sometimes I think the worker will already think this what the script is going to be you know that as soon as the child acts up they’re going to be on the phone asking for the child to be removed you know, so it isn’t always based on years of experience with the agency; it has to do with attitude.”

Although the question regarding experience was not posed directly with the field staff groups as the question evolved out of personal observations and the collected demographic information, participants articulated their experiences and some spoke about how the experience of a supervisor can create obstacles for kin especially when they are not fully educated about the benefits to children:

F12 “I think there is a real art to working with kinship, balancing our expectations, our minimal standards, ministry’s standards and so on... and when it’s family we have to make a lot of judgment calls on if ...those relationships those connections to the family outweigh some... of the standards and we don’t want to see ourselves as treating them differently, but I think we have to and there are times when we need to, particularly if we are talking about children from different

cultures and those cultural needs and those cultural ties that we want to maintain their community, and their culture um, see things very differently.”

This field worker identified another area that kinship workers need to be cognisant of when working with kinship families and their broader communities, a child’s cultural community. It was interesting to hear for workers and supervisors, the creative models that this agency is creating to work with different cultures in its jurisdiction.

F9 “there’s a lot of variance from supervisor to supervisor and where they put importance or you know what’s important to them in terms of um, making thing work and again that whole struggle of what’s good enough. Like I have worked with people who have aspirations and they’ve just become completely controlling and if you have that kind of supervisor or a worker like that or a director um, I think in kinship, it just really becomes a barrier. It does require an approach that is flexible but still balances the provincial expectations. Um, I had a supervisor who wasn’t very well briefed or experienced, that was very difficult too.”

The final subcategory under workplace culture is training and education.

Although it is the final topic, in hindsight, it should perhaps have been the first item, as without education about the benefits of a kinship relationship and without fully understanding how to use and implement the standards and regulations, it is not surprising that participants continue to feel frustrated and avoid kinship referrals:

F11 “But I think one of the struggles that frontline workers have is , we teach frontline workers about the standards, we teach frontline workers when they need to make a referral but they don’t actually fully understand why we promote kinship. what we think the benefits are.”

When the kinship programs were regulated each agency was responsible for training their respective staff to the new regulations and standards, along with other areas of the Transformation Agenda (2006). This is consistent with the data from this study, however, four-years into the programs, staff changes have occurred and training and education has not continued agency-wide. An argument could be made that the dissemination of research on kinship care relationships and outcomes for children has

not been widely circulated, thus creating a barrier to its successful implementation. As it has been stated earlier by field staff that there is a need for information, education and support of the programs to “come from the top”, an interesting interaction between supervisors noted below, reflects this concern that information needs to be more widely circulated:

- S2 “I think we need more research to tell us what in the end, in the long term, that this marginal kin family is better. It’s not confusing to me when we have very solid kin; it’s confusing to me when they are marginal and sitting on the edge of that protection file, so... I think we try really hard to embrace it, but I also think there are reasons why we haven’t embraced it, that are probably really good reasons, not to say just fully that this is a wonderful thing.”
- S3 “I have a different philosophy with kin, I really think that um, that’s where a child belongs and at the other end, I think that the research does have it straight from the United States, that the children are more adjusted growing up with kin uh, then, you could have the worse kin and the best foster home and the kids are more adjusted growing up in the kin environment.”
- S2 “The parents themselves are saying oh, well (they are) no better than us. You can accept that (drinking) there, you give them back to us. It becomes very confusing and I would love to say we widely embrace kin all the time um, I think we try really hard to embrace kin. I like what (S3) said, I like what you said about the research. That the research states that over a longer period of time is showing, good, I struggle with that when it is a good enough parent, it’s when the parenting is questionable that I just don’t know.”

In this exchange, participant S3 was informed about the current research regarding positive outcomes for children in kinship relationship, but participant S2 was not and even when given the research information from her colleague, she was not totally confident that it was enough to help her to make a decision in difficult circumstances. We have already discussed how not all field workers and supervisors are well versed on the standards and regulations but there were other areas of training and education that they also felt they could benefit from as these comments reflect:

S4 “Since I have been here, we’ve attended an event in Toronto which was a symposium which was great but I don’t know of anything specific because it seems like it has to be outside of the Agency because there is a limited budget here.”

M1 “I think that is very true because...we have a pretty rich training calendar, (staff) can attend whatever they like, but specific to kinship (training is) very limited. I know at the provincial level there is a need for kinship training specific to kinship staff because there are specific needs like managing the family dynamics, diffusing the triad between worker, kin family and bio family (and) helping grandparents to cope with life changes...”

Once again funding constraints are impacting the agency’s ability to fully embrace the kinship initiative as resources are not available to ensure the majority of the staff is trained in the philosophies and outcomes of kinship relationship. Other areas that participants touched on, as training needs to support kin families, were training in managing family dynamics, cultural diversity and, as mentioned above, helping kin to cope with the changes in their life and roles. Without training in these specific areas, field workers will have bad experiences, feel less confident in their ability to handle situations and ultimately, it could negatively impact their experiences with kin, making them less inclined to promote the program.

Implications

The volume of data collected from the focus groups in this study was overwhelming, but absolutely valued. It offered the basis for several recommendations that could help to facilitate positive change for kinship families and the social workers who serve them:

Equitable Funding for kinship service caregivers

When the kinship programs were implemented in 2006, there was great promise that supports would be available to kinship caregivers to adequately sustain their families. This did not happen and consequently as supported by researchers Berrick, (1998); Hawkins & Millard, (2008); Mills, Gomez-Smith & DeLeon, (2005), already

impoverished families were expected to survive with little or no support. Ignoring this fact perpetuates child poverty and poverty among Canada's seniors, a demographically growing population in Canada (Statistics Canada, 2006). When we consider the implications that this will have on these two social groups, it is imperative that the government rethink its funding policy for kinship out-of-care families. As we have learned from this study, the lack of adequate funding is impacting the kinship caregivers' ability to secure permanency for their children, obtain services like dental and eye care, tutoring, and affordable childcare and housing (Mills, Gomez-Smith & De Leon, 2005). Single, low-income grandmothers are the most commonly identified group providing kinship care, and grandparent couples are the next largest group (Statistics Canada, 2006). The provincial and federal governments need to consider the long term effects that this is going to have on this retirement or near retirement group. It has been presented in this study that grandparents are exhausting their retirement incomes which had been intended to sustain a couple through their retirement years, not a family of five or more. Ignoring this will negatively impact social assistance programs, children and adult mental health services, low income housing and other community services that grandparents will find themselves needing to access. The other factor to consider is how this financial stress is affecting this aging population and their well-being. Fuller-Thomson (2005) has identified that many of the "skipped generation" kinship caregivers are suffering from mental and physical health issues that are exacerbated by this added stress which in turn is impacting the children in their care. This could cause repercussions for the health system as grandparents find themselves requiring healthcare more often. The funding issues were overwhelmingly identified in the

literature reviewed and it certainly was a large part of the discussions during the focus groups in this study. The other factor to consider is how this issue is affecting the social workers who are trying to support the kinship families.

Participants in this study pointed out how the lack of financial supports for kinship out-of-care families, created stress for them when they are trying to support the needs of these caregivers. The stress that the kinship caregiver is experiencing is then transferred onto the workers as the kin expects the worker somehow resolve the situation. As we have learned, funding cut backs to Child Welfare authorities across the province have made it impossible for workers to offer financial support to these families. Participants are suggesting that the government needs to either give CAS's the money to support these families adequately, or create another service venue that can.

Subsidized post custody

Kinship care has been utilized in the United States for more than twenty years. After experiencing similar social, economic and health issues with their "skipped generation" parents, the American government piloted with great success (Testa, 2008) the Kinship Caregiver Support Act (2005). As stated in the review of literature, this Act provides financial subsidy to a kinship caregiver equivalent to what a foster parent would receive. Within a short period of time following the implementation of this Act, kinship caregivers were securing custody of the children in their care, the very outcome that policy makers had hoped for. Ontario should not wait twenty years before implementing similar supports for kin in this province. This study suggested the current system is a deterrent for kinship families to obtain custody as grandparents, either

because they cannot afford the legal cost of obtaining custody, or they fear being cut-off from the Temporary Care Allowance once they are granted custody.

Participants in this study called for greater, long term, financial assistance for kinship caregivers, but also stronger supports to help kin to apply for custody of their children. Changes under the Law Reform Act give Child Welfare authorities the latitude to make an application for custody on behalf of the kinship caregiver. The intent was to reduce legal costs associated with obtaining custody and to secure permanency for children more readily. As discussed earlier, the participating agency's management group has decided not to support kin through the custody application process, as they feel it is a conflict of interest. Field staff and supervisors strongly voiced the need to revisit this philosophy as it has become a barrier to permanency. If this is not supported, the participants felt that the government should help to subsidize these legal costs for kinship families. It is my understanding that the agency participating in this study is by no means the only Child Welfare authority in Ontario that has taken this legal position. However, when the legislation is used with the intent it was based on, that is to assist kin to obtain custody more readily and at no cost; the implication would be that the financial barrier would be removed, there would be quicker resolution for families, and kin would secure a "legal relationship" with their children and move out of the CAS umbrella.

Other needed policy changes

Although the kinship programs are relatively new and in many ways still evolving, there is sufficient evidence that there are flaws and that the standards and regulations to the kinship programs need to change. We have already discussed the need to

change the funding policies of the kinship out-of care program, but participants in this study also spoke about the need to make the standards and regulations more flexible and with broader timelines. They referred to the “unnatural” and intrusive assessment process that kinship caregiver must agree to if they are to be considered as caregivers. Participants felt that this approach was not consistent with the intent of the kinship program when it first began. They recognized that it later evolved in this direction as a result of the death of a child being cared for by his grandmother. So while they understand the liability issues as a result of this terrible death, they call for common sense to prevail, not fear. This would result in less pressure on the potential kinship caregiver and enable the social workers to take a more child-focused approach with families and afford more realistic timelines to complete all aspect of the regulations.

Specialized kinship workers

Working with families is at times very complex work. Family dynamics and social issues like drug addiction and mental health issues further complicate relationships. The literature reviewed demonstrated, for the most part, that kinship caregivers value the relationship they have with their social workers (McHuge, 2009; Gibson & Sing, 2010; Burke & Schmidt, 2009). Caregivers articulate the need for workers with specialized skills working with families and helping kin to adjust to their new role within the context of the family system (Burke & Schmidt, 2009). This was echoed by participants in this study who felt that having more experience made them better advocates for families and gave them more confidence when working through tough issues. Supporting a model with specialized assessors and support workers who provide the ongoing service to kin is a model to which the participating society evolved. They shared how they

started out with a generic model where workers carried a mix of files from protection, children-in-care and kinship service cases, but realized the complexities needed to support kin, could not be managed in this kind of a model and still meet the regulations and standards. Encouraging support for the new model was echoed through the focus groups, further reinforcing the need for specialized kinship workers.

On this topic, as revealed in the literature review and concurrent with the finding of this study, few Child Welfare authorities are using differential response models like the kinship searchers and family group conferencing. The participating agency shared that they are evolving further to incorporate a kinship searcher to their team in the near future, but concurred with the research that they have not utilized these models to their fullest. It has been my own experience that when family group meetings occur earlier in the relationship building process, families respond and unite appropriately in the best interest of the children. Family Group Conferencing is a service that is contracted out and it is my understanding that a lengthy waiting list of up to six months, has prevented the utilization of alternate dispute resolution. Recommendations are for the government to increase funding to allow agencies to hire staff to fulfill these skilled positions or to fund the use of contracted services. The implications would be helping families to build stronger internal supports and better outcomes for children.

Centralized/integrated government services

When participants in this study described the maze of obstacles and hurdles that kinship caregivers had to endure when trying to register the births of their grandchildren, apply for Birth Certificate, health cards, the child tax credit and other services, it was overwhelming. They also described how all of these services hinge on the initial birth

registry and certificate application and, at any given time if the birth certificate is not produced, children cannot register for school, cannot participate in minor sports and kin cannot pursue a custody application. This situation demonstrates the need for integrated or centralized government services in kinship care. The implications of this model would be better communication between government offices, less red tape and a more expedient system for kinship caregivers, so that they are not put at risk of losing or being refused services elsewhere.

Mediation process for jurisdictional disputes

During focus groups participants shared their frustrations when trying to manage a case that may have the biological parents in one jurisdiction and the kinship caregivers in another. When agencies in Ontario share families in this manner the waters often become muddy because, as we heard from participants, each Child Welfare authority may have a different interpretation of the kinship standards and regulations. In some cases agencies were refusing to provide service based on their own interpretation. An impartial body could resolve these issues quickly and would benefit both agencies but more importantly the kinship family as services would not be delayed.

Ongoing training

At the onset of the kinship program, training was provided to inform field workers and supervisors of the regulations and standards involved with the kinship programs. Within a year, changes were made to the standards and the information was relayed to staff again. Since that time, the agency participating in this study has not engaged in any significant training related to the kinship programs. This also reflects my own

experience. Consequently though, staffing changes occur and as the participants in this study pointed out, unless they are engaged in the standards and are making referrals to the program regularly, they forget, resulting in confusion and frustration. This was the experience for both field staff and supervisors in this study. It is for these reasons that Child Welfare authorities should consider ongoing training of staff to lessen the frustration and confusion around the programs and, ultimately, increase staff confidence and knowledge-base around the programs. It would also be prudent for the Ontario Association of Children's Aid Societies (OACAS) to include in one of its new worker training modules, a section on kinship care and kinship services, focusing on the philosophies and research behind the programs.

Dissemination of Research

Another area related to training and education that could potentially have a greater impact on the acceptance of the kinship program within the workplace culture, is the dissemination of current research related to the outcomes for children in kinship care arrangements. Participants in both the field worker and supervisor group spoke of the struggles they have when kinship caregivers are marginal and how, it is much easier to make a decision when the kin have numerous strengths. In this study, this struggle was illustrated through an interaction between two supervisors, one well versed on the current research related to kin and one who was not. The interaction between the two, coupled with the words of several other participants who felt acceptance of the program and support for kin "comes from the top", reinforces the need for supervisor training. Field workers pointed out that there is a large variance between supervisors and their comfort levels with kin. This was reinforced when kinship teams made the observation

that some protection teams will make regular referrals to the kinship team and others rarely. Engaging management staff in ongoing training that disseminates the most current research available about kin and the outcomes for children should help to turn the tide. Realistically though, Child Protection staff and supervisors participate in a great deal of training yearly and to lessen the load, they tend to focus on their area of expertise. For an agency to change its culture and acceptance of a new program, the message does need to be reinforced and supported “from the top” down, in order to make the shift. The benefits to social workers would be a greater acceptance of and confidence in the kinship programs because leaders of Child Welfare authorities would be more confident. The end result would be a reduction in the number of children entering formalized foster care.

7. Conclusion

Kinship caregivers with little more than a moment's notice will turn their entire lives completely upside down to care for their loved ones. When they begin this journey, seldom do they have any concept of the myriad of challenges and obstacles they will be faced with, but as these obstacles evolve, still they persist, they truly are the “silent saviours” (Minkler, 1999, et al., Mills, Gomez-Smith & DeLeon, 2005). Although the kinship care programs are new to Ontario, they have been used for decades in United States, Australia and even some of Canada's western provinces. This study suggests that kinship programs in Ontario share similar obstacles. These issues are preventing kinship families from receiving adequate services like funding, legal services, housing, childcare, dental and eye care and more. Inadequate funding to kinship caregiver or “skipped generation parents” as Fuller-Thomson (2005) refers to them, prevents the kin from being able to secure permanency for their children and encourages their dependency on social assistance.

Research from the United States is encouraging to those supporters of kin families, as it has demonstrated that with equitable funding to kinship families, equal to what a foster parent receives, and adequate legal supports, kinship caregivers are securing custody of their grandchildren at very high rates (Testa, 2008).

This study revealed economic barriers, policy and legislative barriers and workplace culture and attitudes that are creating barriers to the kinship programs. The fact that the number of children in foster care continues to be high, within the sample

group studied, suggests that the kinship program is not being utilized to its potential and that the obstacles mentioned are preventing the full utilization of the program.

Possibilities for future research stemming from this study include evaluating permanency outcomes for children in a kinship in-care situation, compared to kinship out-of care. Several participants in this study suggested knowledge of outcomes for children in these two types of kinship relationships would be helpful in their practice. Another area to explore that also evolved from this study was a curiosity about what the long term economic impact on “skipped generation parenting” might be. The literature reviewed suggests that the majority of kinship caregivers are grandparents, either retired or approaching retirement. Exploring how this major life change is impacting their lives and their financial stability could offer valuable information to policy makers when determining how best to support kinship caregivers. Finally, based on the information drawn from the focus groups, I feel it could be valuable to evaluate how clinical decisions in Child Welfare are directly or indirectly driven by funding constraints and legal limitations. In times of budgetary cuts and a more prominent focus on accountability in this field, I question if we are being directed by the dollar, by fear, or by both when Child Welfare authorities make their decisions regarding the best interest of a child.