

RESEARCH REPORT

NA DOONEA CHI: Kinship Care in the Yukon

1. A BRIEF LOOK AT THE REPORT: Executive Summary

Na Doonea Chi was financed by the Walter and Duncan Gordon Foundation and managed by the Little Salmon/Carmacks First Nation in Carmacks, Yukon Territory, to survey kinship care families throughout the Yukon. The research was done in partnership with the Grandparents' Rights Association of the Yukon (GRAY). A researcher/trainer and research assistant/trainee were contracted by LSCFN. From January to June, 2008, *Na Doonea Chi* surveyed 59 families who were caring for children who were kin but not their birth children. A total of 130 children were involved in the study. Two-thirds of them were grandchildren of the families, and 82% of the children were cared for full time. Sixty-eight percent of the families were Yukon First Nations.

Eighty-eight percent of the children being cared for were fourteen years old or younger. Fewer than half (47.4%) of the families reported getting any financial or material assistance for caring for the children. Thirty-nine of the 59 families or individuals (two-thirds) had cared for children in the past who were kin.

Twenty-nine families expected to care for their kin permanently and thirty-five (59%) reported no custody arrangement.

The strongest reason for caring for kin children was around addiction and social problems with the parents, which totalled 79% of responses. Problems with the system of Territorial foster care were openly expressed in 27 responses both by foster parents and informal kinship arrangements. Non-foster parents stressed this antipathy as the reason they were caregiving outside of the Territorial foster care system.

Thirty-seven percent of kinship caregivers find money or housing a problem and 34% discussed conflicts with the child or children, the parents, or others in the family. Even under such negative pressure, a majority of caregivers said that nothing would make them stop caring for the children, and expressed empathy and understanding for the parent, citing past and present difficulties suffered by the parent and lack of social programs as a factor in the situation.

In discussing what might assist them in the caregiving, 32% said income support to stay home instead of working and another 22% cited money for emergencies, recreation, or medical coverage. Suggestions were many (48%) about more rights for grandparents and extended family and 22% said that what is needed is more addictions workers, treatment, and aftercare.

Due to limited time and resources, an extensive literature search of other research was not possible. However, policies in three provinces were researched, several journal articles were read, and two major reports were studied. The main findings in this literature search echoed the results and recommendations of *Na Doonea Chi*.

Recommendations for Territorial and First Nation governments include developing a category of alternative care with financial and social support for extended family kinship caregivers which better reflects the reality of their situations. Expanding present social and legal programs in Whitehorse and rural Yukon is recommended, and less stringent and more pragmatic financial and social policy in general is recommended for legal issues, respite, and counselling.

Three areas of further research are indicated which would give a clearer sense of best practices for formal and informal kinship care. There is a strong endorsement for negotiating the administration of child welfare through Yukon First Nations' Self-Government Agreements.

The ultimate aim is to establish new policies of economic and social support for kinship caregivers and to do this, the findings and recommendations in the report will be brought to the attention of governments and First Nations.

2. WHAT IS KINSHIP CARE? Kinship Care Background

Kinship care is the raising of children who are related but are not the caregivers' birth children. The Child Welfare League of America defines kinship care as: "The full time nurturing and protection of children who must be separated from their parents, by relatives, members of their tribe or clans, godparents, stepparents or other adults who have a kinship bond with a child." Our research limited the definition of kinship caregivers to directly related kin and step-kin.

Kinship caregiving is separated by most child welfare agencies into formal kinship care where the child has "in care" status with the agency, and informal care, where the child does not have formal "in care" status. It is a growing phenomenon in Canada with an estimated over 70,000 known kinship caregivers in Canada and many more informal arrangements not officially counted for various reasons. Many kinship care families are headed by grandparents. One study shows that the number of Canadian grandparents raising children under the age of 18 jumped 20 percent from 1991 to 2001. In the United States, according to the US Census in 2000, fully 10% of all American grandparents are raising one or more of their grandchildren.

The latest Canadian census, 2006, reveals that the number of caregiving grandparents has risen at least ten percent since 2001. The 2006 census found that grandparents in skip-generation families, that is, grandparents in families comprised of only the grandparent or grandparents and grandchild(ren) with no parents present, represented about 62,500 grandparents nation-wide. The number of children living with one grandparent was 31,275. In skip-generation households, nearly two-thirds of grandparents were financially responsible for the household. In cases where the middle generation was a lone parent, 50% of grandparents were financially responsible, and did much of the caretaking.

A Canadian research paper from a program for research on Social and Economic Dimensions of an Aging Population (SEDAP) shows that grandparents raising grandchildren in skipped generation families were disproportionately female (59%), of First Nations heritage (17%), and out of the labour force. Grandmother caregivers were poorer, less likely to be married, more likely to be out of the labour force and more than twice as likely to provide 60 or more hours per week of unpaid childcare than were grandfathers.

Reasons given in a Statistics Canada paper for full-time grandparent caregiving include substance abuse, divorce or separation, mental health problems, teen pregnancy, child abuse or neglect, or death of an adult child. This creates a situation where grandparents are financially stressed and raising some of the most at-risk children in society at a time when they expected to retire.

The benefits of kinship caregiving are noted in all reports on the issue. It provides a stabilizing force in times of family crisis and contributes to child development by financial, social, and emotional support. Kin pass along values and traditions. Children raised by kin tend to have relationships with their own children and grandchildren in line with the role model they experienced. Self-esteem and ego development of children cared for by kin is stronger than children raised by non-kin.

Benefits of kinship care are not only felt by the family and children involved. Kinship care means that there is less reliance on public resources. For child welfare agencies, there is a greater chance for re-uniting children with their parents, and there are far fewer placements of individual children with various foster parents or group homes. At a time when there are fewer foster parents, kinship care is a growing resource for agencies. Many are developing supportive policies and guidelines for care.

3. THE YUKON'S KINSHIP CARE FAMILIES: Socio-Cultural Background

Dramatic changes in family structures throughout the Western hemisphere have been brought about by climbing divorce rates and social and economic stress. Disruption of the structure of the nuclear family consisting of father, mother, and children, means that the extended family is an important social and financial support for raising children, as it was in the past. Extended families were important to pioneer families and to traditional First Nations, with all family members contributing to the demanding physical work and to the care and education of the young. The care now being given by kin raising children in the Yukon is as vital as it once was for both First Nation and non-First Nation communities.

A press release from Census Canada says, "In 2006 in Yukon, about 85 children aged 14 and under living in private households, or 1.5% of all children in this age group, lived with one or both grandparents where no parents or middle generation was present. This was three times the national rate of 0.5%." Our research revealed that 86 children being cared for by kin were grandchildren of interviewed families. Eighty-eight percent of these were under fourteen.

The clients seeking information and assistance from the Grandparents' Rights Association of the Yukon (GRAY) shows that in the Yukon, grandparents are often kinship caregivers either full or part-time. Many of those grandparents are single women, existing on fixed pensions or needing to find employment to meet growing expenses.

Especially in late age, even within a marriage, the burden of child care is physically, emotionally, and financially exhausting without support. Yet kinship caregivers interviewed felt they have no other choice. Seventy percent of respondents in this research said that they are caring for children who are not theirs by birth because "that's what family means", or "it's what grandparents are supposed to do", or that it is "a natural role in a love relationship".

Our sister territory, the NWT, reports a 57.5% increase in the use of extended family foster homes from 2001/02 to 2005/06. The use of non-kinship care for the same period was reduced by nearly 9%. In contrast to most other jurisdictions, the NWT has a streamlined home study but with the same casework standards (services to foster homes) as foster homes. Compensation for kinship foster homes is at the same rate as non-kin foster homes. This policy recognizes the stability and family, cultural and community continuity provided by kinship care.

Yukon Territorial Social Services kinship care policy is that a child is taken into the care of the Superintendent of Child Welfare and the home becomes an official foster home if it is to obtain ongoing financial assistance and other services. Many children cared for by extended families do not meet legal conditions as children in need of government protection and their caregivers cannot therefore become official foster homes. Most extended families are reluctant to become involved in government child protection and foster home services, which can create embarrassment and damaging conflict within the family. As well, if children are placed in foster homes outside the extended family, there is a perception that the children are lost. "If a child is taken out of a home," one grandmother said, "the child goes to complete strangers. This leaves a lot of confusion and resentment and longing for the way things used to be." As a result, kinship care is often an unsupported voluntary service, either full or part-time.

In traditional First Nations' custom, all family members had significant roles in "growing a child" as one First Nation person interviewed for this research said. "The traditional role of First Nation family members has changed dramatically. It has marginalized them through historical events such as the influx of Europeans, churches, residential schools, government laws and policies and the use of alcohol and drugs." Mothers and fathers provided the basic needs for their children, but there was a limit to the amount of time they could spend with them in a busy society following food sources in a demanding environment. Uncles and aunts were role models and took an active part in caregiving by supplementing the parents' teaching of daily skills needed in a subsistence economy based on hunting, fishing, and gathering. It was emphasized several times in the research that in the First Nation language, "there is no word for cousins, as they are all like brothers and sisters." In this research, 27 children were either nieces or nephews being cared for.

Grandparents taught the young through story telling and by example. Elders were very strict about the ancient teachings and traditional laws called "dooli" in Northern and Southern Tutchone. These laws governed all aspects of a person's life from birth to death and beyond, guiding the emotional and spiritual behaviour of individuals for making connections with all living things on Earth. "Dooli laws taught children how to be respectful of all living things, to love, and to share," she said. "They taught children to be quiet within, and to be one with all living things." There is a strong revival of traditional knowledge and customs amongst Yukon First Nations, which includes a desire to restore the role of the extended family.

4. WHAT WE NEEDED TO LOOK AT: The Research Questions

Kinship caregivers provide a natural and necessary nurturing role in many Yukon families, assisting in creating stronger family units in all Yukon communities. An intact family is the best prediction for healthy social and physical development. Healing and future wellness is a primary goal for First Nation governments, and the path to realizing that goal rests within families.

Jurisdictions across North America offer various support programs that recognize the important contribution of kinship care to family wellness. There is no present policy in the Territorial Department of Health and Social Services that fully and realistically addresses the needs of kinship caregivers, apart from foster parenting.

Taking into account the Canadian census statistics and the specific situation of kinship caregivers in the Yukon, we determined our research questions to be:

How many kinship caregiving families are there in the Yukon?

Who are the kinship caregivers and what are their needs?

Should policies affecting kinship caregivers be changed, and if so, how?

We decided to call our work *Na Doonea Chi*, Northern Tutchone for "They are our Children."

5. WHO HELPED US: Financial and Management Resources

Na Doonea Chi was generously supported financially and with advice from the Walter and Duncan Gordon Foundation's *Canadian North Programme*. One of their objectives is to increase Northern aboriginal peoples' opportunities to review public policy, share knowledge, and help form new policies that flow from modern treaties.

Na Doonea Chi was under the continual management and direction of the Little Salmon/Carmacks First Nation, in Carmacks, Yukon Territory, as a participatory research project. The First Nation contributed office space, equipment and materials as well as professional time. They worked closely with the contracted researcher and the Carmacks resident who was assistant researcher in presenting the design, action, and conclusions of the research.

6. HOW WE STUDIED THE PROBLEM: Methodology

Under the direction of the LSCFN, the research was conducted by a contracted consultant experienced in valid, reliable research methodologies, data reporting, and adult training. The contractor was knowledgeable of the issues involved in kinship care, the Yukon, and First Nations. She trained, mentored, and supervised the research assistant for the full length of the project.

There were three major activities in the project, in no special priority. One activity was to document the extent of kinship care in the Yukon and the problems and solutions involved in this type of child care. The second was to train and mentor a First Nation person in the methodology of serious research as an investment in future social research. The third was to raise awareness of kinship care issues by individuals, agencies, governments, and First Nations to effect change in policy regarding the social and financial support for kinship caregivers in the North.

Timelines for the work were set in consultation with the Gordon Foundation, with a beginning date in January, 2008, an interim report May 15, and a final report at the end of August, 2008. The interim report is attached in the Appendices.

The following chronological steps were taken by the contractor to conduct the research project:

1. Meeting with the Little Salmon/Carmacks First Nation to discuss feedback on the proposal, finalize the objectives, workplan, and budget; revising the proposal as necessary, and identifying and hiring an assistant/trainee.
2. With the assistant, reviewing on an ongoing basis, available Canadian research on kinship care and services available to kinship caregivers in other Canadian jurisdictions, particularly in the North.
3. With the assistant, identifying and reporting verbally and electronically to LSCFN the major results of the literature search and services review, with the objective of refining the research work plan.
4. Designing a comprehensive but flexible research interview survey instrument that assured confidentiality and produced the data needed.
5. Training and mentoring the assistant to enable her to administer the interview survey instrument to kinship caregivers in the Carmacks, Pelly Crossing, and Mayo communities.
6. With the assistant, preparing for the survey by consulting electronically or by telephone with selected individuals, groups, and services to contact informants for permission to interview them. Assuring confidentiality, families were identified and contacted only through individuals or agencies in touch with them. Written permission to take part in the research was secured from informants and they were identified by number only on the survey form.
7. Identifying the number and type of full- and part-time kinship caregivers, the number of children in their care, and documenting their unmet social and financial needs by travelling to and surveying populations in eight distinct rural Yukon communities and Whitehorse. This yielded a large sample from over 80 percent of the total Yukon population. Definition and delineation between past and present caregiving activity was not always clearly noted, a fault with the survey instrument.

Meetings for surveying took place in the caregivers' homes, or by partnering with various professionals to interview in their offices, depending on the situation and availability. When direct contact was not feasible, caregivers were contacted and interviewed by

telephone. Ensuring a voice for all stakeholders and offering support for current problems—with children, extended families, service providers, and women, both First Nation and non-First Nation—was a prime concern and a significant part of the work. Contacts included: social workers and social service workers; day care workers; health centre nursing staff; addictions counsellors; foster parents; grandparents in GRAY; parenting organizations and programs; women's centres and transition homes; counsellors; the Seniors' Information Centre; the Yukon Council on Aging; and contacts recommended by these organizations or individuals.

Both Territorial Government Opposition parties (who gave letters of support) were advised of ongoing progress in the research. Radio and Northern television interviews were given, and public meetings were attended where the ongoing research was discussed. All contacts were assured that the results would be reported to them by making the final report available in writing or verbally to strengthen the lobbying effort for policy change.

8. Writing an interim report which detailed activities completed from January to April, 2008. This looked at work yet to be done, and what we had learned so far, including areas of planning and development, training, literature search, travel, interviewing, public communications and advertising, and contacts with professionals and individuals in Whitehorse and rural communities.

9. Evaluating the research verbally and recording responses to the evaluation at intervals with LSCFN, the assistant, informants, and community professionals.

10. With the assistant, in person and electronically, identifying needs, gaps, strengths, and limitations in policies, services, and programs required to address kinship caregivers' priority needs as expressed in the surveys.

11. Writing a draft final report, reviewing it with the assistant, and submitting it to LSCFN on the findings of the literature search, surveys, consultations, and analysis, including an evaluation of the process used and recommendations for further action.

7. WHAT OTHERS TOLD US: Literature Search

Due to limited time and resources, an extensive literature search of other research was not possible. However, policies in three provinces were researched, several journal articles were read, and two major reports were studied.

7.1 Kinship care in three provinces

Canadian jurisdictions researched were: Alberta, British Columbia and Ontario. In all the jurisdictions looked at, there is a trend toward increased kinship care and it is recognized by supportive policies of some kind. In all three, preference, at least in policy, is given to kin as a first choice of child placement before looking at other options. Basic screening is done in all jurisdictions and some provision is made for First Nation involvement in planning for aboriginal children. Standards consistent with formal foster homes are used for formal kinship care. In all jurisdictions, informal kinship care has few supports, and is based on defined, immediate, temporary need. Federal Employment Insurance is available under parental leave for 35 weeks if the caregiver is eligible.

In Alberta, the new Family Law Act is criticized for placing obstacles in the way of relationships between kin particularly in "intact" families that have both parents. While recognizing kinship care and grandparents rights to access and custody, an application must be made to the court rather than assuming that the child has a right to the relationship. This restricts possible kinship

caregivers coming forward. To become a kinship care provider in Alberta, applicants must be “financially stable and living within their means.” There is an initial screening that includes a criminal record check, and a Safety Environment Checklist must be completed and references, including medical records, and an orientation of eight 3-hour trainings sessions follow. A home assessment report is completed. If approved, financial benefits vary based on the age and income received on behalf of the child. For children up to eleven years of age, the amount of assistance is \$105 per month, and up to seventeen years, \$148 per month. There are additional supplementary benefits on proven need such as extended medical coverage.

In BC, formal kinship foster parents receive equal compensation to non-related foster parents. A program for “Child in the Home of a Relative” is available for short term “out of care” placement where protection of the child is not an issue. Informal caregivers are eligible to receive up to \$520 per month. Criteria are that the child’s parents do not live with the relative, and they placed the child, and that there is no evidence of risk to the child. Parents are expected to contribute toward the cost of caring for the child. A criminal record check, references, and inspection of the home are part of the Child and Family Services criteria for an agreement for informal kinship care that can be renewed for periods of up to 12 months with maximum durations depending on the age of the child. If reunification with the parents seems unlikely, the kinship caregiver is urged to become a guardian or to adopt.

For children in need of protection in Ontario, but not taken into the care of the province, a plan is developed in collaboration with the “primary family”, the kinship family, the child if over 12 years of age, and the Children’s Aid Society. The plan specifies supports required and the anticipated length of time the child will be living with the kinship family. A review within 3 months of the Kinship Service Plan focuses on whether it is still viable, realistic, and safe, and what level of supervision and support is still required. A plan for permanency with timelines is part of the planning detailing the prospects of family reunification, access arrangements, a process for making significant decisions for the child, a process for obtaining consent of the parent or guardian, etc. The policy states the objective is “to balance the provision of support against the risk of unnecessary intrusiveness into the family, or the risk of promoting an ongoing dependency on the society.” Regular review should result in decisions to close kinship service files where no critical or unresolved safety issues exist. It is not intended that kinship service files be kept open indefinitely. It is envisioned as a short term service.

Compensation rates are variable in Ontario for informal kinship care. Children are cared for through the family making their own arrangements, or a Volunteer Service Agreement when the parent agrees to the removal of a child, or a supervision order when the parents do not consent to the placement with kin or it is involuntary. Payment is through the Ontario Works programme, considered social assistance. Rates are changing, but information given showed that it is approximately \$200 per month for one child, and \$174 for each additional child, reduced by the National Child Benefit. If the kinship foster home meets all provincial licensing standards and the child is in the custody of a Children’s Aid Society, full staff and financial support is provided equivalent to that received by a regular foster home.

7.2 Kinship care in Simcoe County

Research suggests that kinship placements, when adequately resourced, have many benefits. A report prepared for the Barrie and District Association for People with Special Needs and the Grands Parenting Again Support Group also of Barrie, Ontario, called *Grandparents Raising Grandchildren in Simcoe County*, by Paul Muldoon (2003) is no exception. Apart from the benefits to children of being connected to their own families and being kept out of the foster care system, Muldoon draws attention to that fact the grandparents are providing a very valuable financial service on behalf of the Province of Ontario. He estimates that the cost to the Province to support the children in kinship care in Ontario, based on an average of \$25 per day, would be 10.6 million dollars. The 130 children in our study being cared for in the Yukon, if in foster homes at approximately \$40 per day, means a saving for the Territorial Government of \$1,898,000 per year.

From his research in Simcoe County and his review of other research, Paul Muldoon says there is a series of factors at work contributing to the growth of grandparents raising their grandchildren, including: mental health issues; drug and alcohol abuse; teen pregnancy; separation and divorce; transience; poverty; death or disability of a biological parent; and sole parenting with inability to cope. He cites strong bonding between grandparents and grandchildren, that grandparents feel very strongly about keeping their grandchildren connected to their own families and out of the formal foster care system if possible.

One of the main issues for kinship care that the literature search in this study found was financial. This included the costs of legal services to secure custody of children, medical and dental costs, child care for working grandparents, and expenses for recreation and special events. Physical stress was an important issue with the demands of parenting young or teenaged children. Some grandparents were also looking after their own aging parents, adding to physical demands. Emotional stress included conflict with biological parents, anger and confusion of grandchildren regarding relationships with parents and/or grandparents, uncertainty about how to discipline fragile children, and the loss of freedom and former social networks. This study notes the lack of available or affordable respite from fatigue and mental exhaustion.

In support of the findings in his literature search, Muldoon found that the focus groups of grandparents he held articulated similar concerns. These included the lack of support groups, financial strain, legal issues, emotional stress, lack of public awareness, age and physical health, the lack of counselling services for the grandparents and the children, and mistrust and fear of Children's Aid involvement.

Recommendations for support that came from this research were: increased financial support, access to local counselling services and support groups, public awareness and recognition, reasonably priced legal assistance, respite care, and parenting resources.

7.3 Kinship foster care in the Yukon

Research into kinship care in Canada is not abundant. An unpublished thesis, called *Moving Forward with Lessons from the Past: An Examination of Kinship Foster Care in the Yukon* (2007) was valuable to our work. The author is Beverly Fohse, a social worker with the Territorial Department of Health and Social Services.

The Fohse thesis reports that 17 of 110 foster homes in the Yukon in March, 2006, were kinship foster care homes, or 15%. Fifteen kinship foster homes identified themselves as First Nation. All seven of the rural kinship homes were First Nation, and eight of ten urban kinship foster homes were First Nation. Of the 187 children in all foster homes, 17% were in kinship homes. Sixty-eight percent of all foster children were First Nation although only about 25% of the total Yukon population is First Nation.

Fohse notes that due to increasing awareness of child abuse, mandatory reporting, the increasing divorce and single parenting rates, there has been over a doubling of numbers requiring child protection and foster home services during past decades. However, at the same time, there has been a declining number of foster homes because of the need for two-income families and the mobility of families in the economy. This has resulted in child welfare agencies acknowledging the potential of kinship foster caring.

Fohse explores the current research in kinship fostering. Some of the advantages of kinship foster care outlined in this study are: cultural continuity, less disruption in the family, fewer moves for children, lower recruitment and monitoring costs, enhancing the child's identity and sense of belonging, and that it is viewed more positively by caregivers.

Kinship fostering has its challenges. It has more stressors than regular foster caring, receives fewer services, has less stringent standards, and has slower family reunification rates. It leads to a two-tiered level of care for foster children. In addition, the kinship caregiver family has to balance “their role as a middle person within their family and between the agency and their family”...”a ‘sandwich’...situated between their family and the child welfare agency..” (p.105)

Current research found that financial support was the primary service needed. Concrete assistance such as information and support in dealing with family dynamics was noted, as well as practical support such as child care, respite care, transportation, and assistance with housekeeping. Kinship caregivers also recommended support groups and access to training.

Social workers contacted in this study believed that kinship foster caregivers “should adhere to the same standards and expectations as regular caregivers”. However, they also supported the “provision of additional supports to kin in order to meet these standards.” (p.161) Financial support, services, and training for families and social workers are needed, as well as subsidized guardianship.

There has been “a major impetus to achieve permanency for children in state care” (p.40), especially in the United States. This includes kinship caregivers adopting or assuming guardianship, which reduces costs for agencies, but also reduces supports and services, increasing risks to vulnerable children.

Fouhse points out that research is limited on comparisons between regular fostering and kinship care. Research results on the benefits and drawbacks of kinship care are often ambiguous. Kinship arrangements vary widely, and their lack of standardization makes rigorous comparative research difficult.

In her conclusion, Fouhse states that a dominant theme emerging from comments by kinship caregivers was “the importance of family and relationships...the kinship foster caregivers’ commitment to the children and their parents was testimony to their tremendous capacity to care.” “Recognizing kinship foster care as a form of family preservation gives cause to acknowledge the kin family’s expertise and to celebrate the arrangement as a success.” (p164)

8. WHAT WE HEARD IN THE YUKON: Survey Data Analysis

8.1 Who are the kinship caregivers and their children?

A total of fifty-nine families were surveyed in our study. Twenty were located in Whitehorse, and thirty-nine in rural Yukon. Rural communities visited were: Dawson City, Watson Lake, Teslin, Carcross, Haines Junction, Carmacks, Pelly Crossing, and Mayo. Forty contacts were First Nations families and nineteen non-First Nations, from both Whitehorse and rural areas.

Although a very good sample of Yukon kinship caregivers was interviewed, the researchers do not purport to have reached all kinship caregivers in the Yukon. For reasons of privacy, interviews were dependent on a third party to contact caregivers and receive prior permission to be surveyed. The result was that in one fairly large community, only one caregiver was interviewed despite efforts to have agencies and individuals find families. In contrast, in a much smaller community, the enthusiasm and support for the research by the local nurse in charge of the health centre meant that all seven kinship caregivers in that community were interviewed. The statistics gathered, however, do give a clear indication of the demographics of kinship caregiving across the Yukon.

Interviews were open-ended and responses were often spontaneous. Because of this, data sometimes do not tally exactly and responses of individuals may appear in more than one category. In all cases, it was made clear to respondents that they need not give information if they

chose not to, and three took this option when financial details were asked for. A great majority of people surveyed were open and frank in all their responses and often expressed gratitude that they were being listened to.

The total number of people involved in the survey was 242, including 130 children being cared for by kin. Eighty-six were grandchildren (66%). Eighty-eight percent of the children being cared for were fourteen years old or younger. Sixty-five of the children under fourteen were boys and forty-nine were girls.

Children's ages and sex

<u>Ages</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
0-4	19	12	31
5-9	29	21	50
10-14	17	16	33
15-17	8	5	13
18	1	2	3
Totals	74	56	130

Most kinship children (82%) were cared for full time, every day. Others were cared for overnight, daytime, weekdays or weekends only, or on some or all holidays. Fifteen percent were reported as cared for in crisis situations. This number was possibly low, since "crisis" was not defined, and situations could be viewed by one family as benign which others may find more stressful.

Of the 59 households interviewed, a spouse was currently present in 45. Fourteen households had birth children under nineteen and fourteen households included their birth children over 19. Only five households included others over 19. None of these additional members of the household were included in the total number of children being cared for by kin (130). Members of households assisted the main caregiver with physical and emotional support, and sometimes financial help in 31 cases. In seven households, parents were periodically "coming and going" and sometimes assisted with the caregiving when present.

Fifty-six caregivers responded to financial questions. Only one reported household earnings less than \$15,000. Seven percent earned between \$15,000 and \$25,000, and 23% earned between \$25,000 and \$35,000. Twenty percent earned between \$35,000 and \$45,000 and 48% had a household income of over \$45,000. Income was reported to come from employment and self-employment for 49 families (87.5%), five households had employment and pension income, and five had pension income only.

Fewer than half (47.4%) of the families interviewed reported getting any financial or material assistance for the care of the children, with over half receiving no financial or material help. Of those receiving help, 57% received regular assistance, in a range of \$250 to \$1200 per month. Sixty-eight percent of those receiving assistance were given material help in the form of food, clothing, or transportation from the parents or other members of the family.

The average number of persons in families interviewed was 4.1, with the number of people in the families ranging from 2 to 9. Thirty-five (about 60%) of the 59 families interviewed had 3 or 4 family members. The number of children being cared for at any one time ranged from one to four. In one case, seven children were cared for at once, periodically. The amount of time spent caring for kin ranged from 2 weeks to 19 years. Six kinship families were caring for children less than 2 weeks at a time, usually in crisis or other need. Thirty-nine of the 59 families or individuals (two-thirds) had cared for children in the past who were kin but not born to them, in a range of time from six weeks to twenty years.

Many present kinship caregivers had cared or were now caring for children who were not related to the family. These were arrangements as Territorial or First Nation foster homes, babysitting on request of the parents, or simply having other families' children stay during a crisis or other disruption. These data were not recorded since it was not kinship care.

Five kinship caregivers had been official Territorial or provincial foster parents in the past and eleven present Territorial foster parents were interviewed. In addition, six caregivers had "arrangements" with First Nation social programs. Of the 37 families (63% of total families) who had never been or were not presently foster homes, ten (27%) expressed strong feelings about not wanting the Territorial Family and Children's Services involved in the caretaking.

Twenty-nine families expected to care for their kin permanently or "until the child is on their own". Eighteen were uncertain of the length of time they would be needed and most of these families were caring for the children longer than they first anticipated. Six caregivers reported that they would be involved with their kin's children until the parent or parents "got it together", which in several cases looked unlikely at the time.

Custody of kinship children by their caregivers varied even amongst siblings when more than one child was cared for. Full custody was rare. Many families are not willing to take the risk of legally confronting their own children. The cost to obtain even temporary custody (which can be altered in court) can exceed \$10,000. More than one family cashed in RRSPs or spent life savings to obtain legal custody. Thirty-five (59%) reported no custody arrangement at all. Only six had full custody, seven had interim custody, and one had joint custody with a parent. Three had guardianship, one was on adoption probation, and the remaining six were in the custody of Family and Children's Services.

8.2 What were the reasons for caring for kinship children?

Responses to the question of why families were caring for kin were categorized into three areas: problems with the parents or other family members; traditional family response; and problems with the system of fostering available. Replies from individual caregivers were often in more than one area. Any strong assertion was recorded and counted.

By far the strongest reason for caring for kin was around addiction and social problems with the parents, which totalled 79% of responses. Addictions were mentioned in 43%, and social problems other than addiction (mental illness, FASD, etc) were detailed in 36% of responses. Several caregivers described graphic situations where addictions, FASD, and social problems affected everyone in the family. More than one family was being harassed by a parent with phone calls and other disturbances that negatively affected the children. Caregivers without legal custody had no right to detain a child from a parent's demands to have them returned. Even under such negative pressure, caregivers expressed empathy and understanding for the parent, citing past and present difficulties suffered by the parent and lack of social programs as a factor in the situation.

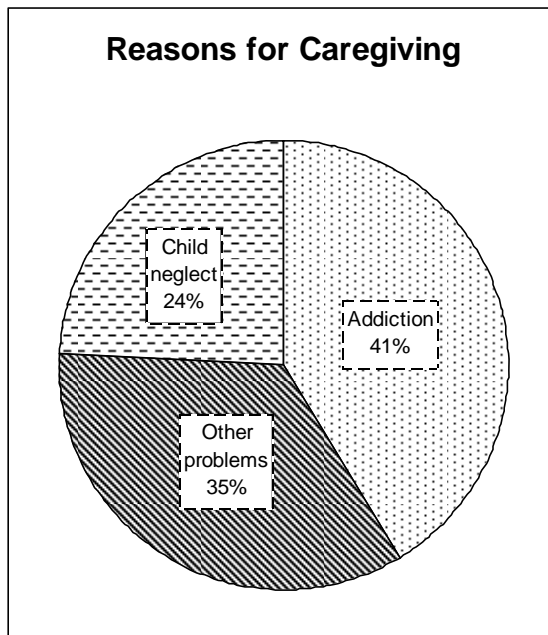
Neglect or abandonment of the child, sometimes due to immaturity of the parents, was mentioned in 25% of interviews. Abandonment of a child was often due to substance abuse behaviour and lack of ability to parent.

In five cases, the parent or parents were working away from home or going to school; in four cases, a parent had died; three mentioned FASD, behaviour, or substance abuse with the child that others could not handle; three pointed to physical health or financial problems with the parents.

Speaking of reasons for caregiving and problems within the larger family, one caregiver said, "everybody let them down; they had nobody". Another said, "they were tossed between relatives".

Although some parents kept in touch with their children, visiting at least infrequently, in some cases the parents were not in touch with the caregiver, especially if they were living away from the community or the Yukon. At least one set of grandparents would travel to a southern province with the children to visit the mother in the hopes that “problems may change with time.” Some were unaware of the location of at least one of the parents.

A strong incentive for caring for kin was the traditional view of family obligations. This was most often expressed from First Nation families, but was also clearly a reason for caretaking relatives with non-First Nations as well. Forty-eight percent mentioned that “it’s what family means”, “it’s our way”, “it’s natural”, and “it’s our cultural role”. Seven responses were that since the family asked them to care for the child, they “couldn’t tell them no”, that it was “our responsibility.” Another 22% said, “because we love them”, “it’s a love/emotional relationship”, that “he is like my own son,” and “she is my blood.”



Two-thirds of the kinship caregivers interviewed were grandparents. They expressed their reason for caretaking as “it’s what grandparents are supposed to do”, and some said that they were helped by their own grandparents. Two single women had cared for their own children, then their grandchildren, and were now caring for great-grandchildren.

Many took children because they wanted to help their family, to “be there” for a son or daughter, and others talked of a need to make amends for their own past, that it was an opportunity to “make up for my own children”, or because they had received generous care from relatives themselves. One said, “I was raised by my sister and I raised my grandchildren.” Another was adopted and felt the need to give back.

With First Nations, a powerful incentive to give care to kin was to pass the culture along to the young. Many said First Nation children “should be in First Nation homes.” It was pointed out that “they have to know who they are socially, to keep the inner self happy.” One expressed it as wanting to “give them the culture, the traditional education to survive”; another said it was “a spiritual thing”.

A surprising incentive to care for kin was the antipathy towards government care. Two responses said that the Department of Health and Social Services was good, that they felt “well accepted”, and that Family and Children’s Services was “constructive in most cases”. However, problems with the system of Territorial foster care were openly expressed in 27 responses. About half of these stated that they did not want Family and Children’s Services involved at all, and chose to reject the services and financial help they might receive as foster parents. Some foster parents found working with social workers “difficult”, that they were “down my neck all the time”. One foster parent grandmother felt that “he’s not ours any more,” that “he belongs to the government”. Others expressed that “grandparents are shut out of the system,” that extended family have no legal status or right to say what happens to children in care. “Fostering is for kids who don’t have any other options”, one said, and another said “children taken away don’t know who they are.”

One caregiver who was waiting for an adoption approval had difficulty with the Territorial policy of giving First Nations a say in placement of First Nation children. The policy had made a lengthy wait for adoption to proceed even though the child had been in the family for most of her life.

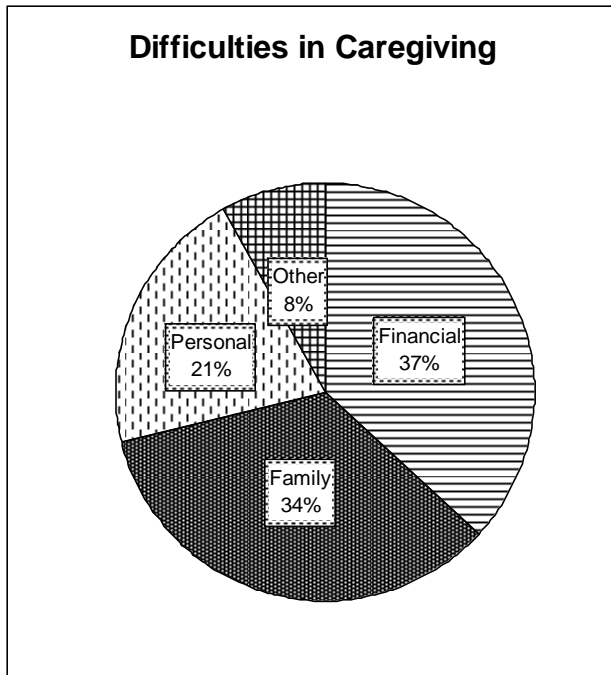
8.3 What were the difficulties with kinship care?

Families were frank and open about the difficulties involved in kinship care. Fifty-four percent said they found it difficult to continue caring for the children, either always, or sometimes. However, on probing, most of those responding that they did not find it difficult still brought up problems. The responses were categorized into family, money and housing, and personal problems.

Thirty-seven percent of kinship caregivers find money a problem. Grandparents and other kin face financial impacts from children’s pharmaceutical and dental care, community involvement such as sports and special events, child care, legal costs, as well as ongoing basic care for food, clothing and shelter. Over half receive no financial assistance, and find that although they can meet basic needs, there is no money for extras like tutoring, sports, and school trips, especially as the child gets older and socializes more. “We should be thinking of retirement, but we can’t afford it” was expressed by two caregivers. “The only support is social assistance, which feels like begging” said two others. One called herself “the Queen of Budgetting” and another pointed out that the mother could work more if the child wasn’t there. In two responses, extended health care insurance was not available to the child since they lacked legal custody, causing financial difficulties for travel away from the Territory for special needs. In three cases, the home was too small for the whole family and rents were too high to afford moving.

Thirty-four percent discussed conflicts with the child or children, the parents, or others in the family.

One said taking the children meant that “it split the family in two” and others expressed similar negative experiences with other family members. Two said that although the parents visited, it was “hard teaching parents how to parent”, that the mother should take more responsibility, that it was “hard when the mother isn’t there.” Visits from parents often disrupted routine and meant emotional upheaval for children.



Personal difficulties were expressed by 21% of respondents. The complaints were honestly expressed and were not petty or resentful. In the case of both older and younger caregivers, many of whom were working outside the home, they found caregiving physically exhausting. Various studies in the U.S. and Canada have shown that parenting grandchildren negatively impacts grandparents’ health. Five in this research said that it took a lot of time,

that they needed time for themselves, and it “would be nice to have my life back.” It was also emotionally draining, especially hard when children were lonely, stressful, and worried about the situation. In one American study, 25% of respondents reported clinical levels of depression. “I can’t look forward to a quiet life as I expected”, said one Yukon grandparent. Another said that keeping their own wellness was a problem, that “it’s hard after being on our own” and after having raised a family already. One said that she had to give up her job and career that she loved to be at home.

Despite the difficulties, when asked what would make the caregivers stop caring for the children, 31 (53%) said “nothing” or “when I’m dead and gone.” Twenty-six percent looked forward

positively to the day when the parents would be capable of caring for the children. Nine responses to reasons to stop caretaking were the caregiver's sickness, or if the family disruptions became dangerous, or the child was too aggressive.

Kinship caregivers were given practical advice and contacts for current problems, and encouraged to form community self-help groups. Facilitating the needed policy changes through lobbying efforts was discussed.

8.4 What do caregivers see as solutions to the difficulties?

Kinship caregivers were profuse in their suggestions for support for their situation. Solutions were categorized into: money and material support; family support; system support; and First Nations issues.

Money and Material

- Income support to stay home instead of working (32%)
- Money for emergencies, recreation, medical coverage (22%)
- Financial help for grandparents, single parents, and extended family (20%)
- Cheaper rent, affordable housing
- Child care costs

"There should be automatic financial help for grandparents caring for grandchildren"

"Money is needed especially when they get older"

"Extended medical coverage shouldn't depend on custody"

Family Support

- Respite for a holiday or time away (20%)
- Facilitation of visits of parents, other family (12%)
- Legal custody easier and cheaper

"In the old days, family helped, but not now"

"Grandparents have an important responsibility; children learn from them"

"Prioritize the kids, help the family heal and re-build"

System Support

- More rights for grandparents and extended family (48%)
- Addictions workers, treatment, aftercare (22%)
- Training for parents and caregivers, early intervention, self-help groups (15%)
- Social workers with experience of First Nations, healthier workers
- Counselling for parents, children, youth
- Child advocate
- Appeal process in Family and Children's Services
- Help for children even if not in care

"We have to be proactive with programs"

"There should be parenting training before people have children"

"Services for families don't talk to each other"

First Nations Issues

- More responsibility by First Nations, more First Nation foster homes (15%)

- Partner with YTG
- Traditional parenting skills

“Use the elders or we will lose the kids”

“Drawdown of social services good, but need training, working together”

“Grandparents are closer in First Nation families”

9. WHAT WE LEARNED: Findings and Evaluation

9.1 The process

The interest and material support from the Little Salmon/Carmacks First Nation for the research was crucial.

Contracting and training an assistant researcher invested in a First Nation person who was given the understanding, skills, and confidence to work in future social research projects.

Depending on a third party such as an agency for contacts, or for the respondent to contact the researcher, protected privacy, but called for more preparation in communities than was possible.

Public support from politicians, the media, and seniors' organizations was useful and gratifying.

9.2 The caregivers

Kinship caregivers in the Yukon are exceptional people whose devotion to family is an important asset for Yukon society socially and financially; they are deserving of recognition through active policy support.

No caregivers contacted were reluctant to take part in the survey; assuring them that their responses were totally confidential helped to ease discussion of difficult situations.

9.3 The data

How many kinship caregiving families are there in the Yukon?

Although 59 kinship care families with 130 children were contacted, it can be assumed from other community contacts and the Canadian Census that the number of Yukon kinship caregiving families may be twice that amount.

Who are the kinship caregivers and what are their needs?

The greatest number of children cared for were grandchildren (66%) with nieces and nephews at 21%. Sixty-eight percent of families were First Nation. Caregiver needs reflected age and social circumstances: financial, physical, emotional, and social supports for them and their families.

Should policies affecting kinship caregivers be changed, and if so, how?

We conclude that government and First Nation policies affecting kinship caregivers need changing to better respond to actual circumstances and to support kinship caregivers in practical ways.

10. ACTION: Recommendations for Public Policy

The Law Reform Commission of Canada (now dismantled by the Federal Government) recommended that Parliament should consider new programs to more closely target benefits to caregivers. The Commission stated: "Governments should review all of their laws and policies that employ relational criteria to ensure that they are pursuing objectives that respond to contemporary social realities in a manner consistent with fundamental values."

A First Nation grandmother interviewed for this research said, "In today's society, the family structure must give empowerment and take what was once its inherent role. It can only be done by teaching and following the traditional laws within a modern context. Government policies must recognize and support this."

Less stringent and more pragmatic financial and social policy by First Nation and Territorial Governments is needed so that Yukon children will receive the care they need and deserve, without breaking essential ties between family members.

This can be achieved by:

- Establishing a special category of alternative care by extended families other than formal foster care, under the Territorial Act and First Nation policies that allows for a range of financial, social, training, and counselling supports responding to individual family needs, whether custody is held by kinship caregivers or not
- Recognizing the economic, social, and preventive role of informal kinship care with financial supports not dependent on needs assessment, especially for pensioned grandparents and single kinship caregivers
- Establishing flexible, responsive, and generous respite programs for formal and informal kinship caregivers available on request
- Easing the complications involved in attaining custody of children and generously financing legal applications for custody, guardianship, and adoption, especially when children have remained in the care of kin for extended periods
- Giving financial, child care, training, and transportation support for counselling or for kinship caregivers wishing to establish self-support groups
- Extending parenting programs for youth that train and counsel in child rearing and educational programs for kinship caregivers that explore current caregiving issues
- Alleviating the fear and distrust of Family and Children's Services through special cross-cultural training for social workers, and more open and welcoming policies that support extended families as a first choice of placement for protection or adoption, and that give ready access to appeals from social work decisions about children
- Giving training and professional support to First Nation social programs and negotiating the drawdown of social welfare programs as provided in self-government agreements
- Financing the Yukon Public Legal Education Association, the Family Law Information Centre, and civil legal aid more generously to extend services of support to kinship caregivers both in Whitehorse and rural Yukon

- Allowing for a greater exchange of information between government services and between the Territorial government and First Nation governments dealing with families, when requested by families
- Extending present substance abuse, corrections, housing, and mental health programs to meet the need as documented in other studies, especially in rural Yukon
- Creating new and innovative substance abuse, FASD, and mental health programs through governments, First Nations, and non-government organizations that are culturally relevant to First Nations and rural Yukoners

11. WHAT WE STILL NEED TO KNOW AND DO: Further Research and Action

11.1 What we need to know

Although our recommendations should be acted upon as soon as possible, we do not have research data to support implementation of all the recommendations in this study. Longitudinal studies should be undertaken to compare formal and informal kinship caregiving with formal fostering to fully understand the benefits and challenges involved.

A study should be done of other jurisdictions' responses to kinship caregiving, including in the United States. This would document actual amounts of formal and informal kinship caregiving, supports being offered by other jurisdictions, and the financial and social needs of kinship caregivers, in order to determine how relevant support programs can be applied to Yukon kinship caregivers.

A further survey is needed of all Yukon formal and informal kinship caregivers and agency professionals to find data for developing standards for recruitment, assessment, and support of kinship caregivers. This would provide evidence-based guidance for best practices for both the Territorial and First Nation governments.

11.2 What we need to do

The data reported in this research will be used by the Little Salmon/Carmacks First Nation and the Grandparents' Rights Association of the Yukon to draw the attention of Indian and Northern Affairs, Yukon Territorial, and First Nations' leadership to the extent and needs of kinship caregivers in the Territory. The ultimate aim is to establish new policies of economic and social support for kinship caregivers.

Beverly Fohse in the conclusion of her research recommends a Territorial Government partnership with Yukon First Nations to deliver services "in a culturally suited manner", and that "legislation, policy and practice reflecting this is vital". (p.168) One way this can be achieved, she says, is through actively promoting, financing, and negotiating the administration of child welfare programs by First Nations through their Self-Government Agreements. It is our hope that the recent passing of the new *Yukon Child and Family Services Act* will be the impetus for this. However, other more progressive changes than those presented in the Act must also be considered in response to First Nation and non-First Nation needs for their children, grandchildren, and their extended families.

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September 8, 2008