

PATTERNS OF FOSTER CARE IN SASKATCHEWAN:  
THE IMPACT ON THE FAMILY CONNECTIONS  
AND THE EARLY ADULT LIVES  
OF CARELEAVERS

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## ABSTRACT

This study of former foster children from Saskatchewan examines three aspects of their circumstances: their care experience, kinship, and early adult lives. Data collection took place between 1985-1986. Using the children's files, the care careers of 206 children born between January 1964 and July 1966 were detailed. Ninety-one were interviewed, 67% of whom were of Native ancestry.

These children were brought into care with their siblings because of a cycle of neglect, alcohol abuse, abandonment and marital difficulties. The children averaged 9.7 placements in 10.9 years in care. Factors linked to placement instability were: number of admissions, race, in-care abuse, inappropriate care, and education. Educational achievement was low. Approximately half of the young people used Saskatchewan's post-care educational financial support provisions. These young people had not experienced placement instability, inappropriate care, and early independence.

Three kinds of abuse -- physical, sexual, and exploitation -- were experienced in-care by 27% of the interviewees. An additional 32% described aspects of their care as inappropriate, including excessive punishment, neglect, inequitable treatment and inappropriate placements. Social workers never acted to protect the children-in-care from abuse. Despite these difficulties, 57% assessed their care as 'good' and 85% said being in care had either improved their lives or had had no effect.

These careleavers were doing less well than their non-care peers. They had an unemployment rate of 42.5%; high income assistance receipt; were less 'happy'; and 42% of the women's children -- 57% of the men's -- were being reared by others. It was argued a care-poverty-care cycle had been established. An outcome profile was developed which showed the Native interviewees fared particularly poorly. The lowest quartile were described as 'The Troubled Twenty'; the circumstances of those in the third quartile were precarious. Those individuals in the top half were managing well. The relationship factors associated with a better outcome were: frequent foster family contact at interview; the presence of friends in early adulthood; and either no biological family contact or else regular family contact while in-care. The careleavers who had experienced good quality care maintained foster family relationships into adulthood.

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PART ONE

THE RESEARCH CONTEXT

## INTRODUCTION AND OVERVIEW

The research described in this thesis is a follow-up study of young adults who had spent a significant portion of their lives in the care of the state. The research is multifaceted and details their early adulthood circumstances with special reference to their kinship connections and the quality of the care experience.

The study population was drawn from Saskatchewan's Department of Social Services child-in-care population on the basis of four major criteria. These are defined in Chapter Three along with the other methodological material. The criteria were: they were YOUNG ADULTS who had spent a SIGNIFICANT AMOUNT of their childhood or adolescence IN CARE and were discharged from care as INDEPENDENT people.

Once the criteria for the study population had been established the actual individuals were identified using the Department's manual and computer records. Their child-in-care files were read to obtain a case history. They were then located and, when they consented, interviewed. This process was more or less sequential although new appropriate cases were identified sometimes by word of mouth throughout the research which lasted from September 1985 to September 1986.

These data collection techniques relating directly to the young adults were augmented by contact with many other people in Saskatchewan. While identifying the study population and reading their files the researcher was situated in the

Department's Family Services Division office in Regina and also had contact with and used the facilities of various local offices throughout the province. While trying to locate the young people contact with many foster parents was also had, facilitated through the Foster Parents Association of Saskatchewan. Contact among the young people's kin included biological family members as well as foster parents, child care staff, partners, in-laws, friends and, most importantly of all, the young people's various siblings.

Siblings were important in this study for several reasons. The pilot interviews were primarily drawn from siblings. As well their participation was sometimes crucial to the completion of an interview. The simultaneous or sequential placements between both biological and foster siblings acted as an internal validation of the information provided by these young people about their care experiences.

Of equal importance in developing a comprehensive understanding of child welfare services in Saskatchewan was the opportunity for interaction and discussion about the economic and cultural circumstances for people of Native ancestry. This included attendance at the INVITATIONAL CONSULTATION ON CURRICULUM (about Native social work education) in Regina in the fall of 1985.

Two-hundred and six young people were included in the study population. These 206 comprised all of Saskatchewan's children in care born between January 1964 and July 1966 who met the study criteria and who could be identified. Ninety-one were interviewed. Their care experience varied from good quality care in one foster home to abusive and

unstable care in as many as 35 placements. The mean number of placements was one placement per child per year in care. At the time of the interview their adjustment as young adults also varied from what could be described as normal productive adulthood to multiproblem. Whatever their care experience or current circumstances they were enthusiastic about being young adults and willing to talk about their lives.

#### Purpose of the Research

The purpose of this study is to provide a systematic follow-up study of Canadian careleavers. Three aspects of their lives are examined. Their care experience is described and evaluated using both the child-in-care files of the Department and their own descriptions; their kinship contacts through the care experience and into young adulthood are examined; and finally their circumstances as young adults are delineated. Out of the varied individual experiences each of the interviewees described and from their child-in-care files it is possible to discern patterns and from these patterns it is also possible to develop practice and policy implications. By this process it is hoped to increase the fund of knowledge used for practice and policy decisions in child welfare.[1]

There are no Canadian systematic follow-up studies of careleavers (Hornick, Burrows and Phillips, 1989, 126). The only Canadian study of careleavers is Murphy's 1974 Montreal study and his is a selected sample of urban Caucasian

careleavers. This study along with other non-Canadian follow-up studies of careleavers is scrutinized in Chapter One. There is now a considerable body of knowledge about English (Burgess,1981; Cox,1980; Edwards,1980; Goble and Lymbery,1984; Godek,1976; Kahan,1979; Loveday,1985; Lupton, 1985; Lupton and Roberts,1983; Mann,1984; Mulvey,1977; Porter,1984; Stein and Carey,1984a,1984b,1986) and Scottish careleavers (Ferguson,1966; Morgan-Klein,1985; Triseliotis, 1980c; Triseliotis and Russell,1984). As well there are three recent American studies (Fanshel, Finch and Grundy,1989a,1989b,1990; Festinger,1983; Zimmerman,1982) and some older ones (Jacobson and Cockerum,1976; Meier,1962,1965, 1966; Thesis,1924). This study presents material from the Canadian context about careleavers.

The Canadian circumstances differ from the British or American organization of child welfare services in a number of ways. Historically Canada, particularly western Canada, has emphasized foster home care or boarding-out (these terms will be used interchangeably in this text) as the preferred method of alternate care for nondelinquent children in care. This is similar to the Scottish experience (Anderson,1871; Ferguson,1966). Although the Canadian and American percentage of children in care boarded-out during the 1970s was similar at approximately 70% (Hepworth,1980; Kadushin, 1980,321) this method only became predominant in the United States in the 1950s (Kadushin,1980,314-321) or later (Jacobson and Cockerum,1976). In CHILDREN WHO WAIT Rowe and Lambert (1973) gave 41 per cent as the figure for the early 1970s for England and Wales.



There are several characteristics specific to the present study population which broaden the information available about careleavers. The population of Saskatchewan is and has been predominantly rural (CANADIAN ENCYCLOPEDIA, 1st ed., 1985, s.v. "Saskatchewan") and less than half of their child in care population has been situated in the two largest urban centres, both of which had a population of less than 170,000 in 1981 (Clarke, 1985, 21-55). As well, Saskatchewan, as identified by Johnson in his 1983 book NATIVE CHILDREN AND THE CHILD WELFARE SYSTEM, has 'one of the highest, if not highest, proportions of Native children-in-care' (37) at approximately two-thirds of its child in care population (37-39). None of the studies about careleavers which will be examined in Chapter One include Native children in the study populations. Only a few refer specifically to children raised in rural foster homes (Ferguson, 1966; Meier, 1962). This study includes both rural and Native careleavers.

Johnson documented the phenomenal increase during the 1960s of children of Native ancestry in the child welfare systems in Canada and refers to this as the 'Sixties Scoop' (23-62). The Department's ANNUAL REPORTS (1965-1968) also documented and discussed the increase in the number of Native children in care. The Native young people in this study were part of that phenomenon. This study is able to examine the care experience and the circumstances of a group of Native careleavers and compare them to their non-Native peers who shared a similar experience.

This study, while holding other variables constant, is also able to investigate stated dimensions of care

provisions. These include differences between the rural and urban care experience and specific initiatives such as the post-care educational financial support program. The specific provisions of this programs are unique to Saskatchewan and merit some attention.

In relation to the field of child welfare as a whole this study has merit because of the dearth of follow up studies. Fanshel wrote that follow-up studies pose many problems including location and cooperation of subjects, defining measures of outcome with or without comparable groups and establishing correlations to previous events (Maas, 1966, 101). These difficulties as related to potential problems in this research along with their impact on the research findings are discussed in Chapter Three.

The Department of Social Services in Saskatchewan, with whose cooperation this study was conducted, highlighted the need for additional information about their child care services and established a child in care review research team in 1984 whose purpose was to 'review...the needs of children in care...to determine program direction' (Saskatchewan, CHILD IN CARE REVIEW, 1985b, 1). The present research about careleavers was seen as complementary to the research being conducted by that review team thereby augmenting the information about their child-in-care services.

As this research was originally conceived the primary focus was to have been on outcome and the kinship connections in early adulthood. This interest, of course, remained unchanged. The impact of the care experience on kinship is highlighted and the multiplicity of possible kinship

arrangements for careleavers is examined in the findings. Kinship in this study can be seen as both a dependent and independent variable and this makes impact assessment difficult. The relationship of kinship connections to outcome is examined.

At the same time it was planned that the care experience could be treated as a constant and therefore dealt with in a meaningful but succinct manner. As the research progressed, however, and more specifically as the interviews were conducted, it became clear, as various kinds of abuse and/or other forms of poor quality care were described by the participants, that some refocussing was necessary. It was not the individual instances of maltreatment which precipitated this refocussing; it was the high reported incidence of in care abuse or neglect.

Nor can the abuse reported here be seen as only of historical interest. The Saskatchewan Ombudsman wrote in 1985(e):

We are still seeing foster parents who are known, or should be known, by the Department to use very physical discipline (with belts and broken whips) having children placed with them who were apprehended from their natural parents because they suffered similar kinds of abuse.(38)

This concern was reiterated in 1987 in the special Ombudsman's report THE PROTECTION OF CHILDREN: THE RIGHTS OF CHILDREN: THE URGENT NEED TO IMPROVE A SYSTEM IN CRISIS.

Consequently a major focus of this research became the history of these young people's care experience. It seemed

necessary to document this material as completely as possible. This historical information is not however in conflict with the other focus of this research: kinship relationships. It may instead help clarify the various kinship connections which did or did not develop from the kinship systems to which these careleavers were connected.

Child welfare practice is largely predicated on the belief that where the biological family cannot, for whatever defined reason, maintain or resume care of the child, the best alternative is a substitute family -- preferably an adoptive family or secondarily a long term foster family (Kadushin, 1980, 322-328; Packman, 1981; Rowe and Lambert, 1973, 4; United Kingdom, 1946). This belief and subsequent practice principle involves the assumption that this long term substitute family will absorb the child as a full family member, by de facto adoption (Kadushin, 1980, 313; Saskatchewan, ANNUAL REPORT, 1964, 19) and therefore provide kinship supports, if these are necessary, into adulthood. But do they? That is the question which is asked here.

To summarize, the purpose of this research is to provide a systematic follow-up study of Canadian careleavers. The quality of their care, their kinship connections and their circumstances in early adulthood will be detailed, some specific programs unique to Saskatchewan will be examined, and a comparison will be made between the Native and non-Native racial groupings in the study. Finally this study will provide information about the experience of growing up in care and the impact of that experience during adolescence and early adulthood from the viewpoint of the young adults.

## Thesis Outline

Chapter One presents research about careleavers: British, American and Canadian. This material deals with careleavers and the careleaving process. There are no studies about careleavers which include children of Native ancestry. Chapter Two begins with a discussion about Saskatchewan and its child welfare services. Briefly the demographics and history of Saskatchewan are described. The development of child welfare services in the province is then presented, with emphasis on the legislation and services which were in place during the period these careleavers were in care. The second half of the chapter discusses Native issues and includes a brief description of the importance of kinship in Native communities. More general issues of kinship or young adult development are not discussed in this text because of space limitations; the reference material used is listed in the Bibliography.

In Chapter Three, which begins the second part of the thesis, the research process is described and the limitations of the specific methodologies used in this study are discussed. The findings of the research are presented in Chapters Four through Seven. The material presented in Chapter Four is drawn largely from the child-in-care files and is quantitatively descriptive of the care experience. Chapter Five is a qualitative discussion of the care experience and is drawn largely from the interviews. Three types of abuse are described: work abuse or exploitation, physical abuse, and sexual abuse. Some policy implications

as related to corporal punishment in foster homes and the investigation of reported abuse are discussed.

Chapter Six moves the focus from the past to the present and looks at the current circumstances of the young adults. The factors examined are housing, employment and education, parenting and partnerships, critical issues such as criminality and drug usage, and the young people's self assessments. An outcome profile is developed.

Chapter Seven describes kinship connections both during the time in care and at the time of the interview. The chapter closes with some comments about kinship relationships and current functioning.

The final chapter 'Implications and Conclusions' discusses the implications of the many issues raised in the earlier chapters. Some specific recommendations are made. The approach used here can best be described as ameliorative. Particular attention is given to Native children and the child welfare system.

#### ENDNOTES

1. This is the first of differing definitions or usage of terms between Canada and Britain. Throughout the text note will be made of these differences and the usage for this study specified. Child welfare is the North American terminology for child care services in Britain. Child welfare is the term which will be used here to denote the range of agencies and services which serve children and their families. Child care will be used to denote the specific and individual process of caring for a child or children.

## CHAPTER ONE

### PREVIOUS RESEARCH ABOUT CARELEAVING

#### INTRODUCTION

This chapter examines previous research about British and American careleavers. The review is limited to studies completed after 1960. This is a somewhat arbitrary date although in any event prior to that there were few studies specifically about careleavers in Britain or the United States. The most notable of those is Thesis' 1924 study of New York orphans. Robins (1966,8-10) reviews the earlier studies, which were primarily European and about delinquent children rather than children exiting care per se. The earlier studies are excluded because their comparability to this study population given the circumstances of discharge from care is seen as limited.

There are three major types of studies about careleavers. There are follow-up studies which look at various aspects of outcome. These are of primary interest here. There are studies which examine the transitional process of leaving care, often focused on small specific programs set up to bridge the move from dependence to independence. These are

discussed below under a separate heading. Finally there is the nonsystematic anecdotal material. While this later type cannot be used to generalize to the whole population, it does provide more in-depth or insightful information about the experience of being in care than is sometimes possible with the more systematic studies. All of these types are included in this review. Not included are the (auto)biographical descriptive single case studies (Arden,1977; Hitchman,1966; MacVeigh,1982; Malerek,1984; Timms,1973; Tyman,1989).

The material is ordered chronologically within each of the subheadings. This format is used because there are few commonalities between the study subjects, the methodologies, or the data analysis, except for the fact the subjects were careleavers. In terms of this study the most relevant material is Festinger's 1983 New York study NO ONE EVER ASKED US. Her methodological approach is similar, her study subjects mainly exited care from foster homes, and included Black and Hispanic careleavers which allowed for some interracial comparisons. Triseliotis' 1980 Scottish study is also relevant because of his focus on the maintenance of 'assumed' kinship into adulthood. Finally, Ferguson's 1966 and Meier's 1962 Scottish and American studies have some comparative applicability because of their inclusion of both rural and urban careleavers. The British studies about careleavers exiting from institutional care into a problematic housing market have perhaps the least relevance to the current research (Burgess,1981; Godek,1976; Goble and Lymbery,1984; Loveday,1985; Lupton,1985).

The intent in this review is to provide an overview of



the existing research about careleavers. More attention is given to particular studies because of some aspect of comparability to this study. The methodology used and its shortcomings are discussed. Finally, a summary of the findings is given. These studies about careleavers as well as other child welfare research will be drawn on in Part Two as the findings from this research are presented.

## BRITISH CARELEAVERS

### Scottish Studies

Ferguson begins his 1966 follow-up study titled CHILDREN IN CARE--AND AFTER with a historical review of alternate care in Scotland. He wrote:

Traditionally the Scottish method of caring for children deprived of a normal home life has been the system of boarding-out with foster-parents, just as for as long the English method...was by admission to an institution...(1)

His review, which spans the century from 1845 to 1946, of Scottish inquiry into the practice of boarding-out (1-45), contains many of the themes which will appear in this and other studies. He wrote of the repeated restatement of the need for appropriate initial screening and adequate supervision of foster homes, the need for sufficient funds particularly for the special needs of boarded-out children,

the difficulty of finding enough foster homes, rejection of some children by their foster parents and finally the need to assist careleavers with employment. He wrote that these inquiries maintained 'consistently over the years' (8) the value of boarding out because:

Living in working-class homes, the children soon developed domestic attachments, and ceased to be a separate class of the community, and were 'speedily absorbed and lost sight of in the mass of the labouring population'.(8)

Ferguson's study population was born between 1943-45. Most, 87%, of the 203 youths in the study came into care before their tenth birthday (47-49). The purpose of his study was:

...to find out how a series of young people...fared after...they passed out of care on attaining the age of 18 years...(46)

His study included all the youth discharged from care from Glasgow's Children's Department during the time of the study.

He collected information about their pre-care and in-care histories from their files and school authorities. (He does not present the data collection formats.) He followed the post-care careers of this group for two years by six-monthly home visitations(vi) although exactly whom he visited is not clear. This is the major methodological problem with this study as it appears he collected information about the careleavers from their caregivers. Thus, he had information about all 203 for the full two years of follow-up, but this information may have limited accuracy because at age twenty

approximately 25% had no contact with their foster parents (108), and the information may, in addition, have reflected the biases of the foster parents. This is the only follow up study which did not interview the actual careleavers although Ferguson may have interviewed some.

Despite these limitations the study does contain some useful information about the post care careers of this groups of careleavers. It is of particular interest here because over 70% were placed in rural foster homes, 16% were maintained with relatives and 13% were raised in Children's Homes. At age twenty, two years out of care, approximately 25% had no contact with their foster parent--27% of the young men and 23% of the young women. Twenty-seven per cent of the men and 34% of the women were still living with their foster parents and:

...in addition, 40 per cent. of the lads and 38 per cent. of the girls preserved their contact with their foster homes...(108)

Approximately 16% were living with biological family members -- or about the same percentage as had been living with relatives while in care.

Regarding different methods of care he wrote '...children brought up in Homes made the least satisfactory showing' (133) vis-a-vis employment, crime and illegitimacy but claimed that this 'outcome was always on the cards in view of their poor level of ability and high incidence of temperamental abnormality' (133) or factors which may have preselected them for institutional living.

He obtained assessment of potential success from the schools prior to discharge, from the foster parents at discharge and did his own assessment at the end of the study. Here again he did not provide the analytical tools used so the basis for his assessment is unclear. He placed 80% of the young people in a category titled 'prospects reasonably satisfactory' (137) and noted this was the same percentage

...as estimated by foster parents to have 'good' prospects when they passed out of care...(137)

although not necessarily the same individuals.

Of the other 20% who were graded as 'very questionable' or 'distinctly bleak' he wrote:

(They) differed little from the others in age at which they came into care. More than a fair share were brought up in Children's Homes and fewer boarded out. They had more changes of foster-parent. They were of lower scholastic ability and Intelligence Quotient...(137)

He goes on to say they had more than two times the conviction rate, their employment record was poorer, temperamental instability pre- and post-school years was higher and teachers 'had estimated their prospects to be good in only 28 per cent. of cases' (137).

Ferguson was able to compare the young men in his study to other boys because of earlier studies which had been done on a large group of school leavers and handicapped youths in Glasgow (v). He did not use this comparative group extensively but with regard to employment wrote:

Everything considered, the level of job held at age 18 was probably less skilled than among the ordinary run of boys and girls...(129)

He also noted with concern the high rate of unemployment at age twenty (110). He cited intelligence as an intervening variable as these employment difficulties were more pronounced for those with lower intelligence (138).

The second Scottish study, Triseliotis' 1980 'Growing up in foster care and after', looked at a group of 40 careleavers who had been in one foster home on average twelve years (131). He interviewed both the caregivers and the careleavers who were aged 20 to 21 when interviewed and reported considerable congruence between these two groups of interviewees around views and perceptions of the foster care experience (133).

Even in this selected group of stable placements only 60%, 24 of the 40 young people, either lived with or 'regarded the foster parents' home as their own and visited regularly' (152). Ten or 25%, the same as in Ferguson's study, had no contact with their foster parents and the remaining six or 15% had some contact 'but felt somewhat disappointed and sometimes bitter because of the absence of permanency' (153).

Outcome was related to the quality of this care relationship.

Twenty-four of the former foster children were rated or rated themselves as coping well...They generally had good relationships with their 'mums' and 'dads' and with peer groups and retained a positive image of themselves...(153)

The noted connection between good peer relationships and foster parents was also noted by Mulvey (1977,28). Triseliotis goes on to say that six were coping about 'half and half' (153) and ten were doing less well. They experienced transience, unsteady employment, and economic dependency coupled with a poor self image (153-154).

He identified four styles of fostering: mutually satisfying relationships characterized by among other things an acceptance of the family of origin; possessive-type relationships which excluded biological family information. The young people in the possessive-type homes were the youngest when they came into care and were placed with their long-term foster family. The third type were professional relationships or group foster care with a mix of short- and long-term-stay children. The children placed in these homes had more moves prior to placement. Finally there were the ambivalent-type relationships and these parents were functioning under relationship, tolerance, financial and accommodation pressures not found with the other three types of homes.

Young adults from the first two types tended to be functioning well. Five of the six functioning marginally came from the professional type relationships. Triseliotis concluded:

The evidence seems to indicate that where the foster home relationships breaks down in the mid- to late teens chances of the young person subsequently leading a settled way of life are considerably reduced.(154)

Triseliotis and Russell did another study which included careleavers: **HARD TO PLACE THE OUTCOME OF ADOPTION AND RESIDENTIAL CARE (1984)**. This study explored inter-generational transmission of deprivation for children separated prior to age ten from their family of origin. This was done by establishing the 'personal and social circumstances' (3) of children taken into care from a 'disadvantaged background' (19) who were either placed for adoption or raised in residential care. Their outcome was then compared to their family of origin's circumstances at the time of their admission to care as obtained 'from the records kept by the social work agencies' (24).

They interviewed 44 young adult adoptees and 40 twenty-three-year-old adults who had been reared in residential care. This is 53% of the eligible interviewees drawn from all parts of Scotland (18). As in the current study, of those in residential care proportionately more females than males were interviewed. There were no other statistically significant differences between the participants and non-participants although Triseliotis and Russell acknowledge the possibility of undefinable bias (21-22).

About intergeneration genetic transmission they wrote:

Although such vulnerability may exist it never develops in the case of adoptees, but it finds its expression in residential people possibly because of their residential experiences and of continuing adversities.(178)

To put it another way, using a number of measures, adulthood for the young people from residential care was more difficult than for adoptees (156-158). They note that for the adoptees 'a positive growing-up experience and a support group, such as family...to rely on' seemed to contribute to a 'somewhat trouble free adult life' (155).

They developed a comparative outcome profile using nine 'handicap' factors. These were:

...dependence on social security; some or considerable dissatisfaction with current housing conditions; a criminal conviction in adult life; severe alcohol abuse; psychiatric referral; relationship problems; the expression of some or considerable doubt about the capacity to cope with life; uncertainty about emotional well-being at interview; and mixed feelings about levels of happiness.(157)

This is similar to the outcome profile which will be presented in Chapter Six. More of the adoptees had fewer 'handicap factors' than the residential careleavers and the differences were statistically significant (157).

Triseliotis and Russell asked the interviewees about their growing-up experience. Those reared in residential care were less positive (39) and some described what could be seen as abusive treatment although it is not defined as such in this study. As with other studies about residential careleavers (Burgess,1981; Goble and Lymbery,1984; Lupton, 1985; Morgan-Klein,1985), over half said they received little or no help with the transition to independence (151-154). Five careleaving issues were discussed: preparation for and help with employment, accommodation, money management, home



management and support after leaving care.

Morgan-Klein's 1985 study of residential careleavers from Strathclyde is typical of the studies which specifically examine the circumstances of careleavers exiting from institutional care into a problematic housing market. It highlights the difficulties experienced by these careleavers in the transition to independence. These difficulties include unemployment and the subsequent reliance on social security accompanied by poverty and lack of appropriate housing. Lack of preparation for discharge from care and poor social work follow-up were also noted.

In Morgan-Klein's study 61 young people were interviewed prior to leaving care and 34 interviewed two-and-a-half to four-and-a-half months after leaving care (1). Because of the short duration of the study which spans the discharge process, the study 'provides what is essentially a snapshot view of life in the early stages after leaving' (45). In this and the English studies described below the picture presented is of considerable disadvantage. This is consistent with Triseliotis and Russell's findings with a slightly older age group, where half of residential careleavers were experiencing, among other difficulties, financial and housing problems (116).

## English Studies

### Follow Up or Outcome Studies

With the exception of Hazel's 1981 study the vast majority of the careleavers described in the English studies were raised in residential care. The Stein and Carey study (1984a,1984b,1986) included some careleavers who were boarded out and both Kahan (1979) and Mann's (1984) anecdotal studies included a small number of individuals who were not exclusively raised in residential care.

Most of these English studies, as with the Scottish studies, attempted to follow up a particular care population. None of the researchers however, was able to locate and interview all the careleavers included in their study population. The consequence of the fall-off of study participants is a bias in favour of those who were easier to locate, those who may have been less bitter and those who were more dependent (Stein and Carey,1984b,24; Lupton,1985,96). It seems likely therefore that the picture presented by these studies may be more optimistic than would be true of studies which were able to include all careleavers.

A second problem specific to the English studies is that no careleavers from minority groups were included in the study populations. It is difficult to understand this omission particularly when adoption of minority children was being evaluated as early as 1970 (Raynor). Rowe et al's 1984

study of long term fostering did include black children who were then adolescents and in care. Stein and Carey acknowledged this shortcoming in their study (1986,11) but this is one of the only places in the English studies where the absence of minority careleavers is mentioned.

The first three studies considered below are not typical follow-up studies. These writers collected material from careleavers and other clients with whom they had contact in another context. These studies can be seen as anecdotal in nature. Both Page and Clark (1977), and Kahan (1979) put together material from group discussions of individuals who were or had been in care. These were published in the late 1970s and although hampered by lack of representativeness are important in that they appear to mark the beginning of the interest in careleavers. They also presented a strong client-voiced-perspective which is carried through in the studies which followed them.

Kahan's group, described in GROWING UP IN CARE: TEN PEOPLE SPEAKING, consisted of ten careleavers ranging in age from 19 to 34 (1979,15-20). These careleavers raised a number of issues. These issues were: the impact of movement and discontinuity on their lives; the effect of loss and grief on subsequent placement success; the need for more information from their caregivers about procedures and decision-making about them; different styles of residential care; and how the type of residential care related to their educational progress. Finally, the difficulty of the move from dependence to independence was discussed. Many of these issues were also raised by the young people in Page and

Clark's 1977 WHO CARES? YOUNG PEOPLE IN CARE SPEAK OUT. Page and Clark's group of seventeen young people included only four careleavers, the others were still in care.

Mann's 1984 book CHILDREN IN CARE REVISITED is of a similar genre. She interviewed thirteen careleavers and eight caregiving couples (7) from her previous caseload and reviewed their current circumstances and previous events including the quality of the social work service which she and others had provided. As with the Kahan (xxi) and Page and Clark (58) groups Mann speaks of her revisiting as having some therapeutic benefit for the participants (165).

Wolkind did a study in the early 1970s of all British born women expecting their first child who lived in a specific London borough. This study incidentally included 36 young women who had been in care. The results showed that these 36 women, 6.74% of her study population, who had been in local authority residential care for one month or more, were more likely to be teenagers, unmarried, have poor housing conditions, have a higher score on a 'malaise' inventory and to describe their health as having deteriorated during the pregnancy than those who had not been in care.

Mulvey in a 1976 study interviewed 16 out of a possible 51 careleavers of a south London borough who had been in care a minimum of four years and out of care for one to two years. This is a low participation rate; most of the 51 were either inaccessible or untraceable. Two who were located refused to participate (27). Although instrumental difficulties were an issue for some of these young people the major difficulty was isolation with only seven stating they had close friends and

twelve seeing relatives but three less than four times a year. Eleven suffered from depression or anxiety and four had received medication. One of these four had overdosed. Mulvey wrote:

If the loss of parental contact is unavoidable it will be necessary to ensure that other stable relationships are formed which can be maintained after discharge from care. This also applies to relationships with peers...(29)

Three small studies (Cox,1980; Edwards,1980; Godek,1976) discussed the problems of the careleaving transition. Godek's selected sample of ten young people who had been in specialized treatment residential facilities run by Barnardo's highlighted again both the relationship difficulties with loss of support after discharge and the more practical problems of budgetting and employment.

The issue of housing needs coupled with household management skills and emotional supports following discharge from residential care are themes which appear again in the Lupton (1985) and Goble and Lymbery (1984) studies. Both these studies included material from interviews with residential staff. Goble and Lymbery interviewed twelve young people and do not specify how their sample was identified. Lupton's sample of 19 careleavers was drawn from a population of 46 careleavers who had been in residential care for at least four years between the ages of eight and 16 (94). The others could not be located. Regarding the representativeness of her sample, Lupton wrote:

It is likely that those youngsters we were unable to trace were, as a consequence of their greater mobility, leading less stable lives with more accommodation 'breakdowns' than was the case with those we interviewed.(96)

Although these English studies were small and may not be entirely representative of the careleaving population they were fairly consistent in pointing to the difficulties residential careleavers faced in establishing independence. Stern, in Lupton and Roberts (1983), summarized the circumstances as presented by these various studies in saying:

Current provision for teenagers in care...is generally patchy, small scale and lacking in coherence...(13)

Special careleaving projects designed to address the issues raised are considered below.

Burgess' IN CARE AND INTO WORK (1981) examined the specific issue of careleaving and work. Lupton suggested:

...youngsters living in residential homes tend to leave care earlier than those in other types of...placements...(1985,182)

and Burgess tied early careleaving with earliest possible school leaving. He evaluated the impact of leaving care and school early for this population with regard to the implications for employment. He felt in-care placement instability resulted in school instability which impaired, through various dynamics, adequate learning (14-16).

Burgess used a variety of information gathering techniques with agencies, and interviewed 43 lads who

represented 80% of the school leaving residents in all of a residential society's (St. Christophers's) units. This participation rate is unusually high but his study population was selected from a stable residential population and therefore did not capture the very mobile careleavers either. Twenty-eight of the 43 he interviewed had a realistic idea of what work they wanted; they needed preparation and help in finding employment. Those who had gained access to employment and those who had continued in full-time education required, besides practical provisions, supportive adults. Finally, the few who had unrealistic job expectations and those with little or no motivation to work required additional specific assistance.

Burgess' material provides a particularly interesting analysis of the problems facing careleavers. He began with the underlying premise that

...the transitional experience of young people in care can be directly compared to those of other young people, where extensive empirical research exists, because both share the common ground and the common analytical category of youth.(4)

But he quickly added that care:

...itself (is) a form of disadvantage as much as a response to...disadvantage.(10)

This disadvantage he suggested is the absence of a linking family through which to move into adulthood (10). He cited a variety of practical ways in which the family provides support and concluded by saying:

School leavers in care have to compete for scarce jobs with other young people in the knowledge that failure will not be cushioned by kinship support.(118)

Loveday's study population in REFLECTIONS ON CARE (1985) included the oldest population interviewed in any of these studies and her low interview rate, 19%, is probably a reflection of this as both the location rate and participation rate increased as age decreased (44). Five of her participants were born in 1938, nine in 1949 and ten in 1958, out of an initial sample of 61, 35 and 28 respectively. She did not compare the interviewees with the nonparticipants so it is difficult to know how representative her interview sample is of the whole population, a problem which she acknowledged (203). This shortcoming is perhaps compensated for somewhat by the method of defining the population, who had all been in the care of the Church of England Children's Society Homes. She concentrated on the quality of the care experience and not on the events of careleaving or adulthood (203). This focus on events of the past occurred both by design and, as was the case in this study

...because respondents who had not previously had a opportunity to discuss their lives in care used the interview to do so...(203)

The picture which emerges about the quality of the care experience is far from favourable. Included in this material are descriptions of inflexible routines which precluded individuality, harsh punishments, particularly for the boys, and social isolation. For these groups Loveday noted the



major problems of the transition to independence were not the practical issues but identity and social issues which in the long run 'seemed to inhibit the development of good, continuing relationships with caring adults' (203). Although the primary ambition was for a successful family life (161) only ten were, at interview, married and two of these were not in their first marriage. Four had married and were separated and ten, nine of these in the youngest cohort, had never married (189).

The last of the English studies is Stein and Carey's study (1984a,1984b,1986) of 45 out of a possible 79 Wakefield Social Services careleavers born in 1964-65 and discharged from care in 1982 at age eighteen or younger. Participation in the study was by consent and those who agreed were more apt to be older and female (1984b,5) as well as more optimistic or more dependent (1984b,24). The criteria for inclusion was one year in care but most had been in care for three years or longer (1984a,1). This is the most thorough of the studies because the participants were followed for two years with interviews every six months. There was some fall-off because of mobility and refusal to continue to participate. At the end of the study, two and a half years post care, information was available for 75% of those who started but only 24 of the original interviewees, 53%, were actually interviewed (1986,11). These participants had experienced both foster care and residential care in an average of 4.4 placements. Their living arrangements at discharge were: 40% in foster homes; 31% in their biological parent's home; 13% in residential facilities; and 11% were

living independently (1986,8-10).

Although age twenty or younger is an early age at which to judge whether enduring adult relationships will or can be formed, this study also found 'a pattern of changing and broken relationships rather than stable nuclear families' (1986,118). The major problem experienced by these young people was unemployment exacerbated by poor educational qualifications. Stein and Carey wrote:

At each successive stage of the project the proportion of those unemployed became higher, reaching 80 percent at the final interview...(1986,104)

On the whole Stein and Carey's study makes depressing reading as the difficulties experienced by this group of young people is told. Housing, although not an apparent problem at discharge, involved frequent moves. Isolation, loneliness and boredom were problematic for some. Those half who had some feeling of contentment were well integrated into a family, either their biological, foster or their new partner's family.

#### Careleaving Projects

In addition to the studies which follow up careleavers with the intent of describing their experiences, there are a few studies which examine specific services designed to assist careleavers in their movement to independence. The first of these is the Church of England Children's Society's

quasi-independent living units set up in the mid-1970s and described in Wood's TOWARDS INDEPENDENCE (1981). This study involved the first twelve adolescents placed in their two homes. The second is Barnardo's THE 16+ PROJECT which was more extensive and provided semi-independent group living situations and supervised independent housing units (Sayer et al, 1982). These studies are descriptive of service provision rather than evaluative of impact or outcome. From this perspective, the viewpoint is that the young people served by these transitional projects probably benefitted because they were assisted with housing, employment and the development of specific skills such as household management. However, it is not clear whether providing these services resulted in long-term improved outcome.

These same cautions are applicable to Hazel's 1981 study A BRIDGE TO INDEPENDENCE. This study, the most thorough of these three, is a study about adolescents aged 14-17 (4) who were placed with foster parents. It is not specifically a study about careleavers but rather an attempt to broaden and evaluate the placement possibilities for adolescents who had limited prospects within available residential institutions (57). In all, 156 young people were placed in foster homes (127-128). In both Hazel's study and THE 16+ PROJECT there was some evidence that a proportion of the young people were assisted in their move towards establishing independence in the community. This was accomplished perhaps because these projects addressed some of the difficulties described in the earlier follow up studies of residential careleavers.

## Summary

The British studies about careleavers described the outcome for careleavers from a variety of circumstances. All the studies, whatever their focus or intent, looked at some outcome variable such as employment, housing and stability of relationships. Ferguson (1966), Triseliotis (1980), and Stein and Carey (1984a, 1984b, 1986) discussed the outcome of children boarded out. The length of time in care varied from more than ten years in the Triseliotis' study to approximately four years in the Stein and Carey material. The young people in these three studies were in their early twenties at the conclusion of the study. Equally the length of time in care for those who had experienced primarily residential care varied from an average of eleven years in Triseliotis and Russell's comparative study of adoptees and residential discharges to shorter lengths of time.

The length of time out of care for the residential careleavers was much more diverse than for those discharged from foster homes. This varied from two and a half months in the Morgan-Klein (1985) study to twenty years for some of the participants in Loveday's Church of England Children's Society study (1985). In general, if the intent of the study was to examine the careleaving process as opposed to outcome the length of time out of care was shorter. The studies which focussed exclusively on residential careleavers described patterns of isolation, employment difficulties, dependency on social assistance programs, housing

difficulties and lack of adequate information or skill about household management and personal care.

Where comparisons were made between careleavers from foster homes and those from residential care, those children in care who were boarded out apparently had on the whole better outcomes (Ferguson, 1966, 137). An examination of the boarded-out discharges in the Triseliotis study (1980) with the residential discharges in the Triseliotis and Russell study revealed the same pattern (Triseliotis and Russell, 1984, 116, 128).

The outcome for these English careleavers can best be described as mixed. The percentage of careleavers with a 'satisfactory' post care adjustment varied from study to study. However, all the studies indicated that a significant minority or in some studies approximately half of the careleavers (Mulvey, 1977; Triseliotis and Russell, 1984; Stein and Carey, 1986) had a less than satisfactory post care adjustment. For those just out of care housing, employment and isolation were frequently-cited issues. For those who had been out of care longer the immediate instrumental problems of establishing independence were less pressing but replaced by continuing relationship and social adjustment difficulties. This would give credence to Burgess' argument that care itself is a disadvantage particularly for English careleavers who are discharged from residential settings (10).

## EMANCIPATION IN NORTH AMERICA

### The United States

#### Follow-up or Outcome Studies

Unlike the English studies, in the American studies the young people usually exit care from foster homes. The term emancipation is used in the child welfare literature to denote the process. Kadushin (1980) in reviewing the history of child care institutions in the United States noted that there had been a long movement away from institutional care which culminated in the 1950s under the influence of Bowlby's MATERNAL CARE AND MENTAL HEALTH. Kadushin wrote:

Child welfare workers developed a hierarchy of preferences: the child's own home, even if inadequate, was felt to be better than the best foster home; a foster home, even if inadequate, was felt to be better than the best institution.  
(586)

In that continuum Kadushin placed adoption ahead of foster care.

Until very recently there were few American studies about careleavers. Maluccio and Fein's 1985 review of twelve studies included Van Der Waals 1960 Dutch study, the 1980 Triseliotis Scottish study already described and the one Canadian study which is reviewed below. A number of the

studies they cited as well as others not mentioned by them (Bryce and Ehler, 1971; Gil, 1964; Lawder, Poulin and Andrews, 1985) only incidentally included careleavers in their examination of children in care. The American studies specific to careleavers are reviewed below. As with the British studies they are presented chronologically with some grouping around type of study or issues discussed.

The earliest American study about careleavers of relevance is Meier's 1962 FOSTER CHILDREN AS ADULT CITIZENS. She followed up sixty-six 28- to 32-year-olds who had been in care an average of twelve years in 5.6 placements and discharged at age 18 from Minnesota's child welfare agencies. Her study population included rural and urban careleavers. Her original study population was 82 so her participation rate was quite high -- 80%. No major differences were found between the nonparticipants and participants (1965, 1966).

Her findings were generally positive as she noted

...the subjects have found places for themselves in their communities... indistinguishable from their neighbours. (1965, 206)

She also added:

These...are self supporting individuals, living in attractive homes and taking good care of their children. (1962, 522-23)

This study population was born around 1930 and, like Loveday's group, was older at the time of the interview. Meier also noted broken marriages appeared to be more common than in the general population (1962, 522-23). As in Triseliotis' (1980) study:

(It) was found that a significantly higher proportion of the persons who had lost their most influential (foster) home (usually their last) suffered an impaired sense of well-being. (Maas, 1966, 104)

She contrasted their late adolescence and early adulthood with their current apparent stability and commented:

Within those years a considerable number had been arrested and jailed. In some instances the turbulence of the period subsequent to discharge from guardianship suggested these young people were experiencing conditions of identity diffusion.... (1965, 205)

She also found a significantly higher degree of later mobility among those who had experienced more than six placements.

Between Meier's 1962 study and the 1980s there was only one small anecdotal study, about careleavers in Idaho. Written in 1976, the article by Jacobson and Cockerum presented the views of a panel of seven 'self-selected' (33) former foster children who were originally brought together in 1973 at the request of a foster parents' group (32). Jacobson and Cockerum noted that foster home care as a program did not develop in Idaho until the 1960s and the young people in the panel were among the first careleavers from the program. They described their care experience quite negatively including one girl who was raped by her foster father when she was nine. However on the whole, they felt their upbringing was better than it would have been had they not been admitted to care. The authors described the apparent impact of this panel on improving the foster care



program in Idaho.

Rest and Watson did a small study in 1984 of thirteen careleavers aged 19 to 31 who had been in the care of an agency serving an inner city population in Chicago. Their subjects had all been admitted to care before age six and discharged as adults, and had experienced multiple placements. Their sample, as with the Jacobson and Cockerum group, cannot be seen as representative because they interviewed whoever was easily accessible. They noted 'race and sex distributions that would set the sample apart' (296) but do not specify what the differences were. In general these careleavers were managing well. All but two had some college education including one man who was enrolled in graduate school. All were appropriately employed except the man with the least education, Grade 8, who 'claimed to make his living "hustling" on the streets' (296). Their subjects reported two unresolved issues: continued sensitivity to their former status as a foster child and pain from loss of biological family. These issues remained even though the agency had had specific programs for adolescents in care which dealt with these issues.

Zimmerman's 1982 FOSTER CARE IN RETROSPECT study was larger but had a number of methodological problems. One major problem was that the interview rate was low, 36%, and eliminated from being interviewed were those who had moved out of state and those who were institutionalized. As well, the defining criteria for sample selection were such that the characteristics of the sample varied greatly. Interviewed were 61 individuals, out of a possible 170, between the ages

of 18 and 28 who had been in a foster home for one year or more at any time. The sample was drawn from the New Orleans Department of Public Welfare case records (2). Just over 60% of both the 170 young people and those interviewed were Black Americans (20-21).

Similar to the Triseliotis and Russell study of residential careleavers and adoptees, Zimmerman developed a four scale 'Category of Adjustment' from 'good' to 'major dysfunction' (87-88). Using a collapsed two-scale 'Category of Adjustment' she defined a number of variables which were tied to a better adult adjustment: older age at discharge from care; better high school marks; a larger social network and more likelihood of an intense relationship; for the careleavers who were parenting, 'normal' parenting concerns as opposed to excessive concern about losing their children; a positive attitude by the careleavers' biological parents towards foster homes; accurate memory of the foster homes; one to four foster home placements rather than more; and finally biological parental approval of friends as opposed to disapproval or prohibiting of friends (89-98). While the above factors were the strongest, accounting for '63 per cent of the variation' (98) between those with good functioning and those with poor functioning, she also lists other apparently significant factors including discharge as independent people rather than to parents and stability of care rather than readmissions. Zimmerman used discriminant analysis among other statistical techniques to obtain these results. However, since the nature of the care experience in her sample was quite varied (from one year at any age to long

term) and the sample size limited, the conclusions from this statistical analysis need to be viewed with caution.

In addition to this comparative analysis between the individuals in the study, Zimmerman compared the young adults to an under-age-30 urban minority population and found little or no differences with regard to employment, dependence on public funds and divorce rates, but did find that former foster children tended to have poorer educational levels and a higher proportion were living on incomes below the poverty level (82). She found 'no significant differences between blacks and whites' (82) in her sample. The young people were asked a number of questions about the quality of their care experience. Only three were identified in the child-in-care files as abused in care but 40% of the interviewees, said they were 'severely punished...enough to leave marks' (33-34).

Festinger's 1983 study NO ONE EVER ASKED US... is the largest follow up study with information collected from 354 former children in care out of a possible 523, or 68% (16,211). This is a quantitative study in which a preset questionnaire was used and the size of the sample allowed for statistical analysis not possible with smaller studies. Festinger used sixteen interviewers and, as did Zimmerman (25), matched on the basis of gender and race (19). Other factors may account for the high participation rate: Festinger paid her interviewees (18) and used both mail questionnaires and telephone interviews for those not accessible for a personal interview (16,211).

Two slightly different sets of careleavers were

interviewed. The younger and larger group, 277 of them, were discharged from care in 1975, had been in care continuously the five preceding years and were eighteen to 21 at the time of discharge (13). For purposes of comparison a second group of 77 individuals who had been discharged from care in 1970 and were therefore five years older were also interviewed. This second group consisted of young people who had only been discharged from foster homes whereas the careleavers in the younger group were discharged from a variety of child care settings. As well the older group was drawn from only seven of the 30 metropolitan New York child welfare agencies used for the younger group (13,211).

Because the child-in-care files and other records were reviewed it was possible to establish the differences between those interviewed and not interviewed. In the younger group the interviewees were more likely to be discharged from foster homes (16) and therefore have slightly more education (307) and in the older group the interviewees were less likely to have an arrest record (212). This would lead to speculation that if a bias occurred it was more likely to be in favour of those whose adult adjustment was better.

Both groups included individuals from three racial backgrounds. For the younger group 51.7% were black, 27.7% white and 19.1% Hispanic with a small oriental population of 1.5%. In the older group the mix was somewhat different with 31.5% black, 50% white and 18.4% Hispanic (31,212).

Findings were reported first for the larger younger group discharged in 1975. At discharge the mean educational level was just under twelve years or high school completion. The

young people discharged from foster homes tended to have a higher educational level. Women had half a year more education than men. Five years after discharge the educational level had risen by half a year with just under five per cent graduated from college (none had done so at discharge). Twenty-five per cent now had less than high school education (150-153). The disparities noted at discharge between foster home and group setting discharges remained at the time of interview (151).

Educational attainment was related to community participation, a sense of well being and employment (154-155). At the time of the interview 71.8% of the men and 52.6% of the women were employed (159). Overall, 20.6% were receiving public assistance, 10.6% of the men and 34.4% of the women and they had been receiving it for close to 36 months. Another 20.6% reported receiving income assistance in the past for an average of 13 months often around the time of discharge (166). Festinger reported that the educational attainment achieved by these young people was lower in all race and gender categories than comparable general population groups. Vis-a-vis employment the Black and Puerto Rican males discharged from group setting had a higher rate of unemployment than their non-care peers (236-240).

Festinger's study also looked at contact with biological family during placement and since discharge. There are many aspects to these relationships not all of which can be covered in this summary. In general young people in and from group settings had more contact with biological kin and it was more important for them to have contact than for the

young people from foster homes. Amount of early contact in both settings was predicative of contact throughout the care experience and frequent contact with biological kin was positively associated with the absence of problems at discharge for all settings. She noted a gender difference in that 'girls were ultimately more affected than boys by the absence of kin during the early years in placement' (80). She concluded that:

...generalizations about contact with kin are not too useful if they do not differentiate among various groups, including males and females.(80)

At the time of the interview '82.9% of the young adults were in touch with at least one member of their biological family' (172); 88% from group settings and 48.6% from foster homes (173). Siblings, and more likely those closest in age, were the 'most frequent tie to their family of origin' (173). An older age at placement was associated with contacts in both settings as, of those from foster homes, were ethnicity and reason for placement (175).

Of those from foster home settings, 88.7% were in contact with a foster family, predominantly their last foster family. Of these, 89% maintained frequent contact and 65% felt very close to this family. Only 38.8% felt very close to their biological kin. Of those from foster homes, 43.5% also maintained some contact with biological family members and about half spoke of frequent contact; a small percentage felt very close to both (173-185).

In comparing former children in care to the general

population Festinger echoed Meier's words from two decades earlier. She wrote:

In sum, the young adults from foster care had settled in their communities and had become as much a part of their neighborhoods as young adults in the general population.(232)

Although she did find some differences as already noted, and in terms of greater mobility, fewer married, greater receipt of income assistance particularly for those from group settings. She concluded foster children were more alike than different from their peers 'in what they were doing and how they assessed important elements in their lives' (253).

For purposes of comparing the two age groups she selected those 112 of the younger interviewees who had also been discharged from foster homes and from the same seven agencies from which the older group was selected (212). She found few differences although more of the older group had married, divorced, and had children (216-218). The older group was more likely to be employed, particularly the women, but this difference was probably a result of differential rates of unemployment at the time of discharge, as Festinger noted the older group had fewer periods of unemployment immediately after discharge from care (221-222). She noted that the older discharges 'seemed more settled and in control of various aspects of their lives' (228) than the younger discharges.

Two quite different studies from the western United States appeared in 1990: Barth's ON THEIR OWN: THE EXPERIENCES OF YOUTH AFTER FOSTER CARE and Fanshel, Finch and

Grundy's FOSTER CHILDREN IN A LIFE COURSE PERSPECTIVE (see also 1989a and 1989b). In Barth's study 55 youth were interviewed who had left foster care in the San Francisco Bay area more than one year prior to the study (421). In most of the other follow up studies, participants were located via child welfare agency records which also enabled some data collection from those files. Barth recruited interviewees by advertising, word of mouth, and through informal agency and professional referrals which, he wrote, likely resulted in over-representation of 'youth with the best academic preparation for independent living' (423-424). Despite this bias, Barth concluded preparation for independent living was inadequate with many youth experiencing educational deficits, housing difficulties, financial problems, high criminal activity, and health difficulties (433). Barth called for transitional housing and independent living skills programs (436).

Like Zimmerman (1982) and Triseliotis and Russell (1984), Barth developed a composite outcome scale to evaluate adaptation to independent living. Among the factors used, 100% reported mental health difficulties, in particular depression. Those with better outcomes reported a higher level of preparation prior to emancipation and more contact with caregivers after discharge from foster care (431).

The Fanshel, Finch and Grundy study was considerably larger. Fanshel et al used content analysis to examine the closed files of all children (n=585) admitted to the Casey Family Program whose files were closed up to December 31, 1984. These files were drawn from the six oldest divisions



of the Program in five western states. Randomly selected for follow-up were 180 of these cases from the two oldest divisions (both in Washington State); 106 were interviewed (86-87). As with all the other studies so far discussed:

Those in the follow-up were systematically in better condition as foster children than those who were not...and (in) better condition at exit....(87-88)

Before presenting a summary of the major findings of this study, the uniqueness of both the Casey Family Program and this study merit highlighting. The Casey Family Program was started in 1966 in Seattle, Washington to provide planned long-term foster care for delinquent children who had little prospect of being reunited with their natural families (5; see also Jaffee and Kline, 1970). The Program, which started with a substantial endowment, has been funded entirely from private sources (5-6).

The plan was to secure the best trained social work staff...to assign caseloads of reasonable size. Foster parents were to be recruited with an aim to obtaining strong families,...the agency was to...ensure the highest quality of service.(5-6)

This study was commissioned to evaluate the services (ix). Because children are referred to the Program from other child welfare agencies (40), Fanshel et al included preadmission history in their analysis. Very little information was given about natural family contact while in the Program. They used extensive statistical analysis -- factor analysis, multiple regression, and other techniques --

which they described in some detail and provided only minimal descriptive information. Presented below are the conclusions they drew from their analysis. The study population was predominantly white and male: 72% to 78% of the 585 cases were Caucasian and 57.5% were male (40), while 83% of the interviewees were Caucasian and 57.5% were male (89). By the time of admission to the Casey Program, at age 13, these children had experienced six living arrangement in five years outside of their homes. In the 3.5 years they spent in Casey care, they experienced 3.3 placements (41-43). The interviewees were seen on average 7.1 years after leaving care (89).

Fanshel et al analysed the traumatic events in the lives of these children as they impacted on both the care careers and adult adjustment. Their major findings confirmed that both a history of physical abuse and turbulent living arrangements were traumatic with long range impact (205). Physical abuse experienced, particularly by boys, at any time was strongly associated with criminal behaviour (146,177). An 'adverse sexual experience' in the home of longest stay was reported by 22% of the interviewees and more frequently by the young women -- 15% compared to 8% of the young men ( $P<.05$ ) (90). A major predictor of adult success was a well adjusted adolescent at discharge (177). And finally, children were consistent over time in their delinquent or negative behaviour and programs, such as therapy or group care, which addressed the traumatic events experienced by foster children 'unequivocally improved condition at exit' (208).

### Emancipation Assistance Projects

As in Britain there were only a small number of American studies evaluating and describing programs designed to assist careleavers in their transition to independence. These American projects were developed to provide emancipation assistance to adolescents leaving care who were seen by practitioners as needing supportive services in their transition to independence (Anderson and Simonitch, 1981,383; Irvine,1988,588; Mauzerall,1983,47; Pasztor, et al,1986,32).

The most extensive of these is Anderson and Simonitch's study of the Oregon Independent Living Subsidy Program which provided both financial and casework support for selected homeless older adolescents (see also Simonitch and Anderson, 1979). In this study the caseworkers were interviewed and felt that 97.1% of the participants were helped while only 30.9% of the participants would have managed emancipation if the program had not existed (389). Anderson and Simonitch detailed a four stage reactive depression which the careleavers experienced as they moved from dependence to independence. The stages were: anxiety, elation, fear and loneliness followed finally by quiet confidence. This program was a state-wide program set up in 1973 and the authors concluded the program was 'viable, cost-efficient and highly beneficial' in the majority of cases (390).

Mauzerall (1983) found a similar emotional reaction in the careleavers served by a small Idaho program. This program consisted of a group program and an emancipation boarding home for those young people who required a halfway

facility before moving into independent living. Mauzerall's article is descriptive rather than evaluative as is Rowe's 1983 article about a Washington, D.C., program which used independent adult careleavers as volunteers. In this program older independent careleavers were matched with adolescents who were just leaving care. The volunteers were to be role models and to provide emotional support until full financial and psychological independence was gained.

Pasztor, Clarren, Timberlake and Bayless (1986, see also Timberlake et al, 1987) studied a Baltimore emancipation project which also used volunteers as one of several service components for 31 adolescents who were leaving care. The other service components were individual and group social work services, strengths/needs assessments and employment assistance, particularly apprenticeships for the young people involved. The 31 young people who participated in 'Project Stepping Out' were compared with 29 young people in foster care who did not participate in the project using a pre- and post-test design (34). They found:

Adolescents receiving project services achieved significantly more growth in the social functioning skills needed for emancipation...(34)

but not on the psychosocial scale. They concluded that planning for independence needs to begin earlier and be a distinct part of child welfare services (35).

Irvine's 1988 article described new initiatives in 'aftercare services' (587). She noted New York state policy requires 'a series of conditions to be met before youths can

be released from state custody to live on their own' (588). These conditions include: employment with an income of 150% of poverty level, and housing (588-589). She also described Arizona's young adult program which includes counselling, vocational/educational services, and the development of community support for youth up to age 22 (592). A comparison was made between 33 former foster children who had received independent-living preparation services with 31 who had received services in a traditional caseload. Those who had received independent living preparation had more education and a higher rate of employment (592).

#### The Canadian Study

As noted earlier, in Canada foster home care has been the predominant alternate care arrangement (Hepworth, 1980, 87). Consequently it seems appropriate that the only reported Canadian study examined careleavers who were raised in foster homes. In his 1974 study 'Long Term Foster Care and Its Influence on Adjustment to Adult Life' Murphy attempted to develop explanations for the apparently poorer adult relationships of careleavers.

Because Murphy's discussion was clinical rather than evaluative his sampling technique has perhaps less relevance. It was unique.

In the 1960s two social work supervisors with exceptional memories and sources of information provided me with broad assessments of adult outcome for 316 Montreal

children who had been at least 5 years in foster care during...1930 to 1959. The assessments were focused on social adjustment...30 of the assessed subjects were traced and reassessed...(426)

One third each of these 30 had been assessed by the supervisors as satisfactory, intermediate and poor. The worst, recent law breakers and psychiatric patients, were excluded. The identification of a former foster child syndrome came from the review of these 30 who were interviewed. Other evaluative material came from the records of the 316 as well as their parents' records, their foster home records and an investigation of 50 then-active foster homes.

His former foster child syndrome was characterized by a fear that society will hurt them, masking a desire to hurt society and

...an excessive concern with defences against both the hurt and the hostile impulses;...and a precipitate desire for marriage combined with a low tolerance for the demands these can make...(428)

Subjects' marriage and divorce rates were higher than for their location age cohorts.

Based on an analysis of information from the additional sources he identified precipitating factors for poor outcome. The first factor was preadmission abnormal behaviour on the part of the parents, most importantly the mother (432). Both Trasler in his 1960 study of foster home placements and Fanshel in his 1972 study of American Indians placed for adoption reported less successful placements for children whose originating home environment was more traumatized or

abnormal (Trasler,230; Fanshel,290). This is also consistent with Fanshel, Finch and Grundy's assessment of the long term impact of physical abuse (1990,68). The second factor was a combination of suburban foster home with good identification with the foster family, coupled with abrupt rejection at the age of discharge, but this was also influenced by the first factor.

If foster children come from favourable backgrounds and hence are not too traumatized, then it benefits them to have some role expectations that they can fulfil in their foster home, whereas if they come from adverse background and are more traumatized, the imposition of roles and expectations can harm them.(439)

He noted that in this scenario it is the relationship with the foster mother that was important as foster fathers tended to be ignored by the child. And finally:

What seems undoubtedly to be of importance in the foster home is the provision of egobuilding roles within the child's capacity and the handling of separation at the end of official care.(439-440)

There are no other Canadian studies about careleavers either as follow up studies or about careleaving projects. Hepworth's statement that 'little is known with certainty about child welfare services throughout Canada' (1980,5) certainly is applicable to Canadian careleavers. Raychaba in a 1988 report published by the National Youth in Care Network, TO BE ON OUR OWN WITH NO DIRECTION FROM HOME, compiled information about children in care in Canada. For children in care he highlighted placement instability with the consequent disruption of educational and social work

services (39-46). Lack of education in turn resulted in poorer employment skills. For careleavers he listed lack of support systems and homelessness as potential issues (69-73). Kendricks' 1990 expose NOBODY'S CHILDREN THE FOSTER CARE CRISIS IN CANADA raised similar concerns.

#### SUMMARY AND CONCLUSIONS

The North American material evaluated outcome for careleavers who primarily had lived in foster homes. On the whole it seems fair to suggest that the North American studies were more optimistic about the adult adjustment of careleavers. That is to say, it would appear North American careleavers had fewer difficulties moving into independence, and in post-care circumstances were more like their peers who had not been in care than was true of British careleavers. Three of the major American studies put forth this position (Meier, 1965, 206; Zimmerman, 1982, 82; Festinger, 1983, 233).

Whether these more normal outcomes can be attributed to the difference between reliance on foster home care in North America versus institutional care in Britain or whether this represents a cultural difference dependent on other unexamined or unknown factors has to this point not been explored. Fanshel et al did find a Casey group care placement resulted in a better condition at exit (1990, 128). However, Festinger's study, which included children emancipated from institutional care, indicated, like the British studies, that those reared in institutions had lower



educational attainment at discharge and because of this fared less well with regard to employment, community involvement and a sense of well-being (154-155). Those discharged from institutions also had fewer adult supports because they did not maintain contact with their caregivers (177-188).

The North American research about careleavers noted some difficulties in adult adjustment. Partnership instability or incapacity seemed higher for careleavers than their non-care peers (Meier, 1962, 522-523; Festinger, 1983, 234; Murphy, 1974, 428). Both Meier and Zimmerman noted that in-care instability which included the loss of a relationship or contact with the significant caregiver led to poorer outcome or greater post-care adjustment difficulties (Zimmerman, 1982, 89-98; Meier, 1965, 1963, 205). This is in keeping with Murphy's (1974, 439-440) and Triseliotis' (1980) findings. Zimmerman (1982), Jacobson and Cockerum (1976), and Fanshel et al (1990) raised the issue of foster home abuse.

The North American studies do include in their study populations careleavers from minority groups. In fact, in Zimmerman's (1982), Festinger's (1983), and Rest and Watson's (1984) studies the majority of the careleavers were from minority groups. Festinger noted that Black and Puerto Rican males had poorer employment records than their non-care peers (236-240) and so did white women but not minority group women (239-240). Few other race differences were noted in either outcomes or the quality of care described by the careleavers. None of these studies included any careleavers of North American Indian descent, a shortcoming which will be discussed further in the next chapter.

## CHAPTER TWO

### THE RESEARCH LOCATION: SASKATCHEWAN

#### THE PROVINCE

Saskatchewan has an area of 652,000 square kilometres, approximately five times larger than England, with a population of just under one million (CENSUS CANADA, 1986; Canadian Encyclopedia, 1st ed., 1985, s.v. "Saskatchewan"; Concise Columbia Encyclopedia, 1983, s.v. "England"). The population has remained stable since the depression and drought of the 1930s, followed by the war, halted immigration to the rich prairie farm lands (Canadian Encyclopedia, 1st ed., s.v. "Saskatchewan"). The northern half of the province comprising 44% of Saskatchewan's area contains only 2.6% of the total provincial population and 65.8% of that is of Native ancestry (Saskatchewan, 1984a, A3). In the southern half the population is split almost equally between those living in centres of over 3500 inhabitants and those living in smaller communities or rurally.

The two largest urban centres, Regina, the provincial capital in the south, and Saskatoon, 150 miles north, are both small with populations under 170,000 (Clarke, 1985, 21-55) but have decaying urban cores where 'the Indians' live. The

poor economic and social circumstances of urban Native people has been well documented (Brody,1970; Chatworthy and Gunn, 1981; Chatworthy and Hull,1983; Dosman,1972; Krotz,1980). Prejudice against Native Canadians is pervasive (Gibbens and Ponting,1978; Hawthorn,1967,143).

During the mid-1980s when the careleavers in this study were entering young adulthood, Saskatchewan, the middle of the three Canadian prairie provinces, was reasonably prosperous. Unemployment was amongst the lowest in Canada at 7.4% as against 11.9% overall (Saskatchewan,ECONOMIC AND FINANCIAL POSITION, 1984-1985,5; see also Shillington and Ross,1991). But, unemployment for Natives was 3.5 times higher in the 15 to 24 age group and four times higher for all age groups (Saskatchewan,1984a,A6). Agriculture, which accounted for 14% of the Gross Domestic Product, was the second largest industry, after services, and provided the largest provincial exports (Saskatchewan,ECONOMIC AND FINANCIAL POSITION,1984-1985,4).

The subsequent sections in this chapter detail two themes: the development and organization of child welfare services in Saskatchewan; and Native children within child welfare systems. The description of child welfare services includes a review of legislation applicable to the participants in this research and descriptions of the major child care facilities and specific applicable child welfare programs. This review includes some historical and political background information about Canadian policies and practices regarding the Native population. Although the topics of child welfare and Native children are treated separately,

they are interwoven, particularly for current generations of Native people. In his 1983 book *NATIVE CHILDREN AND THE CHILD WELFARE SYSTEM* Johnson documented the over-representation of Native children in the child welfare system; Hudson and McKenzie (1981,1985) argued this occurred because the child welfare systems are a current instrument of colonialism. These and other dynamics are explored below.

#### CHILD WELFARE SERVICES IN SASKATCHEWAN

##### The Department of Social Services

By 1964, the earliest time of entry for the oldest young adults in this study, the legislative mandate, policy direction and organizational structure of child welfare services in Saskatchewan were in place. These were established after World War II and have remained relatively unchanged to the present. The principle features of Saskatchewan's child welfare services in 1964 were a province-wide service delivered through decentralized field offices by the then Department of Social Welfare and Rehabilitation. The stated first concern, as Battel, the Director of Child Welfare, wrote in 1964:

...to give support to all measures which will assist and strengthen family life... to help parents so that they can and will provide adequate care for children. (Saskatchewan, ANNUAL REPORT, 16-17)

Resources identified when these preventive or family services failed were adoption, foster homes and institutions. To quote further from the same report:

Foster home placements provide the largest resource for children. They have three assets; children have a chance to form healthy relationships with adults, foster homes provide a realistic preparation for life because they are a part of the community, and when children are grown up, they have a place to call home. (19)

The development of a provincial child welfare service relying on foster homes as its prime child care alternative had a number of influences but was in part the result of prairie conditions. Hepworth traced the assignment of social welfare as a local responsibility in Canada to the English Poor Law tradition and the comparable French Catholic tradition of parish responsibility (1980,9). But by the time Saskatchewan entered confederation in 1905 the development of Canadian child welfare services had taken their own direction, shaped by the reformer and first Superintendent of Neglected and Dependent Children in Ontario, J.J. Kelso (Jones and Tutman, 1981). Kelso spearheaded in Ontario the implementation of the first Canadian legislation in 1893, 'An Act for the Prevention of Cruelty to and Better Protection of Children', which gave official sanction to the use of foster homes and allowed the development of local Children's Aid

Societies with an overseeing centralized provincial service (Jones and Tutman; Hepworth, 1980).

The first Saskatchewan legislation of 1908, 'The Protection of Neglected and Dependent Children Act', followed the Ontario model and Kelso was consulted in the drafting of that legislation (Battel, 1979, 6). Like the Ontario legislation this Saskatchewan Act provided for a central government agency, called at that time The Bureau of Child Protection, with a superintendent whose duties included the development of societies to assist with neglected children by 'placing and visitation' in 'properly selected' foster homes (Battel, 6). The services of The Bureau broadened over time with the introduction of legislation relevant to illegitimate children in 1912, juvenile delinquents in 1917 and adoption in 1922 (Hepworth, 1980, 15). Partly because of the sparse population, Saskatchewan's Children's Aid Societies never really became the force in the delivery or development of services which was envisioned (Johnson, 1952; Battel).

During the early years placement in free foster homes 'with the ultimate hope of adoption was the objective sought for each ward' (Johnson, 1952, 60). Homes which paid wages to the children were also used. Usually boys were placed in these homes and they entered into work agreements with families; any wages they earned were paid to The Bureau and held in trust for them (Battel, 1979, 8). With the exception of residential schools for Native children, services for children requiring institutional care were largely purchased from other provinces. A "detention centre" for boys was opened near Regina in 1911 (Goulden and Cornell, 1985).

As a result of the poor economic conditions in Saskatchewan (during the 1930s) the 1930s and 1940s marked the gradual erosion of free foster and waged homes (Battel,1979,9). In addition, according to Johnson:

A large number of Metis [see The Native Issue Terminology in this chapter for definitions] children were also coming into ward care and creating a placement problem. Foster parents of the "white race" did not want to take them in; Metis families were unusually prolific and not in the market for foster children. Metis children therefore were being maintained in institutions or in foster homes which were paid for their maintenance.(1952,84)

By 1944, 54% of the children in care were in paid foster homes (Johnson,1952,116). The practice of using wage and free foster home continued to wane, more likely from attrition than from policy. The last mention made of either is in the 1960-61 ANNUAL REPORT of the then Department of Social Welfare and Rehabilitation which recorded one person in a wage home and 27 in free homes as against 1462 in paid foster homes (71). In this research, only one young woman was in a free foster home, originally an adoption placement. This free arrangement lasted some years until her foster parents asked for and received payment.

The depression and drought of the 1930s and the events of the Second World War affected Saskatchewan dramatically. The expansion in population was halted, unemployment was high, so high that by 1937 70% of the population was receiving relief (Johnson,1952,72). In 1943 the Government of Saskatchewan set up a committee to look into social security and health services. The Bureau of Child Protection was first moved to

the Department of Reconstruction, Labour and Public Welfare and eventually in November of 1944 to the newly created Department of Social Welfare (Battel,1979,3-15; Johnson, 1952). The new department had a number of branches including child welfare, services for seniors and social security. It has remained more or less in this format to the present. Correctional Services for adults were added and removed and The Department of Northern Saskatchewan which included child welfare services was created and disbanded (Saskatchewan, ANNUAL REPORTS,1960-86). This same post-war period saw the introduction of a new Child Welfare Act which was intended to provide the basis for modern child welfare practices (Hepworth,1980,15). This act, originally passed in 1946 and revised in 1953, is described in the next section.

Funding for social services programs including child welfare services, health and education was originally, as designated by the British North America Act (United Kingdom,1867), the responsibility of local areas, that is, municipalities. As already noted, by the time Saskatchewan entered confederation some of these municipal responsibilities were being transferred to the provincial governments. Where this occurred, as in Saskatchewan, the municipalities were billed back on a per capita basis. The federal government had no financial responsibility except for Treaty Indians [see Terminology for definition]. Beginning with the introduction of old age pensions in 1927 (Battel,1979,11), the federal government has assumed greater financial responsibility for social welfare programs while municipalities' responsibilities have declined. The status



during this research, established in 1966 with the Canada Assistance Plan, was a 50-50 cost sharing scheme between the federal and provincial governments for most of the social welfare programs, including child welfare services which are primarily administered by the provinces with some municipal funding. The federal government however does fund, usually through contributory schemes, universal financial support programs such as family allowances, unemployment insurance and old age pensions. In Quebec, for Treaty Indians and in the northern territories, these funding and administrative arrangements are slightly different.

### Legislation

Two provincial pieces of child welfare legislation governed the lives of the study population. The first of these, the Child Welfare Act of 1953 (Saskatchewan), is the legislation under which the early entrants of the study population came into care. The second, The Family Services Act of 1973 (Saskatchewan), is the applicable legislation for those who came into care from that year on, and under its provisions all were discharged from care. The relevant sections of these acts are described briefly below because they clarify some aspects of the research.

The 1953 Child Welfare Act defined a child as somebody under sixteen (Section 2.4) and allowed for children to be admitted to care by apprehension or at the request of a parent temporarily unable to provide care (Section 2.1,37).

Section 4 listed 16 detailed grounds for apprehension and although the language used in the 1973 Act was simplified and made less specific, the intent remained much the same. Once apprehended a child had to be brought before a judge within three weeks or returned to his parents (Section 6). The judge after finding cause on the basis of the evidence could return the child to the parents with a supervision order or commit the child to the minister -- temporarily for up to one year or permanently (Section 13) up to age 21 (Section 30). These order provisions were basically unaltered by the 1973 Act. The 1953 Act had a section which permitted waged homes (Section 33). This was not present in the 1973 Act.

Three major changes appeared in the 1973 Family Services Act. The restrictions placed on foster home placements by religious affiliation of the biological family or child were removed, in part at least because of the difficulty of placing predominantly Roman Catholic Native children. Provision was added for the payment of monies to parents to prevent children from coming into care (Section 6 and 7). This was in keeping with the Department's philosophy of supporting families. Finally, the age at which services could be given was changed. The discharge age was lowered from 21 to 18 (Section 45) and the provision of services for the 16- to 20-year-olds was made discretionary. Section 44(3) allowed The Department to discontinue supporting the child at age 16 if it was deemed to be in the best interests of the child. Section 44(4) and (5) allowed continued maintenance from The Department for 18- to 20-year-olds who had been in care and were continuing their education.

## Programs

Several specific programs of the Department will be referred to frequently or evaluated in the course of this research. The first of these, just defined under 'Legislation' is referred to as 'Section 44' and is the post care financial support received by former wards between the ages of 18 and 21 who remained in school. The uptake of this program will be examined and in the final chapter specific recommendations made. The impact of discontinuing payment for the 16- to 18-year-olds will also be examined.

The other program is the Post-Adoption Intermediary Service. This program is not evaluated in the findings because it is outside the scope of this research. However, some spontaneous comments particularly around recommendations to the Department were offered in the interviews and these are included as appropriate. It is mentioned here because it had an impact on the way in which the research was conducted. This service was initiated in 1982 in response to a growing demand from adoptees and former foster children for information and assistance in locating their biological parents.

Under this program search and reunion services are provided to adult adoptees and former wards who wish to meet members of their natural families. These services are offered on the request of the adoptee or former ward, with a reunion occurring only upon the consent of the party being sought. A request for reunion from a birth family member is acted upon only if it is also requested by the adopted person. (Saskatchewan, ANNUAL REPORT, 1982-83, 7)

This service which was the most inclusive service to adult adoptees or wards in Canada had some impact on this research. Besides the actual work the staff of that section did for this research, their tracking experience and assistance was helpful. But most important, when the young people were contacted and interviewed, they often raised many issues about their biological family. Those who did so were referred to this Post-Adoption Service. Many already knew about the service and had used it or planned to use it.

It must therefore be acknowledged that the existence of this reunion service for the young people in this study probably had some impact on the outcomes particularly vis-a-vis their current contact with biological family members. It was clear from the interviews that social workers had, as part of the discharge process, discussed the possibility of reunion with the young people. Not all of the young people who met their biological family members after long separations used this service; many arranged meetings on their own initiative or met relatives serendipitously. However, because this service existed in Saskatchewan the principle of reunion was an established practice. Biological family contact after discharge is one of the items examined in this research. The information in the study should therefore be read as coming from a context where, at the least there was no organizational impediment to reunification.

## Institutions

### Introduction

The Saskatchewan child welfare legislation described in the earlier section included provisions for the Department to operate or contract for institutional care for children. However, as already noted, foster home care was the predominant type of care. In this study less than ten per cent of the young people were discharged from care from a child care institution where they had been for any length of time. Further, all except one of the interviewees who were institutionalized had also spent considerable time in foster home care and most maintained contact, however minimal with a foster family. However, close to 60% of the young people in this study were placed in an institutional setting at some point during their time in care. This section will provide a brief description of those institutions which were used by the young people in this study.

Institutions were complementary to the foster care program and used in special circumstances. These circumstances included: reception into care, assessment, treatment for emotionally disturbed children, and holding units for delinquent adolescents. Because of the paucity of institutional facilities in Saskatchewan these functions often intermingled, certainly changed over time for particular institutions and additionally were also assumed by foster parents. Foster parents in part assumed these

functions to prevent the dislocation involved in transferring wards from their home community to the areas where the institutions were located.

This raises the question: When does a foster home become a group home or an institution? When bars are put on the windows as happened with one home in Regina? When it has more than ten children as defined by The Family Services Act (Saskatchewan, 1973, Section 2(g)), or when it is labelled as a 'group home' by the Department and its funding changed? Hepworth in his discussion of RESIDENTIAL SERVICES FOR CHILDREN IN CARE (1975) noted:

It is...impossible to draw an arbitrary dividing line between some types of foster-home care and some types of group-home care.(1)

In general in this research, a foster home is seen as a home either owned or rented by foster parent(s) that is first their family home, in which children who were in care were placed for whatever period of time irrespective of the funding arrangement or the number of children in the home. This definition is in keeping with the way the young people in this study viewed their experiences in care. Conversely any building or house acquired by an agency, individual or collection of individuals for the express purpose of caring for children or adolescents will be called a group care or institutional facility. Mayer et al (1977) distinguished foster homes from groups homes by the potential stability of children in the placement versus replacement of staff (52). This definition is problematic for Saskatchewan because the

group homes tended to be relatively short-lived due to funding and management problems.

### Residential Educational Institutions

A number of the Native children lived in residential schools either before coming into care or intermittently while in care. These schools provided segregated residential education to primarily Treaty Indian children between the ages of seven and 16 and were financed by the federal government as part of their educational mandate to Treaty Indians. They were run by the Roman Catholic, Anglican, United, and Presbyterian Churches (Hawthorn, 1967). Formerly all Treaty Indian children attended these schools and the historical significance of these residential schools is discussed in the next section. These schools were also used as alternate care for Metis children.

By the mid 1960s less than 25% of Treaty or Status Indian children in Canada attended these schools. By this time these facilities were used

...for orphan children, children from broken homes and those who because of isolation or the migratory way of life of their families are unable to attend day schools. (Canada, 1964, 44)

When Indian Affairs could no longer provide this quasi-protective service, nor assure adequate care in the parents home or in an alternate arrangement during holidays, the child was referred to the Department of Social Services

and came into care. Indian Affairs also used their own foster homes on reserves to provide care for children.

In addition to these residential educational institutions serving the Native population, there are a number of current religious residential educational institutions located throughout Saskatchewan. These facilities provided education and care for a number of the young people in this study during their adolescent years, always in conjunction with foster family care except for one young woman. All the boarding schools referred to in this study are of this type and include Lutheran, Mennonite and other denominational schools.

#### The Department's Facilities

The Department owned four facilities. These were: Dales House, Saskatchewan Boys School and Roy Wilson Centre, all located near or in Regina, and Kilburn Hall in Saskatoon. The Saskatchewan Boys School, also named the Paul Dojack Centre after one of its directors, opened in 1911 and was the remand and detention centre for boys (Goulden and Cornell, 1985). The Roy Wilson Centre which opened in 1969 served as remand and detention for girls (Saskatchewan, ANNUAL REPORT, 1969, 36). Before this time delinquent girls were sent to other provinces for long term incarceration (Saskatchewan, ANNUAL REPORTS, 1965, 19).

The functions of Dales House and Kilburn Hall changed over time. In 1964 they were used as emergency care and



reception units for young children with Kilburn also having a holding unit for delinquent girls (Saskatchewan, ANNUAL REPORTS, 1965, 19). Over time, because of the increasing numbers of adolescents in care, both Dales House and Kilburn Hall came to be short term facilities for adolescents (Saskatchewan, ANNUAL REPORT, 1981, 9).

#### Other Institutional Settings

Two other facilities used by some of the adolescents in this study were partially funded by The Department but were private agencies: Ranch Ehrlo and Bosco Home. Both were located near Regina. Ranch Ehrlo opened in 1966 as a treatment facility for preadolescent boys and expanded to include girls. Bosco Home opened in the late 1970s and provided residential treatment and work training for adolescent boys. All the young men discharged from care from nonprison institutions were discharged from these two centres. Bosco has subsequently been closed because of abuse allegations (Kendricks, 1990, ix).

Some of the young people in this study were sentenced to provincial and/or federal prisons either while in care or after being discharged from care. The provincial prisons, located in Regina, Saskatoon and Prince Albert, are the correctional services' remand facilities and used to detain men whose sentences are less than two years. These prisons also have satellite minimum security prison camps located throughout the province. The women's prison, Pine Grove, is

also located in Prince Albert. For sentences of two years or more individuals are transferred into the federal prison system and these prisons are located throughout Canada. In the course of this study, two of these federal prisons were visited, one in Prince Albert and one in central Alberta.

Other institutional settings used by a few of the children were group homes located in Prince Albert and Regina, including Grace Haven run by the Salvation Army; maternity homes; and acute care and psychiatric hospital facilities. A number of the children from Northern Saskatchewan fell within the scope of the Sandy Bay Child Care Committee and received accommodation in that communities' group home (Soiseth, 1970). This was the only organizationally-stable, successful, Native-run facility during the time period covered by the study. Another Native run resource was the Native Women's Treatment Centre in Regina, but this facility was short lived. Motels, hotels, and hostels such as the YMCA were used for temporary accommodation. But the young people in this study spent most of their years in care in foster homes and more than anything else it is the foster home program which is evaluated.

## THE NATIVE ISSUE

### Introduction

Seventy per cent of the young people in this study are of Native ancestry. This high percentage and over-representation of Native children in care is not unique to Saskatchewan nor particularly unique to this subset of Saskatchewan's children in care (Johnson, 1983). Being raised in care is part of the disadvantaged circumstances for Natives in Canada.[1] This section discusses the historical antecedents and current circumstances of these Native young people. It is intended to provide background information to issues which are complex and currently very dynamic.

### Terminology

The term Native used in this material 'is a generic one intended to include all of those people whose ancestors were indigenous to Canada' (Johnson, 1983, xvii). This term encompasses three subgroups: Treaty, or Status Indians; Non-Status Indians, and the Metis. The term Native will be used to refer to them collectively. Status or Treaty Indians are those indigenous people who are entitled to be registered as Indians under the Indian Act, a federal statute last revised in 1985 (Canada). This act defines who is an Indian, designates their rights and allocates resources. Criteria for registration are historical and legal and not racial. For example, until the revisions of 1985, women who married

unregistered men lost their registration; men who married unregistered women maintained their registration and their wives whatever their racial background became eligible for registration. The revisions of 1985 reentitled the previously registered Indian married women to reregistration but not their spouses or children, although their children did receive entitlement to some services. Some of the young people in this study were affected by this change.

In Saskatchewan most of the registered Indians are Treaty Indians, that is, they belong to tribes which signed formal treaties with the Crown. In other parts of Canada, for example British Columbia, formal treaties were never signed but a Status Indian designation was conferred for administrative purposes. In this material the term 'Treaty' will be used when referring to registered Treaty or Status Indians.

When registered, individuals are registered as part of a Band, a subset of a tribe. A Band is an administrative unit. Saskatchewan's Natives consist of three primary tribal groupings: the Chipewyan in the north, the Cree in the north and central areas, and the Assinibone in the south. Two other small tribal groups in the southeast are the Blackfoot and Gros Ventre. In this study the majority of Natives were of Cree descent. Appendix A contains maps showing the tribal areas of Canada and the Bands of Saskatchewan. Because of Band and tribal intermarriage it is worth noting again that designations are legal and not racial.

Non-status Indians are

...persons of Indian ancestry who...lost or exchanged their right to be registered under the Indian Act'(Johnson,1983,xviii)

Examples of this are the children of the previously deregistered married women, as well as individuals who choose to opt out, that is to become enfranchised (Canada, 1985, INDIAN ACT, Section 108). The Metis are of mixed Indian and European ancestry. There is no provision in the Indian Act for the Metis although

...in the north some Metis communities and farms have been established on Provincial Crown Lands. (Saskatchewan, 1984a, 12)

In this study the term Metis will be used to refer to both non-status and Metis Natives. This term is used for convenience and not intended to deny the historical and legal differentiations.

#### Indian Administration and Child Welfare Services

The major document describing child welfare services and Native people in Canada is Johnson's 1983 book NATIVE CHILDREN AND THE CHILD WELFARE SYSTEM. In it he documented the phenomenal increase in the number of Native children in care in Canada in the 1960s which he labelled the 'Sixties Scoop' (23). He cited a number of factors as responsible for this disproportionately high increase in the number of Native children in care. The causes he listed were: an administrative jurisdictional dispute between the federal and provincial governments over the delivery of child welfare services to Treaty Indian families; the prior existence and, later the closure of the residential schools which served primarily Treaty Indian children; the economic and socially

disadvantaged position of all Native Canadians, of which alcoholism is an endemic characteristic; and cultural misinterpretation of Native child rearing practices by the non-Native child welfare systems (65-78). This later factor has been described as part of the "colonialization of Natives" (Hudson and McKenzie, 1981, 1985). For all of these reasons, Johnson argued Native children began to appear in care in disproportionate numbers in the 1960s.

However, it is likely at least for Saskatchewan that Metis children were in care in disproportionate numbers prior to the 1960s. They were already noted by The Department as creating placement problems as early as the 1930s (Johnson, 1952, 84) and The Department's 1961 ANNUAL REPORT showed 26% of the children in care were of Native ancestry (71). This figure predates Johnson's 'Sixties Scoop' which by 1976 (the first year Johnson lists) meant 51.5% of the children in the care of the Department were of Native ancestry (39). It seems arguable therefore that the admission to care of Treaty children in the 1960s merely added to and highlighted an already existing problem for children of Native ancestry in Saskatchewan. The economic, social and cultural disadvantages detailed below apply to all Natives whatever their legal status. The jurisdictional dispute is in application specific to Treaty children.

Frideres in his 1983 discussion of NATIVE PEOPLE IN CANADA CONTEMPORARY CONFLICTS, among others (Berger, 1977, Volume Two, 215; Smallface Marule, 1978), noted the Native population was from the very beginning of European settlement the subject of special concern (1983, 20-21). He described

the earliest approach to the Native population as influenced predominantly by the military, followed by the missionary influence beginning in about 1830 and dominant up to confederation, although by no means ending there (21). The first legislation concerning Natives was enacted by the British Parliament in 1670 and about this legislation Frideres wrote:

This legislation was vague, but it established the paternalistic attitudes that have continued to this day, seeking to "protect" Indian people from "evil forces" and to promote the conversion of the Indians to Christianity.(21)

With confederation, control of Indian affairs was given to the federal government where it has remained to the present. The first consolidated Indian Act was passed in 1876 and a second in 1951 (Frideres,1983,26-29). These acts defined who was and was not an Indian; granted and denied special privileges, for example voting; and among other things defined administration of Indians and Indian lands. Treaty Indians were prohibited from voting both federally and in Saskatchewan until 1960 (Morse,1985,583-584).

There are many complex issues involved in the federal legislation, policies and administration of Indians. These are not of primary concern here and are described ably by others (Berger,1977; Frideres,1974; Getty and Smith,1978; Hawthorn,1966; Hawthorn,1967; Morrison and Wilson,1986; Morse,1985; Weaver,1981). But it is necessary to understand Treaty Indians as defined by the Indian Act are granted special status or protection and that they are the

responsibility of the federal government. The federal government has argued, however, that it has the option to not exercise that right where laws of general application are also applicable to Indians (Johnson, 1983, 4).

Child welfare is an administrative area where this option has been exercised (Johnson, 1983, 4), although the provincial governments who have responsibility for child welfare services were reluctant to assume this responsibility for Treaty Indians both because of the financial implications and the potential precedence of transfer of responsibility for Treaty Indians from federal to provincial jurisdictions. Nor do Indian organizations generally wish provincial involvement in Indian administration either (Johnson, 1983, 5; Breton and Akain, 1978, xxxi; Smallface Marule, 1978, 107). Child welfare is not the only area where this transfer has been proposed; Smallface Marule and Johnson (1983, 6-7) described the 1969 proposal for larger transfer of responsibility from, or dismantling of, Indian Affairs and the eventual withdrawal of that proposal. The same reaffirmation of federal responsibility has not occurred with regard to child welfare services, however.

Beginning in the mid-1970s, and over time most provinces have begun to provide the full range of child welfare services to Treaty Indians. This generally has been done through bilateral provincial-federal agreements or trilateral agreements which included Bands and provided for Band-administered child welfare services (Johnson, 1983, 7-16). The nature of the agreements and the extent of services provided and financial arrangements varies from province to



province (Johnson,1983,7-16) and these provisions are not universal to all Treaty Indians in all areas of the country (Johnson,1983,8-15; Kimelman,1983a,8).

Saskatchewan, however, has not assumed responsibility for child welfare services for Treaty Indians nor entered into any agreements allowing for Band-delivered child welfare services. The Department's policy with regard to child welfare services for Treaty Indians on reserves as stated in their 1975 POLICY MANUAL has been and was apprehension only, 'in extreme situations where the children's lives are in immediate danger' (Chapter 5, Section 2, 8). In Saskatchewan, with regard to Treaty Indians off the reserve, the practice has been federal responsibility for social services for the first year and provincial government responsibility thereafter (Breton and Akain,1978,xxxi). Potential access to provincial child welfare services for Treaty families is further complicated because these families move between the reserves and urban centres (Brody,1970; Dosman,1972; Krotz,1982).

Further, the federal government pays the Saskatchewan government a per diem rate for any Treaty Indian child in their care (Saskatchewan,1975,POLICY MANUAL,Chapter 11, Section 2, 3), but not for any other service delivered by the Department to Treaty Indians. It could be argued that this combination of lack of family support services from either federal or provincial governments for Treaty families in crisis together with the availability of money for children once they are apprehended and in care contributed to the overrepresentation of Treaty Indian children in care. This

is particularly true for Saskatchewan where the basis of the jurisdictional dispute has not altered.

This jurisdictional dispute with the attendant financial arrangements cannot alone account for the overrepresentation of Treaty and Metis children in Canadian child-in-care populations during the 1960s and subsequent decades as documented by Johnson (1983; Breton and Akain, 1978, xxxv) and in this study's population. The potential explanation likely lies as Johnson suggested in a convergence of other interdependent factors. These factors can be seen as: subjugation, economic and social disadvantage, and [see below] the disruption of Native families through residential education.

There is fairly unanimous agreement that the intent and/or outcome of Indian legislation and the resultant policy and its administration has been the subjugation of Native peoples. This has been variously described as an attempt to civilize the Native (Frideres, 1983, 32) by undermining traditional religion, leadership and culture or 'mindrape' (Whiteside, 1972, 4, 5); assimilation (Smallface Marule, 1978, 103); or colonialization (Morrison and Wilson, 1986, 523). In their 1981 article, 'Child Welfare and Native People: The Extension of Colonialism', Hudson and McKenzie argued that the child welfare systems have acted as agents in the colonialization of Native peoples. Johnson also discussed cultural differences in child-rearing practices and suggested these disparities led to Natives receiving discriminatory treatment from child welfare services (1983, 71).

So too, there is little disagreement about the economic

and social disadvantage of Native Canadians. Hawthorn in his two volume report surveyed and described the conditions on reserves for the 1960s. A more recent report, INDIAN CONDITIONS: A SURVEY, produced by the federal Department of Indian Affairs and Northern Development (Canada, 1980) found similar continued disadvantage. For example, this report estimated social assistance receipt among Treaty Indians between 50 and 70% in 1977-78 (3). Breton and Grant summarized conditions for Saskatchewan's Native population as involving: high unemployment coupled with poor paying and seasonal work when work was available; discriminatory barriers to job entry; scholastic disadvantage among Native children; dramatically higher incarceration rates for Natives -- from 19 to 1 to 88 to 1 for the non-Native population depending on the gender and particular subgroup of Natives; and finally poverty (1984, xxxi-xxxv). These statements are echoed by others (Chatworthy and Gunn, 1981; Chatworthy and Hull, 1983; Frideres, 1983; Saskatchewan, 1984a, 1984b).

The Saskatchewan government's report, INDIAN AND NATIVE ECONOMIC DEVELOPMENT IN SASKATCHEWAN (1984a, 1984b), confirmed these findings and also discussed social conditions. These included inadequate housing, which involved poor fire protection, overcrowding, lack of sewage disposal, plumbing and running water. Poor health conditions were also cited and included the following: a three times higher than average infant mortality rate; a three-and-a-half times higher death rate from accidents, poisonings and violence; a nine times the average death rate from tuberculosis; and higher hospital admission rates because of alcoholism

(Appendix A11; Canada,1980). Johnson (1983,76-77) specifically discussed alcohol abuse as a potential contributing factor to the number of children in care. These are all conditions which contribute to the admission of children into care and, because these conditions were and are more prevalent among Native families the impact has been disproportionate.

Added to and part of the colonialization of the Native population is the history of family disruption caused by residential schooling of primarily Treaty children. Hudson and McKenzie wrote:

The early educational system consisted of residential schools which removed native children from their parents and home community for most of each year. Many argue that this practice of separating children from parents and the parenting role model, is singularly responsible for many of the problems related to child care now found among native parents.(1981,65)

That is to say, because Native children were removed from their families to attend school there was familial discontinuity and disruption. The loss of traditional parenting patterns was coupled with a created dependency upon state institutions to provide child care. As these residential schools began to close, the Native family was then directed towards the provincial child welfare services as the only available resource but, because of the jurisdictional dispute, the services available were limited to apprehension and complicated by cultural misinterpretation.

## The Department's Response

Saskatchewan is the only province which by 1987 had not entered into any agreements with Bands for the delivery of child welfare services to Treaty Indians. In this respect at least it could be said the Department was and is being recalcitrant about the jurisdictional dispute between the province and federal authorities over responsibility for service delivery. There is no doubt the Department recognized the problem.

...our most serious problem in child care is with the Indian and Metis child... Child Welfare services needed in Metis and Indian communities is much greater than for the average population. (Saskatchewan, ANNUAL REPORT, 1965, 17-19)

Before and through the 1960s into the 1980s, however, the only departmental response to the increasing number of Native children in care was one special adoption program -- AIM [see below]. At no time were any special family services programs for Native families developed despite the apparent stated focus on provision of services to families and the strengthening of those provisions in the 1973 legislation. For Treaty families on reserves or recently off reserves, because of the jurisdictional dispute, whatever family services existed were not even available to them.

AIM, the Adopt Indian and Metis program, began in 1967 as a federally funded demonstration program (Saskatchewan, ANNUAL REPORT, 1967, 37) and as a Native focused program even it was short lived. By 1971 it had been expanded to include 'any child...in need of an adoption home' (Saskatchewan, ANNUAL

REPORT, 1972, 29). Further, the impact of this program on reducing the proportion of Native children in care seems to have been negligible. The percentage of Native children in care of the Department in Saskatchewan rose steadily from 32% in 1964 to 57% in 1980 (Saskatchewan, ANNUAL REPORTS, 1964-69; Johnson, 1983, 39). The AIM program did, however, increase the number of Native children placed for adoption. The number of Native adoptions for the years before and just after the program was introduced were: 1965 -- 33, 1966 -- 50, 1967, the year the program was introduced, -- 94, 1968 -- 137, 1969 -- 91, and 1970 -- 123 (ANNUAL REPORTS, 1966-1971). At no time during the existence of AIM or its follower REACH were any special efforts made to recruit adopting parents of Native ancestry. These families were not specifically excluded but they were not in any way targetted (Saskatchewan, ANNUAL REPORTS, 1967-80).

Nor were any programs developed for Native children in care. No program was developed specifically intended to recruit foster parents of Native ancestry. That is not to say there were no foster parents of Native ancestry; there were a very few. It is rather to suggest that despite an increasing number of Native children in care, an increase which by the mid-1970s meant the majority of children in care were of Native ancestry, programs directed at this population were not initiated. This study, like Kimelman's review of files of Native adoptees in Manitoba (1984, 82), found no evidence of any outreach to the extended families of Native children. This lack of outreach was not unique to Natives but had a different impact on the placement history of Native

children. This is discussed in the findings. With the exception of the Sandy Bay group home there were also no Native group care facilities.

Nor were there any programs designed to assist or educate either staff or caregivers about Native culture. Again, as with the incidental presence of Native foster homes, some individual staff members did attempt to bring this information to caregivers. These were however only isolated ad hoc arrangements.

In summation, there was no evidence that the Department showed any interest in developing any systematic approach for dealing with the Native children in their care, or their families, during the time of this study. During this time no family service programs were developed nor was there outreach to extended family members or communities. There was no special recruitment of Native foster parents, no systematic development of Native group care facilities nor even effort made to develop information programs for caregivers about Native culture. There was some recognition of the issues but only the shortlived AIM program was initiated. The least that can be suggested by the nonresponse is that it showed a lack of leadership or genuine desire to grapple with the issues facing Native families and their children. Perhaps it also lends weight to Hudson and McKenzie's (1981,1985) argument that child welfare systems have acted as agents in the colonialization of Native peoples by the very real act of removing their children from their communities and also by denying their culture through lack of attention to the cultural differences.

## KINSHIP

### Introduction

A particular viewpoint is taken in this material with regard to kinship, namely that 'interaction among kin is frequent and functional even in most urban industrialized areas' (Lee, 1980, 923). The basis for this assumption has been well researched.[2] As Lee wrote, the question is not 'if kinship is important (but) when it is important' (391). A brief description of kinship in Canada with particular attention to Native Canadians is presented below.

### The Canadian Family

In writing about the Canadian family, Ishwaran presented a number of concepts which are applicable to the families of the young people in this study. He wrote that an 'adequate sociological analysis' of the Canadian family must take into account aspects of both diversity and unity.

The sources of diversity may be listed as (1)ecology, (2)ethnicity, (3)religious ideology, (4)culture, and (5)differential modernization.(Ishwaran, 1983, 13)

On the basis of ecological differences he identified three family types: outpost, rural and urban families (13-16). The outpost family [see below] is applicable to Northern



Saskatchewan where the population is predominantly of Native ancestry. Of the urban family he wrote:

The general trend of urban ethnic groups has been toward a modified-extended family type, that is, one in which the nuclear type co-exists in a functional relationship with a simple aggregate model of kinship structure. The latter, a loose group of kinfolk through descent or marriage, is fairly well organized into a network of interdependence and provides the nuclear family with moral, psychological, and material support on a basis of mutual exchange.(1983,16)

The functions of moral, psychological and material support which Ishwaran identified for the Canadian urban modified extended family are those generally identified in the kinship literature (Adams,1968,1970; Coult and Habenstein,1962,144; Hill et al,1953; Hofferth,1984; Lee,1980; Osterreich,1965). Other functions or activities identified in that literature include participation in rituals and ceremonies, intimacy and communication (Farber,1964) and socializing (Hill et al,1953,168-170; Litwak,1960a,20; McKinley,1964,23).

Ishwaran wrote that the rural family has a stronger religious, ethnic and cultural identity because of its geographic isolation and the fact that rural communities tend to be uni-ethnic in contrast to the multiculturalism of the urban settings (1983,95-96). He noted that the role of the extended kinship network is as important as among urban families and has the added function of providing 'non-agrarian role models for the rural young, and thus contributing towards the process of out-migration' from the rural communities to urban centres (1983,96; see also Kohl and Bennett,1965). He also wrote:

...the rural family reflects the economic context of rural life. The nature of the agricultural operations tend to be reflected in male dominance, sex-based role differentiation within the family, and the authoritarian parental control over the children.(1983,95-96)

The nature of the Canadian rural family needs to be taken into account when considering some of the quality-of-care issues which will be discussed in the findings.

#### The Native Indian Family

There is a substantial body of anthropological literature which details the former kinship structure of prairie Indians. This kinship structure can be seen as typical of the interlocking economic dependency of kinship relationships in pre-industrialized cultures. The prairie Indians were nomadic hunter-gatherers (Eggan,1937; Hanks and Richardson, 1950; Hungry Wolf,1980; Jenness,1963; Knight,1968; LaFontaine,1979; McClintock,1910; Meyer,1983,1985; Sharp, 1979; Stuart,1984; VanStone,1985). However, as detailed earlier, this kinship structure has been under attack from a variety of societal institutions for some generations and, as Price wrote in his 1983 article 'Canadian Indian Families', 'is now almost destroyed' (82). Current evidence would indicate the existence of three types of Native families similar to Canadian families as a whole. These are: outpost families, uni-ethnic rural or reserve families and urban families (which can be divided into subgroupings).

In this study outpost families resided in Northern Saskatchewan, which has a sparse predominantly Native population. In describing the outpost family Ishwaran wrote:

The outpost family dwells in the vast and diversified cultural regions of Arctic and Subarctic Canada...While the outpost conditions have not shielded them from exposure to the influences of urban-industrialized society, their integration into the mainstream economy has been limited because their occupational skills of hunting and fishing have little relevance to that economy.(1983,13)

Ishwaran wrote that this family had been restructured into a

...matrifocal pattern comprised of a mother and her unmarried children, with no permanent male figure. This has not affected the functionality of the primary kin group.(13)

In other words, although as Ishwaran points out, the information is scarce and the variation is considerable (13), it is likely with these outpost families that kinship ties are as strong and interdependent as other Canadian families.[3]

If it is true to say that the primary kin structure is still functional for the outpost family, the same can be said of the reserve family whose interdependence includes shared ownership of reserve lands, the administration of communal lands and the band (Hawthorn,1967,18-224). This would be particularly true where bands are small; in Saskatchewan in 1971, 61 of the 67 bands had less than 1,000 registered members.[See Appendix A] Reserve families differ from other rural families in that their economy is not agriculturally-based, but their communities are predominantly

uni-ethnic. These families are also male dominated (Price, 1983,77-79). The rural Native kinship system can be seen as more communal and interdependent than is typical of the non-Native modified extended family, either urban or rural.

The situation for the urban native family is somewhat more complex in that it is possible to delineate three rather distinct living patterns through which there may be individual movement, although in each pattern kinship interaction and exchange are an active part to a greater or lesser extent. Dosman in his 1972 study of western Canadian urban Indians identified three patterns of adjustment to urban settings: the affluent, the welfare families and individuals, and a third type about which he wrote:

..."anomic" best describes their condition...they suffer personal disorientation, anxiety and social isolation of such magnitude that they either are forced down into the WELFARE or return dejectedly to the reserve.(156; see also Krotz,1980)

Among all these urban family groupings the expectation is of a continuation of the reserve pattern of sharing. Of the affluent family Dosman wrote that migration to the city 'does not eliminate extended family relationships' (49) but:

(These) families are careful to curtail those aspects of extended family life that inhibit the stability and achievement of the immediate family.(52)

This norm of familial sharing, which includes providing accommodation and other financial and emotional support for any extended family members who may appear, places the anomic family in jeopardy because their resources are stretched.

Dosman wrote that they cannot refuse support to relatives because they need to maintain good reserve connections 'while their position in the city is so tenuous' (93).

These anomic families derive from self-supporting or semidependent reserve families (85) while the affluent families derive from the reserve elite. The 'welfare' groupings consist of single transient males and female-headed single parent families (Chatworthy and Gunn, 1981, iii; Price, 1983) not dissimilar to the matrifocal outpost family. This urban female-headed family pattern has parallels in the British West Indian community (Barrow, 1982) and the American Black community (Stack, 1974).

It is probably safe to suggest, therefore, that the kinship pattern amongst the various Native families under consideration in this material is at least as important as kinship is generally described as being in Canada as a whole and in urban industrialized societies. For Native Canadians kinship may in fact be more important as the vestiges of the previous kinship structure have remained partially intact and functional, at least for some Native Canadians.

#### CLOSING REMARKS

With this discussion, the introductory material which will be presented applicable to the young people in this study is complete. In these chapters a number of themes were covered. These included circumstances specific to Saskatchewan, research about careleavers and lastly in this

chapter a brief discussion about kinship. Included in these discussions were circumstances for Native Canadians and Native children in care.

The intent in presenting this introductory material was to provide some contextual frameworks from which to view the careleavers in this study. How do these careleavers compare with other careleavers in other locations? What difference, if any, does the racial origin of the careleavers in this study make to outcome? What is the kinship experience of these careleavers? Is their kinship arrangement in early adulthood typical of kinship in Canada? These and other questions can be posed in relation to the findings which are presented in the next section.

#### ENDNOTES

1. Aboriginal children are also over-represented in care in other countries. For a discussion of these issues in the United States see Blanchard and Benefield, 1985; Brash, 1978; Fanshel, 1972, 1973; Olsen, 1982; and Unger, 1977. For a discussion of these issues in Australia see Council of Social Services of New South Wales, 1987; Milne and Mongta, 1982; New South Wales, 1982; and Wilkie, 1982.

2. See Adams, 1968, 1970; Aldous et al, 1979; Baltzell, 1964; Bank and Kahn, 1982; Berado, 1967; Blood, 1969; Brown, Schwarzweller and Magalam, 1963; Burr et al, 1979; Coult and Habenstein, 1962; Hill et al, 1953; Hill et al, 1970; Karabek and Austin, 1975; Kohl and Bennett, 1965; Komarovshy, 1976; Lamb and Sutton-Smith, 1982; Litwak, 1960a, 1960b; Litwak and Szelenyi, 1969; MacKlin, 1980; McLanahan et al, 1981; McLaughlin and Micklin, 1983; Mindel, 1979; Osterreich, 1965; Rosen and Bell, 1966; Rubin, 1976; Shanas and Streib, 1965; Sutton-Smith and Rosenberg, 1970; Young and Wilmott, 1957 for a sampling of the extensive literature on this topic.

3. For specific discussion about outpost families see: Acheson, Matthiasson, and Savishinshy and Savishinshy, in Ishwaran, 1980.

## PART TWO

### THE STUDY

## INTRODUCTION

In Part Two the research findings are presented. Chapter Three, the first of five chapters in this section, describes the methodology. The way in which the research was done is detailed. Limitations of the research are discussed and specific implications of the methodology as related to the findings are presented.

Chapters Four and Five discuss the in-care experience of these young people. Chapters Six and Seven describe the circumstances of the young people at the time they were interviewed. Chapter Six focuses on specific aspects of their circumstances. Chapter Seven, the final chapter in Part Two, discusses kinship, relating the findings to the kinship material presented in the last part of Chapter Two. All chapters compare the experience of the different racial groupings in the study.



## CHAPTER THREE

### METHODOLOGY

#### INTRODUCTION

In the first section of this chapter the criteria used to select the study population are defined, followed by a description of the actual data collection which involved four distinct but overlapping steps. These steps were: identifying the individuals in the study population, reviewing the files, finding the young people and interviewing them. The data collection schedules are described, followed by an account of the data preparation and analysis. The limitations of the research are delineated and the potential bias of the interview information is examined. This is done by comparing those young people who were interviewed with those who were not on various known characteristics such as placement history, gender and race.

The data collection took place between September 1985 and September 1986. Identifying the study population took approximately two months; the file reviews five months and tracking and interviewing five months. Interspersed during the first seven months were the pilots on both the file questionnaire and the interview schedule. The first two interviews took place on April 3, 1986 and the last two on

September 16, 1986.

Research such as this does not occur in an ideal environment and the particular circumstances of the location, events, resources available and information collected produced both anticipated and unanticipated constraints which in turn limit the scope and nature of the research. Most of these are included in the procedural description; however, some which are more general are discussed below.

First, on a positive note, it was anticipated, even though the Department of Social Services welcomed the research, that there would be some constraints or hesitations about providing information. At no point was this the case. All requests for information were met and extremely good cooperation was maintained throughout the research process.

Unfortunately during the first months of the research the Saskatchewan Government Employees Union and the government were in negotiation. During the months of November 1985 through February 1986, therefore there were intermittent work stoppages and ultimately a provincial strike of several weeks duration took place. This occurred when the files were being requested from the local offices and meant a slower response than might otherwise have been the case. The research was consequently delayed and, in particular, reading the files took longer than it might have otherwise.

During the initial phases of the data collection in Saskatchewan, consultations were held with staff, other community professionals and The Foster Parents' Association executive. The purpose of these meetings was to inform these individuals and groups of the research, elicit feedback about

the direction of the research and obtain cooperation. The Foster Parents' Association was particularly concerned about the incidence of abuse in foster care and strongly urged the inclusion of a specific interview question about in-care abuse. This question was included and as a consequence the focus of the research shifted to include more information about the care experience than was originally planned.

Being raised in care was traumatic for many of the young people who were interviewed. The disclosure of the in-care abuse made the interviewing process difficult. The very first interview was with a woman who had, along with her sister, been sexually and emotionally abused by an older foster sibling in a home where they had lived for a number of years. She had never in any official capacity discussed this abuse although a friend knew. This was, as it turned out, the first of many similar interviews.

#### DEFINING THE STUDY POPULATION

The study population was selected from Saskatchewan's Department of Social Services child-in-care population on the basis of four major criteria. These were: they were YOUNG ADULTS who had spent a SIGNIFICANT AMOUNT of their childhood or adolescence IN CARE and were discharged from care as INDEPENDENT people. In the following section the decisions about which young adults to interview are described and the applicable definitions are operationalized. The rationales

for the decisions are discussed and the implications for the characteristics of the study population are delineated.

The first criterion which needs definition is 'young adult'. Adolescence is generally considered to end and early adulthood to begin at age 17 or 18 (Hurlock, 1980, 13; Levinson et al, 1978, 73; Rutter, 1979). Therefore, the individuals included in this study had to be older than that age. It was decided to interview young people who had been legally out of care for a minimum of two years because this was deemed to be the shortest time period in which an independent adult life could be established while at the same time minimizing the dispersal and tracking problems which could have occurred with an older study population. The selection of two years out of care has precedent in other follow-up studies (Ferguson, 1966, vi; Stein and Carey, 1986, 6). Since normally young people in Saskatchewan were discharged from care at the age of majority -- age 18 (Saskatchewan, 1978) -- the target age for interviewing was set at age 20.

To have a large enough study population to do statistical testing, it was decided to do a minimum of 75 interviews. An initial study population large enough to complete 75 interviews while allowing for the likely attrition of cases through tracking and nonparticipation was set at approximately 200. As the interviews were conducted during the spring and summer of 1986 the latest birthdate used was July 1966, the mid-point of the interviewing. Working backward in time until a sufficiently large study population of the target age had been identified, an earliest birthdate of January 1964 was established. All individuals who met all

the study criteria with birthdates between January 1964 and July 1966 WHO COULD BE IDENTIFIED were included in the original study population. This process of identification, described below, eventually yielded a full study population of 206 individuals.

The second criterion for definition was 'significant amount' of time in care during childhood or adolescence. Any decision around this is somewhat arbitrary. The considerations were that the criteria selected not be so extreme as to exclude all but a few who were admitted to care at an early age, but at the same time be an adequate reflection of the fact that being in care was of importance in the individual child's life. With these considerations in mind it was decided that more than a quarter of a child's life spent in care would be considered significant. In this case with age 18 the normal discharge age, four-and-three-quarters years of time in care was the criterion used.

The length-of-time-in-care criterion used by other researchers has varied depending on the purpose of the research. Where the research is outcome-focused, as in this study, a similar criterion tends to have been used. Meier (1965,196), Festinger (1983,13) and Murphy (1974,426) all used five years; Loveday also used this criterion after a detailed analysis of the care pattern of the potential study population (1985,41). Triseliotis, who looked at the outcome of stable long-term boarding out, used a longer criterion and his subjects were all admitted to care under the age of ten (1980,132). Where the focus of the research is on the

discharge process rather than outcome, the length of time in care is generally shorter or unspecified (Lupton, 1985, 6; Stein and Carey, 1986, 9).

'In care' in this research means as defined by legislation and provided by the Department of Social Services in Saskatchewan. For purposes of inclusion in the study no distinction was made between voluntary and involuntary reception into care. All the young people in this study became permanent wards at some point during their in-care history.

Excluded for the study population were severely mentally handicapped individuals whose capacities were so impaired as to prohibit participation in an interview and/or the achievement of independence. Those mentally impaired individuals (N=23) able to participate in an interview and achieve some measure of independence were included. In assessing outcome their capacities were taken into account.

In general, children placed for adoption at any age were excluded from the study as this was not intended as an adoption follow-up study. However, if the adoption placement broke down and the child was subsequently readmitted to care and as a consequence met the other criteria, then the child was included in the study. It is clear, however, that not all appropriate adoption cases were identified or included. When a child's adoption was legally finalized including the legal name change, the record of the child having been in care was withdrawn and the child-in-care file was placed in storage though not destroyed. If the child was readmitted to care, the admission occurred under the legal adopted name and

the old file was not normally merged with the new file.

The existence of two child-in-care files which were not necessarily cross-referenced meant no proper assessment could be made of the actually length of time in care. This would mean that those children placed for adoption later (not in infancy) and then readmitted to care after age 13 would not be identified as having been in care for the required length of time for inclusion in the study. It must therefore be assumed that the eight people in this study who were adopted are an underrepresentation of adoption breakdown for their age groups.

That leaves only the criterion of 'independence' to be defined. Most of the young people in the study were formally discharged from care at age 18 and it could be said that this ending of guardianship marked the establishment of independence. However, the cessation of care was not nearly so precise and many of the young people in the study tended to fall or drift out of care, sometimes returning to their biological parents without sanction or action on the part of the Department. For this reason it was necessary to further define independence as: anyone who was not discharged to the guardianship of another person and did not formally or informally return to live and remain with their parents prior to the age of 16. Children who were returned to their parents prior to the age of 16, there to remain even though the Department maintained guardianship for a longer period of time, were excluded from the study population. They were deemed to have been discharged prior to being independent people despite their legal status. Others who drifted out of

care perhaps to return to their parents temporarily or to other circumstances prior to their sixteenth birthday, or permanently on or after their sixteenth birthday returned to their parents, were deemed to have been discharged as independent people and were included in the study population.

The age of 16 as a pivotal point around which to decide the issue of independence was selected because Section 44(3) of The Family Services Act gave discretionary power to the Department to discontinue support to the child at age 16. Therefore, a de facto independence may have occurred at age 16 even though the Department continued to hold guardianship until age 18. Conversely Section 44(4) and (5) allowed the Department to continue to support the child until age 21. Cessation or continuation of services therefore was not the same as the ending of guardianship which in the case of almost all the young people in this study occurred at age 18.

In summary, the study population for this research was selected from the child-in-care population of Saskatchewan's Department of Social Services, using the criteria of age, length of time in care and the establishment of independence at discharge. They were born between January 1964 and July 1966 inclusively and had spent four-and-three-quarter years or more legally in care. None were either severely mentally handicapped or permanently placed for adoption. And finally, they left care as independent individuals.



## THE RESEARCH PROCESS

### Identifying the Study Population

Once the criteria for the study population had been established, the next task was to identify the actual cases. This was done using computer searches, file assessments, local office identification, cross referencing and word of mouth. Of the cases 85% were identified using computer records coupled with file assessments. The other 15% were identified using other methods, described below. Because 15% of the cases were identified using patchy methods including three cases which were identified by word of mouth, it must be acknowledged that some cases eligible for inclusion were not identified. The multilevel approach certainly allowed for the greatest possible identification under the circumstances. Additionally ten files could not be located; five of these seemed appropriate but could not be found.

The use of computer searches involved several procedures. The computerization of the child-in-care service in Saskatchewan was relatively recent and at the time the research was being conducted was incomplete. The first system, Version I, was set up in the early 1980s, later abandoned and replaced by Version II in approximately 1984. The first search was done on Version II and just over 50% of the total study population was identified on this run. However, many appropriate individuals were discharged from care before that system was set up. This lack of inclusion

was inconsistent across ages and location because of the post care Section 44 provisions and because the system had been phased in through the province.

Therefore a second search was done on Version I. This was just a listing of all children in care with the appropriate birthdates. This produced a list of 943 cases, not including the 1966 birthdates which had emerged on the Version II run. Because Version I contained less information it was not possible to measure with any accuracy the length of time in care and this assessment was done by skimming the centralized duplicate files of these 943 cases.

However, since the maintenance of these duplicate files (which were due to be destroyed) ceased as computerized systems developed, these records could only be used as a guideline to rule out the most obvious cases. Where there was any doubt as to eligibility, the original local office file was consulted. At this point the process of contacting the 24 local offices was begun, a process which spanned several months. In identification of cases, the local office was asked to assist in two ways.

They were sent a list of individuals for whom inclusion was unconfirmed and they were asked to either send the file or assess appropriateness based on the defined criteria and advise on what basis they had excluded the file. Most offices made the assessment rather than sending the files. On the basis of their knowledge of their child-in-care caseloads, they were also asked to identify any unlisted appropriate cases. Most offices did not identify any additional cases except in the area which had been the

Department of Northern Saskatchewan, where most cases were identified by the local office. These cases had not been included in either of the computerized data systems.

The fourth method used to identify cases was cross-referencing. That is, as the files were being read apparently eligible siblings, either biological or foster, were identified and assessed for inclusion in the study. Most of the additional cases were identified in this way.

Using all of these methods, 206 appropriate cases were identified. For the 1964 and 1965 cohorts this represented about 17% of the total child-in-care population. However, this is a figure which must be viewed as an estimate only, given the identification and information system shortcomings already described. Once a case was identified the file was read and the file questionnaire completed.

#### The File Reviews

The purpose of reviewing the files was to obtain a detailed case history. The first stages of the file review process were designing, pre-testing and redesigning the file questionnaire. The pilot was done in the Moose Jaw office on twelve long term child-in-care files selected by the local office staff. The full text of the file questionnaire used in this study is in Appendix B. The file questionnaire covered eight areas. These were: tracking information; demographic information about the child and their parents; admission history; placement history; general in-care information; biological and foster family contact rates;

discharge information; and finally an assessment of the quality of the file contents. Most of this information is detailed in the next chapter. The tracking information and the file assessment are described below.

All the files were read by one person with a second reader randomly selecting and reading every tenth file for accuracy and consistency in coding. This technique was used by Festinger in her 1983 study of former foster children (14). The second reader had been a social worker, supervisor and director with the Department from 1955 to 1984. She was both familiar with some of the cases and able to provide background information about the Department. This independent reading of every tenth case was done 'in order to assess and maintain reliability' (Festinger, 14).

The files were read by area, beginning with Regina and southern Saskatchewan, working north until the whole province had been covered. Reading by area allowed for maximum cross-referencing and facilitated familiarity with an area, the foster homes and other facilities. For example, the speaking of Cree in foster homes was a concern which appeared primarily in the Northern Saskatchewan files. As well, the placement pattern for children in the North was considerably different from that in the south. Another issue discernable from the files was the agency's attitude towards adolescents whose placements were unstable. In general the attitude could be described as ambivalent bordering on hostility; in one area the attitude was more positive and the staff there seemed to provide genuine support though the adolescent years. These differences became apparent only because the

files were read by area.

Only the child-in-care files were read and the quality and quantity of information varied considerably. For most there was very little pre-admission history; this would in all likelihood have been in the intake/protection/parents' files. These were not read because of time constraints. The Department was experimenting with hand written records and these were particularly problematic -- sometimes illegible, inconsistent and event-oriented. Kimelman in his 1984 Manitoba review of child-in-care files found a similar lack of adequate file information. He wrote:

The Chairman found the files at times... totally incomprehensible. Undated hand-written notes were found. Correspondence ...was not in chronological order. Requisite information was conspicuously absent. Years of agency involvement was found with only infrequent and erratic case summaries and, in some instances no summaries were located.(55; see also Ens and Usher, 1987, 59)

The file review included rating the quality of the information in the file. A four point scale was used. "1" meant all the appropriate documentation was on file including: a social/family history, a birth certificate, wardship orders and adequate evaluative material specific to the child's special needs. In addition, the chronological recording had to be of sufficient quality to provide a substantive understanding of the child during the time in care, the important events in the child's life and at least yearly. "2" meant some of the above documentation was missing or the recording was less than yearly or of poorer quality. No attempt was made to specify the precise nature

of the inadequacy. "3" meant some of the documentation was missing and the recording was inadequate or all the documentation was available but the recording was sufficiently less informative, including a gap in recording of as much as three years. "4" meant both inadequate documentation and poor quality and quantity of recording. In a few instances the recording itself was of such poor quality as to alone merit such a rating.

The ratings were as follows: 44 files or 21% were rated as "1"; 91 files or 44% were rated as "2"; 37 files or 18% were rated as "3"; and 34 files or 17% were rated as "4". These figures, however they are interpreted, raise a number of issues specific to this research and, more broadly, have practice implications. Regarding practice implications, a report was made to The Department after 95% of the files had been read (McKibben, 1986). In summary, the poor quality of the files implied two major shortcomings: an inadequate level of information necessary for immediate decisions and long term planning, and inadequate information about the young person's life. The latter is significant because the file may represent the only source of information available to the former children in care about their early lives: placement instability means these young people may lack a constant adult from whom an oral history can be obtained.

The problems of collecting information from social service files for research has been noted by others (Belson and Hood, 1967; Raynor, 1980, 13; Timms, 1972, 50-53) and indeed in this research was problematic. There were three problems:

the actual amount of information, the accuracy of the

information and agency subjectivity. Because some information was lacking it obviously was not possible to collect it. This certainly was true of extended foster family kinship relationships, racial origin in a few instances and some aspects of placement history.

The frequency of contact with kin as described in the file throughout the care period was noted. However, this information must be viewed with caution as it represents only what the Department knew or the Department's viewpoint. This relates not just to recording errors or omissions but to subjectivity. There were many instances of discrepancy between how the Department viewed the situation (or indeed what they knew) and the child-in-care's viewpoint or experience (Fanshel and Shinn, 1978, 146). The young people sometimes commented on this:

Chad: ...the way they told the story of our family was really depressing and I saw it totally different ...they didn't see the things about always encouraging each other...The closeness we had.[1]

About arranging visits with his biological family he said:

...in my opinion they just didn't have the right to keep us apart because they didn't know us...they didn't know what was going on. All they read was the file and so if they said, 'Well, I don't think it is a good idea.' I would just go ahead and do it anyway.

Jason: I started sneaking over to her (biological mother) and visiting her and getting to know her....I was 14, 15.

The major discrepancy however was the quality of care. Most of the abuse or inappropriate care reported by these

young people was not noted in the files. This is not to say that in-care abuse was never noted but the reported incidence was quite different between the interviews and the files. Of the 25 young people who said they were abused in care, only five showed this abuse in their child-in-care file. These five were all sexual abuse cases. The reverse was also true, that is the file noted abuse which was not discussed or defined as such in the interview. In no instance were records congruent with the interviewee's perception of being physically abused although in a few instances the records referred to incidents of 'excessive corporal punishment' which were discussed with the social workers.

Physical abuse was cited in six files; five of these individuals were not interviewed and the sixth did not see himself as having been abused. He defined the abuse as 'appropriate corporal punishment'. Conversely of the 19 interviewees who said they were physically abused over a long period of time in care, none showed this information in their files. No one in this study was moved out of a placement by the Department because they spoke to their departmental representatives about abuse. Two sexually abused adolescent girls were removed from placements after they spoke with the police. These were the only two placement changes because of abuse out of the approximately 2000 placements.

The abuse material will be discussed again and is given here only to highlight the discrepancy between the files and the information provided by the interviewees. This points to a divergence of perception of the care experience; it also points to the fact that the child's interest and the agency's



interest do not always coincide (Kendricks, 1990, 97). This divergence became very obvious during the interviews but in some subtle ways first emerged when the files were being read.

In addition to the file questionnaire being completed, copies of selected chronological recordings were made. Specifically copied were: all foster home abuse incidents and the resultant investigation and response; comments about attitudes towards Natives; and examples of various elements of the documentation about these children in care. Also culled from the files was tracking information, including foster and biological kin and last known address for all, information used to locate the young people.

#### Locating Participants

While the files were being read, the interview pilot was done. The interviews are described in the next section but the pilot is included here because it also influenced the tracking process. The pilot began with 25 individuals who were identified while the files were being read. They were either too young or too old for inclusion in the study or had less than four-and-three-quarter years in care but more than three-and-a-half. That is to say, the pilot comprised as similar a population as possible. Seven of these were located and interviewed. Three of these seven were siblings of individuals actually in the study and one of the seven interviews was done by telephone.

At the outset of the pilot, addresses from the provincial universal free health insurance scheme were used. These proved hopelessly out of date. This is in keeping with a young, mobile, healthy and poorly educated population. It should be noted the health insurance search provided the married names of the young women. Two decisions were taken: the amount of tracking information being collected from the child-in-care file was increased and a systematic search of the social assistance records was done for those careleavers who were in Saskatchewan. There was no access to this information for careleavers living in other provinces.

The search of social assistance records had the added benefit of providing the amount of continued financial support received after discharge from care for most of the study population. Of course, using these records could potentially have had an impact on who was located. This effect is examined in the last section along with other sources of bias in the location and participation rates.

As with the file reviews the tracking and interviewing was done in segments beginning in Regina and moving through the rest of the province. The order was not exactly the same and the same individuals were not necessarily involved as they might have moved.

Where these initial sources of information failed to provide an address every other possible method was used. Foster and biological family members, friends, in-laws, landlords and neighbours were contacted and queried. Indian Affairs and Band offices were contacted. Although criminal records were not routinely searched, if there was an

indication this might be appropriate, this was done through both provincial and federal services.

In the event 70% (N=142) out of a possible 204 cases (2 deceased) were successfully located. The term 'located' is used in a precise sense. That is, somebody in the research project actually had contact with them or their exact address was unquestionably confirmed. There can be no doubt the large geographic area covered by the study population affected the ability to locate. For example, one young woman lived in Texas and was mailed information which was not returned by the time the project closed. She was not apparently accessible by phone. The same was true for two young men, one in the North West Territories and one in British Columbia.

Once an individual's address was known, if the person was within the scope of a personal interview, usually an area-specific letter [see Appendix C] was sent describing the research and asking for their participation. This was followed up by telephone contact and/or an in-person visit. No initial letter was sent to those individuals who could only be interviewed by telephone. These people were contacted directly by phone and either interviewed immediately or another time was arranged.

As stated above, 142 or 70% of these careleavers were located. Ninety-one or 64% of those located were interviewed. The reasons particular young people did not participate in the interview were varied and are described in the last section of this chapter. The interviews are described below.

## The Interviews

The interview covered in-care and post-care history, current relationships, current circumstances and advice to social services. A mixed format was selected to achieve a qualitative approach accommodating the varied circumstances of the careleavers' history and permitting recording of the perceptions of the young people while also gathering quantitative data about specific topics. Stein and Carey noted in their follow-up study the need for such a mixed approach (1984b,23). The historical material, assessment of current circumstances, and issues around quality of care and advice (to the Department) were open-ended questions. Other data such as frequency of contact with kin, housing circumstances, and amount of work since leaving care were fixed questions. All the interview schedules are in Appendix D. Following the interview a post-interview questionnaire was completed by the interviewer. This covered quality and dynamics of the interview, nature of the housing and characteristics of the young person. When telephone interviews were conducted some of these questions were asked of the participants.

These interview schedules were drawn from two sources. The open-ended schedule was based on the one used by Raynor in her 1980 study of adult adoptees, *THE ADOPTED CHILD COMES OF AGE*. The fixed format and the post-interview schedule were taken from Festinger's 1983 study *NO ONE EVER ASKED US* (unpublished questionnaires). Minor adaptations were made to accommodate the study location and participants.

Personal interview was the preferred method but because of the large geographic area in which these careleavers lived, this was not always possible and six telephone interviews were conducted. Eighty-five (93%) were personal interviews. The personal and telephone interviews were identical in content. This dual interview approach was used by Festinger in her study NO ONE EVER ASKED US also, as here, to maximize the inclusion of those who lived some distance away (18) or in isolated communities. At no time were mail questionnaires considered because of the low educational attainment of the study population. With the exception of Festinger who paid her respondents (17-18), no other studies of careleavers have used mail questionnaires. Stein and Carey in their Leeds study of careleavers attempted the use of mail questionnaires but had only one response to their early mailout and eventually abandoned this data collection technique (1984b,23-24).

At the beginning of the interview the young people were (again) told about the study and its intent and organization. This proved a bit difficult in several instances where the young people thought they were adopted because their names had been legally changed to match their foster parents' names. Some of the other young people also used the term adopted to describe their circumstances although they did understand the legal difference. Confidentially was explained and they were specifically told the Department would not be given name-specific information.

They were told their child-in-care file had been read and why. This fact did not appear to present any difficulty. A

few felt they should also be allowed to read their files and this was reflected in their suggestions to the Department. A few wanted to know what their file said and one young woman asked to read the project file. It was given to her to read. In perhaps six or seven instances the young people were asked specific questions related to their specific exceptional circumstances as known from the file reviews. For example, one young woman's biological father had lived in a separate trailer (caravan) in the farm yard of her foster parents. He had worked for the foster family as a farm labourer. Her reaction to this unique arrangement was queried.

The mean length of time of the interview was one-and-a-half hours; they varied in length from one hour to three hours. Two were half an hour and were incomplete interviews: one was a young woman who was extremely reluctant to speak of her circumstances; the other was an emotionally disturbed young man in prison who was not able to respond to the questions. In the analysis of data therefore different Ns are sometimes used because of missing information. This, as noted above, was also true for the file information.

Sixty-three of the personal interviews, 74%, were held in the young person's home. Fifteen were held in the project office, four in another person's home as arranged by the interviewees, two in restaurants and one in the interviewee's office. Eighty-seven of the interviews, including all the telephone interviews, were done by the researcher. Other interviewers were used, after being provided information and training, in the lower mainland of British Columbia and in

Northern Saskatchewan, where because of the distance, travel to these areas was precluded. Interviewers were arranged for the Vancouver area because a group of careleavers lived there, and in Northern Saskatchewan because a personal interview was deemed more appropriate for this 'outpost' population. As well, in Northern Saskatchewan telephone privacy could not be assured. The interviewers in Northern Saskatchewan were all of Native ancestry as were all the careleavers.

Mobility complicated not only the task of locating these young people but also of arranging the interviews. Telephone access was not always available or appropriate particularly in those rural areas of Saskatchewan which still had party (shared) lines. In Northern Saskatchewan the interview rate was particularly low with only one of the twelve participants being interviewed. This occurred in part because the interviewing was done in summer when people were travelling between fishing, trapping, holidays and their normal place of residence. Mobility was more problematic in the rural areas where the researcher was only available for interviews for a short period of time, but it was also a problem in the urban centres.

The dynamics of the interview varied. In general, the interviews were active and interactive in nature. The post-interview schedule asked a number of questions about the interview. The first of these was whether anyone else was present during the interview. In 48 of the interviews other people, including siblings, partners, children and friends, were present for all or part of the interview. The influence

of these others is described below. When the interviews were being arranged, the young people were told the interview contained very personal questions but the inclusion of people other than foster parents was left entirely at their discretion. A deliberate attempt was made to exclude foster parents because the interview was partly about quality of care from foster parents and it was felt foster parents might try to control the interview. In three of the interviews foster mothers were present and participated; as feared, the foster mothers did tend to answer for the young adults, although these three young people were handicapped.

The interviewer was asked to comment on the apparent overall influence of these other people. These responses were coded and the results were:

Unknown	2
Disruptive	11
Dampening	7
Contributed	13
None	15
	--
Total:	48

The two 'Unknowns' derive from telephone interviews where it was not possible to assess the impact of the other people present in the background. The eleven who were disruptive were primarily young children who required attention from time to time or other adults who came in to query something or to give information. 'Dampening' meant the presence of the other people apparently prevented the interviewees from being candid, as with the foster mothers already mentioned. Another example was a young woman whose partner was present for most of the interview except for about 20 minutes in the



middle. During that time her affect changed, she was more expansive and she quickly started talking about her marital difficulties which included his violence towards her when he was drinking.

The interviewers were also asked to rate the interviewee's apparent understanding of the interview.

These responses were:

Good	60
Fair	26
Poor	5

The five 'Poor' were with mentally handicapped individuals and the emotionally disturbed young man in prison. The nature of the apparent difficulties in understanding the interview and the apparent sincerity of the interviewees were also rated. Seventy-four had no difficulties, nine had problems with some specific terminology so questions had to be rephrased, for five there was a general vagueness, two had difficulties because of handicaps and one had difficulty with the housing question.

In response to the sincerity question: 77 were rated as sincere throughout and 14 as possibly insincere generally or on specific items. The specific items cited were: one each for income, aspects of history and relationships, while four were listed as potentially insincere about drug and alcohol usage.

Three questions were asked about attitudes towards the interview. Two were asked of the interviewers on the post-interview questionnaire; these queried the initial attitude of the interviewee and the attitude during the interview. The ratings for initial attitude were:

Enthusiastic	24
Somewhat Interested	47
Indifferent	16
Somewhat Reluctant	4
	--
Total	91

The interviewers' ratings for attitude during the interview were:

Volunteered Information	53
Cooperative	27
Indifferent	9
Somewhat Impatient	2
	--
Total	91

The third question, asked of the participants, was the last question in the interview. This question was: 'How do you feel about being asked to participate in this study?'. Their answers were grouped as follows:

Eager to discuss experience	17
Pleasant opportunity to discuss past	18
Helpful	9
Neutral: to help others	13
Neutral: 'It was okay'	29
Uncertain	1
No response	4
	--
Total	91

The neutral or more positive answers to these three questions reflect the voluntary nature of participation in the interview. The young people who were eager to be interviewed, and some of the others, came to the interview with an agenda which unfolded as the interview progressed. Broadly speaking, their purpose was to develop an understanding of the present given the realities of the past. Six of these young people had been abused in care and three specifically wanted to talk about the abuse but for most the

issues were more complex. Other researchers have described the interviews they did with careleavers as meeting an emotional need or providing a healthy release (Fanshel et al 1989b,475; Kahan,1979,xxi; Loveday,1985,203; Mann,1984,165; Page and Clarke,1977,58).

The structure of the interview allowed for an exchange of information and so the young people asked questions too. They asked: 'Is what I am describing normal?' or 'What do other former foster kids say?' Every effort was made to answer these questions, and a few asked for and subsequently received additional post research information. The interviewees also asked about and were given information about available services, in particular they wanted information about the Post-Adoption Service.

These young people were a pleasure to interview even though the information they shared sometimes was not pleasant. It seems fair to suggest they were wholly engaged in the tasks of early adulthood and in their enthusiasm were eager to talk about their successes and defeats. Many talked openly about their difficulties with drugs, alcohol, crime, employment, emotional stability and events of the past. A few were articulate and insightful about their experiences, more were minimally descriptive and most fell somewhere in between.

But what of the young people who were not interviewed? Did they differ on known items from those who were interviewed? Did they give reasons for not wanting to be interviewed? These are the questions the next section examines.

## THE INTERVIEWEES VERSUS THE NON-INTERVIEWEES

## Discussion

The three tables below show the total study population by race and gender at outset, those located and those interviewed. As these tables indicate, the percentages within each gender-racial grouping through tracking and interviewing remained reasonably consistent with the largest proportional changes occurring with the loss of Treaty and Metis males and the increase of Metis females through the study process. Gender was statistically significant but ultimately race was not statistically significantly related to who was interviewed.[2]

TABLE ONE: THE TOTAL STUDY POPULATION BY GENDER AND RACE

GENDER:					
	Females		Males		Totals
RACE:					
Treaty	26	12.6%	39	18.9%	65 31.6%
Metis	32	15.5%	43	20.9%	75 36.4%
Caucasian	26	12.6%	35	17%	61 29.6%
Black	---		2	1%	2 1%
Unknown	---		3	1.5%	3 1.5%
	-----		-----		-----
Totals:	84	40.8%	122	59.2%	206 100%

Note: Percentages in Tables One, Two and Three are grand percentages of the total population in each table and because of rounding do not always total 100.

TABLE TWO: THE STUDY POPULATION LOCATED BY GENDER AND RACE

		GENDER:			
		Females		Males	
				Totals	
RACE:					
Treaty	18	12.7%	20	14.1%	38 26.8%
Metis	25	17.6%	24	16.9%	49 34.5%
Caucasian	25	17.6%	27	19%	52 36.6%
Black	---		2	1.4%	2 1.4%
Unknown	---		1	.7%	1 .7%
		-----		-----	
Totals:	68	47.9%	74	52.1%	142 100%

TABLE THREE: THE STUDY POPULATION INTERVIEWED BY GENDER AND RACE

		GENDER:			
		Females		Males	
				Totals	
RACE:					
Treaty	11	12.1%	11	12.1%	22 24.2%
Metis	19	20.9%	18	19.8%	37 40.7%
Caucasian	14	15.4%	16	17.6%	30 33%
Black	---		2	2.2%	2 2.2%
		-----		-----	
Totals:	44	48.4%	47	51.7%	91 100%

The percentage located of each of the major gender-racial groups were:

Treaty males	N=20 out of 39	51.3%
Metis males	N=24 out of 43	55.8%
Treaty females	N=18 out of 26	96.2%
Caucasian males	N=27 out of 35	77.1%
Metis females	N=25 out of 32	78.1%
Caucasian females	N=25 out of 26	96.2%

The percentage interviewed for these same groups once located were:

Treaty males	N=11 out of 20	55%
Caucasian females	N=14 out of 25	56%
Caucasian males	N=16 out of 27	59%
Treaty females	N=11 out of 18	61%
Metis males	N=18 out of 24	75%
Metis females	N=19 out of 25	76%

These figures indicate females in all racial groupings were more likely to be located than their males peers but once located the young men and women within each of the racial groupings were equally as likely to participate in an interview. The difficulty in tracking the young men in the study, particularly the Native young men, probably occurred because these young men experienced more turbulent living circumstances both while in care and after discharge.

Of the young people located and not interviewed, eleven were inaccessible and therefore their willingness to participate could not be determined. Three others agreed to an interview but this could not be arranged for reasons which have already been discussed. Nineteen were 'passive' refusals, where appointments were set up and the young people did not show up or they agreed to an interview but no convenient time could be found. It would be erroneous to assume that these young people were not interested in being interviewed; rather their participation in somebody else's research took low priority. Certainly for some of those eventually interviewed it was necessary to rebook appointments on occasion up to three times.

Eleven declined an interview. Six of these were Caucasian and four of these six had grown up in the home of biological kin. Only one of the nine young people in this study (all Caucasian) who grew up with relatives was interviewed. The four who gave a reason stated they did not see themselves as foster children and therefore did not wish to participate. Of the others who did not wish to be interviewed, one Treaty woman and one Metis man said the

experience was too uncomfortable and difficult to talk about. The others simply refused saying they did not wish to talk about themselves; 'it was no one's business'. Only one of this group was male. It seems the women were more likely to be able to say no, whereas the young men just did not appear.

Post-discharge location made no difference to either the location or interview rates. These were consistent at approximately equal to the locating and interviewing rates for the whole study population, despite some significant gender differences as the young men were more likely ( $\text{Chi-sq}=6.82, P<.05, \text{df}=2$ ) to be both out of the province and/or in jail (a combined factor) for some or all of the time since discharge from care. Equally an examination of the rural or urban location both for time in care and at discharge revealed no significant difference by setting for success at locating or participation in the interview. Of the many other factors examined three were statistically significantly related to participation in the interviews. These are examined below.

### Statistical Interpretation

Of an initial study population of 206, 142 or 70% were located. Two were deceased by the time their files were read. Of those 142, 91 or 64% were interviewed or 45% of the original study population. Using a T-Test, Chi-square or correlations, as appropriate, with a significance level of  $P<.05$ , three statistically significant differences appeared

between those who were interviewed and those who were not interviewed. These three factors were gender ( $\chi^2=3.87$ ,  $P<.05$ ,  $df=1$ ), length of time in Section 44 ( $P<.05$ ,  $R=.143$ ) and the number of placements while in-care. The mean number of placements of the interviewees was 7.88 versus a mean of 11.2 for those who were not interviewed (2-tailed probability significance level of  $P<.01$ ). [3] That is, significantly more women than men were interviewed and those who had the most placement stability in care and spent the longest time in the post-care Section 44 program were more apt to be interviewed than those who were not in Section 44 or were in the program only briefly.

These statistically significant differences are of some importance because they point to a potential bias in the findings. The number of placements and Section 44 factors as significant here are important because of their relationship to many other quality of care and outcome issues. These are examined in detail in subsequent chapters. In summary, however, it can be said that placement stability in care, and participation in and further length of participation in Section 44, were part of a cluster of interrelated care characteristics which appeared to influence or have some relationship with outcome. In terms of evaluating the representativeness of the interviewees versus the non-interviewees it seems fair to suggest the placement stability and Section 44 factors would indicate those interviewed were more likely to have had a more stable and less traumatic care experience. That is, it would seem those interviewed were more likely than those not interviewed to



view their care experience as positive; their care experience was more likely to involve placement stability, they were less likely to have been abused or otherwise mistreated in care, and it would appear these factors on the whole lead to a better outcome. This tendency to gain access to careleavers who have had a "better" care experience has been noted in other research about careleavers (Fanshel et al, 1990, 78-88; Festinger, 1983, 16, 212, 307; Lupton, 1985, 96; Stein and Carey, 1984b, 24).

The gender factor would appear to indicate a similar bias. While gender was rarely statistically significantly related to the quality of care and outcome factors which will be discussed in the subsequent chapter, there was a tendency for females to experience fewer in care and post-care difficulties. Similar to Stein and Carey (1984b, 5), proportionately more women than men were interviewed. Approximately the same number of men (N=47) as women (N=44) were interviewed; however, the statistical significance appears because the original study population was 59% male (N=122) versus 41% female (N=84) (one each deceased).

The interplay between the various quality-of-care factors and outcome are examined in some detail in the subsequent chapters. The interviewees frequently reported being abused in care yet when the various care factors are examined it appears those who were interviewed were less likely to suffer a traumatic care experience. It seems fair to suggest therefore that the poor quality of care reported by the interviewees in this study likely occurred with more frequency than is reported by this particular group of

careleavers. Consequently it seems possible that the outcomes reported in this study are more positive than would be true had all the study participants been interviewed.

#### DATA MANAGEMENT AND ANALYSIS

In addition to the other research processes already delineated, the management and analysis of data needs to be mentioned. Eighty-six of the interviews were tape recorded and a subsequent verbatim transcript of the interview made. The first two telephone interviews were not taped; handwritten notes were taken during the interview. As this proved less than satisfactory, arrangements were then made to tape-record the telephone interviews by using a speaker phone. Three of the personal interviews were also not tape recorded as the interviewer, an experienced journalist, was proficient at shorthand and preferred this method of note taking. She also made verbatuim transcripts of the interviews.

Information from the interviews was later coded in various categories. This coded information along with the pre-set interview information and the in-care history were analysed by means of SCSS (Nie et al,1980) and SPSSx (Nie,1983). Various analytical procedures available in these statistical programs were used; these procedures are specified in the material.

## SUMMARY

This chapter described the methodology of the research. The study population was identified using provincial computerized record systems. As these systems had shortcomings other techniques were used: asking the local offices of the Department to identify cases, cross-referencing, and word of mouth. It was acknowledged that possibly some cases appropriate for inclusion in the study were not identified, particularly adopted children who were readmitted to care.

The next stage of the research was completing the file questionnaires for the 206 identified cases. A second reader was used to assure consistency and accuracy. The problems with the file information were noted including missing information, discrepancies of viewpoint and subjectivity.

After reading the files, the search for the young people began, using information from their child-in-care files, health insurance records, social assistance records and other methods. One hundred and forty-two young people were located and 91 interviewed. The dynamics of the interviewing process were described.

Lastly a comparison between those who were interviewed and those who were not was made. The conclusion drawn from the three care characteristics, which were statistically significantly related to being interviewed, was that there was probably a bias in the study results with those having more placement stability and in turn less traumatic care experiences more likely to be interviewed. The chapter

closed with a brief discussion of data management.

The next four chapters present the findings. The first of these chapters looks at the care experience as gleaned from the files.

#### ENDNOTES

1. Not his real name, nor is it the name of any other young person in this study. All the names used have been changed to preserve confidentiality. Individual accounts are presented under the same name throughout.

2. In Chapter Two definitions for Treaty Indians, Metis and Non-status Indians were given [see The Native Issue Terminology]. In this and the subsequent chapters, for purposes of statistical analysis race is divided into three categories: Treaty Indian, Metis (includes Non-status), and non-Native or Caucasian. In fact, the racial composition was slightly more complex and in individual case discussions other racial identities are given.

Included in the Treaty group are only those children in care who were designated as having Treaty Indian status. This designation is likely accurate because the Department could bill the federal Department of Indian Affairs for the cost of maintaining these children in care and it was therefore in their interest to maintain accurate records about Treaty status. The Metis or Non-status group includes all those individuals who were apparently of Native ancestry but were not Treaty Indians. Included are two young men (both interviewed) who had Black American fathers and Native mothers. The non-Native group consists of all those young people for whom there did not appear to be any indication of Native ancestry. The majority of these young people were of Caucasian descent but included are three young people with Caucasian mothers and Chinese fathers and the three cases for whom no racial origin could be established from the files.

3. Other placement categories were also statistically significant: the number of placements from age 16 to 18 showed a 2-tailed probability significance level of  $P<.001$  with the mean number of placements for the interviewees of 2.95 versus a mean of 4.34 for those not interviewed. A four category placement stability factor developed in Chapter Four showed  $\text{Chi-sq}=10.72, P<.02, \text{df}=3$ .

## CHAPTER FOUR

### THE CARE EXPERIENCE: CAREERS IN CARE

#### INTRODUCTION

Chapters Four and Five detail the care experiences of the young people in this study. Chapter Four describes the care careers from admission through to adolescence, and discharge from care. Post-care services are also discussed. The major discussion about the quality of care as described by the interviewees is in Chapter Five. It is difficult to separate the material in these two chapters as they are pieces of the same issue -- the care experience. Contact with biological kin is not discussed here but is left until the major discussion of kinship in Chapter Seven.

#### DEMOGRAPHIC INFORMATION

##### The Children

To recapitulate, the race and gender ratios of this group are: 84 were female (40.8%) and 122 male (59.2%); 65 were Treaty Indians (31.6%), 75 Metis or Non-status Indians

(36.4%), and 61 were Caucasian (29.6%) [see Table One in Chapter Three]. By definition the individuals in the study were born between January 1964 and July 1966. Ninety-two (44.7%) were born in 1964, 73 (35.4%) in 1965 and 41 (19.9%) in 1966. One hundred and sixty-two (78.6%) were born in Saskatchewan. For 9 the place of birth was not given on the file. Two were born in the United States and the remaining 33 (16%) in other Canadian provinces.

These were primarily normal healthy children. Fifteen per cent or 30 of these children in care were reported as having mental and/or physical impairments which were serious enough to effect normal growth and development in some way. Another 31 or 15% were reported as having a minor physical and/or learning difficulty.

Of the 30 who had major impairments, 23 were considered intellectually impaired and six of these also had some other physical handicaps. No attempt was made to scale the level of intellectual impairment except for the few cases excluded from the study. With these exclusions, the capacity of the 23 varied over the possible range. The other seven in this group with handicaps had physical conditions which would be seen as major disabilities. They included: one deaf young man; another young man with hearing impairment and a heart defect; another man with a major heart defect; a spastic man; a female with cystic fibrosis who died at age 20; and two others with bone diseases. Seventeen of this group of 30 were interviewed. Their disabilities did mean a protracted period of dependence with extended time in education. Given that proviso all but three were leading 'independent' lives

including for some employment.

These conditions aside, the others, 145 or 70% were healthy and normal children.

#### The Parents

Minimal information was collected from the files about the parents and even this was not always available. However, some statements can be made. These parents were not young parents at the birth of the study child. The mean age of the mother was 25 and the father 33. Table One gives a breakdown of the parent's ages at the birth of this child. Of the 49 mothers who were 19 or younger, 15 were age 16 or younger. The range of ages for the mothers was 13 to 44 and for the fathers 16 to 63. These ages are similar to the ages of the parents in Festinger's 1983 study (32). Most of the children in this study were admitted to care for parental neglect and, as Festinger postulates, it is likely these older parental ages were because neglect is a condition which takes 'time to develop and to be noticed' (33). In addition the young people in this study population were not the first born in their family. One hundred and sixty-four or 80% had older siblings and 60% of all their siblings were older than them. Siblings are discussed in the next section.

Table Two summarizes the parents' marital circumstances at the birth of this child. Parents of Native ancestry were less likely to be married ( $\chi^2=29.09, P<.001, df=2$ ) and less likely to be living together ( $\chi^2=5.55, P<.10, df=2$ ).

TABLE ONE: PARENTS' AGE AT BIRTH OF STUDY PARTICIPANT

AGES -----	MOTHERS		FATHERS	
19 or Younger	49	26%	5	3%
20 to 29	87	45%	50	33%
30 to 39	51	27%	70	46%
Over 40	4	2%	28	18%
	-----		-----	
Totals:	N=191	100%	N=153	100%

TABLE TWO: PARENTS' MARITAL CIRCUMSTANCES AT BIRTH OF STUDY PARTICIPANT

PARENTS LIVING TOGETHER:		PARENTS MARRIED:				Totals	
		Yes		No			
Yes		86	51%	37	22%	123	72%
No		9	5%	38	22%	47	28%
		-----		-----		-----	
Totals:	N=	95	56%	75	44%	170	100%

Information about the parents' employment at birth of the child was not generally indicated on the file. Consequently this information was collected for the time of admission of the child into care which was, for the first admission, a mean of six years after the child was born. Very few of these parents were employed. As reflects the economic circumstances in Saskatchewan for the Native population, race appeared to be a significant factor affecting employment with both Caucasian parents more likely to be employed (for the fathers  $\text{Chi-sq}=13.28, P<.001, \text{df}=2$ ; the mothers were not tested due to sample size). Fourteen of the mothers and 44 of the fathers were shown as employed but these figures are probably



an under-representation since for many cases the information was missing. Nonetheless these figures indicate low employment for this group of parents and the single largest source of family income at all admissions was income assistance. Of the parents who were employed most were unskilled labourers. These parents were poor and it seems fair to suggest poverty was a factor contributing to the admission of their children into care.

The religion of the family of origin was noted. The Canadian Encyclopedia stated that Catholic denominations made up about 30% of religious groupings in Saskatchewan (s.v. Saskatchewan, 1638). In this group they comprised 62% of the known population. All racial groups were predominantly Catholic: 52% of the Treaty Indians, 55% of the Caucasian population and 75% of the Metis. The others were protestant with two percent of the Native population listed as 'other'.

### The Siblings

The 189 who had siblings, had a total of 1084 siblings, 60% of whom were older. As already noted, 164 or 80% of the study participants were not the first born to their parents. This latter figure is very similar to Festinger's sample where 21.7% were not first-born children (1983, 37).

Despite the large number of siblings this group of children in care had, less than 50% grew up with them. Of the 189 who had siblings, 154 had siblings who were known also to have been admitted to care. Ninety-three of these

154 were placed with some of their siblings all or most of the time. That is, 60% of the study participants grew up with their siblings who were also in care but if those with siblings who were not in care are included than only 49% grew up with any siblings. Further, they grew up with a minority of their siblings.

Seven hundred and thirty-three of the total 1084 siblings (which includes siblings of the same mother and father and siblings of the same mother or father) were also received into care. The study participants were placed simultaneously with only 21.5% of their siblings who were also in care. They were placed briefly with 38% of their siblings who were in care and had no simultaneous placements with 40.5% of their siblings who were also in care. In general, if the child and the sibling were not placed together contact was not maintained through the care experience. What happened with these siblings affected in a variety of ways the quality and perception of the care experience.

#### ADMISSION TO CARE

Half of these children, 104 of them, came into care once and remained in care. Another 76 had two or three admissions to care and 26 had four or more admissions. It could have been anticipated that Treaty Indian children would have fewer admissions to care because their families had no access to preventive or family services. This however was not the case. Race was not significantly related to the number of

admissions to care. On average the first admission to care was when the child was 5.75 years old; the range was from a few days to age 13, the oldest possible age. These receptions into care are laid out in Tables Three and Four.

TABLE THREE: REASONS FOR ADMISSION TO CARE

	FIRST				SECOND				THIRD				FOURTH TO NINTH			
	Primary		Secondary		Primary		Secondary		Primary		Secondary		Primary		Secondary	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No Legal Guardian	7	3.6	-	-	1	1.1	-	-	-	-	-	-	1	2.1	-	-
For Adoption	13	6.6	-	-	1	1.1	-	-	-	-	-	-	2	4.2	-	-
Abandoned	51	26	8	7.2	10	11.5	5	10.4	11	23.9	4	12.5	5	10.6	1	4.3
Parental Abuse	5	2.6	9	8.1	1	1.1	-	-	2	4.3	1	3.1	3	6.4	6	26.1
Parental Neglect	38	19.4	27	24.3	18	20.7	10	20.8	6	13	6	18.8	3	6.4	5	21.7
Child Centered Issue	17	8.7	9	8.1	14	16.1	5	10.4	9	19.6	2	6.3	5	10.6	1	4.3
Instrumental Problem	6	3.1	16	14.4	8	9.2	4	8.3	2	4.3	2	6.3	3	6.4	3	13
Parents' Mental Health	9	4.6	14	12.6	7	8	-	-	4	8.7	5	15.6	7	14.9	3	13
Parents' Physical Health	7	3.6	5	4.5	4	4.6	3	6.3	1	2.2	1	3.2	3	6.4	-	-
Marital Difficulties	2	1	24	21.6	1	1.1	11	22.9	-	-	9	28.1	2	4.2	5	21.7
Alcohol Abuse	9	4.6	44	39.6	5	5.7	22	45.8	3	6.5	16	50	12	25.5	11	47.8
Adoption Breakdown	4	2	-	-	2	2.3	-	-	1	2.2	-	-	-	-	-	-
(Step)Parental Rejection	5	2.6	3	2.7	2	2.3	1	2.1	-	-	-	-	-	-	-	-
Single Parent: Unable to Cope	8	4.1	2	1.8	7	8	-	-	4	8.7	-	-	-	-	-	-
Alternate Caregiver: Unable to Continue	7	3.6	1	.9	1	1.1	1	2.1	1	2.2	-	-	1	3.2	-	-
Other Reasons*	8	4.1	7	3.6	5	5.7	6	12.5	2	4.4	-	-	-	-	1	4.3
	196+		111**		87+		48**		46+		32**		47+		23**	

\*Includes parents' imprisonment, parental inadequacy, custody disputes, school attendance and lost children.

+These totals are less than the total number of admissions because of missing information.

XXThis total is the number of cases for which any secondary reason was given but more than one answer was possible. Percentages are the percentage of cases in which the reason was cited and equal more than 100%.

TABLE FOUR: NUMBER OF ADMISSIONS TO CARE

	TOTAL NUMBER	# NO OTHER ADMISSIONS	MEAN AGE	AGE RANGE	% STATUTORY	% ON I.A.%
First	206	104-50.5%	5.8	0-13	88%	54%
Second	102	48-23.3%	7.8**	0-15**	82%	-
Third	54	28-13.6%	8.1	1-15	92%	67%
Fourth	26	8--3.9%	7.6	2-13	88%	70%
Fifth	18	7--3.4%	8.7	2-14	71%	75%
Sixth	11	8--3.9%	8.7	5-15	80%	57%
Seventh	3	-	8	5-10	100%	50%
Eighth	3	2--1%	8.6	6-10	100%	100%
Ninth	1	1-.5%	6	-	100%	-
Totals:	424	206-100%	-	0-13	87%	59%

\*Percentage of parents receiving Income Assistance where income was known and applicable.

\*\*Does not include two Section 44 cases who were 19 when readmitted to care.

#### The Interviewees' Perceptions of Reasons for Admission

In the interviews the young people were asked about their understanding of why they had been admitted to care. Fourteen said they did not know and seven either were not asked this question or they were unable to respond. Of the 70 who were able to answer the question, there was a fair amount of agreement between their understanding and the reasons for admission listed in the files. Seventeen of the young people gave exactly the same reason as was in the file

and these answers included: for adoption, neglect, alcohol-abuse, marital difficulties and abandonment. Another 33 cited reasons similar to the file but with a slightly different focus. In general their responses corresponded to the neglect, abandonment and alcohol-abuse cycle which dominated the admission reasons. Twenty however, cited reasons quite different from those listed in their files. There was no pattern to these differences although the young people tended to mention marital problems more frequently and child-centered problems less frequently than the files. Table Five lists the admission reasons and pre-care conditions given by the young people.

TABLE FIVE: INTERVIEWEES' VIEW OF REASONS FOR ADMISSION TO CARE

CONDITIONS: -----	PRIMARY REASON	OTHER PRE-CARE CONDITIONS*
Alcohol Abuse	17	4
Marital Difficulties	14	-
Single Parent:		
Unable to Cope	5	-
Physical or Sexual Abuse	4	13
Parents' Physical Health	5	-
Child Difficulties	4	4
Other care:		
By non-kin	-	8
By kin	-	7
By an institution	-	5
Previous care record	-	3
Parental Neglect	3	4
No parent or guardian	3	-
For Adoption	3	-
Alternate Caregiver:		
Unable to Cope	3	-
Parental Inadequacy	3	-
Parental Rejection	2	2
Parents' Mental Health	2	-
Abandoned	2	-
	-----	-----
	N=70	N=36

\*More than one reason possible

## SUMMARY

The 206 young people in the study were born to older, low-income, Catholic, Native parents who were married or co-habiting at the time they were born. The children were predominantly normal healthy children but 30 were intellectually or physically impaired enough to affect normal growth and development. Another 31 had minor physical conditions and/or were learning impaired. These children were part of a larger sibling group. One hundred and eighty-nine had 1084 siblings, 60% of whom were older than them and 68% of whom were also admitted to care. Despite the fact that most of their siblings were in care, the study participants grew up with only a minority of them.

The mean number of admissions to care was two for all racial groupings. Most of these children were brought into care because of a cycle of parental neglect coupled with alcohol abuse, abandonment and marital difficulties. Eighty-seven per cent of their admissions were by apprehension, often along with siblings. With some exceptions the young people's understanding of why they were in care was congruent with the reasons given in the files.

## LENGTH OF TIME IN CARE

Before discussing placements, mention should be made of the length of time the study population spent in care. By definition the minimum length of time these young people could have spent in care was 4.75 years and the maximum was 18 years. If time spent in Section 44 is included the range was 4.75 to 21 years. The mean length of time to age 18 was 10.89 years or ten years 10.75 months. For those 94 young people who entered the Section 44 post-care program the mean length of time in the program was 1.38 years or one year 4.5 months, with a range of 43 days to three years.

There was little difference by either race or gender for length of time in care to age 18. Treaty Indians were in care a mean of 10.46 years, the Metis children 11.75 years and the Caucasian children 10.29 years. Females were in care 10.91 years and males 10.88 years.

In the 10.89 years these young people spent in care they had a mean of 9.74 placements for a total of 2007 placements to age 18, or just under one new placement for each child every year. These figures represent much instability. This in-care instability is in addition to their pre-care instability, and to movements in and out of care, particularly for those with three or more admissions. The subsequent material details the placement history of these children.

## PLACEMENT HISTORY

## Definition of a Placement

In considering placements in this material the following definition was used: EVERY MOVE CREATED A PLACEMENT. This was true whether the child initiated the move or the move was a result of an agency or foster parent decision. This was also true whether or not the child had lived in the particular resource before. Thus the actual number of places a particular child lived could be slightly lower than the number of placements. One hundred and forty-two of the study population had 425 repeat placements. Excluded were certain categories of very brief moves which involved movement FROM AND TO THE SAME PLACE. These are described separately below.

The placement history as described here was taken entirely from the files. General file omissions or errors were discussed in Chapter Three. In addition, there were some specific difficulties with the placement history which affected the accuracy of the placement information. Information was frequently missing from the files of those young people who drifted out of care between the ages of 16 and 18. For example, the full recording for one case for the last three years of care from age 15 and age 18 read:



Apparently Irene ran from the T home in August of 1980. She took the T car with her and was apparently picked up in Ontario.

'Irene apparently does not wish to return to the Ts nor has she approached the Department for assistance.

'Thus since it is her 18th birthday, I recommend that Irene's file be transferred to Deadwood.(case notes dated February, 1982)

These omissions in recording occurred because of the variable level of financial support actually received between the ages of 16 and 21. In all, 120 of the young people did not receive support for a period of time while they were in care. When financial support was not provided information about the living arrangements of the adolescent may not have been available. In discussing placements therefore three age divisions are used: up to age 16, age 16 to 18 or up to age 18, and post-age 18 placements. Up to the age of 16 where support provisions were not discretionary and were almost always provided, the placement information was fairly complete and can be seen as largely accurate. From age 16 to 18 or discharge all the information available for all the cases was collected and is included in the placement statistics. However, this information was less complete and should to be seen as an underestimation of movement. Placement information for the 18- to 21-year-olds was only available for those 94 who continued to receive support after the age of 18.

This definition of a placement is more inclusive than has generally been used in other studies about children in care. As a consequence, the only study which documents similar

placement instability was Fanshel, et al's 1990 study which showed 3.3 placements per child in 3.5 years in the Casey program, plus considerable pre-program instability (41-44). As in this study they were more inclusive in thier documentation of placement history than generally seems to be the case (44). Festinger, for example, specifically excluded child-initiated moves (1983,53). The more inclusive definition was used here to acknowledge, document and discuss an aspect of previously unacknowledged in-care instability. In the event, these child-initiated, and other types of placement changes not generally included in placement histories in child welfare studies, did not occur randomly but were part of discernable placement characteristics and patterns. These are presented in subsequent sections in the next two chapters.

With the exception of the Fanshel, et al study, the amount of placement change reported in this study is higher than in other study about children in care. It is likely this occurred in part because of the definition of a placement which was used. However, even allowing for this different definition, the level of instability which was documented from the files was exceptionally high in comparison to other studies. Festinger reported an average of 2.4 shifts in placements up to a maximum of eight placement changes (56) for the group of young people in her 1983 study who spent approximately the same length of time in care as the young people in this study (52). This is four times lower than the 9.7 placements (to age 18) found in this study. Stein and Carey reported a mean of 4.4 placements but

their study participants had been in care a shorter length of time (1986,9). In the next section the nature of the placements are described (for discussion see also Fanshel and Shinn,1978; Kendricks,1990).

#### Type of Placements: Where They Lived

These 206 children had 2106 known placements to age 21. These can be divided into four major categories. There were 1089 foster home placements -- 51.7% -- either short- or long-term. There were 343 institutional placements constituting 16.3% of placements. There were slightly more independent placements, 382 or 18.1%, followed by 268 or 12.7% of total placements, with biological kin. The remaining 1.2% were miscellaneous placements such as hostels.

#### Foster Home Placements

Only slightly over half of all placements were foster home placements -- 51.7%. One hundred and ninety-nine of these children lived in foster homes some of the time they were in care. Seven did not, living almost always with biological kin. There were 1089 foster home placements. Of these 244 were repeat placements, equalling 845 different foster homes for this group of 199 children. This is a mean of 4.25 foster home placements per child.

Foster home placements were planned as both short and

long-term placements. Except for Regina where Dales House was located, foster homes were used for admission and receiving facilities, and about a third of foster home placements were of this type -- 333 or 30.6%. These placements were short, an average of 2.75 months, and varied in length from a day to 1.5 years. Long-term foster home placements were both the greatest number of placements and the longest in duration. There were 756 long term foster home placements with an average length of two years 4.5 months. They varied in length from a few days to 19 years, two months.

#### Institutional Placements

One hundred and twenty of these young people lived in an institutional setting at some point during their time in care for a mean of three institutional placements each. Listed in order of number of young people placed in each type of setting, these institutions were: receiving facilities, hospitals (including brief stays), correctional facilities, boarding schools, group homes, treatment centers, alcohol treatment facilities, maternity homes and orphanages. These facilities were described in Chapter Two.

The most frequent type of institutional placement was a temporary placement in a receiving facility, predominantly Dales House and, like the short-term foster home placements these were of short duration, on average 50 days. A few of the young people had multiple placements in treatment

centres, correctional facilities, group homes and alcohol treatment centres. The placement pattern of this group along with the race and gender characteristics are discussed in detail in the section about placement patterns.

The adolescents placed in boarding schools were a different group of young people and generally did not have other institutional placements. The boarding school placements which were contingent on the school year were on average 9.5 months long. During the school breaks the young people would return to their foster home placements. Ten of the 24 placed in boarding schools spent more than one year in these schools.

#### 'Independent' Placements

Independent placements include: runaways of over two weeks duration with the whereabouts of the adolescent known or unknown, living in room-and-board or flats, common-law relationships and living with friends. Like the biological kin placements discussed below these were sometimes planned and supported financially by the Department and more frequently initiated entirely by the adolescent and not supported by the Department. One hundred and thirty-three or 65% of these young people had some sort of independent placement, most before they were 18.

A comparison between those who had independent placements and those who did not reveals some clear differences. The 133 with independent placements had more placements than the

73 who had no independent placements ( $P<.001, R=-.47$ ) -- 11.7 versus six. Those interviewed who moved into independent placements were more likely to say they had been abused in care ( $P<.01, R=.3$ ). The 73 who did not move into independent placements were more likely to enter and stayed longer in Section 44 ( $P<.001, R=.22$ ). Forty-four or 60% (of the 73 with no independent placements) were in the program for 18 months compared to 50 or 38% of the 133 for just under 16 months.

#### Placements with Biological Kin

Like independent placements, placements with biological kin were sometimes planned and financially supported by the Department and sometimes initiated by the child or family and unsanctioned and therefore unsupported by the Department. However, as with the independent placements, there were occasions when the Department did provide financial support even though the placement was unplanned and/or initiated by the child and/or family. Ninety-seven of the 206 young people in the study lived with biological kin in 268 placements at some point during their time in care. As noted earlier nine of the study population lived primarily with kin: these were Caucasian children whose parents were deceased or had abandoned them. Seven of these had no foster home placements while the other two lived briefly in foster homes.

One hundred and ninety-five out of 268 of these kin placements (72.8%) were by the 133 young people who also had

independent placements. Many of the kin placements were in adolescence and involved a return to their families. Of the 180 whose circumstances were known at discharge, as many were living with biological family members as with foster families -- 40 versus 36.

#### Brief Moves

In addition to actual placements brief moves were also noted (see questions 53 to 57 on the File Questionnaire, Appendix B). Brief moves were defined as movement from and to the same place only and were of short duration. Hospital stays of under one month and runaways of under two weeks were included in this definition. Others of longer duration formed part of the placement history.

There were many kinds of brief moves, some, such as camping trips and hockey tournaments, routine and experienced by most children. Without going into extensive analysis it did not appear that these occurred any more frequently than would have been likely for any group of children. There were also many types of brief moves which were a direct result of being in care. These moves added to the instability experienced by these children. In all there were 1260 recorded brief moves which were care-related. These moves included: pre-placement visits, visits to previous foster families, visits with kin, temporary placements and runaways. Some of these care-related brief moves showed a significant correlation with the number of placements to age 18. These were: overnight visits with kin ( $P<.05, R=.22$ ), temporary

placements not in the placement history ( $P<.05, R=.3$ ), and runaways ( $P<.001, R=.62$ ). In other words those children with the greatest placement instability were also those children who experienced the most brief moves. These brief moves can be seen as part of the pattern of instability.

### Placement Patterns

#### Placement Patterns: Description

TABLE SIX: NUMBER OF PLACEMENTS BY RACE AND GENDER

		Pre-16 Placements		Placements 16-18		Totals		
		N	Mean	Range	Mean	Range	Mean	Range
Treaty:	65	8.2	1-28	3.5	0-11	11.7	1-35	
Females	26	6.8	1-20	3.3	0-11	10.1	2-21	
Males	39	9.1	1-28	3.6	0-11	12.7	1-35	
Metis:	77	7.8	1-29	2.5	0-13	10.3	1-33	
Females	32	7.0	1-26	2.5	0-13	9.4	1-29	
Males	45	8.4	1-29	2.5	0-12	10.9	1-33	
Caucasian:	64	5.4	1-21	1.7	0-9	7.1	1-26	
Females	26	4.0	1-9	1.5	0-7	5.5	1-12	
Males	38	6.2	1-21	2.0	0-9	8.2	1-26	
Totals:		206	7.2	1-29	2.5	0-13	9.7	1-35

Table Six gives the mean number of placements and the range by race and gender. Males tended to experience greater instability than females. And as the figures indicate, the greater the Nativeness the higher the number of placements. These differences are not statistically significant. Since



there was so little difference in the length of time in care for the race and gender groupings no time adjustment was made when calculating the mean number of placements. In any event this would have been counter-productive since time in care correlated inversely with the number of placements ( $P<.01, R=-.21$ ). That is to say, the longer a child was in care the more likely they were to have fewer placements. The reasons for this will become apparent later.

In the following discussion about placement patterns the 206 study participants were divided into four placement groups, from very stable to very unstable, based on the total number of placements to age 18. Although any division is somewhat arbitrary the groups were formed by examining placement patterns along with the mean number of placements (9.7) plus or minus the standard deviation (7.3) or plus or minus one-half the standard deviation. This evaluation produced four groups which are presented in Table Seven. They are: the very stable ( $N=36$ ) with one to three placements; the moderately stable ( $N=63$ ) with four to seven placements; the moderately unstable ( $N=62$ ) with eight to 13 placements; and finally the very unstable ( $N=45$ ) with 14 or more placements. Each of these placement clusters and the characteristics of the individuals in them is examined in the following discussion.

The gender/race breakdown by placement stability is given in Table Seven and is statistically significant ( $\text{Chi-Sq}=26.41, P<.05, \text{df}=15$ ). Looked at separately, race was statistically significant ( $\text{Chi-Sq}=20.09, P<.01, \text{df}=6$ ) and gender was not. Earlier the actual number of placements was found not to be statistically significantly related to race or gender but when looked at in this present way race is apparently a factor in the placement instability or stability experienced by the young people while in care. The greater the Nativeness, the more likelihood of placement instability. Festinger did not comment on race as a factor in placement patterns but did find males were more likely to be placed in group care settings (1983,55). The young men in this study also had more institutional placements.

TABLE SEVEN: GENDER AND RACE DISTRIBUTION BY PLACEMENT STABILITY

	N	Very Stable	Moderately Stable	Moderately Unstable	Very Unstable
Treaty:	65	9	11	27	18
Females	26	4	5	11	6
Males	39	5	6	16	12
Metis:	77	11	26	19	21
Females	32	6	11	9	6
Males	45	5	15	10	15
Caucasian:	64	16	26	17	6
Females	26	8	12	6	0
Males	38	8	14	10	6
Totals:	206	36	63	62	45

### The Very Stable: One to Three Placements

The 36 (17.5%) who had three or fewer placements to age 18, for a mean of 2.2, were in care on average 12.59 years which is 1.75 years longer than the study population mean of 10.89 years. Most lived in foster homes usually with one or two short placements prior to settling into a long term foster home. Five in this group had one placement only with biological kin and another five had one placement only with foster parents. Only ten (27.8%) of these young people had placement changes from age 16 to 18: nine moved once and one moved twice. For this group these adolescent moves were usually made to enhance educational opportunities. Only one young man in this group had any institutional placements (excepting those seven who were received into care via a hospital or receiving facility). This young man was in a group home for about two years after his foster home placement collapsed at age 16. This group is marked by an absence of difficulties in adolescence and at discharge.

Just over half of those who were classified as Very Stable, 20 of the young people, were interviewed. As stated in Chapter Three, the more stable were more likely to be interviewed ( $\chi^2=10.72, P<.02, df=3$ ). None of this group said they were abused in care and only four raised some concerns about the quality of their care.

### The Moderately Stable: Four to Seven Placements

The second group (N=63, 30.6%) with four to seven placements were in care a mean of 10.9 years. The mean number of placements for this group was 5.5 and the mean to age 16 is one less at 4.5. Therefore most of the placement instability occurred early in their placement history. During their teen years, 30 (47.6%) had no placement change, 17 moved once, again primarily to continue education or seek employment, eight moved twice and eight moved more frequently.

The reported incidence of abuse or inappropriate care goes up dramatically in this group. Of 33 interviewed, eight reported being abused and dealt with inappropriately and an additional 13 said aspects of their care were in some ways inappropriate. The seriousness of these reports varied from very severe long term physical and/or sexual abuse to minor mismanagement. The most severe cases of abuse were in this group, at least partly because these children remained in the foster homes even though they were being abused. This placement stability contributed to the long-term nature of the abuse and the consequent severity.

Institutional placements, though not common in this group, were more frequent than for the Very Stable group. Twenty-four of these young people (38%) had institutional placements. This group also had more problems in adolescence and at discharge. Adolescence is discussed in an upcoming section.

The Moderately Unstable:  
Eight to Thirteen Placements

The placement pattern for the Moderately Unstable (N=62, 30.1%) with eight to 13 placements was considerably different from the two previous groups. This group was in care for 10.69 years and had a mean of 10.12 placements. They had both more placements before age 16 at a mean of 6.61, two higher than the previous group, and more importantly in the years 16 to 18. In these two years they had a mean of 3.5 placements. In this group instability in the adolescent years was the rule with only seven of the 62 (11.3%) not making a placement change. Six moved only once, eight moved twice, and 41 three to nine times. Again, the incidence of abuse reported in the interviews was slightly higher than for the previous group. Ten of the 27 interviewed said they were abused in care and nine of these also said other aspects of their care were inappropriate. An additional ten others said aspects of their care were inappropriate.

The number placed in institutions was also higher in this Moderately Unstable group. Thirty-nine or 63% were in some kind of institutional placement compared to 24 or 38% in the Moderately Stable group. Very few of these young people continued to live in foster homes until the end of care and at discharge most, 29, were living independently. At discharge of the others: eleven were living with foster families, 15 were with biological kin, three were in prison, two were in boarding schools and two were discharged from treatment centres.

This level of instability at the very least raises a question about the management of the care of these children. Some such as Ireni were fortunate. She had six early short foster home placements in two years when she was four and five; she then moved into a home where she stayed for eleven years until discharge from care. She left this home once when she was 17 to attend a work assessment program. As an adult she had regular contact with her foster parents and considered them her family. Although Ireni's adult life was not an easy one, she described herself as 'pretty happy' and on the whole had made a satisfactory adult adjustment. Her brother who was one year older and whose placement history paralleled hers until he was moved out of the home where she remained was in prison when interviewed and also spoke of his alcohol dependency. He, with 14 placements, was in the Very Unstable group.

#### The Very Unstable: Fourteen or more Placements

The Very Unstable (N=45, 21.8%) group had a mean of 21.27 placements, 15.87 to age 16 and 5.65 between the ages of 16 and 18. In this group are the children with institutional placements. Only six (13%) of these 45 had no institutional placements and another five had short single institutional placements. The other 34 (76%) had many institutional placements.

The placement pattern of this group involved many early short-term foster home placements and/or placements in

receiving facilities coupled with discharges from care and readmissions to care. When readmitted to care rarely did the child return to the same foster home they had been in previously. Whatever period of stability they experienced occurred between the ages of nine and 14. Beginning at about age 14, these semi-stable foster home placements ended. This usually occurred either because of delinquent behaviour which the foster parents could no longer control (or did not wish to control), or because the adolescent left the home. This was followed by a period of many placement changes between institutions, independent living arrangements and kin. At discharge the whereabouts of twelve were unknown, 17 were living on their own, five were in prison, five were with biological kin, four were in foster homes and one each was discharged from a group home and a treatment centre. In this group only 11 were interviewed. Only three saw their care as appropriate; the other eight felt aspects of their care were inappropriate and five of these said they were abused in care.

#### Placement Patterns: Other Care Factors

The following discussion begins to address the question of why the preceding range of care experiences occurred by examining a variety of factors which may have prompted or contributed to placement instability. As has already been noted race was related to placement instability, with children of Native ancestry more likely to experience greater

placement instability. The issue of discrimination experienced by the Native children in care will be explored in the next chapter; it seems placements for Native children were more difficult to locate and maintain both because of discrimination from the larger communities and from foster parents. This could have contributed to the greater placement instability of children of Native ancestry. In this discussion some placement history factors will be examined beginning with admission factors.

Age at first admission was not statistically significantly related to placement stability; it varied little from group to group. However, the Very Unstable group were in care for a mean of 9.79 years which is a year lower than the mean for the whole study population and almost three years less than the Very Stable who were in care for a mean of 12.59 years. As has already been noted length of time in care was negatively correlated with total placements. This difference in the length of time in care likely occurred not because of an older age at first admission but because of discharges and readmissions prior to the final admission. In the first row of Table Eight the relationship between the number of admissions and stability is shown. This is an obvious relationship since each admission involved a new placement. It follows that if the age at first admission was not significantly different and there was a difference in the number of admissions -- those with more unstable placement histories having more admissions and, hence, spending some of their time between first and final admission out of care -- that the in-care time differential likely appears because of



TABLE EIGHT: ADMISSIONS AND PLACEMENT STABILITY

	Very Stable	Moderately Stable	Moderately Unstable	Very Unstable	Total Mean
Number of Admissions:	1.22	1.56	2.1	3.38	2.06
Child's Behaviour as a Reason for Admission					
First 2 only:	6(16.7%)	10(15.9%)	6(9.7%)	13(28.9%)	35(17%)
All Admissions:	6(16.7%)	11(17.5%)	8(12.9%)	19(42.4%)	44(21.4%)
	-----	-----	-----	-----	-----
N=	36	63	62	45	206

The significance levels are: for the number of admissions to placement stability ( $\chi^2=41.5, P<.001, df=6$ ); for the child's behaviour as an admission reason, first two admissions only ( $\chi^2=5.57, P<.20, df=3$ ), and finally for the child's behaviour as an admission reason, for all admissions ( $\chi^2=14.61, P<.01, df=3$ ).

this time spent OUT OF CARE after the first admission.

A child's behavioural problems could have contributed to placement instability. These behavioural difficulties could have made placements more difficult to maintain particularly in Saskatchewan where the majority of initial placements were with foster parents who didn't necessarily have any special training or skills in dealing with neglected children. And indeed, if the child's pre-admission behaviour as a primary or secondary reason for admission to care is evaluated then some differences do appear. The Very Unstable tended to have more behaviour problems as cause for admission, but only after the second admission does this factor become statistically significant. If the number of admissions is held constant at two, the population mean, there is no statistically significant difference in the child's behaviour

as cause for admission between the various stability groups. When all admissions are included, the child's behaviour as cause for admission becomes significant because those with a more unstable placement history had more behaviour problems. However, since by the third admission (applicable only for those who were Very Unstable) placement instability was becoming a pattern, it is as likely that placement instability itself, coupled with return to families whose problems continued, could have been a contributing factor to the increase in behavioural difficulties as it is that the behavioural problems could have been contributing to placement instability.

Both reported in-care abuse ( $\text{Chi-Sq}=12.4, P<.01, \text{df}=3$ ) and inappropriate care ( $\text{Chi-Sq}=11.20, P<.02, \text{df}=3$ ) were also significantly related to placement instability. This relationship appears because no in-care abuse and little inappropriate care was reported by the Very Stable. Is it possible this in-care abuse and/or inappropriate care might also be a contributing factor to placement instability and/or behavioural problems amongst the Unstable groups? The interviewees frequently made this point, as will be discussed in the next chapter.

A number of other factors and their relationship to placement stability were investigated. Location either of a rural and urban division or district office did not appear to be statistically significantly related to placement stability but some of the cells were small, which precluded statistical testing.

Health and/or developmental difficulties did not appear

TABLE NINE: HEALTH DIFFICULTIES BY PLACEMENT STABILITY

	Very Stable	Moderately Stable	Moderately Unstable	Very Unstable
Intellectual Impairment	7	7	5	5
Learning Disabilities	2	7	7	2
Speech/Hearing Impairment	4	2	7	1
Sight Impairment	-	-	1	1
Chronic/Congenital Physical Problems	3	6	4	2
Diagnosed Psychiatric Problems	-	2	3	-
Bedwetting into Teens	1	3	2	-
Totals:(% of group)	17(47%)	27(43%)	29(40%)	8(18%)
N=	36	63	62	45

to contribute to placement instability. Table Nine shows that the group with the least health and/or developmental problems were the Very Unstable. One way to understand why those children with health difficulties were more stable is to use Neave and Matheson's non-norm and norm violation typology (1970). These children with discernable problems were not norm violators because their difficulties were definable and therefore they could have been less likely to be marginalized by the agency whatever their racial origin and conversely more likely to receive better service. This could have contributed to their tendency to be more stable.

Lastly, reasons for movement from a placement were also captured. Only slightly over half were planned moves -- 53%. Twenty-eight per cent were child-initiated moves and 19% were unplanned. There was very little difference in the reasons

for movement out of placements from one stability grouping to the other except, of course, that the movement occurred a lot more frequently for the unstable than for the stable.

#### Placement Summary

In 10.89 years in care to age 18, the 206 young people in this study had a mean of 9.7 placements. Four major types of placements were described: foster homes, institutions, independent placements, and placements with biological kin. Information about brief moves was also collected; these correlated positively with the number of placements.

These children in care were divided into four stability groupings based on the mean number of placements plus or minus one-half the standard deviation. The Very Stable group (N=36,17.5%) had a mean of 2.2 placements. Ten had one placement only. The Moderately Stable (N=63,30.6%) had a mean of 5.5 placements while the Moderately Unstable (N=62,30.1%) had a mean of 10.12 and in particular greater adolescent instability. The Very Unstable (N=45,21.8%) had a mean of 21.27 which included both early placement instability coupled with many receptions into care and adolescent placement instability which for many involved institutional placements.

The factors linked to in-care placement instability were: race, in-care abuse, other forms of inappropriate care, and number of admissions to care. The child's behaviour problems, as a reason for admission to care, become significant as the number of admissions increased.

## EDUCATION

## Introduction

The two elements of the educational experience which are examined below are the basic elementary-secondary level of education achieved by these young people and their participation in Section 44, the post-care financial support program. Table Ten shows the basic level of education of the study population by race and placement stability and Tables Eleven and Twelve list the Section 44 participation by race and gender and placement stability.

## Level of Elementary-Secondary Education

TABLE TEN: LEVEL OF BASIC EDUCATION

Level of Education:	Number and % To This Level		Number and % of Native Ancestry		Number and % Unstable	
-----						
Special Education	23	12%	12	52%	13	57%
Less than Grade 8	22	11%	20	91%	18	82%
Grade 8 or 9	50	26%	40	80%	37	74%
Grade 10 or 11	50	26%	37	74%	23	46%
Grade 12 Completed	48	25%	23	48%	11	23%
	-----		-----		-----	
Totals:*	193	100%	132	68%	102	53%
N=	206	100%	142	69%	107	52%

\*The information was missing in some of the files.

The level of education achieved by this group of young people was low. In this study only 25% (N=48) of the young people completed their secondary education or Grade Twelve; this compares to 65% who completed Grade Twelve in the Festinger study of a mixed race population of careleavers in New York (1983,150). As has already been noted it seems likely this study population had more in care placement instability than the population in the Festinger study; this greater placement instability could in part explain the difference in the level of achieved education.

Twenty-five per cent or 42 of 170 of this study population had less than Grade Nine education; this figure rises to 34% (65 out of 193) if those who were in special education are included. Census figures in 1981 for 20- to 24-year-olds in Saskatchewan (all ethnic backgrounds) reveals that only six per cent of the general population had this low level of education. For all age groups 15 years and over in Saskatchewan nine per cent of people of Native ancestry had less than Grade Nine compared to 28.8% (38 out of 132) of the young people of Native ancestry in this study (37.9% if those in special education are included). This study population was apparently less well educated than either the general population or the Native population in Saskatchewan.

As has already been noted, race and stability were significantly related to one another and both race ( $\chi^2=22.14, P<.001, df=4$ ) and placement stability ( $\chi^2=71.4, P<.001, df=15$ ) or the total number of placements ( $P<.001, R=-.466$ ) were also significantly related to the basic level of education achieved. Multiple regression analysis

indicates that race and the number of placements account for 27% of the variance in educational achievement.[1] Each placement change resulted in a loss of .2 years of education; being of Metis descent resulted in a loss of .65 years of education and Treaty 1.5 years. The care factor of placement stability, as Burgess commented,

must [be considered]...a causal factor in reducing...motivation to achieve while at school.(15)

He was referring to both placement instability and the school instability created in turn for the group of careleavers in his study. The low level of education achieved by this group of careleavers is also consistent with Heath et al's 1989 findings of poor educational attainment for a group of foster children in long term stable foster home placements. Race could be seen as relating to poorer achievement at school in a number of ways. In addition to the children of Native ancestry being more likely to experience placement instability, they also experienced discrimination which will be described in the next chapter. Gender was not significantly related to the level of education achieved.

#### Section 44: The Post-care Financial Support Program

Ninety-four young people used the Section 44 provisions to continue their education. Table Eleven shows participation by race and gender. Time in Section 44 was used both to

TABLE ELEVEN: SECTION 44 PARTICIPATION BY RACIAL ORIGIN AND GENDER

RACE/GENDER	Number in Program	%	Total N	Mean Length in Section 44
Treaty:	26	40%	65	1.16 Years
Females	10	38%	26	.68 Years
Males	16	41%	39	1.46 Years
Metis:	33	43%	77	1.40 Years
Females	14	44%	32	1.79 Years
Males	19	42%	45	1.13 Years
Caucasian:	35	55%	64	1.56 Years
Females	16	62%	26	1.43 Years
Males	19	50%	38	1.59 Years
All Females:	40	48%	84	1.37 Years
All Males:	54	44%	122	1.39 Years
Totals	94	46%	206	1.38 Years

continue basic level education and for specific training programs. As Table Eleven indicates, the mean length of time the 94 who entered the program spent in Section 44 was 1.38 years or one year 4.5 months, with a low of 43 days to a high of, the maximum possible, three years. Of the 94 young people who used the Section 44 provisions, 42 used the program only to continue their basic education; 52 entered into post-school training programs but 28 of these did not complete the programs they began. Eight of the 28 who left their programs started university but left during their first year, 15 began some training such as cooking or a mechanics course and five were in an upgrading or life skills program.

Twenty-four or 11.7% of the total study population used this program to obtain specific occupational qualifications; 13 completed a training programs such as cooking or



hairdressing and eleven of the 94 who entered into Section 44 were still attending school when the file was closed or read. Most of these were in university, which did involve a longer period of education. No one had graduated from university by the time their Section 44 expired.

Race was not significantly related to entry into Section 44 because for all racial groupings a high percentage did not participate. Although there was a tendency for the people of Native ancestry to stay in the program for less time, this too was not significant.

TABLE TWELVE: SECTION 44 PARTICIPATION BY PLACEMENT STABILITY

	N	Number and % in Section 44		Time in Section 44
Very Stable	36	27	75%	1.71 Years
Moderately Stable	63	36	57%	1.29 Years
Moderately Unstable	62	23	37%	1.38 Years
Very Unstable	45	9	20%	.96 Years
	---	-----		-----
Totals:	206	94	46%	1.38 Years

There are several care factors related to participation in Section 44. As already noted placement stability was related to basic level education and was also significantly related to both participation in Section 44 ( $P<.001, R=-.38$ ) and the length of time spent in the program ( $P<.05, R=-.17$ ). The participation rates are listed in Table Twelve above. Of those interviewed, those who described aspects of their care as inappropriate were also less likely to enter into Section 44 ( $P<.05, R=-.24$ ).

It seems fair to suggest that these young people, particularly those of Native ancestry, were ill equipped educationally when they were discharged from care, despite the existence of the Section 44 post-care education support program. Further, it seems likely educational achievement was impaired by placement instability. This placement instability seemed to result in school instability and to reduce educational achievement. Section 44 did assist a third (N=66,32%) to obtain specific occupational qualifications or to further their basic education.

## ADOLESCENCE

### Introduction

The adolescence experienced by these young people varied considerably, just as their in-care histories ranged from stable care in one foster home to multiple placements in a variety of settings. At one end of the spectrum were those young people who continued to live with their long-term foster families during their adolescent years, attended school until they and their families decided they were ready to seek employment, and moved into independence as they became self-supporting and with the continued emotional and financial support of their foster families. At the other end of the spectrum were those young people whose adolescent years were problematic and who lived in a variety of

short-term placements. These young people had not developed sustaining relationships with a foster family and as a consequence had few adult supports through their adolescent years. With rare exceptions, neither the Department or institutional staff nor their biological families, to whom they sometimes turned, were willing or able to provide guidance through their teenage years. A number ended their careers in care in prisons or on the streets.

In this description of the adolescence of the study group, information is presented from the files and from the statements made by the interviewees. The file contained only a few quantifiable items of information specific to adolescence; recorded were criminal activity, pregnancies and behavioural or emotional problems. The quality of information in the chronological recordings in the files was very divergent, and often vague or non-existent for the adolescent years; therefore, no attempt was made to describe the nature of the adolescent experience using file information. In the interview the young people were asked to describe their 'teenage' years in a series of open-ended questions. The information collected from the interviewees was coded and analysed along with data from the files. Appendix B and D contain the full questionnaires.

#### Information about Adolescence Taken from the Files

Table Six listed the number of placements by race and gender. The mean number of recorded placements for the two

years from age 16 to 18 was 2.5. In the previous discussion about placement patterns, this adolescent placement instability was broken down by placement stability grouping and is summarized below in Table Thirteen. Tables Fourteen and Fifteen present adolescent difficulties by placement stability groupings.

TABLE THIRTEEN: AGE 16 TO 18 PLACEMENT CHANGE BY PLACEMENT STABILITY

	N	Number and % No Movement		Number and % with Movement		Number of Moves*
Very Stable	36	26	72%	10	28%	1.1
Moderately Stable	63	30	48%	33	52%	1.8
Moderately Unstable	62	7	11%	55	89%	3.7
Very Unstable	45	2**	4%	43	96%	6.0
	-----	-----	-----	-----	-----	-----
	206	65	32%	141	68%	3.8

\*These means are only for those who moved. The total group mean was 2.5.

\*\*Of these two, one was in prison the whole time and one's whereabouts were unknown the whole time.

TABLE FOURTEEN: PLACEMENT STABILITY AND LEVEL OF CRIMINAL INVOLVEMENT

	Very Stable		Moderately Stable		Moderately Unstable		Very Unstable	
Extended Probation or Imprisonment	-	-	5	7.9%	7	11.3%	22	48.9%
Diversion Program or Probation Once	3	8.3%	7	11.1%	8	12.9%	6	13.3%
Minor or No Criminal Activity	33	91.7%	51	81%	47	75.8%	17	38.8%
	-----	-----	-----	-----	-----	-----	-----	-----
N=	36	100%	63	100%	62	100%	45	100%

(Chi-sq=49.01, P<.001, df=6)

TABLE FIFTEEN: PLACEMENT STABILITY AND PREVALENCE OF ADOLESCENT BEHAVIOURAL PROBLEMS\*

	Very Stable		Moderately Stable		Moderately Unstable		Very Unstable	
Alcohol Abuse	2	5.6%	6	9.5%	7	11.3	16	35.6%
Solvent Abuse	-		-		2	3.2%	18	40%
Drug Abuse	-		3	4.8%	4	6.5%	12	26.7%
Suicide Attempts	2	5.6%	1	1.6%	2	3.2%	5	11.1%
Psychiatric Problems	-		2	3.2%	3	4.8%	-	
No Problems**	18	50%	32	50.1%	30	48.4%	15	33%
N=	36		63		62		45	

\*More than one behavioural problem per adolescent was possible

\*\*These figures represent those children in care who had no behavioural, health or developmental problems (question 59 File Questionnaire, Appendix B), therefore the totals do not equal N. See Table Nine for other problems.

As Tables Fourteen and Fifteen indicate, the young people who had unstable placement patterns had additional problems in adolescence. The prevalence of both behavioural problems and delinquency increased as placement instability increased. Race was also significantly related to delinquent behaviour ( $\chi^2=10.55, P<.05, df=4$ ). The young people who experienced placement instability in care were also more likely to move into permanent early independence, defined in this discussion as pre-18 independence.[2] This information is laid out in Tables Sixteen and Seventeen below.

TABLE SIXTEEN: PLACEMENT STABILITY BY PRE-18 INDEPENDENCE

	Very Stable	Moderately Stable	Moderately Unstable	Very Unstable	Total
Number Independent Before age 18	6	22	40	42	110
Percentage	17%	35%	65%	93%	53%
	-----	-----	-----	-----	-----
N=	36	63	62	45	206

(Chi-sq=60.1, P&lt;.001, df=3)

TABLE SEVENTEEN: AGE OF ACHIEVING INDEPENDENCE BY PLACEMENT CHANGE IN ADOLESCENCE

	Pre-18 Independence		Post-18 Independence		Total	
	Number	%	Number	%	Number	%
No Placement Change in Adolescent Years	6	5.5%	59	61.5%	65	32%
Placement Change in Adolescent Years	104	94.5%	37	38.5%	141	68%
Mean Number of Moves (for those who moved)	4.3%		2.3%		3.8	
	-----		-----		-----	
N=	110		96		206	

(XT-Test P&lt;.001, 2 tailed prob.)

## The Interviewees' Description of their Adolescence

In the interviews, only four of the young people described their adolescent years as problem free. Fifty-four (N=89, 60.7%) described their teen years as having some problems and 32 (36%) said they were difficult or extremely difficult. A cluster of interlinked factors was significantly related to the young person's assessment of their adolescence. The young people were more likely to describe their adolescent years as less problematic if the following care factors were not present: pre-18 independence (Chi-Sq=16.36,

$P<.001, df=2$ ); placement instability ( $Chi-Sq=24.88, P<.001, df=6$ ) and also movement during adolescence ( $Chi-Sq=22.76, P<.05, df=6$ ); in-care abuse ( $Chi-Sq=8.68, P<.05, df=2$ ), and perceived inappropriate care ( $Chi-Sq=7.51, P<.05, df=2$ ). Multiple regression analysis indicated 25% of the variance in how the adolescents perceived their teen years was accounted for by pre-18 independence (.45), in-care abuse (.29) and the number of placements (.04/placement). Three of the four who said their adolescence was problem-free had no movement during those years and the fourth moved into a boarding

TABLE EIGHTEEN: INTERVIEWEES' ADOLESCENT DIFFICULTIES

	Pre-18 Independence		Post-18 Independence	
	n	%	n	%
Quality of Care	17	42.5%	17	34.5%
Biological Family	12	30%	11	22.5%
Identity Issues	4	10%	8	16%
Independence	7	17.5%	4	8%
Education/Future Planning	9	22.5%	19	39%
Money/Employment	7	17.5%	4	8%
Limit Testing	6	15%	6	12%
Delinquency/Crime	14	35%	10	20%
Alcohol/Drug Use/Abuse	19	47.5%	3	6%
Peer Relationships	5	12.5%	8	16%
Dating/Partnerships	9	22.5%	5	10%
Emotional Stability	6	15%	4	8%
Self-Confidence	3	7.5%	6	12%
Other	7	17.5%	10	20%
	-----		-----	
	N=	40		49

school and back to his foster home. All four moved into independence after they were 18.

Using pre- and post-18 independence to examine described adolescent difficulties, both groups cited quality of care factors as their major adolescent difficulty. Those with pre-18 independence saw their adolescence as more difficult, listed more problems and identified slightly different concerns. These are listed in Table Eighteen. Those who had not moved into early independence saw their adolescence as less difficult and were likely to be more concerned about the future and their education and less concerned about drugs, alcohol, partnerships, independence, money and biological family relationships.

In addition, the young people who moved into independence later -- the same young people who had fewer adolescent problems and fewer placements -- had more support from more people than those who moved into independence before they were 18. Table Nineteen below lists the sources of support during adolescence described by the interviewees. Conversely, those who moved into early independence had fewer adult supports.

The most notable difference between the two groups was the level of support available to the post-18 independent group from foster families. This support was not substantially replaced by anybody for the young people who achieved early independence, although biological kin and peers were more important for this group of young people. The post-18 independent group also received more assistance from the Department's social workers, although any such



assistance was scant for both groups.

TABLE NINETEEN: INTERVIEWEES' ADOLESCENT SUPPORTS

	Pre-18 Independence		Post-18 Independence	
	n	%	n	%
Nobody	11	27.5%	6	12%
Biological Kin:Mother <sup>x</sup>	1	2.5%	1	2%
Siblings	7	17.5%	7	14%
Others	7	17.5%	-	-
Foster Kin:Mother	6	15%	26	53%
Father	2	5%	9	18%
Siblings	3	7.5%	9	18%
Others	-	-	2	4%
Professionals:				
Social Workers	2	5%	5	10%
Residential Staff	4	10%	4	8%
Others	3	7.5%	2	4%
Peers:Partners	2	5%	1	2%
Friends	11	27.5%	9	18%
Totals:	61	(N=40)	81	(N=49)

<sup>x</sup>The biological father was never cited.

#### Summary of Adolescence

The young people whose in-care placement history was stable were more apt to be stable during their adolescent years, have fewer behavioural difficulties, and move into independence later. These young people, who made up less than half of the total study population, cited fewer adolescent problems in the interviews. Their main concern was education and planning for their future, cited by 39% of

those interviewed. Many of these young people saw their foster parents as a source of support during their adolescent years. They moved into independence after they had reached the age of majority.

The adolescents who moved into early independence saw their teenage years as more problematic and listed fewer adult supports. Twenty-five per cent of these adolescents saw themselves as without supports in adolescence and only a minority saw foster family members as helpful to them. For this group, the single largest source of support came from peers. There were some similarities between those who moved into early independence and those who did not. Both groups frequently cited quality of care as an adolescent concern and neither group listed their social workers nor their biological parents -- especially their fathers -- as providing them with much support during their adolescence. Although, those who did not move into independence early listed social workers as a source of support more frequently.

The movement into independence precipitated the process of discharge. Some of these 'independent' young people went to jail, some lived with biological kin, a few with partners, and some just disappeared. Thus began the process of discharge from care.

## DISCHARGE FROM CARE

### Introduction

The term discharge as used in this research as a data-collection point meant one of three things: the point at which the child-in-care file was closed and guardianship ended if the adolescent was pre-age of majority; the age of majority itself; or, if over the age of 18, the time at which support payments out of Section 44 were finally ended. This was not always the understanding of the young people who were interviewed.

Interviewer: When were you discharged from care?

Kate: At 16.

I: When you went to live with your sister?

Kate: Ya.

I: Did they support you after that?

Kate: For a while they did, until I finished [high school]...

Kate was supported for more than a year and of course the Department still had guardianship. Her understanding of 'discharge' coincided with leaving her foster home.

Another example:

I: When were you discharged from care?

Ross: I don't know...18 or 19 I think...

Megan [his sister]: It would have been when you quit school. [At 16]

Ross: No because I used to get medicare ...and it was paid through welfare. I still had it when I moved here. [To another province at age 19]

Ross stopped receiving financial support just past his 17th

birthday and was discharged at 18. His medicare would initially have been funded through 'welfare' and would have ceased three months after moving to another province. This kind of confusion about discharge occurred frequently.

From the agency's point of view the discharges occurred as follows: three young women were discharged before their 18th birthday -- two when they married and the third to her sister's care. Of 109 formally discharged on their 18th birthday, 60 stopped receiving support sometime prior. Of the 60 for whom support ended prior to their 18th birthday, ten were in jail and six of these had not been supported before they went to jail. One was living with foster parents and was self-supporting; seven were living with their biological parents and seven with other kin. Seven were living with partners and the remaining 28 were living independently, although the circumstances were unknown for 17 of these 28. The length of time for which support was not paid continuously prior to discharge varied from just over one month to 3.4 years for a mean of one year eighteen days.[3] As already discussed, 94 continued to receive Section 44 support after their 18th birthday. Of these 44 were discharged before they were 19, 24 when they were 19, eight when they were 20 and 18 at age 21.[4]

The following description of discharge is divided into two sections. The first section relates to the formal agency point of discharge. The second section describes discharge services from the interviewees' viewpoint. Since they were confused about when discharge formally occurred, the two points of time are not necessarily the same.

## Discharge Information from the Files

In the material so far examined about the care careers of these young people, their location was not significantly related to the nature of their care experience. That is, whether the study participant was located in a rural or urban setting, their placement history was no more or less likely to be stable, involve pre-18 independence or affect other care characteristics except as noted. Discharge, or the process leading to discharge, meant for these young people a migration to the cities and their location at discharge did appear to influence the discharge services which they described receiving.[5]

TABLE TWENTY: LOCATION OF THE STUDY POPULATION

	While in Care		At Discharge		At Interview	
	n	%	n	%	n	%
Urban	70	34%	100	52%	69	60%
Small Urban	14	7%	26	14%	13	11%
Town	12	6%	25	13%	14	12%
Rural	108	53%	40	21%	19	17%
Total =	204	100%	191	100%	115	100%

N=204 (two deceased)

%Percentage of known cases.

Table Twenty gives the location of these children in care at three points: while in care, at discharge and at the time of the interview. The major movement from the rural into the urban setting occurred prior to discharge and can at least in

part be seen a movement towards employment and educational opportunities. But the movement continued so that, by the time of the interviews, nearly twice as many were living in urban settings as had lived in urban settings while in care. The presence of a very large number (N=91) whose whereabouts were unknown, at the time of the interview, indicates that even this estimate may be too low. This movement of the children in care to urban settings was consistent with general migration trends (Census Canada, 1981) and, for those young people who maintained foster family relationships, included support from these families such as transitional assistance, as described by Kohl and Bennett (1965).

The largest number of young people, 84 or 47% of the 180 whose circumstances were known, were living independently at discharge. The next largest group (N=40, 22%) were living

TABLE TWENTY-ONE: LIVING ARRANGEMENT AT DISCHARGE BY AGE OF INDEPENDENCE

	Pre-18 Independence	Post-18 Independence
Biological Kin: Parents	3	7
Siblings	7	8
Other	7	8
Foster Family	3	33
Adoptive Family	-	1
Independent: with Partner	19	2
On Own	38	25
Institution: Prison	10	1
Other	3	3
Other	-	2
Unknown	20	6
	-----	-----
N=	110	96

with biological kin, while a further 36 (20%) were living with foster families. The remainder were living in a variety of other circumstances as listed in Table Twenty-One. More of the careleavers in this study were living independently and fewer were living with caregivers than was reported by either Festinger or Stein and Carey. Of those discharged from foster homes, Festinger found 27% were living independently, although this figure rises to 46% if those in college and the armed forces are included (1983,63). Stein and Carey reported eleven per cent living independently (1986,8-10). Similarly while only 20% of young people herein were living with foster parents, both Stein and Carey and Festinger reported 40% of the careleavers in their study were living with foster parents (Festinger,63; Stein and Carey, 1986,8-10). This is also in marked contrast to a 1984 Gallop Limited Canadian Survey which showed that 86.3% of 18-year-old were living at home (6). These differences likely occur because of the poor quality care and placement instability these young people experienced.

Pre-18 independence was significantly related to living circumstances at discharge ( $\chi^2=40.93, P<.001, df=4$ ) and also to anticipated source of income at discharge ( $\chi^2=19.61, P<.01, df=5$ ). Those who moved into early independence were more likely to be planning to collect income assistance. This information is given in Table Twenty-Two below. Anticipated source of income at discharge was not quite the same as actual income generating activity: only 42 were employed and 34 were seeking employment. Twenty-three were housewives/mothers with no plans to seek other employment.

TABLE TWENTY-TWO: ANTICIPATED INCOME AT DISCHARGE BY AGE OF INDEPENDENCE

Planned Source of Income	Pre-18 Independence	Post-18 Independence	Total
Employment	24	29	53
Income Assistance	35	23	58
Section 44	1	11	12
Pensions, Grants, Insurance	2	2	4
Supported by: Spouse	5	1	6
Biological Kin	3	5	8
Foster Kin	-	10	10
Deceased	-	1	1
In Prison	10	1	11
Unknown	30	13	43
	N= 110	96	206

For 28 their activity was unknown and another 28 apparently had no plans. Four were listed as 'other' which included ill health and other special care circumstances, and finally 35 were still attending educational programs.

The circumstances of the 35 who were still in educational programs requires some explanation and immediately highlights the fact that discharge planning was not always well handled. For most of these cases the cessation of support was legitimate for a variety of reasons: they were turning 21 and therefore their Section 44 support ended, three were intellectually impaired and were transferred from the child welfare budget to the income assistance budget, and others had other sources of support -- for example, grants. However, for seven of these cases there was no satisfactory explanation for the withdrawal of financial support. Two young women were told in error that if they moved out of their foster home, support would have to be withdrawn. There



were other instances of this misinformation being given about Section 44. It can only be said that in these seven cases support was withdrawn albeit that these young people still met the criteria for continued financial support.

Maturity at discharge and apparent major difficulties, similar to the in-care problems noted earlier, were also documented. Assessing the level of maturity involved judgement about the young people and their circumstances and this was based on the discharging social worker's recording and assessment. When there was doubt the practice was to assign the more mature level (Question 112 and 113, File Questionnaire, Appendix B). In 16 cases the discharge information was too scanty to assign a maturity rating. Using a collapsed four-level scale, 41 were assessed as mature, 57 as moderately mature, 60 as moderately immature and 32 as immature. Placement stability ( $\chi^2=63.33$ ,  $P<.001$ ,  $df=9$ ), and both any independent placements at any time during the in-care history ( $\chi^2=24.17$ ,  $P<.001$ ,  $df=3$ ) and pre-18 independence ( $\chi^2=44.29$ ,  $P<.001$ ,  $df=3$ ) were significantly related to the level of maturity at discharge with those with greater placement instability and those with independent placements and pre-18 independence seen as less mature. Education was also significantly related to the assessed level of maturity ( $P<.001$ ,  $R=-.56$ ). When these factors are analysed using multiple regression 41% of the variance in assessed maturity at discharge is accounted for by pre-18 independence (.3), the number of placements (.04/placement) and education (-.11/one-half grade level). Neither gender nor race appeared significant to assessed

maturity at discharge.

The level of maturity related to the presence or absence of stated difficulties. This information is given in Table Twenty-Three. The major problems cited in the files at discharge were drug and alcohol related difficulties and continued criminal activity. Excluding the issue of employment and income, which are discussed separately, most of these young people (130 out of 190) had no major difficulties at discharge.

TABLE TWENTY-THREE: LEVEL OF ASSESSED MATURITY AND APPARENT PROBLEMS AT DISCHARGE

Problems%	Mature	Moderately Mature	Moderately Immature	Immature
-----	-----	-----	-----	-----
No Apparent Problems	40(97.6%)	51(89.5%)	31(51.7%)	8(25%)
Health Problems	-	8	5	1
Psychiatric Problems	-	-	-	3
Alcohol/Drug Abuse	-	1	15	7
Criminality	-	1	6	15
Partnerships/Parenting	1	-	7	3
Housing	-	-	2	-
	-----	-----	-----	-----
N=	41	57	60	32

\*More than one problem possible. Total N=190

The issue of income at discharge merits separate consideration and will be discussed in more detail in Chapter Six where current circumstances are described. At discharge 42% of known cases (excluding those in prison or still on Section 44 funding) were in receipt of income assistance. This is approximately six times higher than the rate of income assistance receipt for the population of Saskatchewan (ANNUAL REPORTS, 1982-1986). Other studies about careleavers

are mixed in their reporting of income assistance receipt among careleavers. Festinger reported no substantial difference between the careleavers in her New York city sample and the general population with both at around 15% (1983,251). Morgan-Klein and Stein and Carey reported even higher rates of unemployment and income assistance receipt than was the case for the current study population, although neither make general population comparisons (Morgan-Klein, 1985,54; Stein and Carey,1984a,13).

Percentage of known and appropriate cases in receipt of income assistance was measured again in March 1986 and 45% were in receipt of income assistance (see Chapter Six for the full discussion). These young people were discharged from care into a life of poverty which sustained itself over a long period of time.

#### Discharge Information from the Interviewees

Just as there was confusion among the interviewees about when discharge occurred so too, there was little clarity about discharge planning. Only a few of the young people interviewed were able to recall specific discussions either with social workers and/or caregivers about discharge from care and the implications; as frequently these careleavers described unexpected events which precipitated sudden discharge. However, from their descriptions of their discharge from care it was possible to discern when discharge assistance had or had not been provided.

Of the 89 interviewees who discussed their discharge from care, 32 (36%) described receiving assistance from both caregivers and social workers. Twenty (22.5%) described receiving assistance only from their caregivers while twelve (13.5%) said they received assistance only from departmental staff. Finally, 25 (28%) described no assistance with discharge. These four groups, and the kind of assistance they described receiving at discharge, are discussed below. These careleavers were more likely to get assistance from both the department and caregivers or neither rather than one or the other ( $P < .01, R = .29$ ). Caregivers were generally more active in providing discharge services than the Department which implies that, where there were no active caregivers (either a foster family or residential staff) to advocate for the young people or to provide assistance for the dischargée, discharge services tended not to be given. Table Twenty-Four lists the discharge services and the source of the service as described by the 89 interviewees.

The 32 who received discharge assistance from both caregivers and The Department had, with one exception, good connections with their caregivers. In all except one case the caregivers were foster parents. In this one case, the young man was in a residential setting and the staff planned for his discharge and provided an employment program. The majority had very or moderately stable placement histories ( $N=22$ ) and none were very unstable; only six moved into independence before they were 18 and most ( $N=27$ ) used the Section 44 provisions to continue their education. Finally, they were rated as mature or moderately mature ( $N=26$ ) at

TABLE TWENTY-FOUR: DISCHARGE SERVICES

Nature of Assistance -----	Services Given By -----				Totals N=89
	Agency and Caregivers N=32	Caregivers Only N=20	Agency Only N=12	None N=25	
Education/Employment	34%	6	7	-	47
Link to Biological Family	3	-	-	-	3
Financial Support	25	5	7	-	37
Emotional Support	30	17	3	-	50
Housing	18	10	1	-	29

Notes: Totals equal more than N because more than one kind of support was possible.

\*26 received help from the agency and eight from caregivers.

discharge. In other words, this was a group of careleavers with a stable placement history, who did not move into early independence, were mature at discharge and for whom discharge planning was provided. As with all the groups who received discharge services, education and employment services tended to be provided primarily by the Department while emotional support and housing tended to be provided by the foster parents. This meant that where one or the other component of care was missing those discharge services tended to be missing as well.

Those (N=20) who described receiving discharge help only from caregivers were predominantly male (N=15). This was the only group where gender was a factor. They had less stable placement histories (seven had moderately or very unstable ones), were less mature (ten were moderately immature or

immature), moved into pre-18 independence earlier (N=7) and did not use Section 44 (N=7) as much as those who received discharge help from both caregivers and the Department. In these cases the caregivers were not all foster parents, and included residential staff and biological kin.

Of the twelve who described receiving discharge services from the Department only, three had good supportive foster parent connections. Nine of these young people used the Section 44 provisions and only two had pre-18 independence. Half of these twelve were assessed as mature or moderately mature, the same percentage as those who received assistance only from caregivers.

The 25 interviewees who described no discharge services from either the Department or their caregivers were those young people who moved into independence prior to age 18 (N=19; Chi-sq=18.72, P<.001, df=3). These young people were significantly more likely to cite inappropriate care (Chi-sq=11.73, P<.01, df=2). Only five of these young people claimed not to have been abused or mistreated in some way in care. Because the level of poor care was so high for this group most, as would be expected, had no or poor foster parent connections through the discharge transition. In other words, those young people who most needed discharge assistance from the Department, because of their care experience which resulted in the lack of helpful caregiver relationships received the least help with discharge.

Location did appear to make some difference to whether or not the Department provided discharge services to the careleaver. When Regina was compared to the rest of the

province, those careleavers who were in care through the Regina offices were less likely to receive discharge assistance from the Department than careleavers from other locations ( $\text{Chi-sq}=5.44, P<.02, df=1$ ). Why this difference should appear is not clear. This difference in discharge services in Regina may appear because of staff differences but it may also be that those young people who did not wish assistance with discharge or were more difficult to manage moved to Regina during their adolescent years in greater numbers. Other statistical location comparisons could not be made because of the small cell sizes. However, in the file review it was evident Regina was not the only location which had difficulty managing the adolescents in their care.

The 45 young people who received no discharge services from the Department said they did not receive help for the following reasons: 13 wished no assistance, twelve received adequate assistance from their caregivers, nine felt the help they were offered was inappropriate to their needs, five thought none was available, three were in prison, and one was out of province; two were unable to answer.

### Discharge Summary

In summary, where there were good relationships with caregivers discharge services were provided, often by them. However, careleavers who had tenuous or no connections with caregivers were left without anyone to advocate their needs and consequently received fewer discharge services. A few young people with both intelligence and negotiating skill were able to advocate on their own behalf but this was rare and, since the staff of the Department did not always give accurate information, their task was complex and required a high level of determination. Further, those whose care experience was poor were, not unnaturally, mistrustful of the agency.

### CHAPTER SUMMARY

The 206 children in care in this study were born to older, low-income, Catholic, Native parents who were married or co-habiting at the time they were born. These children were received into care for the first time when they were a mean of 5.8 years old. Of the 206, 189 had siblings and 68% of these siblings were also admitted to care. The mean number of admissions was two with 54 having three or more admissions. Most of these children came into care because of a cycle of parental neglect coupled with alcohol abuse, abandonment and marital difficulties.



In 10.89 years in care to age 18, these young people had a mean of 9.7 placements or one placement per child per year; however, there was considerable diversity in placement histories. Four placement stability groupings were developed from the very stable to the very unstable. Some of the factors which were linked to in-care placement instability were: race, in-care abuse, other forms of inappropriate care, the number of admissions to care, adolescent behavioural difficulties, pre-18 independence, and immaturity at discharge.

Educational achievement was low for this group of young people. Only 51% had more than a Grade Nine education and this was a lower educational achievement than reported by other studies of children in care and lower in comparison to the general and Native populations in Saskatchewan. Education attainment was significantly lower for those whose placement history was unstable and for those of Native ancestry. Ninety-four of these children-in-care entered the Section 44 post-care educational financial support program for a mean of 1.38 years. The factors which were significantly related to Section 44 participation were: placement stability, no early independence and, for those who were interviewed, the absence of reports of inappropriate care.

The young people in this study were ill-equipped educationally when they were discharged from care and this was particularly true for those of Native ancestry. Section 44 did assist a few to obtain specific occupational qualifications. This program, however, failed to provide an

upgrading vehicle for the least educated who most needed additional preparation for employment. This meant many of these children in care were discharged from care to a life of poverty which appeared to sustain itself over a long period of time.

The adolescent years of these young people were described using both the child-in-care file information and responses from the interviewees. The young people whose placement history was stable cited fewer adolescent problems, moved into independence later and saw their foster parents as a source of support during their adolescent years. The importance of this support was confirmed when discharge services were examined.

The information so far presented in this chapter is only part of the description of the care experience. The next chapter examines "The Care Experience: Issues of Quality" as described by the interviewees and as taken from the files. Both in-care abuse and inappropriate care are described and discussed in some detail. These issues are then placed in the context of the material presented in this chapter, particularly with regard to placement instability.

## ENDNOTES

A. Multiple Regression Analysis has been used throughout to analyse impact where a number of variables were statistically significantly related, as in this case to educational level achieved. The factors accounting for the major portion of the variance are reported.

2. Pre-18 independence is defined as including those adolescents who moved into independent placements and then remained continuously independent until discharge. They may or may not have been continuously supported financially by the Department. The 110 listed as pre-18 independent is less than the 133 who had independent placements because 23 were only temporarily in independent placements, returning to live in foster homes or other child care facilities.

3. The four young people who were not supported for less than a month are not included in these figures and were treated as if they had been supported until they were 18.

4. The last two figures may not be entirely accurate because five files were open when they were read and in all cases it was anticipated they would remain in Section 44 the full three years. This may however not have been the case.

5. In this study location is categorized as urban, small urban, town or rural. Regina and Saskatoon along with other Canadian cities with populations over 100,000 are the urban settings; the small urban settings are Moose Jaw and Prince Albert (Clarke, 1985, 21-55) along with other Canadian urban locations with a population between 20,000 and 99,999. Appendix A has a map of Saskatchewan showing these cities. Communities of less than 20,000 but more than 3,500 are called towns. All other locations in this study are considered rural although a distinction is made between a rural community and an isolated farm or reserve location.

## CHAPTER FIVE

### THE CARE EXPERIENCE: ISSUES OF QUALITY

#### INTRODUCTION

In this chapter quality of care is the focus. Abuse and inappropriate care in foster homes as well as more systemic concerns will be discussed. This chapter is narrative, describing the care experience primarily from the viewpoint of the 91 interviewees. The final sections examine the interviewees' overall care assessment and the young peoples' statements about the impact of care on their early adult lives.

#### IN-CARE ABUSE

##### The Incidence of In-Care Abuse

Twenty-five or 27% of the 91 young people who were interviewed said they were abused by their caregivers while in their care. This figure derives from the response to the question 'Were you ever abused in-care?' although some had initiated the information in giving their care history. Three types of abuse, often in combination, were identified

by the young people. These were: physical abuse, sexual abuse and exploitation. The incidence is reported in Table One below. In addition, most of these young people identified other aspects of their care as inappropriate and another 29 individuals or 32% described aspects of their care (other than abuse) as inappropriate. The incidence of inappropriate care is reported in Table Two.

No definition of abuse was imposed: that is, it is the young person's statement of having been abused which is reported here.[1] The collation of the 'inappropriate care' statistics was managed differently and is discussed in that material.

The incidence of reported abuses in this study is in all likelihood an underreporting as has been discussed in other studies (Canada, 1984). Information about the possible prevalence of childhood physical abuse in Canada is unreliable (Hepworth, 1985, 34-37). This issue will be further addressed later. Although it is possible that those reporting abuse were exaggerating, in only one instance was abuse reported where the interviewer was uncertain of the information. This uncertainty arose because others who were interviewed and had lived in the same foster home reported no abuse or inappropriate care. On the other hand, in four cases abuse was not cited by the interviewee but had likely occurred. In one case sexual abuse was reported in the file. In two cases siblings who were interviewed said these individuals had been abused. In one of these cases other children in the same foster home reported sexual and physical abuse. Finally, a foster parent of one young man described

the treatment he had received in his previous home as abusive while the young man, when interviewed, did not label his treatment as abusive.

TABLE ONE: THE INCIDENCE OF IN-CARE ABUSE

Reported Type(s) of Abuse	Gender		Totals	% of Abuse Cases
	Female	Male		
Physical Abuse Only	3	9	12	48%
Sexual Abuse Only	2	-	2	8%
Physical and Sexual Abuse	5	-	5	20%
Physical Abuse and Exploitation	1	1	2	8%
Sexual Abuse and Exploitation	2	-	2	8%
All Forms of Abuse	1	-	1	4%
Unknown Type*	1	-	1	4%
Totals:	15	10	25	100%

% of Interviewees: N=44 34% 47 21% 91 27%

Note: These figures are by child-in-care not by foster home. The type of abuse could have occurred more than once, involving more than one set of caregivers. For example, the woman listed in 'All Forms of Abuse' described long term physical abuse and exploitation in one home and physical and sexual abuse in a subsequent placement.  
\*See [2] for discussion of this case.

Additionally, while none of the young men reported being sexually abused in care, six potential sexual abuse incidents were noted in the files. Moreover, two male interviewees reported pre-care sexual abuse and one post-care sexual exploitation. Sexual abuse was the major type of abuse labelled as such in the files. Physical abuse and exploitation were -- when discussed -- described as excessive discipline or inappropriate care. File examples are given

below.

Most of these children were in care because their parent's care of them was somehow seen as inappropriate. Yet for many their treatment in care was even worse. They described being beaten, sexually abused and exploited in addition to being subjected to placement instability. Both in-care abuse and inappropriate care were significantly related to placement instability. Not infrequently they suffered from more than one kind of abuse, sometimes in more than one home.

Since these children were in care because of inappropriate parental care any abuse in care should have been unacceptable. However, it would be simplistic to expect that inappropriate care or abuse would never occur. The issue then is how quickly and appropriately the agency responsible for the child's care responded once the child or somebody else identified the abuse. From this vantage point it could be said that the Department of Social Services responded poorly; none of these young people who said they were abused in care were successful at obtaining initial intervention for the apparent abuse from the Department's staff. In two cases the Department provided replacement and other supportive assistance once the adolescents had gone to the police to report the abuse.

These young people often said they had nobody to whom they could turn for help. If they had access to the staff of the Department and spoke out they were sometimes subjected to an increased level of abuse. Often they were not believed. They described using disruptive techniques -- running away

and misbehaving -- in the hopes of precipitating replacement.

Abuse as described in this study is generally not documented in the follow-up studies described in Chapter Two. The few exceptions are Jacobson and Cockerum's 1976 article where all the women described sexual harassment by foster fathers (35), Loveday's 1985 book about care within the Children's Society's residential settings, and Fanshel et al's 1990 discussion about abuse in the Casey Family Program (184-187). As well, 22 of the 61 interviewees in Zimmerman's study reported punishment severe 'enough to leave marks' and three cases of in-care abuse were identified in the files (1982,33-34). This apparent omission of abuse in follow-up studies is puzzling when the potential presence of in-care abuse has been discussed and documented (Bagley,1985; Bolton, Laner and Gai,1981; Canada,1984; Gil and Baxter,1978; Miller,1987). The inappropriate care variable, however, which will be discussed in subsequent sections can be seen to be included in many of the follow-up studies (Jacobson and Cockerum,1976; Loveday,1985; Murphy,1974; Stein and Carey, 1986; Triseliotis, 'Growing up in foster care',1980; see also: Bagley,1985; Harris,1990; Thomlison,1984).

It is difficult to know exactly why the incidence of in-care abuse is so high in this study while it has not been documented in other follow-up studies. Did the data collection methods used result in higher reporting? It would seem that the inclusion of a question specific to abuse enabled more complete documentation than has been true of other studies which did not directly address this issue. Festinger, for example, asked about 'mistreatment' and a



number of other quality-of-care questions similar to those asked in this study, but not specifically about abusive treatment. Moreover, her interview schedule consisted primarily of fixed format questions which precluded the kind of open conversation necessary to enable discussion about a sensitive subject (unpublished questionnaire). Perhaps the nature of the open-ended interview used here also permitted participants to discuss otherwise hidden aspects of their care experience. Perhaps the recent raised awareness of childhood abuse enabled the interviewees to discuss openly their own experiences. There seems no reason to suspect in-care abuse would be disproportionately higher in Saskatchewan than in other locations as other abuse statistics indicate Saskatchewan is comparable to other locations in Canada (Canada, 1984, 184).

One kind of abuse rarely occurred in isolation from other forms of abuse (see Table One). In this discussion the cases have been divided into three groups by most critical issue.

### Physical Abuse

Most of those who defined themselves as having been abused in care were physically abused, 20 of the 91 interviewees. In discussing the continuum from physical abuse to appropriate punishment as defined by the interviewees, five levels could be distinguished from the multiple conversations with the careleavers. These were: physical abuse, excessive use of corporal punishment,

excessive discipline which may or may not have been corporal, appropriate corporal punishment and finally appropriate non-corporal punishment (Kadushin, 1980, 159). Twenty-three young people spoke of the corporal punishment which they received as appropriate. Excessive discipline and excessive use of corporal punishment were defined by the interviewees as inappropriate but not necessarily abusive.

What distinguished abuse from 'discipline' was whether the discipline was connected with understandable misbehaviour rather than related to the caregiver's particular anxieties. Thus food misdemeanours in the midst of plenty which were punished were seen as abusive. In any event these always occurred in the context of other inappropriate care and occurred primarily to children of native ancestry.[3]

Fourteen of these 20 who described being physically abused also described other forms of abuse or mistreatment and for eight the abuse or mistreatment occurred in more than one home. The other types of poor care described were:

sexual abuse or harassment....3,  
severe work exploitation.....3,  
inequitable work.....4,  
isolated lock-up.....1,  
forced eating.....2,  
meals unpleasant.....1,  
withholding food.....2,  
treated worse than foster parent's children...10,  
lack of acceptance.....4,  
alcoholic foster parent.....1,  
unusual emotional approach....2,  
excessive movement.....4,  
inappropriately placed in a residential unit...1,  
social isolation.....1, and  
lack of intervention when abuse discussed.....5.

Fourteen also said their biological siblings or, in one case, foster siblings were abused to the same extent as or worse

than they were; four said their siblings were abused less than they were.

The files identified only five in-care physical abuse cases, one of whom was interviewed. Keith did not claim to have been abused but his sisters, who were interviewed as part of the pilot study, alleged that he had been abused. Kate, the older sister, described the following incident:

Like with Keith, that's the most, that's the thing which sticks in my head. We were in this one home and he walked across the pasture and he accidentally got some [cow dung], he accidentally stepped in it and they threw him down in one of those root cellars, they threw him down there and they locked him down there for two or three days and I think that's what made his head go funny...it might have been longer.

Kate said all seven of this sibling group had been abused in care. One other brother was also in the study population.

In another of these five file cases there was fairly extensive recording about the 'abuse' to four brothers who were in one home. Only one of these young men was in the study population. In October 1978 the social worker after receiving a complaint from the school spoke with the oldest who was then thirteen. He talked of physical punishment with bruising, withholding of food and other forms of mistreatment. Other complaints from the community were noted. A February 1979 recording reads:

[The foster parents] appear to be very inflexible and rigid in their attitudes. Their approach to discipline seems somewhat severe, and spanking the rule rather than the exception. The boys have apparently had spankings for: bedwetting, putting the wrong sheets on

the bed, doing chores wrong (e.g. not wiping the table off), leaving the door open and the dogs get in, not wearing woollen mittens under leather ones.

The boys remained in the home until June 1979 when the foster parents moved thus precipitating a placement change.

Physical abuse was never cited in the files as a reason for placement change nor did any of the interviewees describe being moved out of a placement because they discussed their abuse with their social workers. When movement occurred it happened as in this case for reasons unconnected with the apparent abuse. The interviewees described running away as a response and they were returned to the homes. As adolescents they forced placement change by persistent complaining or simply leaving the placement. For some this meant early and unprepared independence; others sought new families.

In terms of the care factors examined in the previous chapter, significance testing was done with the total 25 who described themselves as abused in care and not on the abuse subpopulations described here. To recapitulate the figures given in the previous chapter, being abused in care either physically, sexually or exploited or any combination was significantly related to pre-18 independence ( $P<.01, R=.29$ ) or any independent placements ( $P<.001, R=-.46$ ); total placements to age 18 ( $P<.001, R=-.40$ ) or placement stability ( $\text{Chi-sq}=12.4, P<.01, \text{df}=3$ ) but not significantly related to race or gender. In other words, being abused in care was only one of the ways in which these young people's care was less than appropriate.

## Case Examples

In presenting these case examples one typical case will be highlighted with material drawn from other cases. The intent is to provide some narrative detail about the abuse and the other dynamics present. Particular attention is given to the young person's description of attempts to deal with or get away from the abuse, and the outcome of these actions.

Gayle and six brothers were apprehended for neglect when she was seven. Three of these brothers went directly to the F. family while she and three other brothers were placed in a temporary foster home for five days. One of these brothers then moved to the F. family while Gayle and two younger brothers were placed with the U. family.

In detailing their abuse the young people also described the abuse their siblings suffered. Abuse of younger siblings for whom they felt some responsibility, particularly added to their distress.

Gayle: That was the last thing I wanted to see, was my two brothers getting beat up...So many times I felt like well just beat me up...Well, they would just slap them up or they would get a [tree branch] or a two by four, you know and beat the daylights out of them. And I just hated to see that so much.

Gayle described being slapped almost daily and occasionally severely beaten. One incident she described involved her brothers who had eaten some canned fruit the previous night because they were hungry:

...boy, did they get a beating. They

really got it and I had to stand there and watch...My two brothers were bruised for days cause that time they had a two by four and a boot...to this day they have scars on their head from this beating.

At one point in this conversation Gayle was too distressed to continue but later she described an incident with food.

I don't know if they were vegetarian but we were hardly given any meat, there was lots of vegetables and stuff. But the food we didn't like...one time...they gave us this big pot of spinach with big leaves and stuff in it and we were supposed to eat it plain and I always hated it so much but they would just keep feeding it to us but right away it would all come up, you know but still: 'No you keep eating it'.

Interviewer: Are you saying you would throw up and they would still make you eat more?

Gayle: Yeah.

In addition:

Actually we were just treated like slaves ...my brothers had to do all the (farm) chores...I did all the house cleaning inside and he was a chiropractor so I did all the ironing and their washing and their dishes and just about everything.

As would be expected these young people who were physically abused did not react privately in the same way as the girls who were sexually abused. They attempted to intervene on behalf of their siblings. While the young women who were sexually abused were embarrassed and ashamed to discuss what had happened to them, the young people who were physically abused wanted to talk about the abuse. They wanted to tell and understand what had happened to them.

Two aspects of their responses were notable. First, they tended to increase their acting out behaviour and sometimes

ran away.

Gayle: And after that I just said, 'No more of this' and once again we tried running away.

Bill: I left because of that abuse and moved in with my [biological] Mom.

Second, they tried to speak to their social workers and they were not believed.

Gayle: So many times I tried to tell them...every time though they just, they would leave without saying anything so after a while I didn't bother saying anything because I knew they didn't believe me. So I knew I would just have to suffer until some time later.

Bill's social worker came and watched:

...as I got the piss beat out of me...the social worker laughed.

As noted earlier intervention came not because of the Department's response to the child's complaints but through other avenues. Gayle described the ending of her placement at the U.'s as follows:

I knew somebody would have to believe us, which was when we started going to school. We saw our brothers and we started telling them what was going...And finally our brothers, they started telling their foster mother...a couple of times she would phone Mrs U. and ask if the kids could come over to the farm for a while and so we would go over there. At first we were really quiet about what was going on but afterwards we opened up and told Mrs F... And then afterwards...sure enough they told us we were leaving. Boy, was that ever a good day; boy, it was a great day. I think it was because of Mrs F.

Gayle and her two brothers were moved to the F. foster home where they lived with their other brothers until adulthood.

## Sexual Abuse

Eleven young women reported sexual abuse: eight severe or long term sexual abuse and three others less serious incidents. All occurred within the context of other inappropriate care. Five involved sexual intercourse, two were one-time incidences which could accurately be called rape while three occurred over many years. The two who were raped became pregnant. Two were victimized sexually in two different homes.

In nine of these eleven cases the young woman interviewed was apparently not the only girl in the home who was sexually abused. In six of these nine cases the other girls were unrelated foster children; two of these six were in the same home. In the other three cases, the sexually abused children were their biological sisters closest in age to them. One of these siblings was in the study population but not interviewed. The young woman who would not discuss her abuse was in one of these homes.[2]

Most of the perpetrators were foster fathers. There were three exceptions. One of the girls who was sexually abused for a year in one home was subsequently moved into a home where the foster parents' natural son was having sexual relations with all the foster girls in the home. Both the son and the foster girls were teenagers. Two others were abused by the foster parents' natural children, who were ten years older. One was a woman, the only female perpetrator in the study, and one a man. In addition, two other young women spoke of sexual harassment by the natural sons of the foster



parents. These were relatively minor incidents and occurred between teenagers, but the young women spoke of them as offensive particularly because these teenage boys were imitating their fathers.

Only one of these perpetrators was charged and convicted and one foster home was 'closed' as a direct result of the abuse complaints. These two cases were the only two cases, mentioned earlier, where the file clearly indicated the children were replaced because of ill treatment. In both these cases the girls themselves left the homes, initiated police involvement and refused to return.

In the files nine other potential sexual abuse cases were mentioned. Five of these were interviewed but only one of these, a young man, discussed his post-care sexual exploitation. The others made no mention of sexual abuse. Five of these nine were male. It is worth noting as well that Elsie, one of the women interviewed as part of the pilot study was sexually abused, including intercourse, for many years, as was her older sister who, although part of the study population and one of these nine file cases, was not interviewed.

The frequency of sexual abuse was systematically documented in the 1984 SEXUAL OFFENCES AGAINST CHILDREN: REPORT OF THE COMMITTEE ON SEXUAL OFFENCES AGAINST CHILDREN AND YOUTH VOLUME I (Canada). 'The Badgley Report', as this report is more commonly called, found approximately 40% of females and 11% of males had been sexually assaulted by the time they were 21 years old (180-183). This is a higher figure than the 25% for females and six per cent for males (including pre- and post-care sexual abuse) reported in this

study. However, the two samples are not comparable because the question asked of the respondents in this study was more narrow in scope than the question in the Badgley National Population Survey. In the Badgley study the question was of any sexual assault at any time by anybody, while in this study the question was only about (sexual) abuse by caregivers. For females the percentage reporting sexual abuse from caregivers in this study appears to be higher than would be consistent with The Badgley Report figures where only 5.5% of assaults were committed by 'caregivers' as opposed to others such as strangers, acquaintances and biological relatives (217). For males the opposite appears likely as none of the young men in this study reported in-care abuse.

For seven of the 25 interviewees who described themselves as abused, sexual abuse could be seen as the primary abuse. All seven mentioned other forms of mistreatment. The additional problems mentioned were:

long term physical abuse.....3,  
 excessive use of corporal punishment...1,  
 severe work exploitation.....2,  
 inequitable work distribution.....2,  
 neglect.....2,  
 social isolation.....3,  
 treated worse than foster parent's children.....6,  
 meals unpleasant.....1, and  
 lack of acceptance.....2.

#### Case Examples

Elaine was nine when she moved into the Q. family along with an older sister and two younger siblings. This was her

fourth home in two years. During the first year the family lived in the city. After that:

They bought a farm and moved out. And then it started happening. My foster Dad would come in in the middle of the night around midnight and...he would try to stick his hands underneath the covers and we would be really scared...me and my sister would distract him when he would go to the younger ones...

One thing that bothered me was that when we would yell at him and we would scream loud and would flick on the light and my foster mother would never come and she just slept in the next room...We used to set up traps and she wouldn't hear us...

Interviewer: Aside from setting up these traps, did you try to tell her?

Elaine: Umhum and she wouldn't believe me. She just kind of shrugged it off.

Siblings were also abused and used to force compliance.

Elaine: ...one night, he chases us to bed, the younger ones, and my Mom wasn't home. And my older sister stayed up late with him, she wanted to watch TV and he said 'Sure'. And she told me that he gave her a bottle of beer...he tried to have sexual intercourse with her and she said she had to push him off and fight her way. I remember her coming upstairs and she was crying. I don't know whether he did or not.

But I remember one time we went to the doctor...there was something wrong...with her vagina...I wasn't allowed to go into the doctor's office and my foster Mom told my sister to never tell me. She never did tell me what was the matter down there.

Gail: I was scared to tell anybody...if I did something wrong that my Dad didn't like, it was [my younger brother] he took it out on.

And the sons imitated the fathers:

Elaine: They had a son who would be between me and my older sister and him too, he was very...sexually active...he used to try...and lure us into the bedroom and show us his penis and whatnot. I found him to be a very dirty little guy.

Sexual abuse was only one of the ways in which their care was abusive or inappropriate. Elaine described in some detail both physical abuse including bruises to all of the siblings in the Q. home and neglect which included inequitable treatment with the foster parent's own children, lack of attention to their care, lack of privacy, lack of cleanliness and poor clothing. Perhaps the best description of the Q.'s attitude towards these foster children is Elaine's description of their meals:

...the family would eat first and they would leave us upstairs or playing outside and when they were done eating...they would call us. And then we would sit down and eat separately from them. Even when company came we were always the last to eat. And they would pack our plates like...they would mush it, like pig slop in other words, you could call it...And their friends and cousins would stand around and look at us and say 'Oh, you are kidding, they are going to eat all that'...Just advertising us like little piglets...like we were aliens or something.

The way in which the young women reacted to the abuse can be seen in two ways: the private and the public. First, it is fair to say that they did not turn to each other for assistance. Elaine and her sister did react together in defence of their younger siblings, but not of themselves. None of the others sought assistance or even solace from each other and this perhaps can be understood because of the dynamics created by the perpetrators.

Elsie: ...when we moved out of there we started talking about this, we found out that he had given us both threatenings. Like I knew that he gave me threatenings that if I ever told anybody he would give me a licking that I would never forget,

he said that he would even cripple me...I found out he said the same thing to my sister. So we didn't tell anybody.

Their other private reactions were acceptance of the situation, adaptation, and suffering.

Elaine: I was really ashamed and I thought 'am I bringing this on by wearing shorts', like I was young. On hot summer days...I'd end up wearing heavy turtle-neck sweaters, cover my arms, and pants all the time. And my foster Mother used to yell at me and...drag me upstairs and give me heck and a spank for not wearing summer clothes. But I was too scared.

Rita: [I was] scared. Scared whenever he was near. You would just hide or go away or something like that.

Most made no early public attempts at disclosure. Unless the child had support in addition to their social workers, disclosure seemed to lead to increased jeopardy. At age 13 Averall reported the abuse to her social worker who told the foster mother who:

Averall: Yeah, she just beat me up really badly.

Interviewer: ...what do you mean?

A: Well, she pulled my hair and she punched me and she kicked me...

I: Did anything change after that?

A: No...She told me that I shouldn't say things to the social worker, things about her son.

Elaine: One year I just got fed up with it and I said no more. I got my younger brother and sister dressed and I snuck into the house and I stole money from her purse. I think three dollars at the most. I brought the best clothes we had and I changed in the bushes and washed up the kids. And we ran away.

They were picked up by the police with whom Elaine discussed the situation. The foster home was 'closed'.

## Exploitation

Nineteen of the interviewees reported exploitation as a quality of care issue and it was, next to physical abuse, the most frequent complaint. In all, six of the interviewees felt they were severely exploited and 13 described inequitable work distribution. Like physical abuse, exploitation cut across race and gender lines.

Work abuse or exploitation as described by the young people in this study meant that they worked FOR the family and not WITH the family. Except for the extreme cases the amount of work was not particularly relevant to the sense of exploitation. What was relevant was the way the work was shared by family members and the familial response to the work. For example, Henry who was expected to work on the family farm felt his treatment was equitable and commented:

If I wanted to work out on the field,  
they gave me the same wages as a hired  
man supposed to get.

Jason on the other hand who worked on both the family farm and hired out with the family felt he was exploited because he didn't get paid although the family did, and because the demands on him were inequitable and excessive.

This is not to say that these young people failed to see the merits of learning and working.

Jason: I did like it out on the farm  
because of the experience and the work.  
I like to learn stuff and I still do like  
it but I mean, there is a limit.

As with the other forms of abuse, exploitation usually occurred within an atmosphere which devalued the child as an

individual and in conjunction with other forms of mistreatment. While exploitation appeared to be the least damaging to the young people as adults, it left a legacy of doubt and these careleavers had no sustaining or very poor relationships with these foster families.

Saskatchewan's foster care program grew out of free and waged homes as discussed in Chapter Two. The lingering attitude was summed up in this 1978 case recording.

[The foster father] clearly felt that if the boys were not contributing to the farming operation in terms of their labour that they were not welcome because it would not be financially feasible to keep them. He felt that since foster home rates do not adequately cover their financial needs that the boys should be expected to contribute towards the farm operation with their labour to cover the remainder of the cost.

#### Case Examples

Lori came into care with three older brothers when she was seven because of the marital difficulties of her mother. After two short placements she was moved to the S. family where she stayed for over five years. In this home she was exploited and physically abused.

I had all the responsibility for milking the cows, manuring the barns, cleaning the pigs, feeding the chickens, cleaning the chicken barn, cleaning her house. I had to separate her milk...I was up really early every morning before school to do it...As soon as I came home from school I would change and I would be out and doing chores. She would take me to the barn and pull down my pants and give me a whipping.

She believed in using the cow whip...I would say for sure once a month I got a licking.

I never went anywhere, I always stayed home with them. Whenever I went visiting I had to sit beside her, I wasn't allowed to move.

I was scared to the point, well, she had me scared to the point where if I ever said anything I would really get it so I never said anything.

The placement ended when the family moved from the farm into a local community and presumably did not need her labour anymore.

A worker came to see me to tell me that I was leaving and then she left me there long enough for them to pack my clothes and bath me and everything. I got another licking before I left to tell me that if I ever said anything I would be in a lot of trouble and I left...

Interviewer: Did you ever tell anybody?  
Lori: No....

#### (NOT ABUSE JUST) INADEQUATE CARE

#### Introduction

In addition to the 25 young people who reported in-care abuse, 29 others or another 32% defined aspects of their care as inappropriate. Table Two below gives a breakdown of these poor care observations. This is a mixed collection of poor foster home care and what can be seen as some sort of failure on the part of social work services. Some of this material has already been discussed in the abuse section.



TABLE TWO: INAPPROPRIATE CARE OBSERVATIONS

Type of Mistreatment	Gender		Total	Percentage Reporting	Also Observed by Abused	Totals	Percentage Reporting
	Female	Male					
Excessive Corporeal or Inappropriate Punishment:	1	4	5	7.6%	2	7	7.7%
Inequitable Workload:	3	6	9	13.6%	5	14	15.4%
Lack of Acceptance or Poor Emotional Care:	5	5	10	15.2%	9	19	20.9%
Treated Worse than Foster Parents' Own Children:	4	7	11	16.7%	16	27	29.7%
Other Mistreatment* in Foster Homes:	5	7	12	18.2%	10	22	24.2%
Excessive Movement:	3	6	9	13.6%	4	13	14.3%
Failure of Social Work Services**:	<u>1</u>	<u>4</u>	<u>5</u>	<u>7.6%</u>	<u>11</u>	<u>16</u>	<u>17.6%</u>
Total Observations:	22	39	61	---	57	118	---
Total Observers:	12	17	29	43.9%	22	51	56%
Possible Observers:	29	37	66	---	25	91	---

Notes: In the first half of the table the 'Possible Observers' are all those who did not report abuse, i.e. (91 - 25 = 66). The inappropriate care observations by those reporting abuse are listed and totalled in the second half of the table.

\*Other mistreatment includes: overcrowding in the homes, problems with food or meals, social isolation, prohibition of Cree in the foster home, being locked up for a lengthy period, and alcoholic foster parents.

\*\*These failures include: no or inappropriate intervention in relation to identified abuse or mistreatment, inappropriate placement in residential facilities and, in one case, a return to parents, and ineffective intervention for presenting problems (as mentioned by the interviewees.)

As with the definition of abuse, that of inappropriate care was primarily the outcome of issues raised by the young people. In the present case, however, the collation of data was handled differently as no direct 'inappropriate care'

question was asked, although in discussing quality of care specific questions were asked about type of discipline, equity of treatment and emotional acceptance (See Appendix D for Interview Schedules). This information was extracted from the care history which formed the initial part of the interview by a content analysis process. The resulting data have been combined along with other applicable material from the whole interview to form the statistical and narrative material in this section.

#### Poor Quality Foster Home Care

In comparison to the abuse already described, the following observations relate to considerably less serious aspects of inadequate foster home care. Yet they are important because they demonstrate, albeit in less onerous ways, the carelessness with which these children were treated. To begin, the process of placement was described by a few as problematic.

#### The Placement Process

Tim was apprehended when he was eleven, along with his two siblings, from a single father who was alcoholic and neglectful. They were apprehended around eleven at night after returning home from a ball game, and taken to a

temporary foster home. He described what happened next.

They musta thought we were going to run away or something, I don't know. Cause my little sister...She had to go to the bathroom and she couldn't get upstairs. I was pretty mad about it but I couldn't do nothing...They had locked the door on us. They had a whole bunch of kids staying there...I don't know why they locked it...I wasn't going to run away and she couldn't go to the bathroom.

Henry described a replacement when he was eleven.

When I went to T.'s there, they just took me and dropped me off there. I didn't know their names or nothing, they just drove off...told me to knock on the door and walk in. I felt angry and mean and scared...

#### Neglect in Foster Homes

Mitchell's care was problematic in a number of ways. He was apprehended along with seven siblings from an extremely physically abusive family. Despite this he and his siblings were returned home four times before he was retained in care. Whether the abuse was known or not is unclear but it was never cited as a reason for admission. Nor did Mitchell (or any of the other interviewees) receive any assistance in understanding his abusive history.

All they said was, they were taking me away so that my Mom and Dad could work out their problems...so that we wouldn't put pressure on them. That was all they said...I was confused...I used to blame myself for being a bad kid...I grew up being scared actually.

These admissions meant that between the ages of three and ten, a year after the final reception into care, he had seven placements plus four times at home before arriving at the T.

home where he stayed for six years. About this period of movement he said:

'I was being shipped to foster home to foster home to foster home. And the ones I liked, they never shipped me back there. They just gave me somebody new. It was okay but sometimes it wasn't okay because I would be in a place where I didn't like it...And I would tell them that I didn't like it...And I said 'Could I go to a different foster home' and they said 'Give it a few more months.' And by that time, I wouldn't listen to them, I wouldn't do my work, I wouldn't do anything.

Mitchell's long-term placement at T.'s was acceptable; Mrs T. was alcoholic and this occasionally created problems. It is clear however that no real emotional attachment formed in the six years he lived there and the placement precipitously broke down over different events for both Mitchell and his older brother when they were each 16. Mitchell described his departure.

Mrs T. accused me of molesting her grandchild and like at that age, I was 16, and I wanted out of there. Already I was getting into trouble while I was there and I thought this would be an easy way to get out. So I pleaded guilty...

The lack of emotional commitment or attachment was most clearly expressed by Stephanie and was reflected in her case records. Stephanie lived with the M. family from the time she was 9 to age 16. She described the placement as good. At interview she said about the M.s:

Well, I don't know I just think that I don't really feel I am theirs or whatever...They were just there to look after me and that was really about it....

Others also spoke of this emotional lack although from

varying perspectives.

Doreen: You couldn't do anything good, nothing was done good. And in front of people she acted differently too; like when people would come around she would act altogether different towards you. When nobody was around she would be snapping and laying into you all the time...I don't know how to describe it, it was almost as if she was jealous.

Waldo: When I made mistakes, they would tell me how I couldn't do anything right and how stupid it was to do that and stuff like that. They would lay that kind of trip on me. Most of the time I was no good...They would talk about their own family and how it was but they would never include me in it.

#### Excessive and Inappropriate Punishment

These young people quoted above were speaking about long-term placements, as are Duncan and Ingrid quoted below who were in the same home. Mrs I.'s approach to the care and control of the many children in her home was unusual. These quotes raise the issue of excessive corporal punishment which Duncan describes at the beginning of the quote. Inappropriate punishment as opposed to excessive corporal punishment was seen as unsuitable punishment, which he describes at the end. Duncan and Ingrid both came into care from adoptive homes. Neither considered themselves abused in care but both felt their care was less than satisfactory.

Duncan: Well, when I first went there I got a licking almost every day with a belt. And after...you would have to do all the chores, you would have to wash dishes and dry dishes by yourself and clean up all the house. And you wouldn't be able to go outside, you would be

grounded. That one time, one time I was, she made me walk up and down, everybody was sitting in the living room, and she made me take off all my clothes and walk up and down. Everybody was sitting there laughing.

Interviewer: How old were you?

Duncan: Eleven or twelve...I didn't like it, I didn't like it. I started to hate her after that.

Ingrid described other aspects of the home.

I wasn't living in a normal situation. I was living with other kids, runaways, children from different backgrounds...she had bars on the windows...Another thing she had no dial on the phone so if you ever had to make a phone call you would have to use the phone in her bedroom...

### Social Isolation

Isolation or social deprivation as an issue was also mentioned by the interviewees and appeared in conjunction with other quality of care issues, either abuse or inappropriate care. Some commented about work exploitation versus participation in normal recreational activities (see Kadushin, 1980, 168). Alice and Edith also experienced active prohibition of participation in activities outside the foster home.

Edith: We were never allowed out of the house, we went to school and came home. We never had friends over...we never went to the store...Like I remember when holidays came at school, everyone else was glad because school was out, I wasn't because I had to stay at home.

Alice: I found it very hard to make friends. Like I would talk to people in the hallways (at school) but we couldn't,

it was kind of like a rule, we couldn't bring friends home...And if you were talking on the phone: if you were talking to a guy you were called a slut and if you were talking to one of your friends you might be scheming to run away.

## Mismanagement -- Failures of the Department

### Introduction

In addition to comments about the quality of foster home care, the interviewees spoke about institutional or organizational aspects of their care. These observations varied considerably and are grouped below under three headings: ineffective intervention, inappropriate residential placements, and placement instability. The discussions about ineffective intervention and inappropriate residential care are short because only a few of the interviewees commented on these issues (see Table Two).

### Ineffective Intervention

Ineffective intervention in this discussion specifically refers to the apparent inability of the Department to accurately assess, diagnose and therefore treat difficulties the child had experienced. This ineffective intervention is parallel to the lack of intervention with abuse or mistreatment in foster homes but here refers to failure to

identify pre-care parental abuse. These children, of whom Mitchell (discussed above) is an example, frequently had unstable placement histories which exacerbated their pre-care difficulties. The lack of accurate initial assessment of abuse and its impact on the child limited both the appropriateness and the usefulness of the child care services which the child received.

Mike was interviewed in a federal prison where his younger brother (not in the study population) was also incarcerated. His opening statements certainly summarized the circumstances.

...it wasn't too bad but they couldn't keep hold of me...cause I was more of a street person...I was about ten when I first became a foster child...my Dad was an alcoholic and never looked after us. And I took to the streets when I was eight,...Well, I never started partying until later on, but just getting into trouble with the law...I just really couldn't cooperate with them.

As with Mitchell's file there is no indication of pre-care abuse but when asked Mike replied:

Yeah, that is how I became a fighter...Well, my Dad used to always hit us...I don't trust people...I don't care for the system. I am the type of person that don't care about nothing.

Others too spoke of the lack of adequate attention and treatment to the abuse suffered in the past. Gabriel sought help as an adolescent but significantly not from the Department of Social Services.

One thing though, I did feel that I had a problem with the child abuse that had



gone on for me. I had the feeling in me to abuse other children...it was something I couldn't control...so I went to the mental health place...just to talk to somebody about it...it was so stupid because I talked to this man and he said: 'Oh, you are fine'...nevertheless I still had a problem.

This is echoed by Mitchell.

When I am mad at the world or mad at myself or mad at anything that gets near me and when I am in that mood I don't know, I don't see life, all I see is just anger. Sometimes I scare myself, I scare myself bad because I see red wherever I look...I pray that I will never ever be like my father...

#### Inappropriate Residential Placements

At the opposite end were those children who were not 'street wise' but were placed in the same institutions as children like Mike.

Patrick: Well, when I was going through the whole thing, the thing that I always thought was the worst thing that Social Services ever did to me was to send me to places where they had lots of kids: Dales House, Ranch Ehrlo, the Boy's Centre. I learned too many things I don't think I would have learned if I would have been in a foster home...I might be somewhere else doing something better if I wouldn't of been in there.

Gabrial was very descriptive about her experience and, unlike the young men, did not remain in the delinquent world. She had been admitted to care, because of parental abuse.

So my social worker took me there and she said to the administration and staff, 'She doesn't need to go downstairs, she has done nothing.' I had done nothing to

deserve being punished...And what they did as soon as she left, they put me down in holding...I didn't have any idea of why they were doing it or why they would lock me up for a day in one of those rooms...They treat you exactly like going to jail...I met a lot of kids who had been on the street for most of their lives and I picked up a lot of things from them. You know, the smoking, the drinking and the drugs...and how to be tough...and shoplifting.

### Placement Instability

Eleven interviewees had very unstable placement histories, that is, they had 14 or more placements. Seven of these eleven specifically noted their placement instability as problematic. This discussion presents comments from the interviewees, about the impact of instability. (Six others who were more stable in-care complained about the placement changes they experienced but spoke about a particular move which was disruptive or they viewed as inappropriate rather than placement change itself.)

Seven of these eleven had been or were in prison by the time they were interviewed and another two were marginally delinquent. At discharge they were generally seen as immature. The two most distraught interviewees were in this group; both Duncan and Waldo spoke of not belonging, though from slightly different perspectives.

Duncan: Should have left me where I was, should have left me. Screw a person up because then you have no sense of direction, no sense of belonging...The way I was I grew up feeling unwanted and unloved. If I had stayed with my family

it would have been different, that's the way I feel. I would have been a different person...it built up a lot of resentment inside me....

Waldo: See, one thing I really would have liked, see I went from all those foster homes to the farm and the foster homes were telling me what was right and their way of life and then I get to the farm and they taught me their way of life and what was right and wrong and all that. And then I moved to the N.s and they said [the farm] was wrong...I don't know, I just get so mixed up all the time about what I should believe in because like which of those things out of the past are right. It really bugs me....

Others had these observations:

Patrick: ...they could have done a better job in finding me a secure place where I was going to be going and staying, not all these little spots in Saskatchewan. That took a lot out of me, going into all those foster homes.

Cody: I was in quite a few foster homes. A fair number of them were understanding but this one, after that I just sort of kept to myself whenever I went to a foster home. Just like doing time.

George had 19 placements to age 18 and was largely independent from age 15 when he began to organize his own living arrangements, with the comment:

And I said to Social Services, you guys just forget it, you don't know how to take care of people. I can do better myself.

Tracy, the only woman with a very unstable placement history to be interviewed, was succinct in her comments about her care experience. She described her current feelings as:

All screwed up...I am pretty mixed up and I don't know where to turn. And there is nobody to talk to....

## SOCIAL WORK SERVICES

The young people who were interviewed were asked about the role which the Department's social workers played in their lives. The accessibility of social workers also came up in response to the more general questions about who they turned to for support at various points in their lives. In addition, those who were abused in care were queried about the response of social workers to reported abuse.

TABLE THREE: THE ROLE OF SOCIAL WORKERS

	Number Reporting	Totals	Percentage
No Role	34	34	39.5%
Unhelpful:			
Moneybroker	7		
Replacement Agent Only	9	16	18.6%
Active Positive Role	9		
Specific Assistance:			
During Adolescence	14		
Education/Employment	5	36	41.9%
Link to Biological Family	3		
Other: unspecified	5		
		=====	=====
		N=86	100%

The responses to the question 'What role, if any, did social workers play in your life?' were mixed and are given in Table Three. Forty-two percent saw the social workers as a positive factor in their lives while the remaining majority said the social workers were not important or were not helpful. In more general discussion about social work

services only 19 reported they had access to their social workers and saw their social workers as genuinely interested in them. Fifteen of these used these services as given in Table Three; four did not and are in the 'no role' category. In addition, three of those who said the social worker played no role in their lives reported receiving some specific service, two a link to their biological family and one help with education.

The reasons given for lack of social work intervention or support are given in Table Four. In twelve cases the apparent poor quality of social work services to the child can be seen as related to the relationship between the foster parents and the social worker. In six cases the young people specifically cited active foster parent prevention of social work contact. This was accomplished by the use of threats:

Tracy: No, we didn't talk to (social workers) because Mr. M. before they came out said that if we said anything we would get a beating after they left...

Or by deceit:

Gail: '[the social workers] were around but when they were around the family put on a front that nothing was wrong...They would act that they were a loving caring family.

In another six cases, as shown in Table Four, the young person felt the social worker represented the foster parent's interests and not theirs.

Interviewer: [After some discussion] So you feel that the social workers were really not there for you?

Nancy: No, not really, not for me but for [the foster mother] they were.

In all these twelve cases the young people described inappropriate or abusive care.

TABLE FOUR: IMPEDIMENTS TO SOCIAL WORK SERVICES

	Number Reporting
Social Worker Seen as:	
Not Interested	19
Not Available	8
Not Helpful: Generally	10
Re: Biologically family	11
Gave Inaccurate Information:	
About Services	4
About Biological Family	3
Too Busy	2
Agent of Foster Parents	6
Child Prevented Access by Foster Parents	6
Social Worker Turnover	7

Note: Two answers possible. N=60

But more frequently, from the young people's point of view, it was the lack of interest and the absence or poor quality of the social work service itself which was the apparent problem. Some of these responses were presented in previous sections. These included: disbelief by the social worker, lack of response to the circumstances, and in some instances the condoning of what the young person felt was inappropriate or abusive treatment.

As with discharge services, location was significantly related to the receipt of social work services. Those young people whose files were located in Regina were more likely to cite 'no role' or less likely to ascribe a positive role for the social worker than those from other locations

(Chi-sq=14.11, P<.001, df=2). Gender and race were not significantly related to receipt of social work services.

For those young people whose care was stable and unproblematic the issue of social work service is less critical and further could be defined as adequate (since good quality care was provided) whatever role or function the young people themselves ascribed to the social worker. However, for those who were abused in care, whose care was very unstable or in other ways very inappropriate, and who moved into independence early without the continuing support of a foster or biological family, the issue of social work services may be seen as more important. When these "service-need" factors were combined into a three-point social

TABLE FIVE: LEVEL OF SOCIAL WORK SERVICE NEEDS COMPARED WITH SERVICE RECEIVED

Social Work Services Received:	Social Work Service Needs:			Totals
	Low	Medium	High	
None	20	4	10	34
Negative Role	4	5	8	17
Positive Role	17	7	12	36
	====	====	====	====
	41	16	30	N=87

(Chi-sq=5.6, P=.24, df=4)

work services need scale of high, medium and low [4] and compared with the young people's definition of social work services received, the results, shown in Table Five, indicated those children and adolescents who most needed

social work services were no more likely to receive them than those whose social work service needs were low.

Given the high levels of abuse and poor treatment in care, the apparent lack of intervention when abuse was identified and the high percentage of medium- and high- risk children who reported receiving poor or no social work services, it seems fair to say that the social work staff of the Department of Social Services did not function adequately to assure good quality care for all the children.

#### DISCRIMINATION IN THE COMMUNITY AND HOMES

##### Introduction

A discussion about the quality of care for this group of children in care would not be complete without presenting the experience of discrimination. Discrimination occurred from two directions, as foster children and as children of Native ancestry. Some of these children were discriminated against in the communities in which they lived, in the schools they attended and in the foster homes in which they lived. To quote Teresa who was molested, her foster father said:

'You are not my own child so I can do what I want with you.'

Or in the reverse: when asked whether some of his school difficulties were a consequence of discrimination because he was of Native ancestry, Patrick replied:

Not when I was at T.s. No, when I was in T.s I was more respected. They were richer.



Material for this discussion is drawn from two sources: the files and the interviews. The Native experience is discussed first, followed by a discussion about discrimination experienced by foster children.

## The Native Experience

### Introduction

In Chapter Two the Department's response to the large number of Native children in their care was described. There was no evidence the Department had developed any systematic approach -- other than AIM, the special adoption program -- for dealing with the Native children in their care. During the time of this study, there was no systematic recruitment of Native foster parents nor were educational programs developed to assist caregivers in caring for Native children.

Yet, tentative though the evidence is, the narrative material which follows indicates Native children experienced some discrimination both in their foster home and the communities in which they lived; it also shows the caregivers' attempts to grapple with the issues of prejudice and discrimination which they faced in providing foster care to Native children. At least 20% of the files of children of Native ancestry contained negative and discriminatory comments either about community attitudes or the attitudes of foster parents towards Natives. Presented here is a small sampling of those comments.

## Case Examples

Esther and Dixie, sisters, were placed with the M.s when they nine and ten and stayed eight and six years respectively. In a 1982 recording the worker wrote:

It would seem they have quite a prejudice attitude toward native people and this is shown by saying things like, Esther is quite pretty she doesn't look like an Indian and doesn't act like an Indian...(sic)

Dixie described this home as physically abusive.

Appearance was not the only aspect commented upon.

A problem area in the placement is the B.'s attitude towards native people. During a home visit, Mr B. said he felt that native people have certain "traits", e.g. laziness in their blood (File recording 1975).

They felt that Zacharey had it in his blood to be bad and they were not prepared to cope with him (File recording 1977).

Adolescence was also a problem and the issue of sexuality was often the focus.

Mrs C. is very obviously prejudiced. (i.e.: She thinks Indians are oversexed) This attitude coupled with Travis' interest in his native heritage will surely make this placement uncertain (File recording 1978).

The files also contained notations about the community's attitude towards Natives and the positive way in which foster parents reacted to these circumstances.

Mrs I. related an incident where Chad

came running home in tears because some older children had call him a "dirty Indian". Mrs I. consoled him by telling of the proud heritage of his Indian ancestry (File recording 1973).

The pressures came from both Natives and non-Natives.

...one of the neighbours from [the] Reserve came up to Gerard and told him that seeing he was Indian why didn't he come and live out on the Reserve...some of the native children from the Reserve that attended [his] School were bugging him about living in a white home (File recording 1980).

Mr D. didn't look at the baby and immediately went into the other room and discussed with the worker his feelings about taking another Metis child into his home. They already have two Metis boys ...Apparently last summer one of the neighbours classed them as the Indian family and he did not want this feeling in the neighbourhood which is very understandable...he thought perhaps if they had a white child it would balance the family better (File recording 1966).

These young people were sometimes caught in the crossfire between the Native community and the Department of Social Services at an organizational level.

In December, 1979, Guy was unexpectedly removed from the Bosco Home program due to pressures from the Metis Friendship Centre...and subsequently placed with a Metis family...Gus's absence from the program also appeared to create a greater conflict and feeling of being torn or divided between the Bosco Home program, which became identified as white man's ways, and his own people or native identity (1981 summary report).

In total 29 of the 53 (54.7%) interviewees of Native ancestry described experiencing discrimination either in the foster homes and/or in the community. The experience of

discrimination was significantly related to the appearance of being of Native ancestry ( $\chi^2=15.2, P<.001, df=2$ ), a question answered by the interviewers (see Appendix D, Post Interview Questionnaire).[5] Ten of these 53 or 20% felt they experienced discrimination, including abuse, in the foster home because they were of Native ancestry.

Some quality-of-care issues were raised primarily by or in relation to the young people of Native ancestry. Food, as has already been noted, was one of these, and appearance or clothing another. A 1973 file comment read

Mrs F....stated that she always tries to dress the children very neatly and clean -- so they will not be referred to as "dirty little Indians". Mrs F. appears to be very conscious of the fact that the children are Indian and is not very accepting of it.

But improper clothing was more frequently the issue. Where complaints about inadequate clothing were received from the community, they were always about Native children.

Some of the children of Native ancestry clearly did have difficulty coping with being reared in white homes. These dilemmas were noted in the files; they were also discussed in the interviews. Coping with prejudice was one difficulty.

Mrs O. said Leah's problems in [a boarding school] and the reason she ran away was because two girls harassed her because she was Indian. She said Leah had never learned to cope with that problem (File recording 1982).

The childrens' responses to the prejudice and dilemmas raised were denial and identity confusion.

[He] is embarrassed about being Indian; he didn't want to wear shorts...as everyone will see how brown his skin is (File recording 1975).

She is not pre-occupied with her Indian Status; she likes to think of herself as being white (File report 1974).

In the interviews most young people seemed to have resolved these issues.

Chad: [re dealing with prejudice] It doesn't get me down; it doesn't depress me.

Niels: I am on the board of [a local Metis organization]...I am not like some people kind of ashamed, like my sisters are.

Resolving them, however, did take some time and work on the part of these young people.

Louise: ...my sister...her common-law is Native and I met his family and they are Indians. I was scared...I was always scared to go on a reservation, the first time we went down...to see my brother, I was scared because I seen so many Indians around, it scared me...I want to learn more. I am proud to be an Indian.

But some, particularly the Metis young men, continued to experience confusion and displacement:

Duncan: I look at the Indians, I look at how they live and everything and I don't want that. I know for sure I don't want to live that way. I just don't know what to do...I felt like I was caught between two societies. I didn't belong in an Indian society and I was rejected by the white society. The Indian people rejected me because I was an "apple"...Indian on the outside, dark coloured, physically an Indian but you act like a white person.

## The Foster Child in the Community

The question addressed here is more narrow in focus than the previous issue of discrimination against children of Native ancestry. The issue here concerns only the interviewee's preception of the response of the community to their status as foster children. It can be seen as an aspect of the quality of their care and for some impacted on their experience as a foster child.

Just under 30%, 23 of 80 who commented on the issue of discrimination in the community, said they experienced some differential treatment related to their status as a foster child. There was no statistically significant difference based on racial origin although Caucasian young people mentioned this slightly more frequently. Fourteen of these 23 were of Native ancestry and half described experiencing discrimination as both children of Native ancestry and as foster children. However, the questions were not parallel as the earlier discrimination question also related to discrimination from caregivers.

Differential treatment from the community had an impact on their sense of security and belonging and on their identity or understanding of their circumstances.

The teacher does acknowledge the fact that Patrick is somewhat of a scapegoat in...School and is often picked on for no reason. It's a well known fact he's a welfare child in the community -- this causes problems too.

Some spoke of this differential treatment.

Bea: ...it was something you hide...people really tend to frown on you if they know you are a foster kid, you are not quite up to par...welfare bum.

Niels summed it up this way:

I don't know if it was in their minds, I don't know if it was a conscious thing that I am treating you like a foster child. It is just that if you are a foster kid, you don't belong to anybody so you don't belong to me. You don't belong to me as a friend.

The careleavers in Festinger's 1983 study, who were also predominantly reared in foster homes, noted similar feelings of being 'set apart from other young people' and recommended 'a campaign that publicizes that foster children are people too' (273-5). The young people in Stein and Carey's study made similar comments (1986,36-37). The issues of racial discrimination as discussed in the previous section have not been explored in the studies about careleavers. Festinger does not comment on racial discrimination as part of the care experience and as noted in Chapter One few other studies about careleavers included minority children.

## CARE ASSESSMENTS

Towards the end of the interview the young people were asked to assess their care experience. They were asked for an overall care assessment and about the effect of being in care on their current lives. The care assessment question was: 'Taking all things together would you say your in-care experience was: good, just OK, poor or very poor?' Some of the young people whose care experience was very mixed had difficulty placing their answer. Nonetheless, as would be expected, the responses to this question were significantly related with both abuse and inappropriate care ( $R = -.5$ ;  $P < .001$  for both).

The imperfect correlation can be seen to be a result of, among other things, the different criteria used by the young people to evaluate their experience. This was evident from the comments in response to this question. The factors can be seen to fall along a continuum like Maslow's hierarchy of needs, as described in MOTIVATION AND PERSONALITY, from physiological or safety needs, to belonging and love and finally, to esteem and self-actualization (1970, 36-46). For example, Cody's care was very unstable, abusive and in other ways inappropriate. He rated his care as 'Just OK' based on the premise that 'It kept me alive at certain points' or physiological needs, while Nancy, whose care was neither unstable nor abusive, gave a similar rating based on the issues of esteem and self-actualization, as she felt devalued in her long term foster home.



TABLE SIX: CARE ASSESSMENT

Rating	Number and Percentage	
Good	51	57%
Just OK	30	33%
Poor	6	7%
Very Poor	3	3%
Total: 90		100%

As Table Six above shows, the majority of the young people's assessment of their care was good although this seemed to reflect their low expectations as much as the quality of service. The nine who rated their care as poor or very poor were abused in care but so were six young people who rated their care as good. Thirty-one of the young people who rated their care as good were neither abused nor described aspects of their care in any way as inappropriate. These 31 young people were clearly more positive about their care experience than others in the study although two of these 31 felt being in care had had a negative effect on their current lives (a question examined below) because of the loss of biological family connections.

The 31 young people who described their care as in all ways appropriate and rated their care as good had, on average, fewer placements than the whole study population, 5.6 placements compared to 9.7. Twenty-eight of this group had long lasting foster family placements which were characterized by acceptance and fairness, as well as an absence of the adverse conditions already discussed. These

qualities are reflected in the comment these young people made about their 'parents'.

Natasha: I have always felt loved. I was never afraid, you know, when...Mom was mad that she would send me away...

James: I really feel like I was adopted, that is my home! Those are my parents(that is what I call them)!...Mom told me once too we were like her own kids and Dad used to tell me that lots.

Mark: They treated me like any other brother, they treated me all equally... You wouldn't even know that I was an Indian or not because they just treated me all the same, there was no favouritism.

Other qualities considered important by these young people were tolerance or a lack of rigidity, patience, openness and an acceptance of their biological family, if this was desired. The issue of kinship, regarding both relationships with foster families and with biological families, is discussed at length in Chapter Seven.

A second assessment question asked was: 'How do you feel being in care has effected your current life?' The answers are given below in Table Seven. It appeared from the young peoples' comments that the answer to this question was related to their pre-care circumstances, the overall quality of their care and their current circumstances. The factors which were significantly related to the young people's judgement regarding the effect of being in care were 'Outcome' which is defined in the next chapter ( $\chi^2=23.54$ ,  $P<.001$ ,  $df=2$ ); placement instability ( $\chi^2=6.71$ ,  $P<.02$ ,  $df=6$ ); pre-18 independence ( $\chi^2=6.16$ ,  $P<.05$ ,  $df=2$ ); and inappropriate care ( $\chi^2=8.42$ ,  $P<.02$ ,  $df=2$ ). [6] In-care abuse and

the care assessment, as shown in Table Six above, were not significantly related to the stated effects of being in-care. Race was also not significantly related to the stated effects of being in-care, but gender was ( $\text{Chi-sq}=13.88, P<.001, \text{df}=2$ ). Using multiple regression analysis with the statistically significant factors of pre-18 independence (.05), gender (-.44), number of placements (.02/placement), inappropriate care (.2), and outcome (-.09/point) 43% of the variance in the effect of being raised in care is explained.

TABLE SEVEN: THE EFFECT OF CARE ON CURRENT CIRCUMSTANCES BY GENDER

	Females(%)	Males(%)	Totals(%)
Improved their Lives:	22(55%)	8(17%)	30(35%)
Mixed or no Effect:	15(38%)	28(61%)	43(50%)
Negative Effect:	3 (8%)	10(22%)	13(15%)
	=====	=====	=====
Totals:	40(100%)	46(100%)	86(100%)

The influence of these factors was in a predictable direction; that is, those who had a stable placement history, did not cite inappropriate care conditions, did not move into independence early and whose 'Outcome' was better were more apt to say being in-care had improved their lives, or had had no effect or a mixed effect. The factor which was not so obvious was gender. As shown in Table Seven, females were more apt to say being in care had improved their lives while males were more likely to say it had a negative effect, no

effect or a mixed effect. It is difficult to know why this gender difference occurred particularly since gender was not associated with quality-of-care factors except for placement stability which could account for some of this difference. Gender was also not significantly related to 'Outcome'. At an impressionistic level it seems fair to suggest the women were more likely to say the care experience had had an influence on their personality and view of life whereas the men said they were fundamentally unaffected by the environment in which they were reared.

As Table Seven indicates, 30 of the interviewees who answered this question felt being in care had improved their lives. This improvement was to some extent a pre-care versus outcome comparison as well as a comment on the quality of care.

Nicole: I think I was raised better than I would have been if I had stayed with my Mom...I don't know this for sure but I think she drank a lot, and I think it was better.

Tim: Well, it helped me, being a foster kid, helped me learn...I wouldn't have known what to do with my life because my Dad, he was never around, he could never have taught me stuff that I learned when I was at the foster home.

#### Summary of Care Assessments

In this chapter quality-of-care issues were discussed; the focus has been on poor-quality care, particularly in-care abuse. The interviewees tended to be more positive in their overall assessment of their care and in their statements

about the impact of their care on their current lives than the descriptive aspects would indicate. Although 41% describe their care as neither abusive nor inappropriate, a higher number, 57%, assessed their care as on the whole 'good' and 85% said being in care had either improved their current lives or had had a mixed or neutral effect.

Seeing their care as a positive or neutral influence in their current lives was in part dependent on 'Outcome' ( $\chi^2=23.54, P<.001, df=2$ ) as well as various quality-of-care factors. It is tempting to speculate that this positive view of the impact of care was also a reflection of the developmental process of early adulthood. These young people were anxious to get on with their adult lives. It cannot be said that they were naive about the potential impact of the adverse circumstances they had experienced; rather their attention was focused on their current circumstances and the future, not on past problems and adversities.

Focusing on their current developmental tasks of occupation and partnerships (Bee and Mitchell, 1980; Craig, 1983; Hurlock, 1980; Levinson, 1980; Levinson et al, 1976, 1978; Rutter, 1979; Scarf, 1980; Sheehy, 1977) meant leaving behind the circumstances of the past as much as was possible and moving into productive adulthood. The vast majority of the interviewees were enthusiastic about being young adults; a few who were experiencing difficulties were distressed and confused about the impact of the past on their current life. Fewer still were angry. All were trying to establish themselves as adults whatever their level of maturity and their capacities.

## THE CARE EXPERIENCE: CLOSING REMARKS

The preceding two chapters described the care careers of 206 young people, born between January 1964 and July 1966, who were in-care in Saskatchewan for an average of 10.89 years, and a minimum of 4.75 years, and discharged from care as independent individuals. Information was collected and presented from both their child-in-care files and interviews. These were held with 91 of them when they were aged 19 to 22 and had been discharged from care for two years or more. As noted in Chapter Three, those who were interviewed were more likely to have had a stable and less traumatic care experience and it was suggested therefore 'that the poor quality of care reported by the interviewees in this study likely occurred with more frequency than is reported by this particular group of careleavers'.

The care careers described in these two chapters were marked by a higher rate of placement change and in-care abuse than has been reported in other studies about careleavers. The data measurement and collection methods used in this study may account for some of these differences.

Twenty-five or 27% of the 91 young people who were interviewed said they were abused by their caregivers while in their care. Three types of abuse -- physical, sexual and exploitation -- were identified. No definition of abuse was imposed; rather the interviewees were asked if they were abused in care and the nature of the abuse was discussed. The young people felt they were physically abused if corporal

punishment appeared to arise out of the caregivers' anxieties and was not connected to defined understandable misbehaviour. Some of the punishment which these young people described as inappropriate could also be seen as abusive care. The young women defined themselves as sexually abused if they were fondled or more intrusive behaviour occurred, including intercourse. Exploitation was seen to have occurred where the child in care worked for the family rather than with the family, and did not appear to relate particularly to the amount of work which was requested of the child. Twelve of those who described being abused were only physically abused; nine were young men. Two young women described being only sexually abused. The other eleven who were abused in care described multiple forms of abuse, occasionally in more than one foster home.

An additional twenty-nine or 32% of the interviewees described aspects of their care as inappropriate. Inappropriate care included excessive or undeserved punishment, less severe exploitation, neglect, inequitable treatment in comparison to other children and a variety of other circumstances which arose in the foster homes. Also included in the definition of inappropriate care were failures of social work services which impinged on the quality of placements -- for example, excessive movement and inappropriate residential placements. In total, 59% of the interviewees said their care was either abusive or in some way inappropriate.

The perceived presence of social work services was assessed by developing a social work service-need scale.[4]

The results indicated those children and adolescents who most needed social work services were no more likely to receive them than those whose social work service needs were low. This finding can be seen to be consistent with the discussion in the previous chapter about discharge services. While 42% of the interviewees described the social workers as having a positive role in their lives an almost equal number -- 39.5% -- described the social workers as having no role in their lives.

For those who said they were abused either prior to coming into care or while in care it was noteworthy that none of them described receiving assistance from the Department's social work staff for the abuse. This perception is supported by the reasons recorded in the files for placement change, which indicated only two instances of placement change as a result of reported foster home abuse; and in both these instances the young women went to the police first. Nor did the young people feel they received any assistance from the social work staff toward developing an understanding about the abuse, or other forms of mistreatment they had received prior to coming into care. Again, this is consistent with the rarity with which abuse was cited as an admission reason in the files.

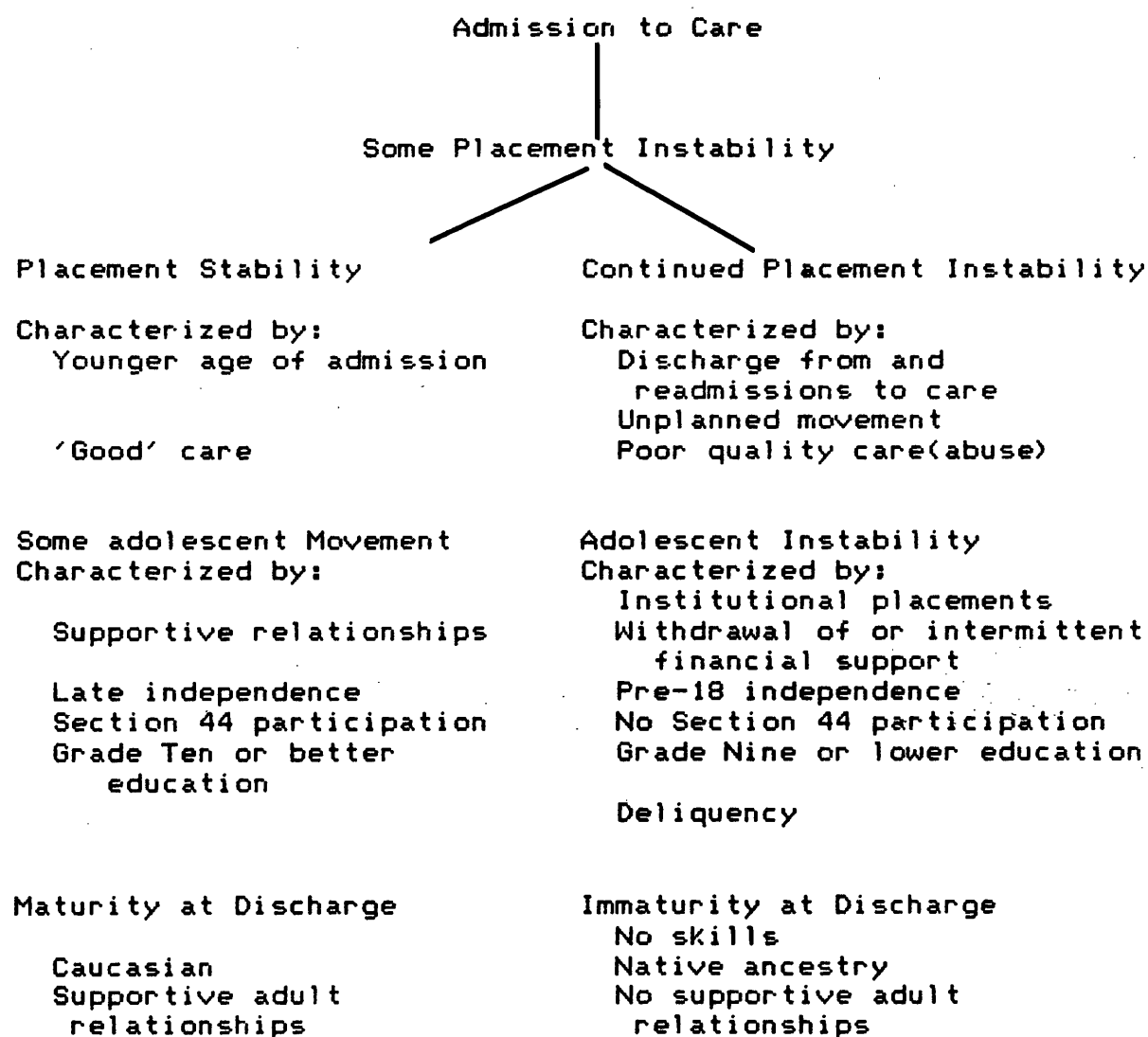
For this group of children in care there was considerable diversity in the quality of care experienced. The number of placements varied from one to 35, for a mean of 9.7 placements. Thirty-six of these young people had very stable placement histories, with three or fewer placements, while at the other extreme 45 had 14 or more placements. Similarly,



while 25 described an abusive care experience, 40 described their care as in all ways appropriate and, as noted in Table Six above, the majority felt their care was 'Good'. Educational attainment also showed a wide range from less than Grade Eight education to near completion of a first university degree at time of discharge. The pattern which emerges out of this diversity is shown in Diagram One.

DIAGRAM ONE: PATTERNS OF CARE

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The apparent reason why some of the young people in this study moved towards placement instability versus stability would seem to be complex and as Fanshel, Finch, and Grundy also suggest (1990,206) perhaps to some extent by chance or luck. What emerges is a pattern where one set of conditions builds on another set of conditions. Early age of first admission was indicative of greater stability. There are two possible interpretations of this factor. First, it is possible to conclude it was easier to place infants in secure stable foster homes, or the foster homes in which infants were placed were more likely to become secure stable foster homes. Second, it is possible that children placed as infants experienced less trauma prior to entering care and were more capable of having satisfactory loving relationships. This dynamic has been suggested by several researchers in slightly different ways. Trasler in *IN PLACE OF PARENTS* noted that if a child was admitted to care with 'a trust in the genuineness of his parents affection' (1960,230), the child was more likely to develop placement security as a result of its capacity to trust in relationships; Fanshel in *FAR FROM THE RESERVATION* noted successful adoption was related to the biological mother's lack of emotional disabilities (1972,290) and Murphy in his Montreal study *LONG TERM FOSTER CARE* noted a connection between pre-care conditions and placement requirements (see also Fanshel et al,1990). In this study the preadmission file information was too inadequate to permit such a analysis.

The number of admissions to care was indicative of long

term placement instability and this too can be seen in several ways. The number of admissions directly led to a greater number of placements because each readmission resulted in another usually different foster home placement. Also the discharges from care and return to parents may have increased the level of trauma the child suffered. Since all these children eventually remained in care this would indicate continued parental inability to provide adequate care.

Placement change also went hand in hand with in-care abuse and/or inappropriate care. The young people suggested poor-quality care made them more likely to act out to precipitate placement change. Did this placement change in turn make them more likely to be abused or to be placed in foster homes of poorer quality? Did these poorer-quality placements occur more frequently simply because these young people had more placements or because the unplanned nature of many of their moves meant hasty decisions were made resulting in inappropriate or inadequate placements?

It was evident from the young people's description of both discharge services and social work services throughout their care that their location made some difference to the apparent quality of the care they received. Can one conclude therefore that social work services were better or different from one area to another and that this ultimately led to more secure stable, less traumatic care for some of these children? Could these differences have occurred because standards of care varied from one community to another?

Race was statistically significantly related to placement

instability, with children of Native ancestry more likely to have greater placement instability. Gender was not statistically significant to placement instability. It could be said children of Native ancestry suffered from double jeopardy. Not only were they more likely to be in-care, as documented by Johnson in NATIVE CHILDREN AND THE CHILD WELFARE SYSTEM, but once in care their care was likely to be of poorer quality than that of their non-Native peers in care. Not only were their placements less secure but they were more likely to fall out of care at an earlier age and without adult supports to assist them. They also had a lower educational attainment than their Caucasian peers in care and than their Native peers who were not in care. There was evidence of discrimination directed at Native children from both the foster homes and the communities in which they lived. Political and intercultural hostilities between the white and Native communities also contributed to their difficulties. It appeared that only exceptional foster parents were able to provide a secure and stable placement in the face of these difficulties. There was no evidence the Department provided any special assistance to the Native children in their care.

The next two chapters build upon the care histories provided in these two chapters. Chapters Six and Seven detail the progress of these careleavers; their successes and failures since leaving care are discussed. Chapter Six focuses on their current circumstances while Chapter Seven highlights their kinship relationships both through their care careers and into early adulthood.

## ENDNOTES

1. One young man whose defined abuse consisted of a one-time only incident of abuse was not included as abused but was included in the inappropriate care 'excessive corporal punishment' figures. It seemed unwarranted to include him given the isolated nature of the incident. His care was in many other ways inappropriate and his inclusion there was deemed to be more accurate. Another, also Metis, young man who described his frequent corporal punishment as not abusive was included in these figures because of the frequency and severity of the physical punishment he described receiving in a long term foster home.

2. One young woman with psychiatric difficulties when asked if she had been abused replied:

Yeah, there was something but I'd rather not say cause it is in the past now and I don't want to be involved anymore. And I still see them.

Other children in the home referred to were apparently sexually abused. This young woman, included in the figures in Table One, is not included in the more detailed discussions.

3. These numbers are small and therefore need to be interpreted cautiously but of eight who reported withholding of food, unpleasant meals or punishment around food, six were Treaty Indians, one was Metis and one only Caucasian. Half were women and half men.

4. The 'social work service need' scale was developed using four care factors:

- a. the interviewee cited in-care abuse;
- b. the child-in-care had a very unstable placement history, that is 14 or more placements;
- c. the interviewee listed one major inappropriate care condition or any two other inappropriate care conditions; and
- d. pre-18 independence occurred where there was no apparent (foster) parental support available to the careleaver.

Social work service needs were considered 'high' if the young adult cited in-care abuse or any other two of the above conditions were true, 'medium' if one of the above conditions was true (except in-care abuse), and 'low' if none of these conditions were true for the particular child-in-care.

5. Telephone interviewees were asked to rate themselves.

6. Pre-care circumstances could not be tested.

## CHAPTER SIX

### THE YOUNG ADULTS

#### INTRODUCTION

This chapter examines the post-care lives of the young people who were interviewed. To recapitulate, 91 of the 206 careleavers were interviewed. Twenty-two of these were Treaty, 37 Metis, 30 Caucasian and two were Black. Forty-four were female and 47 male. When they were interviewed the young people were aged 19 to 22 and within this age span there were differing levels of capacity and maturity. Some were fully independent adults, established in employment and their communities, rearing their children either within secure partnerships or as single parents. Others were only beginning to make these steps and were still living with the families who reared them or their families of origin. Still others were experiencing great difficulty and had stumbled along the way.

All of these issues are explored below. Housing and living arrangements are discussed first, followed by an examination of employment, education and income assistance. Partnerships and parenting are presented next.

Under the rubric 'Other Issues: Happiness, Troubles, and

The Future' a number of features are explored which relate to the young people's perception and understanding of their current lives. In the final section of the chapter an outcome profile is developed. This profile is analysed against the quality of care factors presented in the previous two chapters.

#### HOUSING CIRCUMSTANCES

Seventy-six of the 91 young people who were interviewed -- 83.5% -- reported being satisfied with their living arrangements and housing when they were interviewed. Housing for this group of careleavers was not really a concern, as is so often reported in the British studies about careleavers (see for example Goble and Lymbery, 60-61; Lupton, 1985, 133-136; Stein and Carey, 1986, 79). Raychaba discussed the potential vulnerability to homelessness for Canadian careleavers discharged from care in areas where housing is problematic in TO BE ON OUR OWN (1988, 73-75). For this particular group of Saskatchewan careleavers post-care housing was generally satisfactory. All the interviewees had housing, although 15 reported being dissatisfied with their current housing and two of the interviewees cited improved housing as a goal. Housing as a problem during adolescence was mentioned by only one young man who had moved into early independence.

The living arrangements of 100 of the study participants either at interview or time of contact are given in Table

TABLE ONE: LIVING ARRANGEMENTS AT CONTACT

Living Arrangement	Number	Totals
-----	-----	-----
With Partner:Unmarried	22	32
Married	10	
Independent Housing:Unshared	11	
Shared	14	
Room and Board	3	32
Room and Board		
with Work	1	
Bedsit	3	
With Foster Family:Parents	12	
Siblings	1	14
Grandparent	1	
Biological Siblings and their		
Foster Family	2	2
Biological Family:Parents	5	
Siblings	4	10
Maternal Aunt	1	
Community Housing:Prison	8	
Post-prison		
Hostel	1	10
Boarding Facility	1	
	-----	-----
Total N =		100%

\*Included are nine young people who were not interviewed but with whom contact was made.

One. The vast majority were living independently but 21% were still living with their families, not including those who lived only with siblings. This is a decrease from the 30% who were living with their families at discharge. Also fewer were living with biological family than foster families, the reverse of the situation at discharge (see Table Twenty-One in Chapter Four). Eleven of the twelve who were still living with their foster families were young men. These percentages are similar to those given by Stein and Carey (1986, 82) and Festinger (1983, 123) despite the latter's slightly



older age group and the fact that twice as many in both studies were living with foster parents at discharge (Festinger, 63; Stein and Carey, 1986, 8-10). Stein and Carey also reported more young men were living with their families (82).

TABLE TWO: HOUSING CHANGES SINCE DISCHARGE

Number of Housing Changes:	Number%	Mean Number of Placements to Age 18
No change or one move	6	5
Two to four moves	37	7.5
Five to ten moves	23	10
Eleven or more moves	8	11
	-----	-----
Total N =	74	Mean = 9.75

%These figures include only those who had been out of care for a year or more. The mean length of time out of care for the four groups was 28 months for those with one move or less, 33 months for those with two to four moves, 37 months for those with five to ten moves and 38 months for those with eleven or more moves.

The young people were also asked how many places they had lived since leaving care and the results are reported in Table Two. As Meier (1965, 200) found, the number of placements in care was significantly related to the amount of post care housing instability ( $R=.35, P<.001$ ). This would, as Meier suggested, imply that in-care placement instability perpetuated itself, which in turn led to a different set of problems in early adulthood. Certainly the eight who had moved eleven or more times since leaving care had problems in a number of areas of their lives.

These difficulties were in part evident in the different reasons given for changes in housing by the three groups who

had moved. Those young people who had five or more moves since leaving care were more likely to list personal and partnership instability as reasons for changes in housing. These young people also included those who moved in and out of jail. Those with two to four moves were more apt to list such things as the desire for better housing, movement away from the family and perhaps into a partnership, and movement to a job or school as reasons for housing change.

#### LEARNING TO EARN AND GETTING BY

The discussion about these careleavers' post-care occupations is divided into three related sections: employment, income assistance and education. The issue of employment is not straightforward for this group of young people because of their age and different capacities. Their circumstances are examined below.

##### Employment

Two measures were used to evaluate employment for this group of young people, current and previous unemployment. The question which was asked relative to their previous employment was: 'Since leaving care, thinking about the time you have wanted to be employed -- that is, not in school, caring for a young child, or doing something else -- how much of that time have you been employed?' Potential answers

ranged from none to always (see Appendix D).

Only half of the interviewees were actually in the employment market at the time of the interview. Some had not yet sought employment because they were continuing their education, parenting, or in prison. For others whose intellectual capacities were limited, regular employment seemed an unlikely prospect. Yet others had worked and had withdrawn from employment to return to school or rear families. Thus the two measures of employment used present a more complete picture of the post-care employment of these young people.

For purposes of this discussion the interviewees were divided into three subgroups. These were: those 22 who could be considered to have never sought employment, those 26 who had worked but by the time of the interview, for various reasons, were no longer in the labour force, and finally the remaining 43 who had been and were at the time of the interview in the labour force.

#### Some Were 'Never Available' for Employment

The first group of 22 young people had never been and were not at the time of the interview in the employment market. This is a very mixed group consisting of the following:

(1) four were the most intellectually impaired individuals in the study. Two were still attending special schooling and two were in sheltered workshops. Normal employment seemed

unlikely for these four;

(2) eight of these 22 were continuously in educational programs. Six were in university and two in specialized educational programs. Three of these careleavers were Metis and five Caucasian;

(3) seven young women, all of Native ancestry, had children and were full time mothers. Most of these had few employment skills; and finally,

(4) three young men of Native ancestry were imprisoned, two continuously since leaving care and one intermittently. This third man, although not in prison at the time of the interview was facing new criminal charges and had drug and alcohol abuse problems.

None of these 22 were considered in developing an unemployment figure although this removed some of the least employed who may in fact have wished employment. Four of the young mothers and the last young man mentioned above certainly spoke of employment as a concern but none were actively seeking employment at the time of the interview or had previously. It therefore seemed appropriate to exclude them, as is the usual practice in defining unemployment rates and labour force participation (THE SASKATCHEWAN LABOUR REPORT, April 1985, 4). This does create a slight skew in favour of the more employable and employed although this is partly offset by the exclusion of the temporarily employed university students who were some of the most able young people in the study. Three of the students had in fact worked in summer jobs and one of the young mothers had also had special project employment. In evaluating overall

employment this very temporary employment was not included.

The income of these 22 was as follows: seven were receiving Section 44 monies; twelve were in receipt of income assistance; two were in prison; and one was living on student loans while attending university.

#### Some Had Been Employed

The second group of 26 of the interviewees had been employed, but at the time of the interview were not seeking employment. The reasons for being out of the employment market were: twelve women were homemakers and mothers; seven had returned to upgrade their education; five were in prison; and finally two were 'holidaying', that is, taking a planned break.

Only one of these 26 had worked all the time she wished, seven had worked almost all the time while the other 18 had worked one-half of the time or less. Converting these answers to a percentage of time worked yields a 49% previous unemployment rate -- or 51% previous employment rate -- for this group of not employed (at the time of the interview) young people.[1] This figure is an approximation only since the figure was derived by converting their categorized estimations of time worked to a percentage, and is also a subjective evaluation of the relative time worked versus time they wished to work. Sixteen of this group were women; seven were Treaty, ten Metis and nine non-Native. The rates of unemployment for these racial groupings were: 57%, 48%, and

50% respectively.

Excluding the five in prison, the source of income for the remaining 21 was: eight were on income assistance, three were receiving Unemployment Insurance, three were supported by their spouses, four had student training monies, one other was working while going to school, one was living off an inheritance and one was living on previously earned money. Only one of these 26 had had trained employment as a cook. The others had worked in unskilled jobs as labourers, store clerks, in the fast food industry and as housekeepers. They had had an average of three jobs.

And Some Were Still Employed (or  
at Least Wished They Were)

The final group of 43 who were in the labour force and either working or not at the time of the interview had a previous unemployment rate, calculated in the same way as the previous group, of 38%. The fact that 65% were employed at the time of the interview would account for the eleven per cent lower rate of unemployment for this group of young people. Eight were Treaty Indians and their previous unemployment rate was 48%. The 20 Metis had a previous unemployment rate of 38% and the 15 Caucasians a previous unemployment rate of 33%. These differences are not statistically significant. It is worth noting that these young people who were still in the labour force either employed or seeking employment had, whatever their racial origin, a lower rate of unemployment than those who had 'voluntarily' withdrawn from the labour force. Was the

withdrawal from the labour force of those who were no longer actively seeking employment precipitated by their higher rate of unemployment?

Unemployment at the time of the interview for these 43 young people was slightly higher than their reported previous unemployment if those who had part time employment are factored in. Twenty-eight or 65% of these 43 were working when interviewed but nine of these held part-time work and seven of these nine were looking for another job or an expansion of hours in their current job. If these seven are considered as having half employment and incorporated into the unemployment rate, this adjusted figure yields a current unemployment rate at the time of the interview of 43%. By racial grouping this adjusted unemployment rate was: Treaty Indians 37%, Metis 52% and Caucasians 33%.

This group of young people, 17 women and 26 men, included ten young people with some training, employment skills and access to better paid employment, although like the former group most were working as unskilled labourers, sales clerks, housekeepers and in the fast food industry. The ten with skilled or semi-skilled employment included two cooks, two hairdressers, one mechanic, one nonclerical office worker, one young woman who had studied Early Childhood Education and was working in a creche and three men who worked in the building trades. Three of these ten were purchasing their own homes and one of the hairdressers had owned her own business and was planning to open another. They had had an average of 3.4 jobs.

### Employment Comparisons

If the three unemployment figures for the two groups are weighted and averaged, the overall unemployment rate for the 69 young people who were in the labour force at any time is 42.5%. The overall unemployment rate by racial groupings is:

47% for Treaty Indians, 46% for Metis and Nonstatus Indians and 37% for Caucasians. This represents for the Caucasian young people a dramatically higher rate of unemployment than for their noncare peers but for the Metis and Treaty Indians may represent a comparable unemployment rate to their noncare peers.

THE SASKATCHEWAN LABOUR REPORT cites the unemployment rate for the 15 to 24 year olds for the period January 1985 to June 1986 as varying from a high of 16.7% in January 1985 to a low of 10.4% in June 1986 (April 1985 to September 1986; see also Shillington and Ross). This is a considerably lower figure than the unemployment among this group of young people. The figures in THE SASKATCHEWAN LABOUR REPORT would include Saskatchewan's Native population but any material specific to Native participation in the labour force suggests 3 to 4.5 times higher unemployment among people of Native ancestry as compared to the non-Native population (Chatworthy and Gunn, 1981, 56; Saskatchewan, 1984a, Appendix A, 6; Saskatchewan, 1984b, 36-42). This disproportionate rate of unemployment varies with age and Indian status. Metis and Nonstatus Indians have a slightly lower unemployment rate than Status Indians (Saskatchewan, 1984a, Appendix A, 7;



Saskatchewan, 1984b, 36-42) while there is less discrepancy between Native youth unemployment as a whole and Caucasian youth unemployment because of the high unemployment for this age group generally (Saskatchewan, 1984a, Appendix A, 6). This would tend to indicate that the careleavers of Native ancestry were as disadvantaged as their peers who were not in care, vis-a-vis unemployment, while the Caucasian careleavers were more likely to be unemployed than their noncare peers.

The discrepancy reported here in unemployment between careleavers and noncareleavers is not consistent with Festinger's 1983 findings in *NO ONE EVER ASKED US*. She reported no unemployment differences between white male careleavers and their noncare peers and marginally higher unemployment for white females careleavers, but higher unemployment among Black male careleavers (although not among Black females) (238-240), which is opposite to the findings of this study. The studies about British careleavers which were reviewed in Chapter Three and included only Caucasian careleavers are fairly consistent in suggesting careleavers are at a disadvantage in comparison to their peers in the employment market (Burgess, 1972, 10; Ferguson, 1966, 19, 137). The figures reported here would support the suggestion that at least Caucasian careleavers are at a disadvantage when they enter the employment market. For the Native careleavers it would seem race was as handicapping as their care status.

## Income Assistance

At interview 36 or 40% of the interviewees were on income assistance, which represents double the percentage reported by Festinger in her New York study of careleavers (1983,166). Festinger's findings were based on self-reporting by the interviewees and it would seem at least possible that under-reporting might have occurred. The British studies generally report an equally high percentage of careleavers relying on public assistance after discharge from care (Lupton,1985,137; Morgan-Klein,1985,54; Stein and Carey,1984b,13). Forty per cent in receipt of income assistance is consistent with the unemployment rates presented in the previous section.

Several other measures of income assistance receipt following discharge from care were taken. These were: the number in receipt of income assistance at discharge, the number in receipt of income assistance in the month of March 1986, and the percentage of eligible time between discharge and March 1986 that income assistance was received. Using these three measures permitted a broader understanding of post-care income assistance receipt for this group of careleavers than an one-point-in-time measurement would have allowed. The information was collected by a computer search of income assistance records in Saskatchewan for the total study population. In all, 24 individuals were excluded either because there was no or very unreliable information, or the careleaver was still in receipt of Section 44 monies. Consequently this discussion includes 182 of the 206 in the study population and not just the interviewees.

A few notations about the measurements used are in order before presenting the figures. Month of discharge was a variable date dependent upon the birth date and circumstances of discharge. It varied from January 1982 to, for purposes of this discussion, January 1986. March 1986 was an arbitrary date selected because this was the first month in which the income assistance records were searched. March 1986 was a mean of 31 months after discharge (excluding those twelve still in receipt of Section 44 monies). The range was from 52 to two months. The number of eligible months was a mean of 28 months and is less than the post-discharge time because it has been adjusted to exclude time spent in prison and time spent out of the province where income assistance receipt was not known.[2]

Post discharge receipt of income assistance can be considered in one of two ways. Temporary aid received around the time of discharge could be seen as an extension of parental responsibility towards the careleavers. This can rightly be seen as bridging assistance. On the other hand, long term assistance would imply, as suggested by Stein and Carey (1986,103), a failure of the child care system to adequately prepare their wards for adulthood and a continuation of the poverty out of which these children were apprehended.

At discharge 36% of the discharges were in receipt of income assistance. The number of months income assistance was received was a mean of ten months out of 28 eligible months or 36% of the time. In March 1986 a slightly higher percentage were in receipt of income assistance -- 45%. Stein and Carey also reported increased reliance upon public

TABLE THREE: LEVEL OF INCOME ASSISTANCE RECEIPT AFTER DISCHARGE FROM CARE

IA Rate:	N	%	% on IA at Discharge	% of Eligible Time on IA	% on IA March 1986
High	66	36%	65%	78%	78%
Medium	31	17%	50%	33.5%	52%
Low	34	19%	26%	12%	36%
None	51	28%	-	-	-
-----					
Total	N=182		36%	36%	45%

assistance programs over time (1984b,13).

Table Three provides a compilation of the income assistance information. The study population was divided into four categories based on amount of time income assistance was received. The categories are: no income assistance received at any time since discharge from care; low income assistance receipt that is less than 25% of the time; medium income assistance receipt, 25 to 49% of the time; and high income assistance receipt, 50% or more of the eligible time. Only one person in the Low category collected income assistance at both points of measure while 32% of known cases received income assistance at both points on the Medium group and 48% in the High category. Table Four presents the same breakdown for the interviewees only. The percentage of time worked for each category is given in the last column.

TABLE FOUR: LEVEL OF INCOME ASSISTANCE RECEIPT OF THE INTERVIEWEES\*  
AFTER DISCHARGE FROM CARE

IA Rate:	N	%	% on IA at Discharge	% of Eligible Time on IA	% on IA March 1986	% of Time Worked
High	31	41%	52%	84%	83%	33%
Medium	11	15%	43%	34%	45%	56%
Low	10	13%	12.5%	12%	29%	48%
None	23	31%	-	-	-	75%
-----						
Total	N=75		28%	41%	44%	58%

\*Included are all interviewees who had worked or wished to work.

For the interviewees the level of income assistance receipt as categorized in this way and amount worked are significantly related ( $R=.51, P<.001$ ). This can be interpreted to mean that the information given by the interviewees about employment and the information taken from the income assistance records matched although somewhat imperfectly as the two figures only match closely in the 'Medium IA Rate' group. Several explanations are possible. It is possible those interviewed who had high income assistance receipt reported higher employment than was actually true or individuals in this group both worked and collected income assistance. In the 'Low IA Rate' group the amount worked is considerably less than the reverse amount of time income assistance was collected. Some of the young people in the 'Low' and 'None' categories would have been eligible, and were in receipt of Unemployment Insurance at

the time of the interview. This lack of full employment even among the most employed would indicate potentially low and/or irregular income. Only nine of the interviewees reported being employed as much of the time as they wished.

The single significant factor related to the level of income assistance received after discharge from care was education at discharge ( $\chi^2=20.53, P<.01, df=6$ ). Race, gender and the quality of care factors were not significantly related to the level of income assistance receipt post-care although both race and placement stability were significantly related to education. Festinger found a similar relationship between education and income assistance receipt although, as has been noted, the amount of post-discharge income assistance she reported was lower than reported here (1983, 166-167).

Both Tables Three and Four show an increase in the percentage of careleavers receiving income assistance from the time of discharge to March 1986 in all categories. A similar increase in unemployment and percentage living on the 'dole' over time for careleavers was reported by Stein and Carey (1986, 94-104). The increase for this population can in part be accounted for by the increase in unemployment for the 15- to 24-year-olds in Saskatchewan from 9.8% in January 1982, when the study population began to be discharged from care, to 16.3% in March 1986 (THE SASKATCHEWAN LABOUR REPORT, April 1982-June 1986). This increase occurred because of a general economic decline. Over this time period there was also an apparent increase in the rate of income assistance receipt in Saskatchewan (ANNUAL REPORT, Department of Social Services, 1982-1986). No specific figures are

available for this age group, although again the increase here reflects to some extent a general population increase.

What is clear, however, is that these careleavers received a higher percentage of income assistance than the population of Saskatchewan and this is confirmed by the unemployment figures discussed above. Therefore, it seems fair to suggest that these careleavers had a higher level of income assistance than their peers who had not been in care and this would be particularly true of the discharges who were not of Native ancestry. Those 36% who were in the High category of income assistance receipt could be said to have been discharged from care into a life of poverty.

#### Education

By the time these careleavers were interviewed, approximately three years after they were discharged from care, 34 of the young people or 42.5% of them (not including those eleven who were continuously in educational programs) had returned to 'school'. They were not particularly successful and on the whole the low level of education presented earlier had not improved. Some were still in educational programs when interviewed, some had entered and dropped out, while only a few had completed their programs. When asked if they would like more education, 79 of the interviewees -- 87% -- said they would.

These findings were similar to Festinger who reported a 59% participation rate in post-discharge education amongst

her slightly older careleavers (1983,152). She also noted a 'large majority still hoped for more education in the future' (158). She did document an overall improvement in educational attainment (151), possibly because she interviewed an older age group. However Saskatchewan, unlike New York, had a post-care educational program in place. The program in Saskatchewan was like the one Festinger recommended:

I would argue for a flexible standard... up to age 21 for youths who are continuing with their education...and for others who are...poorly equipped educationally, emotionally, and vocationally...(301-2)

The interviewees were also asked what they would require to return to 'school'. The answers are given in Table Five. As indicated in the table, financial support was the major requirement. Of the 34 who had returned to school after discharge, 20 entered upgrading or basic life skills programs; 12 entered specific training programs such as hairdressing, heavy duty equipment operation, or a secretarial program; and two entered university (both withdrew). Twenty of the 34 had either completed the educational program or were still attending when interviewed. The other 14 stated they left the program because of personal problems, ill health and financial difficulties. The combination of poor educational attainment as reported in Chapter Four, the high rate of post-discharge educational participation coupled with the stated desire of the majority for more education, the emphasis amongst the interviewees on the need for financial support and the relationship between education and post-discharge income assistance receipt raises



TABLE FIVE: INTERVIEWEES' REQUIREMENTS FOR FURTHERING THEIR EDUCATION

Requirement: -----	Number
Financial Support	35
Basic Educational Upgrading and Admission to a Program	28
To Continue with Current Education	13
Motivation (Improved Study Habits)	9
On the Job Education Only	4
Child Care	5
Emotional Support from Family	3
To First be Established	3
Appropriate Location	1
Planning to Organize Arrangements	1
Unknown	4

N=79

Note: Two answers possible.

the issue of the efficacy of the Section 44 program in addressing the needs of these careleavers. These young people understood that their education was inadequate. Some noted the fact that the stormy adolescent years had resulted in loss of educational opportunities, others spoke of the need to leave inappropriate placements and establish independence. Most wished to further their education but found themselves without the necessary financial resources.

## Summary and Discussion

The overall unemployment rate for the 69 young people who were in the labour force at any time was 42.5%. Thirty-four or 42.5% had entered or were attending educational programs after discharge from care. The majority of the interviewees wished to further their education while citing financial support as the major barrier. Similarly income assistance receipt was higher for this group of careleavers than for their non-care peers. Income assistance receipt and level of education at discharge were significantly related.

In Chapter Four the adolescent years and discharge were described. In general the study population had a low educational attainment and for many discharge was unplanned and occurred without support from either the Department or their caregivers. The consequence of inappropriate planning can be seen in the high rate of income assistance and unemployment reported here. Only nine of the interviewees reported 'full' employment. Unemployment combined with high or intermittent income assistance receipt for this group of careleavers would indicate a sustained low income level for these discharges. In addition a number of the interviewees reported having only part-time employment and the vast majority -- 58 out of 69 -- held or had worked at unskilled jobs. As was noted, those 36% with a high income assistance rate were discharged from care into a life of poverty, but even those discharges who had a lower income assistance rate after discharge from care reported a high rate of unemployment. The economic costs, to both society and individuals, of low educational levels and

unemployment or underemployment are discussed in CHILDREN IN POVERTY (Canada, 1991). In comparison to their non-care peers unemployment was higher for Caucasian careleavers because the Native careleavers appeared to be no more unemployed than their non-care peers, for whom race could be seen as the major discriminatory factor.

This low level of preparation for participation in employment -- which seemed to result in greater vulnerability to unemployment, unskilled employment and some underemployment for these careleavers -- occurred in spite of the existence of a post-care educational program which should have provided a safety net for those discharges who required further training before leaving care. The Section 44 program did not seem to substantially increase the level of preparation for employment for the majority of the careleavers.

## PARENTING AND PARTNERSHIPS

### Introduction

By the time these young people were discharged from care 18% of them had been pregnant or, for the men, a partner had been. By the time of interview more than twice as many, 41% of the interviewees or partners, in the case of the men, had been pregnant. As with other issues, parenting for some members of this group was problematic and certainly did not always occur within a partnership. In the following material pregnancies while still in care -- here referred to as

adolescent pregnancies -- are discussed first, then post-care pregnancies. Partnerships are examined last.

### Adolescent Pregnancies

Of the 84 young women in the study, 31 were known to have been pregnant by the time they were discharged from care. This was 37% and was considerably higher than the birth rate of 49 per 1000 for 15- to 19-year-olds for 1982 and 1983 in Saskatchewan (Saskatchewan, VITAL STATISTICS BY HEALTH REGION, 1982-83). The study population figure includes two aborted pregnancies; if these two are excluded the percentage of live births is 34.5%. Two young women had been pregnant twice by the time of discharge from care. The outcome of these 31 pregnancies was: ten were living with the mother; seven were with both parents; five were placed for adoption; one was in care; and for eight the outcome was unknown as the file was closed before the end of the pregnancy.

The attitude towards these adolescent pregnancies by those who were interviewed was very mixed and dependent on the circumstances. For those women who were in a partnership, even though the pregnancy was often unanticipated or unplanned, it marked a shift away from the turmoil of adolescence into adulthood.

Stephanie: ...then I got pregnant, so I quit school cause I was really upset...It was quite a change because as soon as you are pregnant you have to quit everything, your drinking and smoking, whatever and start eating right...I am a lot more settled than I used to be...cause a baby really settles you down a lot.

For those adolescent women not in a partnership the reaction to the pregnancy can only be described as uncertain although here too it marked a potential change.

Debbie contacted this office to inform me she was pregnant...This pregnancy is probably the real reason why Debbie did not carry through with a school plan... Debbie continues to associate with her old street friends and continues to be involved with some fairly heavy drug and alcohol abuse. She was sporting a shiner when she was here but indicates that all this is past now that she is going to be a mother (File recording 1980).

Only two of the ten single women who had their children living with them when they were discharged from care were interviewed. For both parenting was problematic. One was caring for her child and the other child had been apprehended and placed for adoption.

For the women whose children were placed directly for adoption the adolescent pregnancy was traumatic. Four of these five were interviewed and all spoke of their difficulties with this pregnancy. However, the pregnancy did not necessarily alter their lives.

I also had a son...I gave him up for adoption. It was a really hard decision for me because I knew the kind of stuff I went through and I didn't want my child to go through the same thing...and I went to [school] so I could continue...education.

Six of the files of the adolescent boys indicated their partners were pregnant with these outcomes: two outcomes were unknown, two children were living with their mothers only, one was with both parents and one pregnancy was aborted. Only the last of these young men was interviewed and he made no mention of that pregnancy.

### Pregnancies and Parenting at Interview

Including the adolescent pregnancies, by the time of interview 37 or 41% of the 91 interviewees had been pregnant or their partners had in the case of the men. Thirty of the 44 women and seven of the 47 men's partners had been or were pregnant. These seven men's children's status was: three men, two married, were living with their partners and children, while the other four children were reported by the young men to be living with their mothers. One of these young men reported another pregnancy which had been voluntarily aborted by the mother. The parenting circumstances for the three men who were living with their children were all very recent. One infant was yet to be born, one had been born two days before the interview and one was a few months old.

Twenty of the women had children living with them and another ten had been pregnant and had aborted the pregnancy or given the child up for adoption and had not had more children by the time of the interview. Ten of these 20 women with children were living with partners, five in marriages. The other ten were single parents. Three women without children were pregnant and two had had their previous children taken from them. Of the 23 women parenting or expecting children nine were apparently having difficulties with parenting. Seven of these had had adolescent pregnancies. For example, Loretta had three children by three different fathers; she had lived with two of these men. The oldest child, in a permanent arrangement, was living with

the child's father's sister. The other two children were with her and her current partner. These two children had been in care. Averall's first child lived with her for a time but was apprehended and placed for adoption. She was pregnant when interviewed and not living with her partner because he was in jail and seeking treatment for alcoholism.

In total 26 women had given birth to 38 children, and 16 of these 38 or 42% either came into care or spent some significant amount of time being reared by somebody else. There was no statistically significant relationship between racial origin and pregnancy.[3] The racial origin of the mothers is given in Table Four along with the care arrangements for the children. To state it another way, eleven of the 26 women, again 42%, had had children who were either given up for adoption, in care, or cared for by somebody else for some length of time. The percentage of the men's children not being cared for by them was even higher, 57% but the numbers were small and the actual care arrangements for the children were unknown.

TABLE SIX: THE LIVING ARRANGEMENTS OF THE CHILDREN BORN TO FEMALE INTERVIEWEES BY RACIAL ORIGIN

Racial Origin:	Number of Women with Live Births		Children Reared by:		
			Parents Only	Others	
Treaty Indian	11	10	16	9	7(44%)
Metis	19	10	11	6	5(45%)
Caucasian	14	6	11	7	4(36%)
	====	====	====	===	=====
Totals: N= 44	26	38	22	16(42%)	

There can be little doubt that 42% is an outstandingly high rate of alternate care. The percentage of children in care for Saskatchewan for 1985 was less than one percent (Saskatchewan, ANNUAL REPORT, 1986, 4; Saskatchewan, VITAL STATISTICS BY HEALTH REGION, 1986) and even allowing for the fact that some of these care arrangements were with other kin, the 42% figure is much higher. In Festinger's 1983 study only four of 53 mothers were not living with all of their children and a few others had used foster care temporarily (143-44). In comparison to the women in Festinger's study which was also a mixed race group of careleavers the difference is notable. In terms of parenting the differences between this study population and the general population are quite dramatic. Why this particular group of careleavers would experience such difficulty parenting can only be a matter of speculation. Perhaps the poor quality of care and high incidence of in-care abuse resulted in poor parenting skills. Perhaps the poor quality of care left a legacy of personal problems for the careleavers which inhibited their capacity to parent. Perhaps these young women and their children, most of whom were of Native ancestry, continued to be part of the over representation of Native children-in-care.

These young women had a higher birth rate both during adolescence and early adulthood than their non-care peers.[4] Since those young women with adolescent pregnancies tended to have the most difficulty parenting, the high rate of adolescent pregnancies amongst this group must be seen as a care issue, both for these women as adolescents and for their children, 42% of whom were in alternate care. As with unem-



ployment and income assistance receipt, there is a case for suggesting that these careleavers experienced more difficulties with parenting than their non-care peers. It would seem that not only were some of these careleavers discharged into poverty but that a cycle of care-poverty-care is occurring.

### Partnerships

Because of the relatively young age of the interviewees any conclusions about partnership capacity would be premature. Most of the young people, whether partnerless or involved in a relationship, were reasonably comfortable with their circumstances. However for a few the issue was problematic, and a minority were troubled by the impact of their childhood experiences on their current relationships. More of the women than the young men were in partnerships. Thirty-one of the 44 women were in current partnerships and 15 of the 47 men. Conversely 45 of the interviewees -- 32 of the men and 13 of the women -- described no current partner; four of these 45 had been in a partnership which had ended.

The most frequently occurring arrangement for those in partnerships was living together -- 20 of 46 or 43%. Six of the men and 14 of the women lived with their partners. Ten of the women and seven of the men described partners whom they saw regularly and felt would be in their lives for some time. A minority were married -- two of the men and seven of the women. These two men and six of the women were living with their spouses. One woman was separated and another woman was planning to separate. The number living with

partners in this study is comparable to the number living with partners in the Stein and Carey study of an identical age group (1984b,21). The percentage living with partners in this study is twelve percent lower than the 42% Festinger cited (1983,136) in her study of slightly older careleavers.

In all, it seems fair to suggest cautiously that three of these young people displayed what Murphy labelled 'the foster child syndrome' (1974,426-28). That is, the wish to engage in partnerships without the attendant skills. These were: one young woman who had had a particularly unstable relationship history which included three pregnancies (not resulting in the birth of children) and who described herself as unstable and vulnerable as a result of her abusive history; a young man who talked of his fearful dependency and, although he recognized the strain this created, felt himself unable to control his emotional response; and finally another woman who had previously been in an abusive relationship. She was living in her third common-law relationship and described one other important relationship. She had had three children by three different fathers none of them her current partner.

These three young people had all been abused in care and the latter woman's precare history was also abusive. Both of the women had been severely sexually abused, one in care and one prior to coming into care. It may indeed be fair to speculate that other interviewees were similarly at risk but their age and only beginning engagement in partnerships precludes drawing any further conclusions. For the majority it seems fair to suggest their engagement in partnership development was appropriate.

## OTHER ISSUES: HAPPINESS, TROUBLES AND THE FUTURE

The material in this section moves away from describing what these young people were doing and examines how they felt about their lives and themselves. This discussion starts with a look at current happiness, followed by the young people's description of themselves. From this self description flows the discussion about other difficulties, which for these young people included criminality, mental health difficulties and drug and alcohol misuse. Finally the section closes with their goals and plans for the future.

### Self-Assessments

The young people were asked: 'Taking all things together, how would you say things are these days -- would you say you are: Very happy, Pretty happy, Not too happy?' This same question was asked in the 1985 CANADA'S HEALTH PROMOTION SURVEY (Canada, CANADA'S HEALTH PROMOTION SURVEY TECHNICAL REPORT, 1988). Available comparisons are given in Table Seven below. Ninety interviewees answered this question and as indicated 33.3% or 30 of the interviewees described themselves as 'Very happy', 50% described themselves as 'Pretty happy' and the remaining 16.7% described themselves as 'Not too happy'. A higher percentage of the young people in this study were 'Not too happy' in comparison to both their age group and a comparable socio-economic group.[5] Neither race nor gender were significantly related to happiness. The level of post-care

TABLE SEVEN: HAPPINESS OF INTERVIEWEES COMPARED TO CANADA'S HEALTH PROMOTION SURVEY RESPONSES

Interviewees -----		Health Promotion Survey* -----		
Lowest	Highest	Age 15-24	Income Quintiles	
Very Happy:	33.3%	46.0%	33.3%	50.9%
Female:	40.9%	49.3%		
Male:	26.1%	42.8%		
Pretty Happy:	50.0%	51.9%	60.8%	48.0%
Female:	45.5%	47.6%		
Male:	54.3%	56.0%		
Not too Happy:	16.7%	2.1%	5.9%	1.0%
Female:	13.6%	3.0%		
Male:	19.6%	1.2%		

\*These figures were taken from CANADA'S HEALTH PROMOTION SURVEY, 1988, page 195.

housing instability was significantly related to happiness ( $\chi^2=12.56, P<.05, df=6$ ) with the more unstable post-care more likely to say they were 'Not too happy', but in-care instability was not significantly related. Post-care housing instability was one quantifiable measure of post-care difficulties and the statistically significant correlation with happiness is probably reflective of a variety of difficulties as much as directly a result of housing difficulties.

The question about happiness was followed by a question about what factors contributed to their current level of happiness. Not infrequently the responses to this question were issues already discussed in the interview. These responses as culled from the interview are listed in Table Eight. A maximum of three factors each contributing to happiness or unhappiness were coded. In most instances some

TABLE EIGHT: FACTORS LISTED AS CONTRIBUTING TO HAPPINESS AND UNHAPPINESS

Factor:	Number Cited as Contributing to: Happiness	Unhappiness
Events of the Past	-	30
Satisfaction with Outcome	11	-
Relationships:with Partner	28	11
with Foster Parents	21	8
with Biological Family	13	7
with Friends(or lack of)	12	8
with Adopting Parents	1	-
Parenting	19	10X
Living Arrangements:Housing	17	1
Independence	16	7XX
Employment Issues:		
Employment(or lack of)	17	16
Education(or lack of)	10	4
Career Plans	3	-
Financial Difficulties	-	12
Personal Issues:Criminality	2#	9
Drug and Alcohol Misuse	-	6
Emotional Stability or		
Mental Health Problems	2#	5
Physical Health	-	3
Poor Self Esteem	-	3
Other:		
Future Plans(or lack of)	15	10
Interests(or lack of)	8	1
Helping Others	2	-
Taken for Granted	-	1
	-----	-----
	N=82	N=75

XIncluded 2 who talked of the difficulties of being single parents.

XXThis figure is split between 4 who lacked independence and 3 who were unhappy because they were independent.

#These spoke of improvements in their circumstances.

of both were listed. The factors most frequently cited as contributing to happiness were relationship factors which included partnerships, foster families and parenting. The

factor most frequently cited as contributing to unhappiness were 'Events of the Past' which are discussed below. Employment, housing, independence and future plans were the second group of factors contributing to happiness. Conversely, these same factors contributed to unhappiness: unemployment, financial difficulties and lack of future plans. Relationship difficulties, with partnerships and parenting most commonly cited, were equal to lack of future plans as an unhappiness factor.

The events of the past which these young people felt contributed to their current unhappiness were: pre-care conditions and admission to care, quality of care and the more recent events of adolescence. There was interplay between these. Quality of care was discussed in the previous chapter. Twelve of these 30 who listed events of the past as a cause for current unhappiness had been abused in care and another ten felt aspects of their care were inappropriate. Unhappiness with the care experience did not always relate to abuse. For some the issues were identity, belonging, and their relationship with their foster parents. Pre-admission abuse also caused some concern for those eight who had been abused before coming into care. As was mentioned in the previous chapter, these young people were given little or no assistance in dealing with this past abuse and it continued to plague them.

But again abuse was not always the issue; five spoke of their unhappiness and confusion about needing to be in care and dealing with inadequate or alcoholic parents.

John: I am not too happy that my Dad started drinking and that they took us away from him and that.

Eunice: [My mother] is a very unstable weak person...She has a lot of negatives. I don't like her point of view, her attitude at all, very weak but I have a lot of contact with her.'

Finally, events relating to adolescence were also mentioned. These included: the placement of their own children for adoption, abusive partnerships, difficulties managing independence or the lack of independence, and finally unanticipated events such as the death of a foster mother which generally resulted in the loss of foster family contact. One young woman spoke of feeling deserving of an abusive relationship because of her family history. The movement into independence was for some a difficult, disruptive time. As was noted in Chapter Four many left their placements abruptly, often without supportive relationships. These adolescent events are also reflected in these 'Events of the Past' as being part of what contributed to current unhappiness. For example, education may have been disrupted or not completed because of the turmoil of the adolescent period resulting in current underemployment or unemployment. Some of the young people spoke with regret about the lack of current contact with a foster family because they had run away from the home.

### Their Descriptions of Themselves

The young people were also asked to describe themselves. This was an open-ended question and there was a considerable variety of answers. These were categorized as being primarily positive, primarily negative, or mixed self descriptions. Thirty-five described themselves positively. Among many other words, they described themselves as pretty good, caring, easy to get along with, good worker, satisfied, good-natured, and of good humour. Twenty-two described themselves primarily negatively, using such words as having a temper, changeable in moods, fighter, all screwed up, confused, a thief, a bum and stupid. Twenty-nine described themselves as a mix of negative and positive traits.

A positive self perception was significantly associated with happiness ( $\text{Chi-sq}=24.52, P<001, \text{df}=4$ ) and some of the care factors discussed in Chapter Six. These were: placement stability ( $\text{Chi-sq}=12.94, P<.05, \text{df}=6$ ) and pre-18 independence ( $\text{Chi-sq}=6.95, P<.05, \text{df}=2$ ). That is, those who had a more stable placement history and did not have early independence were more likely to describe themselves in positive terms. Abuse and inappropriate care were not significantly related to self-perception as defined in this way.

Gender, while not significantly related to happiness, was to self-perception ( $\text{Chi-sq}=9.56, P<.01, \text{df}=2$ ) with the men more likely than the women to describe themselves in negative terms. As indicated previously, the males had a more unstable in-care placement history and this could account for some of this gender difference. While the women were



experiencing difficulties with parenting, the men were more likely to be involved in delinquencies and perhaps this criminality (including, for a number, imprisonment) also explains some of the men's poorer self-perception. Using multiple regression analysis with these four statistically significant variables, accounts for 28% of the variance in self-perception. Happiness appeared to be the major contributor, with a factoring of .47/level. The other values were: gender -.34 for males, pre-18 independence .12, and .02/placement.

## Troubles

A minority of the interviewees described post-care difficulties which focused around alcohol and/or drug misuse coupled, for some, with delinquency. A few also discussed mental health problems. These issues are discussed below. Twenty-two of the interviewees (24.2%) described major post-care difficulties with these issues and this section closes with a description of this particularly troubled group of young people.

## Alcohol Consumption

The interviewees were asked some questions about their alcohol and drug usage (see Appendix D). These questions were not extensive, thus only a few statements can be made about the alcohol usage of these young people. The young people in this study are compared to results obtained from

the 1985 CANADA'S HEALTH PROMOTION SURVEY which surveyed 11,000 Canadians by telephone.[5]

Eight per cent of the interviewees reported they had never consumed alcohol[6]; this compares with 2.9% for the 20- to 24-year-olds in the HEALTH PROMOTION SURVEY (Canada,1988,42). Similarly, while seven per cent of the Canadian population who consumed alcohol reported drinking daily, only 3.3% of these young people said they drank alcohol daily and at the other end of the spectrum, while 61.7% of the young people in this study consumed alcohol less than weekly, 47.5% of Canadians said they drank alcohol less than weekly (Canada,1988,35). This below average consumption is in keeping with the economic status and location of these young people and the fact that all were 22 years of age or younger when interviewed, which is at the younger end of a population amongst whom alcohol use is increasing (Canada, 1988,35). A 1980 Saskatchewan study of Caucasian 15 to 19 year olds who were predominantly in school found that 95% had drunk alcohol and they began drinking at an average age of 13 (Weston,YOUTH HEALTH AND LIFESTYLES,31-32) which is both a higher percentage of alcohol drinkers and a younger age of drinking than the interviewees in this study. The mean age the young people in this study started drinking was 15.

Given these comparisons, it seems fair to suggest the alcohol consumption of the young people in this study was average or perhaps slightly below average in comparison to their socio-economic and age peers. Despite this apparent normalacy a number of the interviewees defined their current or previous alcohol usage as problematic. Fifteen of the

interviewees, that is 17% of those who answered, said they had had a problem with alcohol misuse in the past and another two had listed alcohol abuse as an adolescent problem although not citing it here in response to the direct question about alcohol misuse. It is worth noting that three of the interviewees who said they had had an alcohol problem had been placed in an alcohol treatment facility while in care. Another seven (8%) said they had a current alcohol abuse problem in comparison to six per cent in the YOUTH HEALTH study with a younger population (Weston, 1980, 33). The difficulties experienced by those who felt they had a alcohol abuse problem are discussed below.

#### Drug Usage

As with alcohol usage, the drug usage of the young people in this study appears to be not dissimilar from the 1980 YOUTH HEALTH study although it seems the young people in this study used drugs more frequently whereas the young people in the YOUTH HEALTH study seemed to have used alcohol more frequently. In the present study 55 out of 90 interviewees (61%) said they had tried drugs and/or solvents (glue) at some time. In the YOUTH HEALTH study 49% had tried marijuana, nine per cent had tried solvents, and a smaller percentage had used other drugs (no total was given) (Weston, 1980, 35-37). Table Nine below lists the nature of drug usage in this study. Most of the interviewees who used drugs experimented briefly with marijuana while a few used a combination of drugs and five used narcotics.

TABLE NINE: THE STATED NATURE OF PAST DRUG OR SOLVENT USAGE

Type of Drugs Used	Nature of Usage	Number
Marijuana Use Only	Experimental	24
Marijuana and Derivatives	Experimental	2
Marijuana and Derivatives	Regular	12
Marijuana and Non-narcotic Drugs	Experimental	5
Marijuana and Non-narcotic Drugs	Regular	5
Narcotics	Problematic	5
Solvents Only	Experimental	1
Solvents Only	Regular	1
		-----
Total:		55

The 1985 CANADA'S HEALTH PROMOTION SURVEY also asked a few questions about drug usage. This survey found:

Prevalence of (marijuana and hashish) use is highest among...those 15-24 years old, 12% have used cannabis (in the past 12 months). (Canada, 1988, 53)

This is, as with the YOUTH HEALTH study, a lower percentage of marijuana users than was reported by the interviewees in this study. Nineteen of the 91 interviewees stated they were using drugs, which was primarily marijuana and its derivatives, at the time of the interview, eight regularly and the other eleven occasionally; that is 21% reported 'currently' using drugs which could be interpreted as a narrower time frame than the twelve months used by the HEALTH PROMOTION SURVEY, although a wider definition of 'drugs' was used here. In comparison to all categories -- that is socio-economic status, location and education (Canada, 1988, 53) -- the young people in this study indicated they used marijuana and its derivatives more frequently than other Canadians.

Just as the young people were asked whether they had had

an alcohol abuse problem, they were asked whether they had a drug abuse problem. The five narcotic users listed in Table Nine defined their drug usage as problematic and in addition two young Metis men said their present drug usage, which was primarily marijuana and its derivatives in both cases, was currently problematic for them; as well, two others listed drug abuse as an adolescent problem. In total, 31 of the interviewees defined a previous or current drug and/or alcohol problem. These 31 represent 34% of the interviewees, and consisted of an equal number of men and women and were eight Caucasian, 13 Metis and ten Treaty. Those young people who said they currently had a drug or alcohol abuse problem were all of Native ancestry.

#### Criminality

Fourteen of the interviewees had been or were in prison by the time they were interviewed. Eight, including one woman, were in prison when interviewed. These eight are nine per cent of the interviewee population, a higher percentage than those in prison at discharge from care which was six per cent of known cases. It is difficult to find direct comparative figures because Canadian prison statistics are divided between provincial and federal institutions and jurisdictions, and not defined in total by province, but in 1986 less than two tenths of one per cent (0.114%) of Canadians were registered as imprisoned (Canada, CORRECTIONAL SERVICES IN CANADA, 1987-88).

Of these eight who were in prison when interviewed six or

6.6% were in prison in Saskatchewan in provincial institutions compared to less than two tenths of one percent (0.110%) of the Saskatchewan population (CORRECTIONAL SERVICES IN CANADA, 1987-88). Approximately six per cent of those imprisoned in provincial institutions in 1986 were female offenders (CORRECTIONAL SERVICES IN CANADA, 1986-87, 56); the single female in this study represents a higher percentage -- 12.5% of those imprisoned or 16.7% of those imprisoned in provincial institutions. In Saskatchewan 50% of those admitted to provincial prisons were of Native ancestry (CORRECTIONAL SERVICES IN CANADA, 1986-87, 56) while people of Native ancestry comprised 7.8% of the Saskatchewan population (CENSUS CANADA, 1986). Five of the six young people in this study imprisoned in provincial institutions were of Native ancestry. What emerges from those figures is a clear indication that this population of careleavers had a substantially higher imprisonment rate at interview in 1986 than other Canadians.

However, Mint's 1987 study CHILD CARE AND ADULT CRIME which compared an in-care population to similar populations who had not been in care, indicated being in care may decrease the likelihood of adult criminal involvement. Kraus's 1981 findings tend to confirm this, if the placement history in care is stable. Because no similar group comparisons could be found for this study population the conclusions which can be drawn vis a vis the impact of being in-care on adult criminal behaviour are limited. This study population did have higher imprisonment than other Canadians; how this imprisonment rate would compare to a group not

admitted to care who had experienced similar adversities in their home life is not known.

No systematic search of arrest or prison records was accessible for this study population although police and correction authorities were contacted while trying to locate these careleavers where this seemed a likely source of information. On this basis it is possible to say that those interviewed were not apparently different from those not interviewed with regard to criminality. For example, six of the eleven young men who were in prison at discharge were interviewed, five were not.

Six of the 14 who had been in prison since leaving care were not in prison when interviewed and their circumstances vis-a-vis criminality varied considerably. One man had just been released from jail and was living in a halfway house and on probation. One man was facing charges and anticipated returning to prison; he described both drug dependency and continued criminal activity, primarily 'break and enters'. Four had been out for some time, and were not, when interviewed, involved in criminal activity; one of these young men described major continued drug problems.

Most of these young people had been or were imprisoned for some variety of theft, most commonly 'break and enters' but two spoke of public disturbances as a result of being drunk. The woman was imprisoned for assault which occurred while she was drunk. Two of the men had been imprisoned for sexual assaults. Ten of these 14 felt an alcohol and/or drug dependency precipitated their criminal activity and one man had mental health problems. As many of these ten were in

prison when interviewed, their substance dependency was 'under control'. Few, however, felt confident in their ability to control their dependency once released from prison. All of the young men had been in prison more than once.

#### Mental Health Problems

Four of the interviewees described mental health problems and in addition one of the men who was imprisoned had obvious mental health difficulties. These five were three women, two Treaty and one Caucasian and one Metis and one Treaty man. The two Treaty women were in psychiatric treatment and one was on medication. The other woman, who had been severely sexually abused while in care, had been in treatment. She and the Metis man described themselves as emotionally unstable and experiencing difficulty. This young man, who was illiterate, also described extreme excessive alcohol usage which he did not see as problematic. The interview with the young man in prison was incomplete because of his obvious mental health difficulties.

#### The Troubled Twenty

Waldo: I am scared for myself. I don't know I just don't have much self-positiveness left...all this stuff has been running around and I can't think straight...I have done a lot of drugs and stuff when I was on the street too eh...

As was noted at the beginning of this section about



troubles, 22 (24.2%) of the interviewees, seven women and 15 young men, described major post-care difficulties with one or more of the issues discussed above, often accompanied by other troubles which were examined in previous sections. For example, six of the women in this group had children and all had parenting difficulties, including one with a fetal alcohol syndrome child. These young people had a poor work history, and a few had never been able to find employment and could not realistically envision themselves as participating in the labour force. These individuals also tended to be unstable in their housing after discharge from care. Sixteen, or 73% of these 22, had five or more housing changes following care compared with 42 percent of the whole interview population.

In this group of 22 young people with major post-care difficulties, people of Native ancestry were disproportionately represented. Only three out of these 22 were non-Natives, one woman and two men. Eleven were Treaty Indians, including five women. The other eight were Metis, seven men and one woman. While their care experience varied from good quality care in one placement to severe abuse in the course of several placements, most had poor quality care. Eight were abused in care and another six described aspects of their care as inappropriate. They tended to have had an unstable placement history with only six being stable -- with fewer than eight placements -- and the remaining 16 had unstable placement histories. The vast majority, 17, moved into early independence.

There can be no question that this group of young people

included the most anguished of the interviewees. Not one of these young people described themselves positively and only one young woman (who was on medication) described herself as very happy. Sixteen described themselves negatively and the other six gave both positive and negative self descriptors. These 22 spoke of identity confusion, grappling with substance dependencies and the sometimes resultant petty crime, loss of their children, relationship difficulties, imprisonment and other difficulties.

The degree of difficulty at the time of the interview varied. A few could be seen as managing well at that moment but there was a sense of precariousness about their circumstances. Their history was such as to mitigate against optimism. Alcohol and drug misuse were the most frequently mentioned difficulties with 17 of these 22 saying they now and/or previously had an alcohol and/or drug dependency. Five talked of a drug addiction. The drug named most frequently was marijuana and its derivatives, but for these five among others, harder drugs were used including, for one woman, heroin.

For this group of young people the future seemed less than hopeful. In looking at their future these young people, along with the other interviewees, were realistic about the difficulties which faced them. Many spoke of some kind of 'reform' while others talked of wishing to establish relationships with lost members of their biological family. Many spoke of the future with the hope that they would indeed overcome their difficulties.

## Goals for the Future

Besides the specific questions about marriage and education, the young people were asked generally what their goals for the future were. Their answers, presented in Table Ten, were both immediate, such as completing their current education, and far-reaching, such as owning their own business. Most of their goals related to issues discussed in this chapter -- housing, career goals, family life, and reform for those with difficulties. Employment and education goals were the most frequently mentioned.

To some extent the goals of maintaining the status quo and leading a 'normal life' can be seen as analogous and were mentioned primarily by those who were employed and leading settled lives. Helping others was mentioned by only two young people (or five if being a foster parent is included). It is worth noting however, that in the process of describing their lives twelve discussed participation in community affairs. This participation included, among other activities, a board member of a Metis organization, coaching a Little League team, an executive position in the student section of a professional organization, and volunteer work. One young woman was a foster parent. These young people were participating and making a contribution to their community.

The issue of biological family relationships are considered in the next chapter. The 14 who wished biological family contact included six young people who had no contact with any member of their biological family and eight who wanted contact with other family members.

TABLE TEN: GOALS FOR THE FUTURE

Goals	Number Listing
Employment and Education:	
Find Employment	34
Improved Employment	12
Career Enhancement	4
Begin Education	26
Finish/Continue Education	21
Own Private Business	8
Financial Success	3
Family Life:	
Have a Good Family Life	6
Be a Good Parent	13
Be a Foster Parent	3
Partnership Success	5
Other Relationships:	
Find Biological Family	14
Improve Relationships with:	
Biological Family	3
Foster Family	1
Housing:	
Move into Independent Housing	5
Improved Housing	2
Purchase a Home	1
Reform:	
Drug and Alcohol	4
Criminality	8
Emotional Stability	1
General:	
Maintain Status Quo	9
Lead a 'Normal Life'	10
Expand Skill in Music/Art	3
Relocation/Travel	6
Help Others	2

N = 90

Total: 204

Note: Three answers possible.

The goals these young people set for themselves were in line with their capacities. They can also be seen as developmentally appropriate and a realistic reflection of their circumstances.

## OUTCOME PROFILE

A composite measure, an outcome profile, was developed using a cumulative combination of factors scaled from +2 to -2. The way this profile was developed is described in Appendix F. The factors, which have all been discussed in this chapter were: post-care housing instability, educational level at interview, level of income assistance received following discharge from care, amount worked following discharge, happiness rating, self-definition rating, parenting, partnerships and the presence of other major problems.

This produced a range from -10, the worst possible rating, to 4, the best possible rating, with a median of 0. The distribution is shown in Table Eleven and shows a skewedness towards the upper end. That is on balance, using these

TABLE ELEVEN: OUTCOME PROFILE

Quartiles	Rating	Number	Percentage
Highest (Very Good)	4	2	2.2
	3	13	14.3
	2	11	12.1
-----			
Second (Good)	1	13	14.3
	0	12	13.2
-----			
Third (Fair)	-1	8	8.8
	-2	4	4.4
	-3	4	4.4
	-4	3	3.3
-----			
Lowest (Poor)	-5	5	5.5
	-6	7	7.7
	-7	6	6.6
	-8	0	0.0
	-9	2	2.2
	-10	1	1.1
		-----	-----
		N = 91	100 %

factors as a way of assessing outcome, more of the young people who were interviewed were doing better than worse when weighed against each other.

When the outcome profile for the 91 was divided into quartiles, as shown in Table Eleven, the lowest quartile of 21 were frankly doing badly. These are the 'Troubled Twenty' described earlier. This group could be defined as multiproblem and included most of those who were or had been in jail, those with mental health problems, partnership difficulties, parenting problems, drug and/or alcohol dependency problems, low self esteem, poor education, poor work history, high income assistance receipt and housing instability. Of course, not all had all these characteristics but all had four or more of these factors present.

The third quartile of 19 were not as critically encumbered with problematic issues when interviewed. They had poor education: 15 had Grade Nine or less and only one had graduated from high school. They had worked less than the norm. Lack of education or under-employment can be seen as the major concern of this group. Some of this group had faced critical issues since leaving care but when interviewed had overcome these and were coping relatively well. Two had been in jail and ten described previous drug and/or alcohol problems or their current usage was much higher than the norm.

The other 51 in the top two quartiles, of 26 and 25 individuals respectively, were characterized by a absence of problems with the highest quartile having a higher educational level. All but five in the highest quartile had graduated from high school and eight had a better than high

school education, either university or career training. Self-definition and happiness levels for both these two groups were positive, though not for all -- generally because of specific current issues. These young people also had a good work history, although some were still in school.

When this outcome profile was tested against the quality-of-care factors examined in Chapter Five, a number of these were significantly related. These influences were in the direction which could be anticipated. That is, those who were abused in care ( $P<.01, R=.32$ ), had a greater number of placements to age 16 ( $P<.01, R=-.26$ ), and also a greater number of placements to age 18 ( $P<.001, R=-.39$ ) had poorer outcomes.[7] Ferguson (1966,137) and Fanshel et al (1990, 206) found a relationship between in-care placement instability and poorer early adult outcomes. Not moving into early independence showed the highest correlation with good outcome ( $P<.001, R=.45$ ). This is in keeping with Triseliotis' findings that where the foster home relationship broke down

TABLE TWELVE: OUTCOME BY GENDER AND RACE

	Below Median		At or Above Median	
	Number	%	Number	%
Treaty Indian:Female	8	73	3	27
Male	7	64	4	36
Metis:Female	6	32	13	68
Male	10	50	10	50
Caucasian:Female	4	29	10	71
Male	5	31	11	69
Totals:	40	44	51	56

in the teenage years the chances for a "settled way of life are considerably reduced" (1980a,154). Similarly Zimmerman found an older age at discharge along with fewer placements and no readmissions were related to a good outcome (1982,89-98). If there were ever any independent placements the outcome was also likely to be poorer ( $P<.01, R=.27$ ). Race was also significantly related to outcome ( $\text{Chi-sq}=7.75, P<.05, \text{df}=2$ ) but gender was not.[8] The outcome distribution by gender and race are shown in Table Twelve above. Outcome is divided, as it was in the testing, at the median.

One other factor significant to outcome was assessed maturity at discharge ( $\text{Chi-sq}=32.87, P<.001, \text{df}=3$ ). Maturity at discharge was discussed in Chapter Five and based on the final recordings in the file. Outcome by rated maturity at discharge is presented in Table Thirteen. None who were rated as immature at discharge had an outcome in the two higher quartiles and conversely few who were rated mature had a outcome in the lower two quartiles.

When the statistically significant factors listed above are analysed using multivariate regression analysis .43 of the variance in outcome is explained. Assessed maturity at

TABLE THIRTEEN: OUTCOME BY RATED MATURITY AT DISCHARGE

Maturity:	Outcome: Below Median		At or Above Median	
	Number	%	Number	%
Mature	3	12	22	88
Moderately Mature	6	26	17	74
Moderately Immature	13	57	10	43
Immature	14	100	-	-
N = 85	Totals: 36	42	49	58



discharge is the strongest factor at 1.65/assessed level. The other factors fall into the following order: being a Treaty Indian (1.11), the number of placements (.03/place-ment), early independence (1.01), being abused in care (.93), and finally being of Metis descent (.57). Observationally, it can be said that the dividing line between a poor unproductive adult life and a moderately fulfilling adult life lies somewhere in the third quartile. This particular borderline group of young people appeared vulnerable and their position precarious. Perhaps to fully understand their outcome it is necessary to look not just at their circumstances but also at their supports, their families. It is this material which is examined in the next chapter.

#### SUMMARY AND CLOSING REMARKS

Most of the major findings indicated these young people were doing less well than their non-care peers and this was generally consistent with the findings of the British studies discussed in Chapter Two. The major findings were:

1. The overall unemployment rate for the 69 interviewees who had been or were in the labour force at any time was 42.5%. This unemployment rate is 2.5 times the unemployment rate of their Saskatchewan age peers except for those of Native ancestry who had an equally high unemployment rate.
2. Conversely income assistance receipt after discharge from care was high with approximately one-third of the study population in receipt of income assistance for most of the time since discharge from care (a period of 28 months). Income

assistance receipt went up over time and this was consistent with the findings of Stein and Carey (1986,94-104). It is likely that this increase in income assistance receipt by this population of careleavers was at least in part due to a general increase in unemployment and income assistance receipt during the time period covered by this study.

3. The single significant factor related to the level of income assistance received after discharge from care was educational level at discharge from care ( $\text{Chi-sq}=20.53$ ,  $P<.01$ ,  $\text{df}=6$ ). As was noted in the previous chapter the level of education achieved by this group of careleavers was low and had not improved any notable amount by the time they were interviewed. A majority of the interviewees (87%) wanted to further their education.

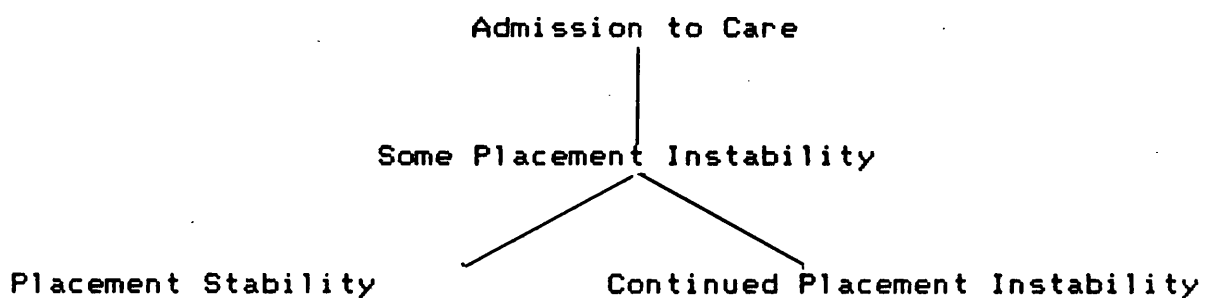
4. Equally disturbing was the information about parenting. The young women in this study had a higher birth rate than their non-care peers and their parenting skills were seemingly poorer. Sixteen (42%) of the 38 children born to the 26 women, who were interviewed and had children, were not reared by them and most of these had been admitted to care. Fifty-seven per cent of the children of the men interviewees were not being reared by them. Those young women who had been pregnant while still in care seemed to have more difficulties parenting than those women whose first pregnancy was later. No other studies about careleavers presented such a high level of parenting difficulties. It was suggested that perhaps these young women (and men) and their children, most of whom were of Native ancestry, continued to be part of the over representation of Native children in care which Johnson

documented in NATIVE CHILDREN AND THE CHILD WELFARE SYSTEM (1983). However since the non-Native young women also had a high rate of non-parental care, though lower than the Native women, other factors such as the poor quality of care may also be implicated. The combined factors of unemployment, or conversely high income assistance receipt, coupled with the high incidence of non-parental care would tend to indicate a cycle of care-poverty-care has been established.

5. Fourteen of the interviewees had been or were in prison by the time they were interviewed. Eight, including one woman, were in prison when interviewed. These figures indicated a higher imprisonment rate than their non-care peers although direct comparative figures were not available. Those careleavers who were imprisoned also spoke of alcohol and/or drug addiction difficulties, although neither the drug or alcohol usage amongst this group of careleavers appeared to be any higher than amongst their age or income level peers.

6. In comparison to their age peers the young people in this study were less 'happy'. More of the young people in this study were 'Not Too Happy' than the lowest income quintiles in CANADA'S HEALTH PROMOTION SURVEY. These statements of happiness could be seen to reflect the difficult circumstances in which these young people found themselves.

Finally an outcome profile in which a number of factors were grouped together to produce a composite outcome for each of the interviewees was developed. This outcome profile was examined against the quality of care factors discussed in the previous chapter and are depicted below in an extension of Diagram One: Patterns of Care from the previous chapter.



Characterized by:

Younger age of admission  
 'Good' care

Some adolescent Movement  
 Characterized by:

Supportive relationships  
 Late independence  
 Section 44 participation  
 Grade Ten or better  
 education

Maturity at Discharge

Caucasian  
 Supportive adult  
 relationships

'Good' Adult Outcome

Employment  
 Low or no I.A. receipt  
 Positive self-description

Characterized by:

Discharge from and  
 readmissions to care  
 Unplanned movement  
 Poor quality-care(abuse)

Adolescent Instability

Characterized by:  
 Institutional placements  
 Withdrawal of or intermittent  
 financial support  
 Pre-18 independence  
 No Section 44 participation  
 Grade Nine or lower education  
 Delinquent behaviour

Immaturity at Discharge

No skills  
 Native ancestry  
 No supportive adult  
 relationships

'Poorer/Poor' Adult Outcome

Continued housing  
 instability  
 Intermittent or no employment  
 High I.A. receipt  
 Parenting difficulties  
 Criminal involvement  
 Negative self-description

DIAGRAM ONE: PATTERNS OF CARE AND OUTCOME

# ENDNOTES

1. The conversion method used was: All=100%, Almost All=83%, More than Half=67%, Half=50%, Less than Half=33%, Occasionally=17%.

2. This 'eligible months' adjustment was based on information obtained while trying to locate the careleavers. This information was not always confirmed nor available. Nonetheless this adjusted figure can be seen as more accurate than the straightforward post-discharge months would have been because it accounts for some of this ineligible time.

3. Two chi-square tests were done based on the whole study population. The first was based on all pregnancies while in care, as taken from the child-in-care files. The second was based on a systematic search of health care records which listed dependents. Neither test showed any significant relationship between pregnancies and/or live births and racial origin.

4. The average birthrate for 15- to 19-year-olds in Saskatchewan for the years 1981 to 1985 was 48 (VITAL STATISTICS BY HEALTH REGION) while the average yearly birthrate for the total study population up to age 19 for the same years was 74. The average birthrate for 15 to 24 year olds in Saskatchewan for the years 1981 to 1986 was 86 in comparison to a birthrate of 144 for the same years for the interviewees. This second comparative figure can be seen as less accurate than the first because of the incomplete age overlapping. In both cases however the birthrate for the young women in this study was considerably higher than among their age peers in Saskatchewan.

5. 'CANADA'S HEALTH PROMOTION SURVEY was a telephone survey...it excluded the 3% of Canadians who do not have telephones. While this does not greatly bias the aggregate picture, it is significant given the relationship between health and economic status that the ACTIVE HEALTH REPORT documents.' (Canada,1989,4)

6. Responses to the frequency of alcohol consumption were: 2 said every day (1 male); 4 said three to five times a week (3 males); 17 said one to two times a week (6 males); 37 said less than one or two times a week (18 males), and 31 said none (19 males) for a total of 91. The responses for the drug usage were: 72 said never (33 males and 39 females); 11 said occasionally (7 males); 6 said regularly (5 males); and 2 males cited problematic usage.

7. Placement stability was also significantly related to outcome (Chi-sq=10.84, P<.05, df=3).

8. Not only was race significantly related to outcome but the appearance of being Native was also significantly related to outcome (Chi-sq=3.26, P<.02, df=2). Those who looked more Native had a poorer outcome.

## CHAPTER SEVEN

### KINSHIP

#### INTRODUCTION

The material presented here, about kinship, is based on some premises which were discussed in Chapter Two. An assumption is: 'interaction among kin is frequent and functional even in most urban industrialized areas' (Lee, 1980,923). In Canada, kinship tends to be uni-ethnic with rural families, including Native families, having a stronger religious, ethnic and cultural identity because of geographic isolation (Ishwaran,1983).

While kinship is normally assigned and obligatory this was not necessarily the case for this group of young people. There were two distinct legal steps which could have affected their kinship assignment: the processes of reception into care and discharge from care. All the study participants were permanent wards. The first question is: whether permanently legally ending their biological parents' responsibilities severed the relationship between the children and their biological kin network. If these relationships were not always severed, for whom they were maintained. The second legal process involved discharge from care. Here, the questions are: are the relationships

established while in care continued? For whom, and under what circumstances? Because of the disrupted kinship pattern, a broad interpretation of kinship has been used.

The chapter begins with descriptive material about the level of contact with biological kin while in care. As this information was available for the whole study population from their child-in-care files, all 206 of the study population are discussed. The second half of the chapter looks at kinship relationships for the interviewees.

It appeared that little attention was given to the way in which biological family relationships would be managed through the care process. The Department's response to these kinship issues seemed to be reactive and therefore dependent on the biological families' responses to the children rather than proactive. Kimmelman's findings were similar in his 1984 Manitoba study. There also appeared to be little planning done by the caregivers through the discharge process. Very few of the interviewees could recall specific discussions with foster parents, and fewer still with social workers, about long range kinship relationships. One of the consequences of the lack of attention to kinship was the inadequacy of the file information. The nature of these difficulties was discussed in Chapter Three and it was suggested there that this kinship information be interpreted cautiously because of these limitations.

When the information about kinship contact was collected from the files, two measurements of contact were taken. The first was for the years from admission to approximately age 16 which here will be called the "care years". A second

identical measure of kinship contact was taken for the last two years in care and this is called the "pre-discharge" period. The same contact rates were used during the interviews and all are listed in Appendix B and D. The two final years were measured separately because in these years the children in care were establishing independent lives and therefore able, at least potentially, to have some control of their kinship contacts. The intent was to measure whether or not there was a difference between these years and the earlier years in care. Ideally a measure which captured the amount of contact around admission to care would have enabled another measure of change over time, however it simply was not possible because of the sketchy file information.

In general it is important to remember the contact information used in this initial part of the discussion is the agency's viewpoint only and more contact may have occurred than was recorded in the file. This discrepancy is particularly problematic in the pre-discharge years when the agency no longer appeared to have the ability to control contact. The amount of contact with biological family while the young person was in-care was not specifically queried of the interviewees but the statement 'I was sneaking over to see my mother....' was made by some. It must therefore be acknowledged that the contact levels in the first part of the chapter are only an averaging based on the information from the files.



## BIOLOGICAL FAMILY CONTACT WHILE IN CARE

## Contact with Parents

## Level of Contact

Most of these children had some contact with their parents while they were in care. However, only a quarter had regular contact and more had none. Table One shows the number having contact and the amount of contact; Table Two later summarizes this information. As the figures in Tables One and Two indicate, a third of these children in care had no apparent contact with their parents while they were in care. Fifteen per cent of their parents were deceased,

TABLE ONE: PARENTAL CONTACT WHILE IN-CARE

Amount of Contact:	Care Years			Pre-discharge Years		
	-----			-----		
	Mother	Father	Both Parents	Mother	Father	Both Parents
Once or Twice only	20	17	4	11	8	2
Less than Yearly	10	8	4	7	3	1
Yearly to Quarterly	11	9	5	17	6	7
More than Quarterly	16	5	4	14	9	6
Monthly or More	13	3	0	11	3	0
Lived Together	1	1	0	5	4	2
Contact Unknown	0	1	1	1	2	3
Parent Deceased	27	24	5	32	27	7
None	18	48	67	16	52	64
Totals:	116	116	90	114	114	92

increasing slightly to 18% by the time they were being discharged from care. Less than nine per cent had contact with both parents; where contact was maintained it was usually with one or the other parent, most frequently the mother. The figures in Table One indicate a slight increase in the frequency of contact in the pre-discharge years, though not in the number having contact. The level of incidental contact decreased in the pre-discharge years and a few more were living with their parents.

In Table One, the two who lived with their parents during the care years were a young man with many admissions who also lived with his mother while in-care and a young woman whose foster family employed her father. He lived on the farm in a separate house. In the care years the 'once or twice only' contact was usually shortly after the child came into care.

In Table Two regular parental contact is defined as a minimum of yearly or more contact with one or both parents throughout the time period. Excluded are those cases where both parents were deceased or the contact rate for both parents was unknown. The second set of percentages in parentheses, provided for comparison, are Festinger's 1983 findings for all kin contact for the 200 careleavers in her study who were discharged from foster homes (75). The percentages in both studies having regular contact are similar; however, the percentages having no or low/irregular contact are quite different. These differences will be discussed once all the kin contact data has been presented.

Length of time in care was significantly related to parental contact level as summarized ( $\chi^2=52.57, P<.001, df=6$ )

TABLE TWO: SUMMARY OF PARENTAL CONTACT UP TO DISCHARGE FROM CARE

Amount of Contact: -----	Care Years -----		Pre-Discharge Years -----	
	Number	%	Number	%
None(includes Unknown)	86	43%(22.5%) <sup>*</sup>	96	49.2%(14.5%)
Low or Irregular	52	26%(48%)	22	11.3%(57.5%)
Regular	62	31%(29.5%)	77	38.5%(28%)
	-----		-----	
N =	200		195	

<sup>\*</sup>These figures taken from Festinger, 1983, 75.

and to all other parental contact measurements, that is, to both contact with mother or father during the care years and the pre-discharge years.[1] Those who were in care the shortest length of time had the most regular parental contact. None who spent more than 16 years in care had regular parental contact and most had none: 24 out of 28 (86%). Number of admissions to care was also significantly related to total parental contact, with those who had more admissions having a higher contact rate ( $\text{Chi-sq}=15.8, P<.01, \text{df}=4$ ).

The relationship of both the length of time in care and the number of admissions to care to parental contact seems straightforward. Those who were in care for a shorter period of time would have been older when admitted to care, and therefore have had an established parental relationship which was of some importance and therefore to be maintained. The same is likely for those with a larger number of admissions to care, where contact with parents would occur both to facilitate a return of the child to the parents and while the child was living with them. A considerable amount has been

written about the necessity of planned parental contact if the child is to be returned to parental care (Adcock,1980; Block and Libowitz,1983; Fanshel,1975 and 1977; Fanshel and Shinn,1978; Jenkins and Norman,1972; Lawder et al,1985; Pike, 1981; Sherman et al,1973; Triseliotis,1980b; White,1981). The relationship between parental contact and reunification with parents would seem to be true for this study, even though in this particular sample of children in care all eventually remained permanently in care.

However, beyond these self-evident relationships the data in this study would tend to contradict other findings. As was demonstrated in Chapter Four, those with a higher number of admissions to care and those who were in care for a shorter length of time experienced greater placement instability. Since both these factors were significantly related to high parental contact it would follow that those with the greatest placement instability would have the highest level of parental contact. This is the case ( $\chi^2=17.57, P<.01, df=6$ ); however, the nature of this influence is unclear. While the balance of the research would indicate that parental visiting contributes to better adjustment in foster care (Fanshel and Shinn,1978,486; Thorpe,1980; Weinstein,1960), Fanshel and Shinn also noted that visiting in long term care created strain or stress for some children (1978,488). Perhaps the already noted apparent inattentiveness (and resultant inconsistency) in relation to kinship contact by the Department, which did seem to include parental contact, created stress for these young people, which in turn contributed to placement instability. Only very tentative

conclusions are possible because of both lack of real planning around kinship contact and incomplete file information. The long range impact of parental or kinship contact for children in care has received scant attention (Festinger, 1983,74). Outcome, as presented in the previous chapter, and kinship contact, including parental contact, will be discussed once all the kinship contact has been presented.

Whatever the relationship between parental contact and placement instability, it could be argued that for those children in care who do not establish secure foster family placements the maintenance of biological parental contact is important because it represents some consistency of contact with certain adults. Of the individual parental contact measures, the only one which was statistically significantly related to placement stability was contact with the mother during the care years ( $\chi^2=11.94, P<.01, df=3$ ). The fact that contact with mothers was significantly related to stability likely occurred because on the whole where contact occurred it was more frequently with the mother. This is reflected in the fact that all the contact figures for all the years given in Tables One are higher for the mother.

Neither the race nor gender of the child was significantly related to the level of parental contact. It appears that during the care years, fathers of Native ancestry had less contact with their children-in-care than non-Native fathers.[2] The lower marriage and cohabitation rate amongst the parents of Native ancestry likely influenced the father's legal and actual involvement pre-care and therefore the level of contact while the child was in care.

### Satisfaction with Parental Contact

It remains to comment on parental contact from the interviewees' viewpoint. No specific question about satisfaction with parental contact was asked. Instead, the question asked was a general one relating to all biological family members. Nonetheless, satisfaction with biological family contact and actual parental contact were significantly related ( $\chi^2=6.16, P<.05, df=2$ ) and are given in Table Three. The most satisfied were those young adults whose placement history was stable (seven or fewer placements) who had no or regular parental contact, and the least satisfied were those young adults whose placement history was unstable who had low or irregular parental contact. Stability and satisfaction with contact were significantly related ( $\chi^2=4.3, P<.05, df=1$ ).

The relationship between placement history, the amount of contact with parents, and satisfaction with biological family contact would tend to indicate that there is no simple rule

TABLE THREE: AMOUNT OF PARENTAL CONTACT BY SATISFACTION WITH BIOLOGICAL FAMILY CONTACT

Amount of Contact:	Satisfaction with Contact:		
	Yes	No	Total
None	20	10	30
Low or Irregular	13	23	36
Regular	9	8	17
	----	----	----
N=	42	41	83

regarding the importance of parental visiting for children in long-term care. It seems the least satisfying of alternatives was irregular or low contact with parents, though this only became of particular importance where the child's placement history was unstable (eight or more placements). It is possible to postulate that for those children who were stable, irregular or low parental contact was not unsatisfactory in the long run because they developed some security in another family setting. Since both regular and no parental contact were described as satisfactory by those young adults who had a stable placement history perhaps either of these alternatives could be seen as acceptable.

It was not clear from the information contained in the file whether no or regular contact with parents occurred because of the child's needs or because of the characteristics of the foster home as either inclusive or exclusive (Holman, 1980). It appeared from the comments of the interviewees that where the foster parents were inclusive the child could successfully request parental contact while where the foster parents were exclusive the child either held back from requesting parental contact knowing the wishes of their new parents, or was unsuccessful in obtaining parental contact. As with other issues regarding kin contact, it appeared the Department was reactive rather than proactive. The issue of satisfactory parental contact for those with unstable placement histories needs to be interpreted differently. For these young people biological parental contact would, at least potentially, have greater importance because no satisfactory alternative family relationships were established.

## Contact with Siblings

### Level of Contact

For 189 of the young people in this study population, there were 1084 known siblings; 17 had no known biological siblings. Of these biological siblings, 68% were also in care and 60% of these were placed with the study participant at some point in time during their care careers. Simultaneous placements with siblings tended to decrease over time in care for these children. In spite of this decrease over time, almost half -- 93 or 49% -- of those with siblings were reared with at least one other sibling, and nine were reared with all their siblings. The amount of sibling contact which occurred in this study are similar to the sibling contact which Festinger reported. She noted that 71.8% had lived with a sibling sometime during placement (1983,87) compared to 79.4% in this study; while 91.5% had been in touch with a sibling (87) compare to 93.1% in this study.

Sibling contact information is given in Table Four. Sibling contact apparently decreased over time. The major shift into the pre-discharge years was that contact was lost with 151 siblings. As with parental contact, the incidental contact fell off and a few more had died. Unlike parental contact, where there was a slight increase in the amount of contact in the pre-discharge years, for siblings the level of contact decreased. In other words, the care process involved the loss of biological sibling contact at least in the the pre-discharge period.



TABLE FOUR: SIBLING CONTACT WHILE IN CARE

Amount of Contact:	For the Care Years		For the Pre- discharge years	
Once or Twice only	171	16%	69	6%
Less than Yearly	54	5%	10	1%
Yearly to Quarterly	97	9%	109	10%
More than Quarterly	91	8%	100	9%
Monthly or More	27	3%	25	2%
Lived Together	175	16%	104	10%
Contact Unknown	35	3%	76	7%
Deceased	12	1%	18	2%
None	422	39%	573	53%
<hr/>				
Totals:	N = 1084		100%	

In order to simplify the information, a combined variable was developed for the 180 who had siblings with whom they were not reared. In this instance high sibling contact was interpreted as minimally yearly or more contact with any one sibling for the entire care period (excluding siblings with whom they were reared in care). That is to ask: What level of sibling contact was maintained if siblings were not placed together? The results are shown in Table Five below.

As with parental contact, race and gender were not significantly related to sibling contact as measured in this

TABLE FIVE: LEVEL OF SIBLING CONTACT

Level of Contact:	Number	Percentage
None	30	16.7%
Low or Irregular	87	48.3%
Regular	61	33.9%
Unknown	2	1.1%
<hr/>		
N=	180	100%

way. Excluding those who were reared with all their siblings, the number of siblings and the level of sibling contact were significantly related ( $\chi^2=27.09, P<.001, df=6$ ) with those with more siblings more likely to have contact, both low and irregular or regular contact levels. This more frequent contact rate where there were more siblings can be seen as a result of numbers alone and would point to the fact that those of Native ancestry who came from larger families would be more likely to have higher sibling contact. This is true particularly in the low and irregular category but as already stated the difference was not statistically significant ( $\chi^2=7.76, P<.15, df=4$ ).

As would be expected, the level of parental contact and sibling contact were significantly related to each other ( $\chi^2=68.57, P<.001, df=4$ ) and similar in all categories. That is, those with no parental contact also had no sibling contact, etc. Total time in care was also significantly related to sibling contact ( $\chi^2=42.62, P<.001, df=6$ ) with none of those who were in care for 16 years or more having regular sibling contact, and regular contact occurring for those who had been in care less than eleven years.

Interestingly, satisfaction with biological family contact and level of sibling contact were not significantly related. The interviewees with siblings were split almost evenly as satisfied or dissatisfied with their biological family contact whatever level of sibling contact they had. As with parental contact, sibling contact through the care experience was highest for those with an unstable placement history (eight or more placements) ( $\chi^2=6.19, P<.05, df=2$ ).

## Other Biological Kin

On the whole, biological kin contact was not designated as important in the file recordings and there was little evidence that the kin relationships were explored as either a placement possibility or as an ongoing support for the child; Kimmelman made the same observation regarding a Native child-in-care population in Manitoba (1984,70-71). If kin were clearly involved in planning this was usually supported. But, it seems fair to suggest, the response to kin was reactive rather than proactive. As with other contact material, this information was taken from the files and therefore the limits discussed elsewhere apply here as well, with the added proviso that since kin contact was not seen as important, it was given even less attention.

Grouping all maternal and paternal kin together, 85 of these children in care apparently had contact with kin; the majority, 121, did not. Race was significantly related to known contact ( $\chi^2=12.57, P<.01, df=2$ ) with Caucasian children more likely to have contact with these kin than Native children. Kin contact was more likely to occur in conjunction with parental and sibling contact ( $\chi^2=28.3, P<.001, df=2$ ;  $\chi^2=14.67, P<.001, df=2$ ) and, as with parental and sibling contact, more likely to occur the shorter the time in care ( $\chi^2=14.85, P<.01, df=2$ ). Neither satisfaction with biological family contact nor gender were significantly related to kin contact. Unlike parental and sibling contact, placement instability was not significantly related to kin contact, in part because of the predominantly Caucasian

children who were reared by kin in stable placements. These kin placements likely also account for the fact Caucasian children had more kin contact, as noted above.[3]

More maternal kin were involved than paternal kin and more maternal grandparents than paternal grandparents. This is *prima facie* understandable since 22% of the mothers were neither married nor living with the father at the birth of this child, and more were separated when the child was taken into care. Eighty-one maternal kin were listed as being in contact with the study population, and 42 paternal kin.

#### Biological Family Contact: Other Issues

As mentioned, the young people were asked if they were satisfied with the amount of contact they had with their biological family members while they were in care. Forty-three (47.3%) said they were satisfied, 42 (46.2%) said they were not, three (3.3%) said they were uncertain because they did not know what amount of contact they would have liked, and three (3.3%) did not respond. The interviewees were also asked whether they were satisfied with the amount of information they were given about their family. Satisfaction with contact and satisfaction with the amount of information they received correlated ( $P < .001$ ;  $R = .56$ ) although more, 54 (59.3%), were satisfied with the information they were given. Thirty-two (35.2%) were not satisfied, 26 of these said they did not get enough information and six said the information they were given was inaccurate.

Neither race nor gender were significantly related to

satisfaction with the amount of contact nor to the amount of information given. However gender was significantly related to the amount of information they felt they received with females more likely to say they received more information than males ( $\text{Chi-sq}=6.38, P<.05, \text{df}=2$ ). That is to say, the young men were apparently as satisfied with the information they received about their biological families as the young woman even though they felt they received less information.

Festinger examined gender differences with regard to biological family contact. She noted that lack of early contact resulted in a poorer sense of well-being and poorer foster family relationships, but only for females (1983, 78-80). In this study outcome, as defined in the previous chapter, and biological family contact were not apparently statistically significantly related to each other, however, there were some gender differences which at least suggest the need for further examination of gender as a factor in the management of biological family contact for children in care. Contact with the mother for the care years and the pre-discharge years are inversely related to outcome, that is, the greater the amount of contact the worse the outcome, and not statistically significant. In the pre-discharge years, however, there was considerable difference between the young women ( $P=.3, R=-.09$ ) and the young men ( $P=.06, R=-.24$ ); that is, for the young men, the amount of contact with their biological mother appears to have a stronger negative relationship to their eventual outcome. Contact with the father was also not statistically significantly related to outcome. But while for the young

men the inverse relationship (as with the mother) between contact and outcome was also true with the father, for young women the relationship reversed so that the greater the amount of contact with their biological father, the better the outcome (as already noted, this was not significant). These gender differences merit further investigation.

Both satisfaction with contact and the information they were given were significantly related to their assessment of the quality of care ( $\chi^2=6.68, P<.05, df=2$ ;  $\chi^2=9.67, P<.01, df=2$ ). As has been noted, satisfaction with the amount of contact related to the level of contact, with those with no or regular contact more satisfied than those with low irregular contact.

The interviewees were also asked with whom they would have liked more contact. Forty-six responded: of these 25 said siblings and parents, 14 said parents, and seven said siblings. These 46 were asked why they thought contact had not occurred and their answers are given in Table Six. Some of those who cited foster parents' attitude did not pursue their wishes for fear of creating difficulty for themselves or offending their caregivers.

TABLE SIX: REASONS FOR LACK OF BIOLOGICAL FAMILY CONTACT

Reason:	Number (%)
Parents did not Wish Contact	3 (6.5%)
Social Services Unable to Arrange	3 (6.5%)
Requested: No Attempt to Arrange	6 (13.0%)
Did Not Discuss Wishes	8 (17.4%)
Foster Parents' Attitude and Action	8 (17.4%)
Denied by Social Services	13 (28.3%)
No Reason Given	5 (10.9%)
<hr/>	
Total:	46 (100%)

## BIOLOGICAL FAMILY CONTACT AT INTERVIEW

### Parents

Patrick: ...my Mom...says they tried to tell her that she was an unfit mother... There is no way she could have been an unfit mother...she is just like too loving and too caring for me to have to go that many years without seeing her.

Forty-seven of the 80 young people who were interviewed and had one or both parents living were in touch with them at the time of the interview. That is, 59% of these young people were in contact with their biological parents, and for the majority this contact was regular, frequent and of some importance to them. The percentage in touch with their biological parents drops to 51.6% if the deceased parents are not excluded; the comparative figure which Festinger gave was 48.3% (1983,172). These two figures are surprisingly similar considering the 30% differences in contact rate between the two study groups for the pre-discharge period discussed earlier (see Table Two). Three of the interviewees were living with their parents at the time of the interview.

Information about parental contact is presented in Tables Seven and Eight. These tables include previous contact rates for the interviewees so that comparisons can be made between contact at interview and while in care. Although approximately the same number of young people were in contact with their parents as in adolescence, the level of contact changed. That is, the young people apparently had more frequent contact, particularly with their mothers, than they had had

TABLE SEVEN: INTERVIEWEES' CONTACT WITH THEIR MOTHERS

Amount of Contact:	Care Years	Pre-discharge	At Interview
No Contact	40	38	34
Deceased	12	14	19
Less than Yearly	20	12	5
Yearly to Monthly	15	20	14
Monthly or More	4	4	17
Lived Together	0	2	2
Unknown	0	1	0
	----	----	----
	N = 91	91	91

during adolescence.

It is possible or at least must be acknowledged that the contact information as taken from the files was inaccurate and that the apparently higher contact in adulthood is a result of a change in the source of information. It is clear, as stated earlier, that some young people were having contact with their parents unknown to their caregivers or that, where known, their contact could have been more frequent than was specified in the files. However, satisfaction with biological family contact was significantly related to the known level of parental contact as taken from the files. Since those with low and irregular contact were the least satisfied it seems likely that the file information had some accuracy. Therefore, this suggests that the increased frequency of contact as presented in Tables Seven and Eight, and the other tables about biological kin which follow, is a real change, although the change is probably less than indicated by the figures.

Parental contact while in care and contact at interview were significantly related ( $\chi^2=44.57, P<.001, df=4$ ) with (as indicated in the tables) a shift to more frequent contact.



TABLE EIGHT: INTERVIEWEES' CONTACT WITH THEIR FATHERS

Amount of Contact:	Care Years	Pre-discharge	At Interview
No Contact	53	52	37
Deceased	14	18	29
Less than Yearly	18	7	8
Yearly to Monthly	4	9	7
Monthly or More	1	1	8
Living Together	1	3	2
Unknown	0	1	0
	----	----	----
	N = 91	91	91

Neither race nor gender were significantly related to contact with parents at the time of the interview. As was the case for these young people while in care, more were in contact with their mothers than fathers, partly because more fathers were deceased. Twenty-two had mother-only contact, nine father-only contact and sixteen were in contact with both parents. For most this was a continuation of contact established in adolescence. For a few, contact diminished: five had less contact with their mothers, five with their fathers and two with both parents. Fifteen established new contact with their parents: one with both parents, five with their mothers only and nine with their fathers.

When the young people were asked who they loved and who they felt loved them, 13 named their mothers, five their fathers and six both biological parents. This is just half of those who were in contact with their parents and is some indication of the ambivalence with which they approached their parents. There was no dominant theme to their ambivalent reaction to their parents; this was coloured by their parents' adequacy in the past and current

circumstances, their own level of maturity and their care experience.

Many, like Patrick, found their parents to be loving and caring, sometimes despite their shortcomings. Others were haunted by the events of the past and, even though their parents were markedly changed or untroubled, the young people could not, because of the past, approach them without very mixed emotions. Those who had good care experiences frequently felt first loyalty to their foster parents although again a few, such as Barbara whose father worked for her foster parents, loved and cared for both sets of parents. Some were disappointed to discover their parents' inadequacies while others accepted their parents and loved them even though they saw them as inadequate or dependent individuals.

#### Siblings

Rachael: But my dream has always been to have a sister, to have someone to finally say 'We look alike!' and we do look alike ...I stopped seeing my [parents] regularly in Grade Eleven... Grade Twelve. From that point on I started meeting and phoning my sister Zelda and once that bond was established then I didn't need anybody else...

Sixty-nine of the 82 interviewees -- 84% -- who had siblings were in contact with them at the time of the interview, and most had frequent regular contact with one or more siblings. As with parental contacts this is a slightly higher figure than Festinger gave so her statement that 'siblings represented the most frequent tie to their families of origin' (1983,173) is even more true of these careleavers.

TABLE NINE: CONTACT WITH SIBLINGS AT INTERVIEW

Amount of Contact:	Care Years	Pre-discharge	At Interview
No Contact	186	241	154
Deceased	5	6	12
Less than Yearly	105	43	45
Yearly to Monthly	76	92	107
Monthly or More	6	10	114
Lived Together	68	32	17
Contact Unknown	6	28	3

-----  
N = 452 Siblings

Table Nine gives the contact rates for the 447 (five deceased) siblings of these 82 interviewees, and Table Ten gives the level of contact for the interviewees. High sibling contact in Table Ten is defined as monthly or more contact with any one sibling, or more than yearly and regular contact with any two or more siblings. Here again the amount of contact goes up and some of the siblings lost in the pre-discharge years reappear, although a third are not in contact.

Forty-four of the interviewees listed 153 siblings as people they loved; all except three of these 44 had a high level of sibling contact. For five interviewees siblings were the only people they listed (see Table Thirteen). The young people were also asked who they would turn to for help,

TABLE TEN: LEVEL OF SIBLING CONTACT AT INTERVIEW

Level of Contact:	Number
No Contact	13
Low: Less than Yearly	10
High: Yearly to Monthly Plus	58
Unknown	1
No Siblings	9

-----  
N = 91

to borrow money, for a place to stay, or for advice. On these criteria, siblings held a stronger position than the parents with 17 of the interviewees listing 37 of their siblings against only ten citing parents as sources of help -- five their mothers, three their fathers and two both parents.

On the whole these young people were more positive about their sibling relationships than their parental relationships. But there were exceptions, and these usually related to specific issues. For example, one young man was very upset with an older brother who had introduced him to the streets, drugs and crime. There was as well, for a few, a sense of not belonging with their siblings, a sense of discomfort because their histories had been divergent.

But the predominant theme was one of affection and support from and for siblings, which was true whether they were reared together or not. Thirteen were living with siblings, two of these with younger siblings for whom they were providing care and one with her parents and their younger children. The others were same-age siblings with whom they were sharing accommodation or older siblings who were 'caring' for them. This included two who had moved into the foster home of an older sibling when their own circumstances had necessitated moving.

Because sibling contact was so frequent at the time of the interview, quality-of-care factors were not significantly related to contact. There was a tendency for those of Native ancestry to have more sibling contact at interview, but they had more siblings. Those who had had contact with siblings

while in care were more likely to have post-care sibling contact and more frequent contact. So too, parental contact tended to be associated with sibling contact but more, as indicated, were in contact with siblings than parents. The eleven whose parents were both deceased all had high sibling contact and this included four pairs of siblings who were in the study.

#### Other Biological Kin

Gerard: [My grandmother] is the only one that will stick up for me. She's actually the one, if I really had a problem, I can talk to...I always respect her for her wisdom...I always like talking to her, having fun...we joke around.

Forty-five of the 91 interviewees -- 49.5% -- were in contact with other members of their biological families; three of these 45 had neither parental or sibling contact. Race was no longer significantly related to extended kin contact, as was the case earlier.

Eighteen of the interviewees were in contact with 25 of their grandparents. The maternal grandmother was the most frequently seen, cited by nine. All of these were also in contact with other biological family members. Forty-one of the interviewees were in touch with 136 extended kin, not including the 25 grandparents. Five were in contact with both maternal and paternal kin, 23 with only maternal kin and 13 with paternal kin. These kin were primarily aunts and uncles, but a few cousins are also included. In all, twelve interviewees, nine of them young men, listed these kin as

people they loved and/or could turn to for help (see Table Thirteen).

#### Summary of Biological Family Contact at Interview

Only 16 of these 91 careleavers had no contact at all with any other member of their biological family. These 16 were quite unique in profile and are described below. Eighty-four percent of those who had siblings were in contact with some or all of them. Forty-seven had contact with one or both of their parents and 45 also had contact with extended family members, three having contact only with these kin. The frequency of contact varied from minimal to weekly or living together and, for most, contact was frequent. Further, for many their biological kin, particularly their siblings, were among the people they loved and turned to for help (see Table Thirteen).

From adolescence into adulthood there was an increase in the level of contact with biological family members. For some this was newly-developed contact which came about both informally and by formal arrangement through the Department of Social Services. Patrick, for example, while in his teens met a friend of his brother's at a local hangout, and the friend introduced him to his brother. Some used the newly established Post-Adoption Service which was discussed in Chapter Two and a few others were planning to make contact with it. The increase in biological family contact among this group of careleavers would indicate the importance of

these relationships and lend support for the need of the established linking services.

The 16 who had no biological family contact were, with one exception, admitted to care as infants. The placement histories of this group of young people were stable. All nine interviewees who had no biological siblings are in this group. These 16 young adults were ten men and six women, and include only one Treaty Indian, the others being nine Caucasian and six Metis. Thirteen of these young people were well integrated into their foster families and one young woman into her adoptive family. Two young women did not have contact with their foster families because of the poor quality of their care experience with those families -- sexual abuse in one case and poor quality care in another.

Where there was dissatisfaction around parental contact in the adolescent years it occurred among those whose placement history was unstable and who had low or irregular contact. It would seem appropriate with this group of children in care to strengthen their ability to make contact with their biological family during those adolescent years, especially given the evidence that it occurs in any event as they move into adulthood.

These biological kin were for these young people only part of their kinship network. Another part was their foster family; these relationships are examined in the next section.

## FOSTER FAMILY CONTACT AT INTERVIEW

### Foster Parents

Mark: I've always told [my biological family] that the family I got adopted to will always be my family...because I have grown up there. I call my real mom by her first name, Irma. But I told my Mom, I've got a Mom and I will always call her Mom because she gave me my mothering.

Seventy-two of the interviewees were in contact with their foster parents at the time they were interviewed. Eleven were still living with or had returned to live with their foster families and most of the other young people had monthly or more contact. This level of post-care contact is consistent with other follow-up studies (Ferguson, 1966, 108; Festinger, 1983, 181-182; Triseliotis, 1980c, 152). More of the interviewees cited foster parents -- 48 mothers and 38 fathers -- as people they loved than any other group of people and more felt they would turn to them for help than any other people in their lives. Thirty-five listed foster mothers and 26 foster fathers as people they would turn to for assistance.

The amount of contact with foster parents is shown in Table Eleven. The contact levels in the table are based on contact with the foster mother: this was either the higher level or identical to contact with the foster father. Included for comparison is a similar summarized biological parent contact rate. As indicated, there was considerably more contact with foster parents than with biological



parents. Nineteen had no contact with foster parents but three of these did have foster sibling contact. In total 16 of the interviewees had no foster family contact whatsoever; this is the identical figure for those who had no biological family contact. Higher biological sibling contact equalizes the difference between foster and biological parental contact and foster and biological family contact.

In the case of foster family contact, the most significant relationship was with the foster mother. With one exception, none of the interviewees had more contact or described an independent relationship with the foster father, unlike the case with biological fathers where some of the young people had independent relationships with their fathers whatever the current circumstances between the parents. In addition to those foster fathers who were abusive, a few described poor relationships with their foster fathers, who

TABLE ELEVEN: CONTACT WITH FOSTER PARENTS AT INTERVIEW

Amount of Contact:	With Foster Parents		With Biological Parents	
	Number	%	Number	%
Living Together	11	12.1%	3	3.3%
Monthly or More	37	40.7%	23	25.3%
Quarterly to Monthly	8	8.8%	7	7.7%
Yearly to Quarterly	8	8.8%	8	8.8%
Less than Yearly	8	8.8%	6	6.6%
None	19	20.9%	44X	48.4%
Total:	91	100%	91	100%

XIncludes ten interviewees whose parents were both deceased.

were described by the young people as rather shadowy cold figures. Further, when the foster mother died the relationship with the foster family almost invariably broke down, especially if the death occurred when the young person was an adolescent or older.

Of the eleven who were living with their foster parents at interview, one was a Metis woman and the others, men: two Metis, two Treaty Indians and six Caucasian men. With one exception, their placement histories were stable (fewer than eight placements) and they had experienced neither abusive nor inappropriate care. The 37 who had monthly or more contact with their foster parents were mixed racially: nine Treaty, 14 Metis, 13 Caucasian and one of the Black men. Twenty-two were female and 15 male. These 37 also had a relatively stable placement history, with only three having very unstable placement histories (13 or more placements). In this group, those with greater placement instability did not necessarily remain connected with the foster parents from their last placement. All but eight of these 37 had biological family contact as well.

The eight who had quarterly or more but less than monthly contact were less positive about their relationship with these foster parents. This occurred for two main reasons: in three cases the young people described their care as somehow inappropriate though not abusive and in the other five cases the young people themselves were troubled and had distanced themselves from their foster parents. Similar to those with more contact, their placement history was stable with none having more than seven placements. All eight had

biological family contact, two with siblings only. Those 16 with less than quarterly contact had less stable placement histories and had experienced more abuse in care. These young people were more ambivalent in their attitudes towards their foster parents, although six in this group spoke warmly of their foster parents even though contact was less frequent.

While race and gender of the interviewees were not significantly related to foster parent contact at interview, inappropriate care ( $\chi^2=19.92, P<.001, df=2$ ), in-care abuse ( $\chi^2=11.5, P<.01, df=2$ ), placement stability ( $\chi^2=12.41, P<.01, df=2$ ) and pre-18 independence ( $\chi^2=16.81, P<.001, df=2$ ) were. Using multiple regression analysis with these four factors accounted for 26% of the variance and ranked these factors in the following order: pre-18 independence (1.08), inappropriate care (.83), in-care abuse (.35), and finally, the number of placements (.08/placement). Thus those 19 with no foster parent contact at interview included:

16 who had moved into independence before they were 18 years of age, 17 who described their care as inappropriate, 14 who had unstable placement histories, and ten who were abused in care. Included in this group were two young women whose foster mother had recently died resulting in loss of contact with the foster family. Both these young women had been sexually abused, one by the recently widowed foster father and one in a previous family. Festinger noted two factors associated with the post-discharge continuation of foster parental contact: placement stability, as in this study, and the length of time of the longest placement

(1983,182). In Festinger's study those who maintained contact with their foster families had been in their longest placement an average of 12.5 years compared to 9.34 years in this study while those who did not maintain contact were in their longest placement 9.7 years in Festinger's study (182) compared to 4.87 years in this study. In this study, as in Festinger's, contact was usually maintained with the foster family with whom they had had the longest placement.

The young people's assessments of their care were significantly related to the level of contact with foster parents. Those who felt their care was 'good' were more likely to have frequent foster parental contact ( $\chi^2=20.37, P<.001, df=4$ ) and similarly those who felt being in care had improved their lives were more likely to have frequent foster parental contact ( $\chi^2=17.6, P<.01, df=4$ ). Eighteen of the 19 who had no contact with any foster parents had frequent biological family contact (or, in one case, adoptive family contact).

### Foster Siblings

There were two types of foster siblings: the children of the foster parents, either adopted or biological, and other children in care who were placed in the same home as the study participants. In this discussion these two will be discussed as one group and differences will be specified as appropriate. Two provisos primarily about the foster parents' own children need to be made before proceeding to discuss the nature of these relationships at interview. The foster parents' children were often much older than the study

participants. Approximately 65% were a mean of seven years older than the study participant; this compares with 55% of biological siblings who were five years or more older. Consequently, many of these foster siblings may have left the household before or during the participant's stay. In a few cases these older foster sibling were also involved in the rearing of these children-in-care.

Where the quality of care was poor, these siblings were sometime part of the problem. For example, five older foster siblings were cited as abusers, four sexual abusers and one a physical abuser. Inequitable treatment between the foster parents' own children and these study participants was cited by 27 of the interviewees, four of whom experienced such discrimination in two different homes. These care circumstances did not encourage the development of relationships between these children in care and their foster siblings. When the quality of care was good, foster sibling

TABLE TWELVE: FOSTER SIBLING CONTACT AT INTERVIEW

Amount of Contact: The Care Years		Pre-discharge	At Interview
None	70	116	51
Less than Yearly	3	5	19
Yearly to Quarterly	2	4	57
Quarterly to Monthly	3	15	38
Monthly or More	-	2	108
Lived Together	187	111	16
Unknown	10	33	2
Not Applicable	16	5	-
	-----	-----	-----
Total:	291	291	291

relationships developed. This is in contrast to biological sibling relationships which, with a few exceptions, sustained through poor parenting, both before and during care.

Table Twelve gives the contact rates for the foster siblings at interview and previously. Seventy-three of the interviewees had foster siblings. Included were only those foster siblings with whom there was known contact for a minimum of two years. That is, foster siblings from short term placements were not included. Of the 291 foster siblings listed, most were in contact at the time of the interview and most of these had frequent contact. A few were still living together with their foster parents; and one lad was living only with his foster sister. Eighteen of the interviewees did not have foster siblings, either because they grew up in families without other children, or because their placements were too short for any of the foster siblings to be included in this discussion.

The interviewees who listed foster siblings as people they loved did this, with one exception, within the context of also naming their foster parents. The exception was a young woman who married her foster parents' biological son and also listed her foster sister as someone she loved. This young woman had a poor relationship with her foster mother whom she described as uncaring in a number of ways. Fewer of the interviewees named more foster siblings as people they loved than biological siblings; 29 interviewees named 114 foster siblings (1:3.9) compared to 44 interviewees naming 153 biological siblings (1:3.5) (see Table Thirteen). Fewer still named fewer foster siblings as people they would turn

to for assistance. Only seven named twelve foster siblings as possible sources of help, and only one of these was another child-in-care. In contrast, 37 biological siblings were named by 17 interviewees as sources of help.

Listing foster siblings less frequently as individuals from whom to seek assistance likely stems from two sources. The availability of support from foster parents may precluded thinking of foster siblings as supportive. In contrast, the realities of often deceased or inadequate natural parents may cause siblings to form a supportive subset within the family. The intergeneration assistance described by these careleavers in regard to their foster families is consistent with the kinship research (Kohl and Bennett, 1965; Litwak, 1960a and b; McLanahan et al, 1981; Sussman, 1965; Young and Willmott, 1957). While cross-generational support was not uncommon, some types of support -- particularly financial -- tended to be inter-generational with the parents' generation assisting the younger generation (Hill, et al, FAMILY DEVELOPMENT IN THREE GENERATIONS, 1970). As well, it is clear the stronger relationships were with the foster parents, particularly the foster mother, rather than with the siblings.

It is difficult to generalize about these relationships with foster siblings. Where there was a feeling of inequality, the siblings were not listed as people they loved or could turn to for help even though the foster parents were regarded with affection. For some these sibling relationships were simply part of the foster family unit and did not seem to have great importance in and of themselves. It was clear that the stronger affectionate bond was usually with

the foster parents, particularly the foster mother. It was also clear that sibling bonds were more likely to develop with the foster parents' own children than with other foster children placed in the home. Good sibling relationships tended only to develop within the context of good quality placements, in contrast to relationships between biological siblings.

#### Extended Foster Family Members

The files made extremely scant reference to extended foster family members and only eleven of the interviewees mentioned contact with these family members. Contact with individuals in the extended foster family network coincided with foster parent contact -- high contact with foster parents and extended family members were cited by nine of the interviewees, and low contact for both by the other two. There was no instance of kin contact being maintained without contact with the foster parents.

These relationships were a mix of duty-bound familial relationships and supportive relationships. Five grandmothers along with one cousin were mentioned as people these careleavers loved, while one listed an aunt as a source of help. Extended foster family contact occurred less frequently than biological kin contact. As with biological kin contact, foster family kin contact was not specified in the files as having any importance nor seen as important except by a very few interviewees.



## OTHERS: FAMILIES AND FRIENDS

## Introduction

The foster and biological families so far discussed were not the only relationships or kinship networks which these careleavers had. Nor did being part of or having contact with these groupings necessarily provide love and support. Eleven of the careleavers named neither any member from their biological family nor foster families as people they loved and 30 felt they could not turn to any member from these families for assistance.

TABLE THIRTEEN: INTERVIEWEES' LIST OF LOVING AND SUPPORTIVE RELATIONSHIPS

	Loved	Source of Help
Foster Families:		
Parents	51	35
Siblings	29	7
Biological Families:		
Parents	24	11
Siblings	44	17
Other Kin	9	8
Adoptive Families:	3	3
Procreative Families:		
Partners	35	12
In-Laws	6	11
Others: Friends	22	28
Professionals	-	5
Nobody	2	4
Unknown	1	2
	-----	-----
Totals:	226	143

Note: N=91 More than one answer was possible.

Table Thirteen shows the various individuals or groups of individuals listed by the interviewees as people they loved and could turn to for assistance. Each grouping is listed only once although more than one individual in the category may have been named, for example, foster mother and father or three siblings. The most frequently cited as loved and as sources of help were foster parents (includes foster extended family members). This is followed by biological and foster siblings, partners and biological parents. The order in which they would go to persons for help was different, with friends as the second highest category followed by biological siblings and partners. In-laws and biological parents were cited equally. Family connections were discussed in the previous sections and partnerships were presented in Chapter Six. Other relationships are discussed below.

#### Adoptive Families

Of the eight young people in this study population placed for adoption, four still had contact with their adoptive family by the time of the interview. One young man had infrequent contact and three young woman maintained frequent contact. One of these women also maintained frequent contact with a foster family, the other two did not. All four of these young people, who maintained contact with their adoptive family, were admitted to care late (between ages nine to 13) having been placed for adoption as infants and gone on to live more than eight years with their adoptive families. One of these three women listed the adopting

parents and siblings as people she loved and the parents as a source of assistance; she had frequent contact with all of them. The other two women had been physically and emotionally abused by the adoptive mothers so their relationships were with other adoptive family members -- including fathers, siblings and maternal grandparents.

#### Procreative Families

As Table Thirteen indicates, the families of spouses were of some importance, particularly as sources of support, including financial support. One young woman, though separated, maintained daily contact with her mother-in-law who babysat while she worked. Otherwise, in-laws were usually only listed by the young people where the young people were living with or married to their partners -- although in two cases they were the in-laws of a sibling. Where in-laws were mentioned they were highly regarded and the young people spoke of a close liaison and a strong sense of belonging to that family. Not infrequently they felt closer to their spouse's family than any other family with whom they could have been associated. In three cases in-laws were listed as the only source of support.

#### Friends

As with in-laws, friends were listed more frequently as sources of support than as people they loved. Nine listed only friends as sources of support and two other cited

friends and professionals only. Only one women listed a friend as the only person she loved. In addition to the 36 who said they loved and/or would turn to their friends for assistance another 24 listed friends as people they regularly saw. That is, in all 60 of the interviewees talked of friendships as part of their relationships.

In the midst of talking about all the other potential kinship relationships, friends were discussed only briefly, but as noted in the previous chapter their presence or absence was a source of happiness or unhappiness for some. Similar to the pattern described by Levinson et al in THE SEASON'S OF A MAN'S LIFE (1978,97-100), a few of these young men talked of their mentor relationship with an older man. This was apparently not common, although also not specifically asked about in the interview. These mentor relationships tended to occur in special circumstances: for example, one young man was going blind and spoke of his relationship with the only blind man in his small community. Another talked of his strong relationship with a man he had met through Alcoholics Anonymous, who was his sponsor with that organization. Although the men and women spoke of friends equally, none of the women described this kind of friendship. Most of the young men who spoke of this kind of friendship were young men without an active father.

Friendships varied in duration from very recent to those established in early childhood. Many talked of classmates, either high school classmates or friendships developed while in post-secondary training. The potential negative impact on friendships of being a foster child was commented upon.

Nonetheless a majority talked of having friends, and the quality-of-care factors were not statistically significant to the presence or absence of friends at this point in their lives. Within this group of interviewees, at least, friendship was not apparently related to the nature of the care experience. Friendships were also not contingent on the presence or absence of the other kinship groupings discussed here.

Two factors were significantly related to the presence or absence of friendships. These were race and appearance. Treaty Indians had fewer friends than all those who were not Treaty Indians ( $\chi^2=6.9, P<.05, df=2$ ) although the appearance of being Native was not significantly related to the presence or absence of friendships. Not surprisingly, general appearance was significantly related with those who were better looking (as rated by the interviewer) being more apt to say they had friends ( $\chi^2=10.05, P<.01, df=2$ ). The significant relationship between appearance and friendship has been noted elsewhere (Morton and Douglas, 1981, 10). Why Treaty Indian young adults would list fewer friends than either the Metis or non-Native careleavers, or cite friends less as sources of affection and support can only be a matter of speculation. Perhaps these young people who held Treaty status felt themselves apart from the non-Native communities in which they were reared. Perhaps they were caught between the community in which they were reared and the Native community to which they legally belonged, not really forming friendship bonds in either community.

Those who had No-one

As Table Thirteen indicates, most of these careleavers listed people whom they felt they loved and who loved them. But a few of these careleavers were isolated and they said they were loved by and loved nobody; nor were they able to turn to those around them for assistance. In all eight careleavers either listed nobody as loved and/or a source of support or listed only professionals as a source of help. These eight were: one Metis woman and seven men -- two Caucasian and five of Native ancestry. Two of the men were in prison when interviewed and one had just been released. Only one of these young men had a partner with whom he lived and who financially supported him. All had biological family contact and for all but one this contact was frequent. Six only had less than monthly foster family contact.

Only two had good outcomes. George, who had a Treaty mother and Black American father, was an extremely competent young man and perhaps his not turning to others for assistance is, in his case, a reflection of that competence. The other with a good outcome, a Caucasian man, lived with a friend and described his circumstances positively. The remaining six all had poor outcomes, five of them very poor. Most spoke of their isolation and three of these young men were troubled by their lack of familial connections. If these few young people without loving supportive familial relationships had a poor outcome, what of the others? How do these kinship relationships relate to the outcomes discussed in the previous chapter? This is described below.

## KINSHIP AND OUTCOME

## Introduction

At the end of Chapter Six an outcome profile was developed based upon a combination of nine variables relating to the circumstances of the interviewees. Diagram One: Patterns of Care and Outcome depicted these relationships. In the material which closes this chapter, the connection between outcome and the kinship relationships discussed in this chapter will be examined. At the end of the section Diagram One is redrawn to include these relationships.

## Biological Family Contact and Outcome

Biological family contact while in care was significantly related to outcome. The strongest relationship appeared to be sibling contact ( $\text{Chi-sq}=6.49, P<.05, df=2$ ). Those who had no sibling contact or a high level of contact had a better outcome than those who had an infrequent low level of contact. Contact with biological parents while in care also showed a tendency to be related to outcome ( $\text{Chi-sq}=5.62, P=.06, df=2$ ) and the relationship was the same as with siblings. Festinger also noted a positive relationship between frequent biological kin contact and the absence of problems at discharge (1983,80). These relationships are shown in Table Fourteen. Sibling contact and parental contact while in care were associated with each other ( $\text{Chi-sq}=68.57, P<.001, df=4$ ). Contact with extended biological

TABLE FOURTEEN: OUTCOME AND PARENTAL AND SIBLING CONTACT WHILE IN CARE

Level of Contact:	Outcome		Total
	Good	Poor	
Regular:			
Parents	12 63%	7 37%	19
Siblings	16 70%	7 30%	23
Low or Irregular:			
Parents	16 41%	23 59%	39
Siblings	18 41%	26 59%	44
No Contact:			
Parents	21 68%	10 32%	31
Siblings	9 69%	4 31%	13
	-----	-----	-----
Totals:			
Parents	49 55%	40 45%	89
Siblings	43 54%	37 46%	80

kin was not statistically significantly related to outcome.

The influence of biological family contact was stronger for those who had a stable placement history (less than eight placements) than for those who had an unstable placement history. That is to say, where the child-in-care had few placements the nature of biological family contact appeared to be significantly related to outcome, with those with low or irregular contact more likely to have a poorer outcome while those with no or regular contact had a better outcome. The outcome for those children-in-care with an unstable placement history were apparently less influenced by the amount of biological family contact. A cautious interpretation of this is necessary because cell sizes are small and the testing is unreliable. However, this would seem to suggest that stability was a more important factor to outcome than biological family contact but where the quality of care,



as measured by placement stability, was adequate the nature of biological family contact made a difference with irregular infrequent contact creating a negative influence.

None of parental, sibling, or other biological kin contact at interview was significantly related to outcome, although more of those with poor outcomes were in touch with their parents than those with good outcomes. Table Fifteen below shows outcome and parental contact at interview. Amount of parental contact does not speak to the quality of the relationship and it is noteworthy that many, if not all of those who were in the bottom quartile of the outcome profile had poor parental relationships, which they may have maintained because they were the only relationships they had with their parents' generation.

Eighty-four per cent of the interviewees were in touch with their siblings at the time they were interviewed. It follows that since nearly all of the interviewees were in touch with siblings there was no relationship to outcome. Contact with other kin at the time of the interview was also not significantly related to outcome.

TABLE FIFTEEN: PARENTAL CONTACT AT INTERVIEW AND OUTCOME

Level of Parental Contact:	Outcome		Total
	Good	Poor	
High	12 43%	16 57%	28
Low or Irregular	9 47%	10 53%	19
None	22 69%	10 31%	32
Total:	43 54%	36 46%	79

(Chi-sq=4.54, P<.15, df=2)

### Friendships and Outcome

The presence or absence of friends at interview was significantly related to outcome ( $\chi^2=6.85, P<.01, df=1$ ). It did not matter whether friends were cited as people they loved or could turn to for help or were just listed as people with whom they had contact. What apparently mattered was their presence. Sixty-five percent of those with friends were above the median on the outcome profile, while 62% without friends were below the median. However, it is difficult to know the direction of the influence in the case of friendship. Since the quality-of-care factors were not significantly related to the presence of friends at interview, it seems possible that those with poorer outcomes had difficulty developing friendships and in turn had fewer resources available to them. Perhaps what can be noted is that the presence or absence of friends in early adulthood for this group of young adult seemed to be an indicator of early adult adjustment (Mulvey, 1977, 28; Triseliotis, 1980c, 153).

### Foster Family Relationships at Interview and Outcome

Foster family contact at interview was also significantly related to outcome ( $\chi^2=18.12, P<.001, df=2$ ). When foster family contact is added as a factor to the multivariate regression presented at the end of the previous chapter, the amount of variance accounted for in outcome is raised from .43 to .44 with foster parent contact at interview having a lesser value at .29 than the quality of care factors of

assessed maturity at discharge, race, the number of placements and in-care abuse.[4] More of the careleavers with frequent foster family contact had a better outcome; conversely those careleavers without foster family contacts were doing less well. This relationship is presented in Table Sixteen. Since foster family contact at interview can be viewed as dependent on the quality of care factors discussed in the previous chapters perhaps it is fair to say that one of the consequences of good quality care is a sustaining alternative family which assists young people through early adulthood.

The presence of a sustaining foster family relationship after care had ended meant that these young people had a family to call upon for both emotional and financial support when they needed it. They could and did move back to live with these foster families; they visited and sought advice; they borrowed money. It was those whose care was good and whose independence was not rushed and was assisted by their caregivers who were making the best adult adjustment.

TABLE SIXTEEN: FOSTER FAMILY CONTACT AT INTERVIEW AND OUTCOME

Level of Contact:	Outcome		Total
	Good	Poor	
High	40 71%	16 29%	56
Low	8 50%	8 50%	16
None	3 16%	16 84%	19
Total:	51	40	91

Many also sought contact with their biological families, particularly siblings with whom they may have lost contact while in care. On the other hand, some were simply not interested in their biological origins, while others planned to make contact in the future when they had established their independence. Table Seventeen shows the connection between parental contact and foster family contact.

TABLE SEVENTEEN: PARENTAL AND FOSTER FAMILY CONTACT AT INTERVIEW

Level of Parental Contact:	Level of Foster Family Contact:			
	High	Low	None	Total
High	12 43%	7 25%	9 32%	28
Low	12 63%	3 16%	4 21%	19
None	24 75%	3 9%	5 16%	32
Total:	48	13	18	79

(Chi-sq=6.61, P<.20, df=4)

The way in which these kinship relationships fit together with the quality of care factors presented in Chapters Five and Six, and with the current circumstances of the young adults who were interviewed, is shown on the next page. This diagram was presented at the end of both Chapters Five and Six and is redrawn here to include the kinship information which has been discussed in this chapter.

## Admission to Care

### Some Placement Instability

#### Placement Stability

##### Characterized by:

Younger age of admission

'Good' care

No or Regular contact with biological parents

#### Continued Placement Instability

##### Characterized by:

Discharge from and readmissions to care

Unplanned movement

Poor quality care(abuse)

Contact with biological parents low and irregular

#### Some adolescent Movement

##### Characterized by:

Supportive relationships

Late independence

Section 44 participation

Grade Ten or better education

#### Adolescent Instability

##### Characterized by:

Institutional placements

Withdrawal of or intermittent financial support

Pre-18 independence

No Section 44 participation

Grade Nine or lower education

No or Regular contact with biological parents

Contact Satisfactory

Delinquent behaviour

Irregular or low contact with biological parents

Contact Unsatisfactory

#### Maturity at Discharge

Caucasian

Supportive adult relationships

#### Immaturity at Discharge

No skills

Native ancestry

No supportive adult relationships

#### 'Good' Adult Outcome

Employment

Low or no I.A. receipt

Positive self-description

#### 'Poorer/Poor' Adult Outcome

Continued housing instability

Intermittent or no employment

High I.A. receipt

Parenting difficulties

Criminal involvement

Negative self-description

#### Kinship Connections:

Foster family contact-frequent and helpful

Biological Siblings

Biological Parents-secondary

Friendships present

#### Kinship Connections:

No foster family contact

Biological Siblings

Biological Parents-

primary, some ambivalence

Friendships absent

DIAGRAM ONE: PATTERNS OF CARE, OUTCOME, AND KINSHIP

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## CONCLUSIONS

The material in this chapter has been about the relationships of a group of careleavers with their families of origin, caregivers, affines and friends. Information about contact with the family of origin was presented both for the time spent in care and at the time of the interview, while other relationships were only presented for the time of the interview. Level of contact with the family of origin while in care, current contact with foster families, and the presence of friends, were all significantly related to outcome as defined in the previous chapter.

Those children who came into care early, found stable unabusive care and did not move into independence in their mid-teens were on the whole doing well. Of these, who tended more frequently to be white and female, it is fair to say they were discharged from care as able young adults. They were working in a variety of capacities, being good parents to their children if they had them, and were both relatively happy with their lives and anticipating a positive future.

But for many, their care experience was less than satisfactory. The mean number of placements for this total group of 206 children-in-care was 9.75. Twenty-seven per cent described in-care abuse, and for some of these the abuse was of long duration. Another 30% said their care was in some way inappropriate. Because of the quality of their care these young people often left their placements early to seek independence. This early independence was associated with poorer outcomes, and these young people had neither the help

of a foster family to assist them through the early adult years, nor agency support. Criminality, drug and alcohol problems, lack of employment and parenting difficulties were some of the problems these young people experienced in their teenage and early adult years.

In the final chapter the implications of these findings are examined. Race differences with regard both to the care experience and to outcome are highlighted. Some suggestions are made about the major care issues which these young people discussed.

#### ENDNOTES

1. In testing for statistical significance with kin contact, it was necessary to collapse the contact categories until cell sizes were large enough to allow for testing. The categories vary slightly but generally are none, irregular and regular. In this case they were: none, less than yearly, yearly to less than monthly and finally monthly or more. The significance levels were: for mother during the care years ( $P<.001$ ,  $R=-.51$ ) and the pre-discharge years ( $P<.001$ ,  $R=-.38$ ); for father during the care years ( $P<.001$ ,  $R=-.37$ ) and during the pre-discharge years ( $P<.01$ ,  $R=.24$ ).

2. These relationships were not statistically testable because of missing information.

3. The levels of significance for grandparental contact to race when contact is measured as "none" or "contact occurred" were: for maternal grandmother in the care years ( $\text{Chi-sq}=23.39$ ,  $P<.001$ ,  $\text{df}=2$ ) and in the pre-discharge years ( $\text{Chi-sq}=16.25$ ,  $P<.001$ ,  $\text{df}=2$ ); for maternal grandfather in the care years ( $\text{Chi-sq}=23.03$ ,  $P<.001$ ,  $\text{df}=2$ ) and in the pre-discharge years ( $\text{Chi-sq}=12.18$ ,  $P<.01$ ,  $\text{df}=2$ ); for paternal grandmother in the care years ( $\text{Chi-sq}=17.06$ ,  $P<.001$ ,  $\text{df}=2$ ) and in the pre-discharge years ( $\text{Chi-sq}=5.92$ ,  $P<.06$ ,  $\text{df}=2$ ); and finally for paternal grandfather in the care years ( $\text{Chi-sq}=11.85$ ,  $P<.01$ ,  $\text{df}=2$ ) and in the pre-discharge years ( $\text{Chi-sq}=9.7$ ,  $P<.01$ ,  $\text{df}=2$ ).

4. In-care biological parental contact does not add to the value of R Square, that is, the amount of variance accounted for in outcome, because the nature of its influence appears to be non-linear.

PART THREE

CHAPTER EIGHT

IMPLICATIONS AND CONCLUSIONS



## INTRODUCTION

Chapter Eight is the final chapter of the thesis and discusses the implications of the research. This discussion is presented under four headings: placement issues, education, social work services and kinship. These divisions are created to enable the implications to be presented; in actuality these issues are intricately interwoven as diagrammed at the end of the last chapter. As the issues are presented, the reader should view each piece as part of the whole rather than as discrete items. The concluding sections of the chapter are a discussion of Native children in care followed by a final review of the research. The sections are introduced by suggestions from the young adults.

The approach in this discussion is very specific; it is ameliorative and limited to children in long-term care, although some of the suggestions would apply to children whose care careers are shorter than the care careers of the children in this study. It is acknowledged that in addition to the suggestions made here specifically for children in long-term care, programs directed at the families or communities of children at risk, which minimize the number of children coming into care, also need to be in place. This would be particularly true for Native children (Hudson and McKenzie, 1985; Johnson, 1981, 1983; Kimmelman, 1984; Novick and Volpe, 1990) and children living in poverty (Canada, 1991; Levitt and Wharf, 1985; National Council of Welfare, 1979; Novick and Volpe, 1990).

## PLACEMENT ISSUES

### Introduction

Shortly after this research was undertaken two reports about foster care in Saskatchewan were published. These two 1987 reports were THE PROTECTION OF CHILDREN: THE RIGHTS OF CHILDREN: THE URGENT NEED TO IMPROVE A SYSTEM IN CRISIS by Saskatchewan's Ombudsman and the CHILD IN CARE REVIEW authored by Ens and Usher for The Department of Social Services. Following the release of these reports there have been some changes to the foster home program in Saskatchewan. The nature of these changes and their potential impact will be discussed below along with other recommendations to address the issues raised by this research.

The Ombudsman released a special report because of the urgent need to address the quality of care and the rights of children in care (1). He talked of the 'continued abuse of the abused' (25) and a system where:

One has the unsettling feeling the Department regularly shuts its eyes and hopes for the best.(31)

Many of the concerns he raised are similar to those identified here. He wrote:

...the various system components and their flaws must be addressed. For example: 1. Foster children being traumatized and their problems compounded by too many moves...9. Not moving children quickly enough where it is known that they are at risk...(31-32)

The Ens and Usher report (discussed in the Introduction

of this thesis) was a result of 'a decision...to review the child in care program' because of societal changes since the program was introduced and the concerns expressed by the Ombudsman (1). The major finding of this Departmental report was that there was a lack of appropriate placement resources particularly for children with special needs and Native children which resulted in transracial placements, inappropriate placements, and frequent changes of placement (26-27). While in-care abuse was not identified as an issue, 'Lack of clarity in departmental policy' permitting 'varying standards of child management' was noted (37).

#### In-Care Abuse

Elaine: ...have the workers out at the home more often...if a child...says hey Mommy beats on me or this man has touched me where I don't want to be touched, remove the child immediately...Don't take two months...A child without being abused ...wouldn't even know how to lie about it, so when they do say something like that it has to be the truth.

Three suggestions are made here to address the issue of in-care abuse. These are: an investigations protocol; a children's guardian, and prohibition of corporal punishment. First however, the existence of in-care abuse must be acknowledged. It is to be hoped that this research will contribute to this acknowledgement. Other recent publications also direct attention to this issue (Fanshel, Finch and Grundy, 1989b, 474; Harris, UNHOLY ORDERS, 1990). Only when in-care abuse is acknowledged can other preventive measures be effectively established.

Child welfare agencies need to have in place a protocol for the investigation of complaints of abuse received from children in care. This should be coupled with a mechanism whereby children can independently report abuse or mistreatment for example via a child abuse hot line. An abuse investigations protocol would need to include a compulsory reporting requirement relieving the social worker of the sole burden of deciding on the appropriateness of an investigation. Cavaia and Ogren described such a protocol in their 1983 article "Protocol to Investigate Child Abuse in Foster Care". They describe a procedure where the worker, immediately upon receipt of an abuse complaint, notifies an intake protection unit which conferences the case with all involved staff and decides on the investigation process (288). Investigations need to be conducted by an objective third party. In Saskatchewan such a protocol was in draft form at the time this research was being conducted. In this draft protocol the investigator was a third party; however, the responsibility for initiating an investigation remained at the social worker's discretion (Saskatchewan, 1985c, Unpublished Draft). As evidenced in this research, the social workers did not apparently believe the children's reports of abuse; therefore in an effective protocol, it would be necessary to make reporting mandatory and for the alleged abuse to be evaluated by an objective third party.

The Saskatchewan Ombudsman in his report recommended the establishment of a children's guardian/ombudsman

...independent of the department and government and invested with sufficient authority to: -receive and investigate

complaints by, or on behalf of children or involving children.

-act on behalf of children in legal proceedings.(1987,16)

A similar recommendation was made by Fanshel et al.

All agencies should contemplate offering children regular and frequent opportunities to report about their problems and living situations independent of their usual contacts with their social workers. An annual interview with a person designated as a Children's Representative for the program might provide such an occasion. (1989b,474)

The information from this research certainly supports a separate children's guardian. As detailed in Chapter Five, the young people in this study did not successfully on any occasion obtain assistance in dealing with abusive care from their social workers. Worse, on occasion discussing abuse with their social worker led to increased risk. This evidence would indicate that social workers within the child care system are not able to adequately provide protection to children in care, and thus another mechanism, such as a Children's Guardian, needs to be in place.

Finally, all child welfare agencies need to work towards the elimination of corporal punishment as a discipline technique for children in care. This would place children in care in parallel circumstances to adult prison inmates and young offenders (Saskatchewan,1987,9). All provinces already prohibit the use of corporal punishment in day care facilities (Campbell,1989,19). Ontario, British Columbia, New Brunswick, Manitoba and Newfoundland had prohibited the use of corporal punishment in children care facilities by

1987 (Saskatchewan, 1987, 9). In British Columbia this prohibition extends to all children in care in any placement (British Columbia, 1988, 7.1). Alberta proposes to prohibit corporal punishment in all placements by 1993 (Alberta, Re: Child Management in Foster Care, 1991).

The recommendations contained in the CHILD IN CARE REVIEW about discipline do not refer to corporal punishment; the suggestion was for a policy defining 'acceptable and unacceptable child management practices' (Ens and Usher, 1987, 80). Although a new CHILD AND FAMILY SERVICES ACT was introduced in Saskatchewan in 1989 the issue of corporal punishment was left unchanged. Any move towards banning corporal punishment needs to be accompanied by adequate training and support in alternative non-violent discipline techniques for child care staff and foster parents. Appendix F contains the 1983 Policy on Corporal Punishment from the Children's Aid Society of Metropolitan Toronto as an example of an implementation process. The process of eliminating corporal punishment as a discipline technique for children in care could be accomplished in stages. McKibben in an article 'The case for reforming foster-parent programs' based on this research, suggested banning corporal punishment in child care institutions (1987; see also Child Welfare League of America, 1978) and in all temporary placements as an initial step.

The young people who were interviewed discussed the issue of abuse versus punishment. As detailed at the beginning of the physical abuse section in Chapter Five, they defined five levels on the abuse-discipline continuum. These were: physical abuse, excessive use of corporal punishment,

excessive or inappropriate discipline which may or may not have been corporal, appropriate corporal punishment and, finally, appropriate non-corporal discipline. Corporal punishment was defined as appropriate by the young person when: it was not excessive; they understand clearly why they were being punished; they had been warned about the behaviour; and alternative discipline techniques had been tried. Finally, in order for corporal punishment to be seen as appropriate, the young people needed to see the punishment as coming from a committed concern for them, not out of the punisher's anxieties. This set of conditions can only be met in a long-term placement. In temporary placements the young people did not necessarily know the house rules because they had not lived in the facility long enough to learn the rules, nor did they feel a committed relationship existed between the caregivers and themselves. Thus in temporary placements corporal punishment was almost always seen as abusive. In-care abuse would not end with a ban on corporal punishment; such a ban would lessen one dimension in which punishment slips to excessiveness and becomes abusive.

#### Placement Stability

Nick: And I think foster children nowadays shouldn't be shifted around as much as we (were).

The other major placement issue which was evident as a result of this research was placement instability. The mean number of placements per child was 9.75 or approximately one placement per child per year. Other earlier Canadian studies

also show considerable in-care instability albeit with generally younger populations (Alberta, A STUDY OF THE CHARACTERISTICS OF CHILDREN ADMITTED TO ALBERTA CHILD WELFARE INSTITUTIONS, 1969-1971, 1974; Palmer, CHILDREN IN LONG TERM CARE..., 1976, 119; Saskatchewan, A SYSTEM IN CRISIS, 1987a, 25).

The interviewees commented on the lack of placement stability in their lives and, as was demonstrated in the closing section of Chapter Six, those who had less placement stability in care had a poorer outcome. Fanshel, Finch and Grundy noted that adaptation to foster care was one of the factors leading to independent adult adjustment free of antisocial behavioural tendencies (1989b, 470; Hornick, Burrows and Phillips, 1989, 126). Placement instability precludes good adaptation to foster care.

Yet this study, among others such as Ferguson's 1966 Scottish study and Meier's 1962, Festinger's 1983, and Fanshel, Finch and Grundy's 1989(b) American studies, would indicate foster home care is a viable long-term placement alternative if the quality of care is good and continuity is established. This is in keeping with the principle of permanency planning which

...is designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships. (Maluccio and Fein, 1983, 197)

In the following discussion three recommendations to address the issue of placement instability will be presented:

minimum standards for foster parent selection and screening; training for foster parents; and the need for



group care resources for children who do not or cannot establish viable relationships within the foster home program. These three recommendations, along with the recommendations in the previous section, are intended to improve both the quality of care provided by foster parents and the range of placement alternatives available for children in care.

#### Foster Home Selection and Screening

Waldo: Take more time when they are looking for places for kids to stay, see how things are, make sure that they are right for the person.

In this study no attempt was made to capture information about foster home selection and training. However, the information presented in Chapters Four and Five about the care careers of these children would lead to the conclusion that foster home selection and/or reassessments did not provide adequately for the safety and placement stability of the children in their care. The Ens and Usher CHILD IN CARE REVIEW did address both these issues extensively. About foster home selection and review they wrote:

The content and process of home studies lacks uniformity, does not promote self-assessment and does not address all necessary aspects to ensure the safety and well-being of children. Also, home studies have not been completed with all foster parents.(1987,77)

They noted that of the 94 foster home files they reviewed only 67 (71%) had a completed initial study and 45% of the 67 were seven years or older; only 46% of these 94 homes had

ever been reassessed (59). Nor is the Saskatchewan Department the only child care service where such failures to meet minimum requirements occur; a 1981 Department of Health and Social Security reports similar shortfalls (United Kingdom,25-26). Ens and Usher also reported:

Training for foster parents is fragmented, is not standardized and is not providing the knowledge and skill development required for foster parents.(73)

Initial screening or selection of foster homes would seem to be basic to any child care program which includes foster home care as part of its services. Standards for selection have been defined for some time by a number of organizations such as the Child Welfare League of America in STANDARDS FOR FOSTER FAMILY SERVICE (1975) and the Ontario Ministry of Community and Social Services in FOSTER CARE: PROPOSED STANDARDS AND GUIDELINES FOR AGENCIES PLACING CHILDREN (1981). The placement of children in foster homes which have not been adequately screened fails to fulfil

...the responsibility of the agency to protect the child from harmful experiences, including unnecessary changes of placement,(Child Welfare League of America, 1975,58)

#### Foster Parent Training

The impact of training for foster parents has been well documented, and more favourable outcomes for foster parents and children are associated with training (Boyd and Remy,1978; Guernsey and Wolfgang,1981; Hampson, Schulte and Ricks,1983; Rinn, Markle and Wise,1981; Runyan and

Fullerton,1981; Simon and Simon,1982). The British Columbia Federation of Foster Parent Associations undertook a research project which, among other goals, intended to increase the knowledge and skills of people working with foster children through a training program (FOSTER CARE TRAINING...,1987, iii). They confirmed the need for some form of education to equip caregivers to work with children in care (116-117). Equally there is material available on how to implement educational programs for foster parents (Deaton and Clark,1987; Wiehe,1977).

Since this research was undertaken, and as a result of the CHILD IN CARE REVIEW, the Department of Social Services in Saskatchewan has implemented a mandatory training program in conjunction with a four-level classification and payment system based on the experience and training of foster parents (COMMUNITY ACTION,1989). Foster parents receive 24 hours of mandatory pre-service training, which also allows for self-assessment and agency screening, and an addition 40 hours of training to become 'practitioners' (Conversation with The Department's Foster Home Program Director, M. Marchin, April 18,1991). In 1988, the first year of the program, 75% of the provinces' then-current foster parents participated in the program (Saskatchewan,ANNUAL REPORT, 1989). The full impact of this mandatory educational program has not been reported but it is hoped this program will contribute to an improvement in the quality of care for Saskatchewan's children in care. In the implementation of this program both selection and training needs of foster parents are being addressed.

In addition, The Department has undertaken more active recruitment of Native foster homes as recommended in the Ens and Usher report (1987,70). Indications are this recruitment effort is locating more Native homes but there is also a high turnover rate which would imply continued placement instability for the children placed in these homes (Conversation with M. Marchin, April 18,1991). Native foster homes are discussed below in the section about Kinship. Clutterbuck et al in their 1990 review of the Saskatchewan foster care initiatives, noted a lack of collaborative planning between The Department and Native organizations in the development of programs for Native children in care (140).

#### Residential or Group Care Resources

The placements of these children in care were described in Chapter Four. Foster homes represented 51.7% of placements and were the major resource. Residential placements which included reception facilities, group homes, treatment centres, correctional facilities, boarding schools, and other specialized resources were also available. These were described in Chapter Two; it was noted there was a paucity of such resources. Placements in these residential resources were generally short-term and represented only 16.3% of placements.

The absence of appropriate residential resources for these children could be seen as a contributing factor to their placement instability, particularly in adolescence for those young people who had 'fallen out' of the foster home

program. It is worth noting that more of these young people lived in 'independent placements', 18.1% of all placements, than had access to residential resources during adolescence -- 133 versus 67 (excluding the 13 who were only in correctional facilities).

In Chapter Four, in the section Placement Patterns, the care careers of those young people who had unstable placement histories (eight or more placements) were noted. Their placement pattern involved: a number of early placements, coupled with repeated discharges and readmissions to care for the most unstable; a quasi-permanent foster home from approximately age eight or nine to the mid-teens which ended, often precipitately, to be followed by another period of placement instability involving placements in foster homes, with kin, and, for some, residential settings. As Table Thirteen in Chapter Four indicated, only eight of those 107 young people who had unstable placement histories did not experience placement change during their adolescent years. For the majority this resulted in early independence and was associated with poorer adult outcomes.

The number of early placements prior to moving into a permanent, or in the case of those with an unstable placement history, a quasi-permanent foster home, was five or more. Those who were categorized as having a stable placement history had four or fewer placements prior to settling into a permanent foster home. It would seem the likelihood of foster home placement failure in adolescence for those with early placement instability is predictable, and that residential or group care resources should be developed so

that these children in care do not suffer yet another bout of placement instability in adolescence.

At what point does replacement itself constitute neglectful or abusive care? At what point does the agency have some responsibility to acknowledge lack of success at finding a foster family and begin planning another kind of care? At what point in the placement history should a referral be made to the Children's Guardian because the placement practices of the agency constitute continued neglect?

From this research it is difficult to assess the impact of institutional care because the numbers involved, in other than short temporary placements, were small. On average, first admission to a treatment centre was the thirteenth placement, and the tenth placement for those admitted to group homes. Further, placement in one of these residential facilities did not result in placement stability; the mean number of total placements for those admitted to treatment centres was 21.3 or eight additional placements after the first admission. Also, the lack of group care options meant young people with a variety of difficulties and backgrounds were placed together. A few interviewees commented that these inappropriate placements increased their level of vulnerability to criminality (see Chapter Five, Inappropriate Residential Placements). From the institution's point of view, attempting to provide care to a group of children with a variety of difficulties must have made for a confusing caretaking situation. Additionally these resources were organizationally unstable, faced changing mandates and insecure funding.

The research which was reviewed in Chapter One would tend to indicate poorer outcomes for those raised in institutional care (see in particular Festinger, 1983; Triseliotis and Russell, 1984) and certainly from the small sample of children who spent over one year in treatment centres in this study the conclusion would have to be similar, except for the mitigating factor of placement instability. Can we evaluate which is actually contributing to these poor outcomes, the experience of institutional care itself, or placement instability?

Although residential care -- particularly if under resourced and used as a last resort -- may exacerbate the consequences of placement instability, research also shows that appropriate residential practices can have a positive effect on children's lives. Fanshel, Finch and Grundy wrote:

When we combine...(placement instability) with the findings that a child who had a Casey group care placement had an unequivocally improved condition at exit, we have a compelling recommendation for identifying strategies of group care techniques...in helping a child adjust. (1990, 208)

Berridge and Cleaver also identify group care living resources as potentially providing stability for children who suffer foster home breakdown (1987, 5, 168-169).

Thus the recommendation is made that a child care program needs to include long-term group care or residential living arrangements for those children who do not adjust to foster care. There were two points at which residential resources might have acted to stabilize the replacement cycle established in these children's lives. The first point was

early in their care career when, as if by chance, no suitable foster home was found and/or efforts at reunification resulted in a number of admissions to care and the resultant placement instability. At this point after five or six different placements a residential resource, acknowledged as a long-term placement with the capacity to address the reality of the child's unstable placement history, may have prevented the continuation of the replacement cycle. However, the clearest point at which a residential resource was needed was the point in mid-adolescence when the quasi-permanent foster home placement of those with early placement instability almost inevitably broke down. For the adolescents in this study there were no alternatives available for them. There needs to be. As Fanshel et al wrote:

If the children have experienced particularly unstable life histories...A panoply of services may be required to prevent the emergence of a socially crippled adult, and among these, group care facilities are unquestionably extremely important. (1990,215)

Since many of the children in this study migrated to urban centres in adolescence, placing these resources centrally where other services are located may well be more useful than attempting to develop a range of services in all rural locations or smaller communities. The exception to this may be residential resources for Native children where maintaining community participation may be the overriding consideration. The development of group care resources, particularly for adolescents, would also act to diminish the inappropriate use of foster homes.



## EDUCATIONAL SERVICES

In-care placement instability was a major factor in educational achievement. Together with race, placement instability accounted for 27% of the variance in education; each placement change resulted in a loss of 1/5 of a year of education (see Education, Chapter Four). The recommendations of the previous section therefore, should also impact on educational achievement. This discussion will focus on the Section 44 program as described in Chapter Two in Programs and evaluated in Chapter Four and Six.

Section 44 of the Saskatchewan 1973 Family Services Act allowed for the continuation of financial support up to age 21 if the child in care continued their education. Despite the low level of education at discharge less than half of this study population used the program -- 94 of 206 (46%) -- and only 24 (11.7%) of the total study population received specific occupational qualifications as a result of Section 44 financial support. The existence of this type of program which offers extended educational and financial support for children in long-term care is clearly appropriate (Burgess; Festinger, 1983, 301-302). The limited use by this group of careleavers would raise the question of whether or not the uptake of the program was sufficient to provide careleavers with adequate education or occupational skills by the time they were discharged from care. Nor has the uptake of this program improved over time; in 1989 only 39 young people were enrolled in the program (Saskatchewan, ANNUAL REPORT, 1990).

In Chapter Four the educational attainment of these children in care was described as below population norms. Further, as discussed in Chapter Six, those with the lowest education at discharge from care were more likely to have high income assistance receipt. This research indicated that an early investment in education for children in care resulted in less long-term economic dependency, at least in the early years after discharge from care (see also Canada, 1991, 6). When income assistance receipt was combined with being a parent, it was argued a care-poverty-care cycle had been established (see Chapter Six).

The young people who used the Section 44 program were those young people who were most stable in care and less apt to move into early independence. This in turn meant that at discharge, which came later, they were better educated and had a supportive foster family which assisted them with the transition into early adulthood. Using the Section 44 support provisions for the most able is not necessarily an inappropriate use of the program; it maximizes the potential of this group of careleavers. But it is worth asking whether assisting the most competent children in care is or should be the only focus of a post-care support program, whether by design or coincidence. If not, and the intent is to provide continued financial support for those whose education was disrupted because of their pre-care or in-care experiences, then the question is: What can be done to improve uptake? Two program changes could be made: improved access to information, and re-entry provisions.

From the interviews, it was clear that some of the young

people either had no information or were given wrong information about the provisions of the Section 44 program. As Table Five in Chapter Six indicated, the major requirement cited by the interviewees for further education was financial support. This requirement appeared even though a financial support program existed for this group of young people. There were many reasons why the young people had no or inaccurate information. Many had little contact with social workers during their adolescent years, or they may have relied on their foster parents for information.

This highlights the need for improved information accessibility for children in care, specifically in this case about the post-care educational provisions. While it would seem appropriate, in the first instance, for the information to come from the child's social worker, other means independent of any caregivers might also be used. Some child care services have implemented the use of handbooks for children in care. Two examples are a 1983 GUIDE BOOK FOR CHILDREN IN CARE produced by Wandsworth Social Services, and the 1986 THE BOOK FOR KIDS IN CARE by Salford Social Services Department. In addition to specific program information, such as the post-care educational provisions, these handbooks contain information about the process of being in care and their rights as children in care, and provide a reporting mechanism for the child in the case of in-care abuse. The development of such a handbook for this population might usefully be considered. The British Columbia Federation of Foster Parent Associations and the Ministry of Social Services and Housing has developed A GUIDEBOOK TO FOSTER CARE

IN BRITISH COLUMBIA (1988) for foster parents; a similar type of document needs to be in place for children in care.

In addition, allowing re-entry into the program would increase accessibility. As was demonstrated in Chapter Six, the least stable were the most likely to exit care early without any planning, in part because they perceived their care as inappropriate. These young people also had the lowest educational attainment. Allowing re-entry at a later point, a point at which some will have matured enough to understand the implications of their early independence coupled with poor education and employment skills, would make this program available to at least some of those adolescents who did not access the program earlier.

The Departmental policy now states that if an educational plan has been 'deliberately abandoned' or 'violated' and the adolescent is beyond 18 years of age then Section 44 provisions will not be reinstated (Saskatchewan, 1982,14). This punitive prohibition of reinstatement disqualifies many from a second opportunity to finish or continue their education. Two in this group of 206 young people were allowed re-entry to Section 44 support provisions after they were 18; this occurred because these two young people had particularly active advocates, in one case a social worker and in another an adoptive mother. These exceptions ought to be made the rule, thereby enabling those young people who drop out of an educational program to try again. While such a re-entry provision might not assist the very troubled it would enable those who had matured to re-enter education programs and improve their employment skills.

## SOCIAL WORK SERVICES

In Chapter Five social work services were discussed. Table Three showed that only 36 of 86 interviewees (42%) felt their social work contact had been helpful; Table Five indicated those with issues requiring social work support, for example, early independence, were no more likely to receive services than those whose care experience was less difficult. Three additional issues will be discussed here: abuse counselling, adolescence, and discharge. These overlap with the placement and educational concerns already presented.

## Abuse Counselling

Otto: They are helping but not quite enough...They are helping them with the bare necessities, food and shelter, but when it comes to the psychological...I feel that I needed somebody to bring up the questions to or they should of brought them up to me.

Many of the young people in this study were victims of physical and/or sexual abuse, either prior to coming into care or while they were in care. Twenty-five of 91 interviewees (27%) described in-care abuse. Abuse as a pre-care conditions or as a reason for reception into care was listed in 21 of the 206 files (10%) but was mentioned more frequently by the interviewees; an additional eleven of the interviewees (12%) cited pre-care abuse which was not cited in the child's file. If these percentages are added

together, and the overlap of 7% (of interviewees who cited both pre-care and in care abuse) deducted, then approximately 42% of these children were abused at some time in their lives by their caregivers. In addition, two interviewees who were both abused in care, mentioned being sexually abused by non-caregivers in the community but this information was not specifically queried so is likely to be an under-representation of the actual level of abuse outside of care.

As a response to this estimated 42% abuse rate for this child-in-care population, 1% reported receiving treatment, that is, only one of the 91 interviewees described receiving counselling facilitated through The Department for her long-standing sexual abuse in a foster home. None of the other interviewees described any intervention or assistance about the abuse they had experienced either before coming into care or while in-care. A few detailed their attempts to seek assistance and more described a desire for a way to understand the abuse they had experienced.

This lack of intervention is unacceptable. Fanshel, Finch and Grundy reported a strong correlation between physical abuse of boys and delinquent, violent behaviour (1990,205) into adulthood. Two of the young men in this study had been imprisoned for rape; both had been sexually abused. As has already been noted, there was an excessively high percentage of alternate care for the children born to this group of young people. Others felt an impaired ability to be in partnerships because of a history of sexual abuse. Children in care who have experienced abusive traumatic events in their lives need, at minimum, an opportunity to

speak of these events. The interviewees consistently said this basic level of expression was not available; they were silenced not just in terms of identification of abuse by their caregivers but even after they had left these homes (see also Ens and Usher, 1987, 71-72).

### Issues of Adolescence

Mitchell: Like I had a lot of problems... they said they would come around and talk to me but I never could because...by the time you would get to trust one, they would give you another social worker...at least once a month actually they should bring that kid into the office, sit down and just let the kid talk...I was crying for help but I didn't know who to turn to.

The adolescents who require additional social work supports were identified in the discussion about group care resources earlier in this chapter. That is, it would seem that those children in care who experience placement instability early in their careers in care will require, in addition to access to group care resources, improved social work services. This is in keeping with the panoply of services suggested by Fanshel et al (1990, 215). There are a number of ways in which this group of adolescents can be provided support, in addition to residential and educational services already suggested.

First, it seems possible that consistent and regular social work or child care support through periods of placement instability for adolescents would be helpful. Although, as with institutional care discussed above, the numbers are insufficient to be able to draw any definitive

conclusions, there were three instances in this sample of 91 interviewees of strong supportive relationships with child care professionals. Three young women credited their female workers for providing them with critical assistance during a difficult time in their adolescence. These relationships were described as including affectionate support, and were long-term. The young women felt these professionals took risks for them by acting as their advocate within The Department. At interview, two were rated above medium on the outcome profile and one just below.

For those adolescents whose foster home placement broke down the need for consistent accessible social work service became critical if the adolescent was to access any services, including further placements. Once the foster home connection was lost, there was no other avenue through which the adolescent could access organizational, that is in loco parentis support. If social workers are not accessible or not able to respond to the adolescent, the adolescent has no effective guardian. For the adolescent whose foster home placement is maintained the need for social work services may be less critical. Nonetheless information about biological family background, the nature of services such as the Section 44 program discussed above, and a general understanding of foster care may only be available through the social worker.

In addition, this group of young people were highly at risk with regard to the specific problems of parenting and drug and/or alcohol abuse. They require special attention around the development of parenting skills if the care-poverty-care cycle discussed in Chapter Six is to be



broken. While neither alcohol nor drug use appeared to be higher amongst this group of young people in comparison to their non-care peers (see Alcohol Consumption in Chapter Six), 34% of the interviewees defined a previous or current drug and/or alcohol abuse problem which some claimed had led to involvement in criminal offences. This suggests that special alcohol and drug prevention and rehabilitation programs need to be accessible for this group of young people.

#### Discharge Services

Patrick: ...the independent living program. That would be the most worthwhile thing. But I know for a fact there would need to be some guidance in there too... Help them get a job, encourage them ...and help them (plan) their money.

More than half, 110 of 206 (53.2%), left care before they were 18, often suddenly and without planning. As discussed in Chapter Four, those who left care early had more placements in care and during adolescence. Those who were interviewed named fewer adult supports. Social work support during adolescence was rarely mentioned although assistance from social workers for discharge was noted by approximately half of the interviewees. Discharge planning was more apt to occur if there were good relationships in place with caregivers (generally foster parents) and the young people were described as mature at discharge.

Discharge planning, the purpose of which is to adequately prepare the adolescent for independent living when they leave care (Wilson, TRANSITIONAL PLANNING FOR ADOLESCENCE, 1986, 1),

can be seen to have many components. Maluccio and Fein specify the components as:

...(a) a stable living situation; (b) an educational/vocational experience; (c) opportunities to learn how to manage money, run a household, and use community resources; (d) opportunities to learn from errors; and (e) a place to return to whenever needed.(1985,132)

In Saskatchewan, for this group of careleavers, the accessibility to these components varied considerably depending on the child's care career. As already noted, for those adolescents whose relationships with foster parents continued through to discharge, these components could be seen to be in place and these young people had a better outcome. Certainly the strengthening of some of these components, such as the availability of information about and the re-entry provision for Section 44, would also be helpful for this group of careleavers with strong foster family ties.

For those young people who exited care early, in addition to the programs already suggested in this chapter, independent living programs which combine housing provision and skill development need to be in place. In the material about discharge planning which was examined in Chapter One, the projects specific to the process of discharge were reviewed (see Careleaving Projects and Emancipation Assistance Projects). These involved various living arrangements with supportive services. Wilson in her 1986 review TRANSITIONAL PLANNING FOR ADOLESCENTS summarized these programs as taking:

...several forms...individuals living on their own; with other adolescents; in a

room and board situation with an adult supervising; in a supervised apartment complex, or in a cooperative living setting...group programs offer excellent support...as well as providing a milieu for skills-development...Use of graduates to provide both support and information, is recommended...Those programs which reported highest success had developed an atmosphere of trust and mutual respect, where adolescents were treated as responsible, and their input valued.'(36-37; see also Clutterbuck, et al,1990,55-59; Ens and Usher,1987,71)

During the time these adolescents were being discharged from care in Saskatchewan, there was only one such program in place, Bosco Home. Only one of the interviewees had been in this program which included an employment component; he described his experience positively. This program has now been closed because of abuse allegations (Edmonton Journal, April 17, 1991). As long as there remains a high percentage of early careleavers without apparent foster home transitional support, independent living programs which assist with the careleaving transition need to be in place. Only when the other suggested changes to the foster home program and the other residential resources begin to reduce the frequency of placement changes, will these independent living programs cease to be required, at least for children in long-term care. These independent living programs also need to include re-entry provisions, as was suggested for the post-care educational program. If these services are coupled with improved access to social work services, including the development of informational material for adolescents in care, they should form an appropriate basis for the careleaving transition.

## MANAGING KINSHIP

## Introduction

As detailed in the previous chapter, the relationship factors associated with a better outcome for the interviewees were: frequent foster family contact at interview; the presence of friends in early adulthood; and no or regular biological sibling and parental contact while in care. The level of biological family contact at interview was not significantly related to outcome (or race) although more of those young people with poorer outcomes were in contact with their biological parents and these were young people of Native ancestry. Biological sibling contact at interview was also not significantly related to outcome because nearly all -- 84% -- of the interviewees who had biological siblings were in contact with some of them.

Since irregular biological family contact was associated with both less satisfaction about biological family contact and a poorer outcome for these young adults, while both no or regular contact was associated with better outcomes and satisfaction with contact, it will be these latter aspects of biological family contact which will be discussed in the following material. Holman's concepts of exclusive and inclusive fostering, as presented in his 1980 article, will be used as a framework for this discussion. The maintenance of foster family relationships into adulthood will also be discussed. The discussion below will address the issue of when (that is, in which set of circumstances) and for whom

could biological family contact be maintained or re-established based on the relevant findings from this research. Native kinship is discussed separately.

#### Foster Family Contact into Early Adulthood

Given the strong association between a better outcome and continued foster family contact after care is over, the maintenance of foster family contacts through and beyond the discharge process is of some importance if careleavers are to be fully functioning adults. It was suggested that continued foster family contact was a result of good quality care, which in turn assisted the young person through the careleaving transition.

For those children in care who are in mid-adolescence and do not appear to have a foster family relationship which will sustain through early adulthood, and whose biological family is not able to provide support even if they are in contact, the development of some kind of adult relationships may prove helpful. In the discussion about emancipation in Chapter Two, a number of models for this kind of relationship support were presented. In addition to professional supports, volunteers and older careleavers have been successfully used (Anderson and Simonitch, 1981; Clutterbuck et al, 1990, 55-58; Pasztor et al, 1986; Rowe, 1983). In this study, a few of the interviewees who had unstable histories were in touch with foster parents from an earlier placement. Looking for these positive connections and strengthening them through formal discussion and financial support may be appropriate.

For those careleavers being discharged from residential or group care programs without other adult connections, the program needs to include some kind of post-care follow-up or the careleaver will not have the adult supports needed to successfully move into independence (see Discharge Services above). For those young adults who have been in institutional care, the use of a pre-discharge foster home as described in A BRIDGE TO INDEPENDENCE might be explored (Hazel, 1981, 57).

There was little evidence from the files or the interviewees that the continuation of adult relationships beyond care was given any consideration. These relationships should be part of the discharge planning process and, if the careleaver does not have appropriate adult supports, the agency needs to assist in the development of these.

#### Biological Family Contact: Contact with Parents

On the whole, it seems fair to suggest that the need for information about and/or contact with biological family can be seen as an individual need influenced by gender and care circumstances. In this research it appeared, from information gathered from the interviewees, that contact and/or information was least likely to be wanted when care was long term, stable, of good quality and the child was male. In these circumstances, the use of a foster home with exclusive expectations, that is the exclusion of the biological family and minimization of the fostering aspect (Holman, 1980, 76), could be seen as appropriate. On the other hand, where the placement history has been unstable, the

child was admitted to care later or was female, inclusivity would seem to contribute to the child's perception and experience of good quality care.

As indicated in the previous chapter, for young men more frequent contact with their mothers prior to discharge was associated with a poorer outcome. Also, the young men, who described receiving less information about their biological family, were as satisfied with the information they were given as the young women. Festinger, in examining gender differences, found a low level of parental contact early in care indicated a poorer outcome for females (1983,78). In addition to the evidence from this research and Festinger's findings, Gilligan in her 1982 article, 'Adult Development and Women's Development' presents a useful discussion about women's greater emphasis on relationships and attachment.

In this study there were examples of both exclusivity and inclusivity and the responses of the young people varied. Assuming good quality care it can be postulated that exclusiveness may offer the child a greater sense of security and the presence of the biological family contact may pose a threatening instability. However, where the care was unstable and/or poor, the desire for information or contact with biological family members became an area of conflict between the caregivers and the adolescent and contributed to placement breakdown. In terms of screening of foster homes, therefore, it would be important for those who wish to provide exclusive care to be more carefully selected and trained so as to assure good quality care and to place with them only children who are younger and male. If the demands

of the moment are such as to necessitate the placement of other children, it would be useful to offer these foster parents some assistance and training in understanding the child's need for information and contact to avoid their interpretation of this request as threatening to their esteem as a parent. Adolescents experiencing placement instability almost always made contact with their biological family and the development of working relationships and the provision of support to these families would therefore seem to be in the child's best interest.

#### Sibling Relationships

Biological sibling relationships were considered important by the interviewees and sustained whether or not parental contact was maintained. As indicated, 84% of the interviewees had contact with at least one of their siblings. The process of care involved some loss in sibling contact (see Contact with Siblings, Chapter Seven). Next to foster parents, siblings were most frequently cited as people the interviewees loved and next to foster parents and friends were listed as sources of help. In both cases siblings were listed more frequently than biological parents.

As Hegar noted in her 1988(a) article 'Sibling Relationships and Separation...', there is relatively little research about the long-term nature of sibling relationships for children in care. Hegar wrote about sibling relationships in her 1986 dissertation and two 1988 articles; this material covered a cross-sectional examination of sib-



ling placements (1988a,458) and drew extensively from literature about general sibling relationships. In summary of her research and the literature about siblings Hegar wrote:

The theory and research...suggest that brothers and sisters are of great importance to children who enter foster care... (and) deserve greater recognition...by avoiding separating siblings unless careful assessment shows it to be advisable, by working to help separated siblings maintain their ties, and by treating siblings groups as special-needs children for whom specialized placements need to be developed.(1988a,463)

There was little indication from the files that The Department considered sibling relationships in their planning for these children in care. Where it was possible to place siblings together such placements were made. However, as with other placement decisions, that was a reactive process rather than a proactive planned placement process. Only nine (5%) of 180 with siblings were reared with all their siblings and six of these were Caucasian children who came from smaller families, making placement together easier to organize.

There was also no evidence The Department recognized the Native children in their care came from larger family groups and therefore that the development of resources to accommodate these sibling groups would be needed. It would seem fair to suggest, therefore, that the Native children in care suffered a disproportionate loss of sibling contact through the placement process. In addition, it appeared that little effort was made to organize visits between siblings once they were placed separately; where visiting did occur, foster parents were as instrumental in organizing visits as

The Department staff.

The maintenance of sibling relationships needs to be taken into account as part of the planning process for children in care. The interviewees indicated that siblings nearest in age were of primary importance, followed by younger siblings for whom they felt some responsibility. The suggestions made by Hegar above would also be appropriate for these children in care. The development of specific resources for large sibling groups would assist to maintain these relationships and would have more impact on Native children who came from larger families. Either foster homes (there were a few examples in this study of good foster homes which accommodated large family groups) or specifically developed group care resources for family groups would be appropriate. Where placement together is not possible, or contraindicated -- which should not be assumed to imply total loss of contact -- arrangements for continued contact would support the maintenance of these siblings relationships and lessen the disruption and separation experienced by children in care.

#### Other Biological Kin

In this study population, nine Caucasian children were raised by biological kin; no long-term Native, Treaty or Metis families or children were similarly financially supported by the Department. As has already been suggested, the Department did very little to initiate biological kin contact but rather responded to requests from kin if they

were made. It is possible the Native families were less confident in approaching the Department than non-Native families.

None of the careleavers who were raised by kin were interviewed; those who were contacted refused because they did not define themselves as foster children and therefore did not wish to participate in the study. Although the numbers were small, this can be seen as a real perceptual difference.

The extent to which biological kin could be a placement resource or an adult support in later adolescence for those young people without a foster family connection as they move into adulthood, is unknown. In this study kin placements were used, particularly by adolescents (see Chapter Four, Placements with Biological Kin) but these placements were often unplanned and part of the instability and early independence cycle of those young people who had exhausted the more formal agency resources: that is, the most troubled group of children in this study. These placements, like the long-term kin placements for Caucasian children, occurred because of the initiative of the kin or child, not because The Department had any proactive policy.

The emphasis on 'involvement of the extended family' (Saskatchewan, ANNUAL REPORT, 1990) in the 1989 Child and Family Services Act will hopefully encourage a more proactive practice regarding extended family members. Such an aggressive approach as part of the admission process needs to be taken. This approach should be most actively pursued for Native children, where this kind of service is not already being provided by the band.

## THE CARE EXPERIENCE FOR NATIVE CHILDREN

Race was a factor in differentiating the care experience for the young people in this study. To begin with, Native children were over-represented in this study population of children in long-term care. As noted in Table One in Chapter Three, Treaty or Status Natives represented 31.5% of the study population, Metis or non-Status Natives 36.4%, while 32% were non-Native. In total 68% were of aboriginal ancestry compared to 7.8% of the population of Saskatchewan (Canada, 1986). The reasons and background to this were discussed in Chapter Two. Once in care Native children were more likely to experience greater placement instability. Race was not statistically significantly related to the actual number of placements, but was statistically significant to the four placement patterns -- very stable to very unstable. Native children were more likely to be delinquent in adolescence and their educational attainment was lower than their Native and non-Native peers either in or out of care. Generally race was not significantly related to kinship contact through the care experience except that Native children had less extended biological family contact, and none were reared by kin.

Twenty-nine out of 53 (55%) of the Native interviewees described experiencing discrimination either from the communities or in the foster homes in which they lived, and this was dependent upon their appearance as being of Native ancestry. Political and intercultural hostilities between the white and Native communities also contributed to their difficulties. It appeared that only exceptional foster

parents were able to provide a secure and stable placement in the face of these difficulties. There was no evidence the Department provided any special assistance to the Native children in their care or to their caregivers. This was also reviewed in Chapter Two. Nor has this situation changed since this research was conducted, although in 1989 the Department undertook four Native foster home recruitment projects thereby recruiting 35 Native foster homes (Saskatchewan, ANNUAL REPORTS, 1987-90; Clutterbuck et al, 1990).

At interview the Native young people were faring less well than their non-Native peers. The Native young adults were more likely to: be unemployed; be in receipt of income assistance; be imprisoned; have alcohol and/or drug abuse problems; and parenting problems. While these differences were not statistically significantly related to race, when all the factors were combined into the composite outcome factor the Native young adults were more likely to be below median and this difference was statistically significant (see Chapter Six, Table Twelve). At interview the young people of Native ancestry were less likely to be in regular contact with foster parents and more likely to be in contact with their biological parents, again these differences were not statistically significantly related to race.

Where race was evaluated against the quality of care and outcome factors presented in Chapters Four through Seven, only a few were statistically significant; however, in the majority of cases the trend was in the same direction with Native children more apt to experience poorer quality care and to be faring less well both at discharge from care and at

interview. In general the statement could be made that the greater the Nativeness the greater the difference between them and their non-Native in-care peers. With these differences in mind the following discussion will look at some ways to improve care for Native children.

#### Native and Non-Native Foster Homes

The continued placement of Native children with non-Native foster parents seems likely, both because the process whereby control of child welfare services is assumed by Native communities will likely be lengthy, and because of limited resources within Native communities -- which also slows the process of Native groups assuming control of child welfare services. In 1981 the first agreement between the Spallumcheen Band and the British Columbia government was signed (MacDonald, 1985, 256). In that instance, children were not removed from their foster homes, but rather child care management moved to the band from the provincial government; subsequently all apprehended children were placed within the Native community (MacDonald, 1985). Until bands or Native communities assume control of their own child welfare services, and until improved economic and social circumstances of Native communities decrease the number of Native children coming into care and provide a bigger pool of stable Native families from which to recruit foster parents, non-Native foster families will continue to be a source of family placements for Native children. The issue of how best to accommodate the racial and cultural needs of Native

children in care and their families and communities deserves the development of specific policies and programs which address the maximum possible continuation of the relationship between Native children in care and their communities.

In this study, the response of the non-Native foster parents to their Native foster children was very mixed. The evidence from the child-in-care files indicated that foster parents and their social workers struggled in isolation with the racial issues. Instances of outright racial prejudice existed, as did instances of foster parents and social workers trying to assure the Native foster child's inclusion in, and understanding of, their Native communities -- though instances of the former were more frequent than instances of the latter. At minimum, for Native children, exclusiveness should not extend so far as to limit discussion of their racial and cultural background (Kimmelman, 1984). For this minimum requirement to be in place a systematic educational program about the racial and cultural background of the aboriginal peoples of Canada should be provided to all non-Native foster parents. In child welfare services where more than a third of children in care are Native (or of some other minority group) all foster parents need to be exposed to the racial and cultural issues because it would seem likely they would at some point be either fostering or have contact with a Native child in care. There was, as noted in Chapter Two, no systematic effort by the Department to provide foster parents with any information about Native people; nor has it apparently been included in the new foster parent training program, although Ens and Usher did make this recommendation

in their CHILD IN CARE REVIEW (1987,71). This type of educational program might best be offered by Native organizations.

As was discussed in Chapter Two, current child welfare practice with regard to Native children has been labelled by some as a policy of cultural genocide. Saskatchewan continues to consider and place "minority race" children as special needs adoptions without any recruitment of Native adoptive homes (Saskatchewan, ANNUAL REPORT,1989). Additionally, their Native foster home recruitment program has had minimal effectiveness in recruiting Native homes; this program has been implemented without collaboration with Native organizations (Clutterbuck et al,1990,140). New policies which enable child welfare agencies and Native communities to work together in rearing children who are now in care need to be developed. Child welfare agencies with a large percentage of Native children in their care need to take a leadership role which extends beyond providing protective and adoptive services for Native children. Native communities who are not yet able to assume control of child welfare services need to work with existing child welfare agencies to improve the care experienced by Native children now in care. For children in care this leadership role should focus on ways to develop cooperative relationships so that the children currently in care can maintain relationships with their biological families and their reserve communities.

It could be argued that in non-Native foster homes for Native children, particularly Treaty children, exclusivity should not be considered an option. In this study only one of the 22 Treaty Indian interviewees had no biological family



contact at interview; 77% were in touch with their parents and 100% were in touch with their siblings. The young man who had no biological family contact had no known siblings, a stable placement history and came into care as an infant. Prohibiting exclusivity for Native children in non-Native foster homes would need to be accompanied with programs for those foster parents and the social work staff who work with both the foster parents and the children in care. The programs could include, in addition to the educational components mentioned above, the development of support mechanisms to assist the foster families of Native children to maintain kinship contact and interaction with Native communities. A concerted effort to use Native staff in the delivery of these support programs is also recommended.

A collaboration between the Native communities and the Department and their caregivers could potentially act to cool some of the pressures from the Native community experienced by both Native foster children and their non-Native caregivers, which in this study did precipitate the displacement of children from one residential resource and created dilemmas for both the Native children in care and their caregivers. Exacerbating placement instability to maintain cultural continuity further victimizes these Native children in care. The effort needs to go towards developing placement stability coupled with cultural continuity. If a cooperative model can be developed, perhaps the cycle of placement instability which lead to dysfunctional adults could be broken.

Since the recruitment of Native foster parents is a slow process, the development of group care or residential resour-

ces managed by existing Native child welfare organizations should be a priority. An example, suggested above, is group care facilities for large Native sibling groups. Also the need to aggressively recruit biological kin as active participants in the care process for Native children was discussed above. These program changes need to be a collaborative effort between child welfare agencies and Native communities.

Collaboration should also extend to Native foster home recruitment. In the recruitment of Native foster parents, the issues of exclusivity versus inclusivity should be viewed differently than for non-Native foster homes. In the first instance, the traditional non-Native view of children as parental property (Marvick, 1974, 282; McLaughlin, 1974, 140) is not a cultural imperative of Native Canadians. This leads to a greater acceptance of alternative child care arrangements both from the viewpoint of the biological parents and the caregivers. In this view, the whole community is responsible for the care of children (Bruyere, 1983; Campbell and Maslany, 1986, 82). This viewpoint diminishes the need, from the foster parents' perspective, for exclusivity. As well, it would be in practice more difficult for Native foster parents to maintain exclusiveness because the Native communities in Saskatchewan and elsewhere are relatively small and Treaty Indian children are registered under the Indian Act (1985) in publicly accessible documents. Therefore inclusiveness would likely be the norm for Native foster parents.

In addition, as was described in Chapter Two, the modern Native family, derived from the interlocking economic dependency of pre-industrialized cultures, retains some

expectations about sharing resources with kin. If Native foster parents operate out of a model of inclusiveness, this cultural norm of shared resources might well be incorporated into the fostering situation whether or not the foster parents are biological kin, fellow band members, or unrelated. Native foster families could encounter different expectations from biological family and Native communities, requiring, in recognition of this cultural difference, both additional financial resources and emotional supports around maintaining biological family contact.

It is not in the interests of the Native community to inherit the failures of the child welfare system. Although the argument is now being made that the Native communities alone should assume control of child welfare, given their social and economic circumstances there may well be insufficient resources within all the communities to manage their child-rearing tasks. The development of cooperative programs may enable these tasks to be completed. For a number of children in this study, a care-poverty-care cycle was established. As discussed at the end of Chapter Six, Treaty Indian children had the worst outcome and the Native community has the right to want better for their children. The Department also has a responsibility to take a leadership role in improving the quality of care for Native children in their care. Perhaps by addressing the quality of care collaboratively for Native children, the quality of care for all children in care will improve and the cycle of care-poverty-care in which many of the Native and non-Native young people in this study were living will begin to be broken.

## CONCLUDING REVIEW

## Purpose of the Research

The purpose of this study was to provide a systematic follow-up study of Canadian careleavers. Three aspects of their lives were to be examined: their care experience using both the child-in-care file and the interviewees' descriptions, their kinship contacts through care and at interview and finally their circumstances as young adults. The study population was drawn from the Department of Social Services in Saskatchewan which enabled the inclusion of both rural and Native Canadian careleavers. By this process it was hoped to increase the fund of knowledge used for practice and policy decisions in child welfare. Chapters One and Two provided a review of previous research about careleavers, circumstances specific to Saskatchewan.

## Research Methodology

Data collection took place between September 1985 and September 1986. In total 206 children born between January 1964 and July 1966 who had been in care for four-and-three-quarter years or more and who had been discharged, or left care, over the age of 16 as independent individuals were identified and included in the study. Of these 140 (68%) were of Native ancestry and 122 (59%) were male. Just over half -- 108 (52%) -- were reared in a rural setting, 70 (34%) in an urban setting and the remaining 28 (14%) in smaller

urban communities or towns. The study population was identified using four methods: the Department's computer records, the Department's local staff, word of mouth, and cross-referencing of files. It was acknowledged that some children eligible for inclusion could not be identified. Once identified, the child-in-care file was read and the in-care history recorded using the File Questionnaire in Appendix B.

After the file information was compiled, the search for the careleavers began, using contact information from their child-in-care files, health insurance and social assistance records. These careleavers were located and interviewed primarily in western Canada. In total, 142 young people were located and 91 interviewed; six interviews were conducted by telephone. Of those interviewed 61 (67%) were of Native ancestry and 47 (52%) were male. Gender, the number of placements while in-care, and the length of time in the post-care educational support program were statistically significantly related to interview participation. The conclusion drawn from these differences was that there was probably a bias in the study results with those having more stable and in turn less traumatic care experiences more likely to be interviewed. This apparent bias is consistent with other follow-up studies (Festinger, 1983, 16, 212, 307; Lupton, 1985, 96; Stein and Carey, 1984b, 24).

#### Research Findings

Age of first admission to care, for these primarily normal healthy children, was 5.75 years and they spent an

average of 10.89 years in care. Half of these children, 104 (50.5%), were received into care only once, 76 (36.9%) had two or three admissions and the remaining 26 (12.6%) had four or more receptions into care. Most of these children were brought into care with their siblings because of a cycle of parental neglect coupled with alcohol abuse, abandonment and marital difficulties.

Once in care these children were placed in foster homes (51.7% of placements), in short-stay institutional placements (16.3% of placements), with kin (12.7%), and they lived independently (18.1%) -- often unplanned -- for an average of 9.7 placements per child or nearly one placement per child per year (1.2% were other miscellaneous placements). Because placement stability varied considerably, four stability groupings were developed: the very stable were those 36 (17.5%) youngsters with three or fewer placements; 63 (30.6%) were moderately stable with four to seven placements; 62 (30.1%) were moderately unstable with eight to thirteen placements; and finally, 45 (21.8%) were very unstable with fourteen or more placements. Other care factors linked to in-care instability were: race, in-care abuse, other forms of inappropriate care, and the number of admissions to care.

Educational achievement was low for this group of young people. At discharge from care only 51% had more than a Grade Nine education. This was a lower educational achievement than indicated by other studies of children in care and lower in comparison to the general and Native populations in Saskatchewan. Educational attainment was significantly lower for those whose placement history was

unstable and who were of Native ancestry. The young people whose placement history was stable cited fewer adolescent problems, moved into independence later and saw their foster parents as a source of support during their adolescent years.

The importance of this support was confirmed when discharge services were examined. Where good relationships existed with foster parents, discharge services were provided, but where the adolescents had tenuous or no connections with caregivers fewer discharge services were provided. That is, the young people with the most placement instability and the lowest educational achievement coupled with early independence were also the young people who received the least help with discharge from care. Ninety-four young people used the post-care educational support provisions and these were young people without in-care instability, early independence and perceived inappropriate care. One-hundred-and-ten (53.4%) of these careleavers permanently established themselves as independent prior to age 18, the age of majority in Saskatchewan.

Twenty-five (27%) of the interviewees said they were abused by their caregivers. Three kinds of abuse -- physical, sexual, and exploitation -- were identified. Twelve described only physical abuse, two women described only sexual abuse and the other eleven described multiple forms of abuse, occasionally in more than one home. Inappropriate care, identified by an additional 29 (32%) of the young people, included excessive or undeserved punishment, less severe exploitation, neglect, inequitable treatment in comparison to other children in the home, and a

variety of other circumstances which arose in foster homes. Also included were failures of social work services which impinged on the quality of placements: for example, excessive movement and inappropriate residential placements.

Social workers did not act to protect the children-in-care from abuse in foster homes; there were no reported instances, either by the interviewees or in the files, of children being found a new placement because of abuse being reported to social workers. A Social Work Need Scale was developed and the results indicated those children and adolescents who most needed social work services were no more likely to receive them than those whose social work service needs were low. Despite these difficulties, 51 (57%) of 90 interviewees assessed their care as on the whole 'good' and 73 of 86 interviewees (85%) said being in care had either improved their current lives or had had a mixed or neutral effect.

In Chapter Six, the life circumstances of the interviewees were described. Most of the major findings indicated that these young people were doing less well than their non-care peers. These findings were: an unemployment rate of 42.5% since discharge from care; conversely, an income assistance receipt rate which was high with approximately one-third in receipt of income assistance for most of the eligible time since discharge. Income assistance receipt was inversely related to educational attainment. Sixteen (42%) of the 38 children born to the 44 young women interviewees were not being reared by them and most of these had been admitted to care. Fifty-seven percent of the young



men's children were not being reared by them. It was argued a care-poverty-care cycle had been established for this group of careleavers. Fourteen (15.4%) of the interviewees had been or were in prison by the time of the interview. Additionally, in comparison to their age and income peers, the young people in this study were less 'happy'.

Finally, in Chapter Six, an outcome profile was developed by combining the above factors with the interviewees' self-definition, post-care housing movement, partnership difficulties and drug and/or alcohol abuse. Those individuals in the lowest quartile were doing badly and were described as 'The Troubled Twenty'; those individuals in the third quartile were facing fewer critical issues but their circumstances were precarious. Those individuals in the top two quartiles were managing well, with those in the top quartile more likely to have a higher education and a more stable work history. Statistically significantly related to outcome were: race, in-care abuse, placement instability, early independence, and assessed maturity at discharge from care.

In Chapter Seven kinship was discussed. Biological family contact was measured through three time periods: the care years, the two years prior to discharge, and finally, for the interviewees, since discharge. Eighty-six (43%) of the children in care had no contact with their parents during the care years, 62 (31%) had regular contact and the other 52 (26%) had irregular low contact. In the pre-discharge years the number having no or regular contact increased while the number having irregular contact decreased to 11.3%. The

longer these children were in care the less likely they were to have had parental contact. These study participants had 1084 siblings, 733 of whom were also admitted to care. During the care years they lived with 175 (16%) of them and during the pre-discharge years they lived with 104 (10%) of them. Other sibling contact figures showed a similar loss of contact into adolescence but contact was reestablished by the time of the interview. Other kin contact was also examined. The interviewees were more apt to be satisfied with their biological family contact if they had no or regular contact and had stable placement histories. The relationship factors associated with a better outcome were: frequent foster family contact at interview; the presence of friends in early adulthood; and no or regular biological sibling and parental contact while in-care. The level of biological family or sibling contact at interview was not significantly related to outcome. It was postulated the young people who had experienced good quality care maintained foster family relationships into adulthood.

In the final chapter a number of recommendations were made about ways to improve the quality of care. Since Native children in care did less well than their non-Native peers, the need for collaborative programs between Native communities and children welfare agencies was highlighted.

#### Research Achievements, Limitations, and Further Questions

This research did accomplish much of the original task. The lives of a group of Canadian careleavers which included

children in care from rural settings and of Native ancestry were examined. Their care careers were documented and their kinship relationships through the care experience and into young adulthood was detailed. This is the first group of Canadian careleavers whose lives have been presented in such detail. However, this research had some limitations and raises other issues which will require further clarification.

The quality of care found for this group of careleavers was extremely varied and for approximately half could be seen as poor. This half could be defined as those 107 (51.9%) who had unstable placement histories and/or left care early -- 110 (53.4%). For the interviewees, who were more likely to experience stable and hence less traumatic care than those who were not interviewed, it would also include the 27% who discussed in-care abuse and some proportion of the 32% who discussed inappropriate care. Whether the levels of instability, abuse, and other forms of inappropriate care are typical of Canadian child care services is unknown since there are no other studies about Canadian careleavers. With the exception of Fanshel, Finch and Grundy (1990) and Loveday (1985), few of the other studies about careleavers documented in Chapter Two described similar in-care abuse or placement instability. But then, these studies did not ask about in-care abuse and were more conservative in counting placement changes. It was acknowledged that the way in which placements were counted in this study may account for the higher documented in-care placement instability.

The quality of care documented in this study raises the question of whether a child care service can rely

predominantly on foster home care, as was the case in this study, and provide adequate care for all children. Fanshel, Finch and Grundy certainly make a strong case for institutional care for those children who are unable to adjust to foster home care (1990,208), a case supported by Berridge and Cleaver in their 1987 book FOSTER HOME BREAKDOWN. While the studies which include children being discharged from institutions indicate a poorer outcome for these children in comparison to discharges from foster homes (Ferguson,1966; Festinger,1983; Triseliotis and Russell, 1984), the outcomes in this study of children raised primarily in foster homes are even worse. In this study race can be seen as a major intervening variable.

A final caution is needed about the file information used in this study. Others have noted the inadequacy of file information as a research tool (Belson and Hood,1967; Kimmelman,1984) and inadequacies were present in the file information used for this study. In general, it would seem correct to postulate, that where the research information and the function of the file coincide, the information collected was more accurate; where these two diverged the information for research purposes was less complete. The information in the child-in-care files was, in some instances, inadequate to provide careleavers with a complete history. This would be particularly problematic for children whose placement pattern was unstable and therefore would not have access to an oral history from adult caregivers.

Another issue which needs further exploring is the impact of gender through the care experience. The findings in this

research indicate that female children in care valued continued biological family contact more than the males. This is in agreement with Festinger's findings and may well need to be one of the factors more clearly explored in future research about children in care, careleavers or adoptees.

#### CLOSING REMARKS

Placement instability coupled with poor quality foster home care and inadequate social work services are the critical issues raised by the findings of this research. Children of Native ancestry were disproportionately effected. The poor quality of care had many consequences for these young people. It appeared to create a high percentage of careleavers who left care early, ill-equipped for independence, which resulted in a care-poverty-care cycle. The Section 44 post-care educational support provisions were not accessed by the most vulnerable young people in this study. The refocusing of the Section 44 program and the need to develop residential resources for adolescents was recommended, along with the strengthening of social work services and a children's guardian.

These recommendations are directed towards the needs of those careleavers who had major difficulties, but half of the interviewees were doing well. They described their care experience positively, they were in school or working and they were in established relationships and responsible good parents. They were satisfied with themselves and relatively happy about their current circumstances. They had good

relationships with their caregivers whom they felt were their primary family, and they had established some understanding about their biological family and their past. There was of course much variation in this adaptation, but of those who were leading reasonably stable adult lives the issues of their past had receded into the background and were replaced by the demands of being young adults.

Their transition to independence had not always been easy and they had made mistakes. But they were able to call on their caregivers for emotional support and practical assistance when needed. These young people were pleased about the opportunities which being in care had given them and they were hopeful about their futures. Quality of care, placement stability, education and support through adolescence were the factors associated with a better adult outcome.

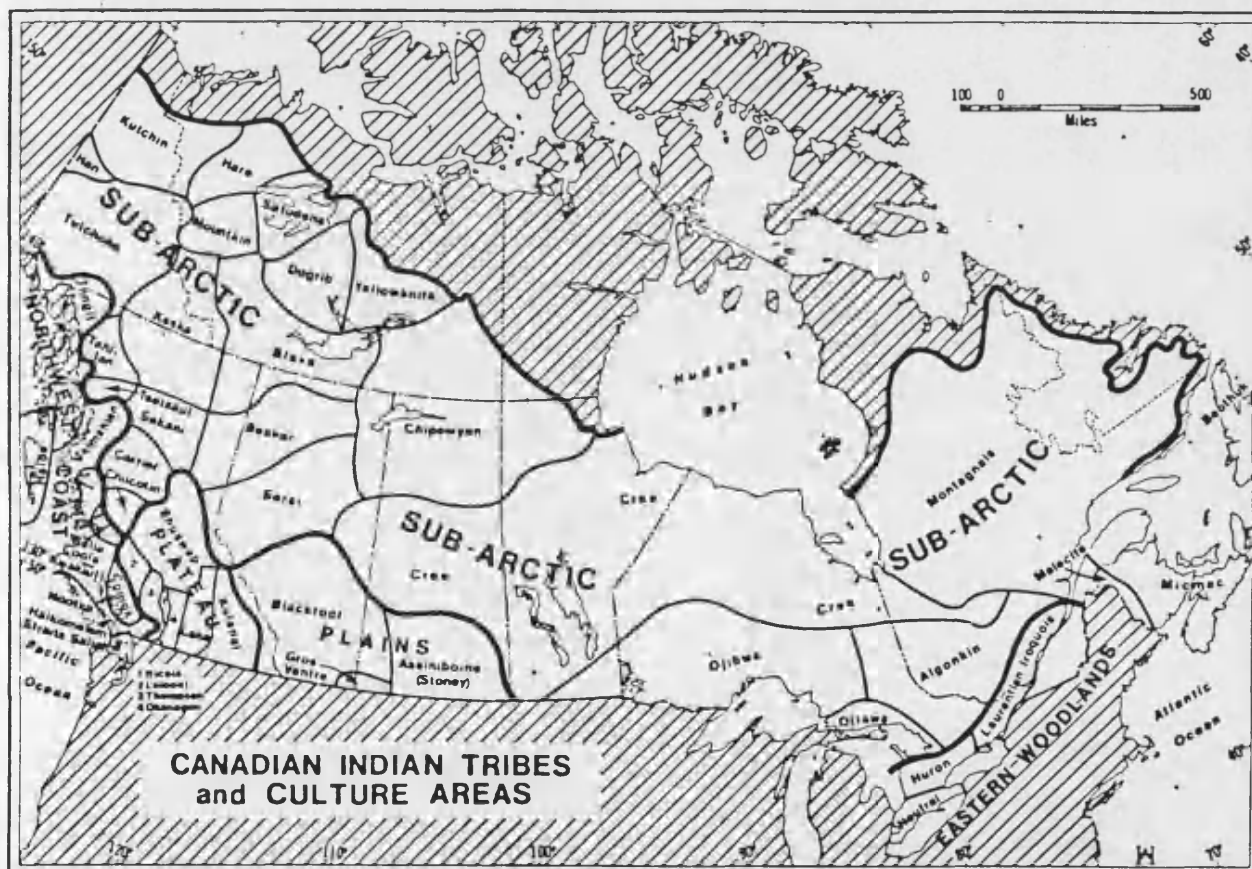
If the future of subsequent careleavers is not to include half who pass into adulthood ill-equipped than the issues raised by this research need to be addressed. Effectively addressing these issues will necessitate collaborative programs between Native communities and child welfare agencies.

Map of Saskatchewan showing  
Department of Social Services regions.  
Taken from: Saskatchewan,  
Department of Social Services,  
ANNUAL REPORT, 1983, page 31.

**Saskatchewan  
Social Services Regions,  
1982-83**



Map of Canada showing  
'Canadian Indian Tribes and Culture Areas'.  
Taken from: Abler, Saunders and Weaver,  
A CANADIAN INDIAN BIBLIOGRAPHY 1960-1970, page xv.





Map of Saskatchewan showing  
Location of Indian Population.  
Taken from: Dosman, Edgar J.,  
INDIANS: THE URBAN DILEMMA, pages 24-5.

Saskatchewan: Location of Indian Population (key to numbering opposite)



Table 1  
Indian Population of Saskatchewan by District and Band

	<u>Band Total</u>		<u>Band Total</u>
<b>North Battleford District</b>			
1 Canoe Lake	364	37 Mistawasis	649
2 English River	396	38 Moose Woods	156
3 Island Lake	332	39 Muskeg Lake	481
4 Joseph Bighead	255	40 Nut Lake	864
5 Little Pine	590	41 One Arrow	429
6 Loon Lake	395	42 Pelican Lake	300
7 Lucky Man	39	43 Sandy Lake	924
8 Meadow Lake	248	44 Witchehan Lake	155
9 Moosomin	472	District Total	<u>7,375</u>
10 Mosquito-Grizzly			
Bear's Head	406	<b>Touchwood-File Hills-</b>	
11 Onion Lake	1,174	<b>Qu'Appelle District</b>	
12 Peter Pond Lake	453	45 Carry the Kettle	755
13 Portage La Loche	256	46 Day Star	215
14 Poundmaker	478	47 Fishing Lake	495
15 Red Pheasant	545	48 Gordon	908
16 Saulteaux	360	49 Little Black Bear	159
17 Sweet Grass	531	50 Maple Creek	123
18 Thunderchild	721	51 Muscowpetung	430
19 Waterhen Lake	501	52 Muskowekwan	512
20 General List	5	53 Okanese	162
District Total	<u>8,521</u>	54 Pasqua	523
<b>Prince Albert District</b>			
21 Cumberland House	210	55 Peepeekisis	771
22 Fond du Lac	580	56 Piapot	653
23 Lac La Hache	241	57 Poorman	813
24 Montreal Lake	970	58 Standing Buffalo	519
25 Lac La Ronge	2,099	59 Star Blanket	153
26 Peter Ballantyne	1,577	60 Wood Mountain	71
27 Red Earth	400	District Total	<u>7,262</u>
28 Shoal Lake	205		
29 Sioux Wahpaton	86	<b>Yorkton District</b>	
30 Stony Rapids	494	61 Côté	1,156
31 Sturgeon Lake	721	62 Cowessess	1,056
District Total	<u>7,583</u>	63 Kahkewistahaw	498
<b>Saskatoon District</b>			
32 Beady's and		64 Keeseekoose	686
Okemasis	849	65 Key	348
33 Big River	815	66 Ochapowace	458
34 James Smith	1,025	67 Sakimay	524
35 John Smith	419	68 White Bear	958
36 Kinistino	309	District Total	<u>5,684</u>
		<b>Saskatchewan Total 36,425</b>	

Department of Statistics Division, Department of Indian Affairs and Northern Development, August 27, 1971.

File Questionnaire

=====

NAME: \_\_\_\_\_

(first)

(last)

ALIAS:

Source of Alias

Contact Information: Give last known address/place of employment. List possible contacts: foster parents, social workers, friends, biological family members, band. Specify the nature of the information.

Tracking procedure: List steps followed to find this person (continue overleaf if necessary).

Date:            Action Taken:

This page can be destroyed once the interview is completed and the tracking is coded.

DSS File Number:  
Project File Number:

Part One: Background Information  
=====

1. Sex: Female 1  
Male 2

2. Date of Birth: \_\_\_\_\_  
(day) (month) (year)

3. Age of Majority: \_\_\_\_\_  
(day) (month) (year)

4. Racial Origin: Treaty Indian 01  
Non Status or Metis 02  
Caucasian 03  
Other, specify 04  
Unknown 77

5. Religion of the family of origin: Roman Catholic 01  
Protestant 02  
Other, specify 03  
Unknown 77

6. Place of Birth: Locally, within a 100 kilometer  
radius of place of admission to care: 01  
Within Saskatchewan but not locally: 02  
Within Canada but not Saskatchewan,  
specify province: 03  
Outside Canada, specify country: 04  
Unknown: 77

7. At birth of this child were the parents married to each  
other?  
Yes 1  
No 2

8. At birth of this child were the parents living together?  
Yes 1  
No 2

9. Birthdate of mother: \_\_\_\_\_  
(day) (month) (year)

10. Birthdate of father: \_\_\_\_\_  
(day) (month) (year)

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

11. Number of admissions to care(including this admission): 01
12. Date of admission:-----  
(day)(month)(year)
13. Type of admission: Voluntary 1  
Statutory 2
14. With whom was this child living prior to admission to care:
- |                              |   |
|------------------------------|---|
| Mother and father:           | 1 |
| Mother alone:                | 2 |
| Father alone:                | 3 |
| Mother with another partner: | 4 |
| Father with another partner: | 5 |
| Neither parent, specify:     | 6 |
| Adoptive parents:            | 7 |
15. Reasons for admission to care: Primary reason: Secondary reason:  
(one answer only) (circle as many as appropriate)
- |  |    |    |
|--|----|----|
| No parent or guardian:   | 01 | 21 |
| To be placed for adoption:   | 02 | 22 |
| Child apparently abandoned:  | 03 | 23 |
| Parental abuse:  | 04 | 24 |
| Parental neglect:  | 05 | 25 |
| Child's health, emotional, behavioural problems, describe:                       | 06 | 26 |
| Parent's instrumental difficulties, describe:                                    | 07 | 27 |
| Parents imprisoned:  | 08 | 28 |
| Parents unable to care because of their own emotional or mental health problems: | 09 | 29 |
| physical health problems:  | 10 | 30 |
| marital difficulties:  | 11 | 31 |
| alcoholism:  | 12 | 32 |
| Other, specify:  | 13 | 33 |
| None applicable (for Secondary reasons only):                                    |    | 78 |
16. Parent(s)' source of income at admission. More than one answer possible.
- |                                   |    |
|-----------------------------------|----|
| Employment of mother, specify:    | 01 |
| Employment of father, specify:    | 02 |
| Income assistance:                | 03 |
| Insurance schemes:UIC,OAP,VA,etc: | 04 |
| F.I.P.:                           | 05 |
| Band monies:                      | 06 |
| Other, specify:                   | 07 |
| Not applicable:                   | 78 |
| Unknown:                          | 77 |
17. Discharge date:-----  
(day)(month)(year)
18. Is this the final discharge? Yes 1 Move to question 27.  
No 2 Answer question 19.

## Admission Information (continued)

19. Number of admissions to care(including this admission):
20. Date of admission:-----  
(day)(month)(year)
21. Type of admission: Voluntary 1  
Statutory 2
22. With whom was this child living prior to admission to care:  
 Mother and father: 1  
 Mother alone: 2  
 Father alone: 3  
 Mother with another partner: 4  
 Father with another partner: 5  
 Neither parent, specify: 6  
 Adoptive parents: 7
23. Reasons for admission to care: Primary reason: Secondary reason:  
 (one answer only) (circle as many  
as appropriate)
- |   |    |    |
|---|----|----|
| No parent or guardian:  | 01 | 21 |
| To be placed for adoption:  | 02 | 22 |
| Child apparently abandoned:   | 03 | 23 |
| Parental abuse:   | 04 | 24 |
| Parental neglect:   | 05 | 25 |
| Child's health, emotional, behavioural<br>problems, describe:                       | 06 | 26 |
| Parent's instrumental difficulties,<br>describe:                                    | 07 | 27 |
| Parents imprisoned:   | 08 | 28 |
| Parents unable to care because of their own<br>emotional or mental health problems: | 09 | 29 |
| physical health problems:   | 10 | 30 |
| marital difficulties:   | 11 | 31 |
| alcoholism:   | 12 | 32 |
| Other, specify:   | 13 | 33 |
| None applicable (for Secondary reasons only):                                       |    | 78 |
24. Parent(s)' source of income at admission. More than one answer  
possible.
- |                                   |    |
|-----------------------------------|----|
| Employment of mother, specify:    | 01 |
| Employment of father, specify:    | 02 |
| Income assistance:                | 03 |
| Insurance schemes:UIC,DAP,VA,etc: | 04 |
| F.I.P.:                           | 05 |
| Band monies:                      | 06 |
| Other, specify:                   | 07 |
| Not applicable:                   | 78 |
| Unknown:                          | 77 |
25. Discharge date:-----  
(day)(month)(year)
26. Is this the final discharge? Yes 1 Move to question 27.  
No 2 Go back to question 19.
- Use additional 'Admission Information' forms until all admissions are covered.

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 10

[illegible][illegible]

Placement History (continued)

|     | Number of<br>Placements | Name of<br>Resource | Type of<br>Resource | Entry Date<br>day/month/year | Departure Date<br>day/month/year | Reason<br>for Entry | Reason for<br>Departure | Repeat<br>Placement | Racial<br>Origin | Comments |
|-----|-------------------------|---------------------|---------------------|------------------------------|----------------------------------|---------------------|-------------------------|---------------------|------------------|----------|
| 41. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 42. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 43. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 44. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 45. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 46. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 47. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 48. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 49. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 50. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 51. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |
| 52. |                         |                     |                     |                              |                                  |                     |                         |                     |                  |          |

Use additional sheet if necessary

## Placement History (continued)

The next five questions are about temporary moves not recorded in the information slips. These were not recorded in the earlier in-care placement history sections but mentioned in the chronological recording in the file. In each category record the number of such temporary moves. If there are none noted in the file, code as:

71 = none noted in the file;

78 = it can be stated with absolute certainty from the recorded information that this type of temporary placement did not occur.

53. Number of hospital admissions:

54. Number of overnight visits with any kin:

55. Number of overnight visits with a foster family while living in another resource:

With which family: \_\_\_\_\_

Use first appropriate 'Placement Number' code. List all, if more than one.

56. Number of AWOLs:                      From which placements:  
List all. Use  
'Placement Number'  
codes.

57. Number of temporary holiday arrangements not with foster family or biological kin:

Describe:

Part Four: In-Care History General Information

=====

58. Criminal involvement while in-care. Circle the answer which best describes the circumstances. One answer only.

|  |   |
|--|---|
| No known criminal activities   | 1 |
| Minor involvement with criminal activity, charges not laid or laid with no convictions                 | 2 |
| Charges laid, involved in diversion program  | 3 |
| Found guilty of an offence, probation or community service successfully completed, no further offences | 4 |
| Extended probation after further offences  | 5 |
| Received sentence involving imprisonment   | 6 |



|  |    |
|--|----|
| Blindness, describe:   | 01 |
| Speech and/or hearing impairment, specify:                               | 02 |
| Debilitating chronic disease, specify:                                   | 03 |
| Acute disease or injury which resulted<br>in permanent damage, describe: | 04 |
| Physical congenital condition, specify:                                  | 05 |
| Mental retardation, describe:  | 06 |
| Learning disability  | 07 |
| Diagnosed psychiatric difficulty   | 08 |
| Victim of physical abuse, describe:                                      | 09 |
| Victim of sexual abuse, describe:  | 10 |
| Indication of alcohol abuse  | 11 |
| Suicide attempts   | 12 |
| Other, specify:  | 13 |
| None of the above indicated  | 14 |

61. Are there any known pregnancies or fatherings?  
 Yes 1  
 No 2 Code questions 62-63 as 78(n/a).

63. Second pregnancy-code outcome:

|  |    |
|--|----|
| Less than Grade 8                                  | 01 |
| Grade 8  | 02 |
| Started Grade 9 but did not complete               | 03 |
| Grade 9  | 04 |
| Started Grade 10 but did not complete              | 05 |
| Grade 10   | 06 |
| Started Grade 11 but did not complete              | 07 |
| Grade 11   | 08 |
| Started Grade 12 but did not complete              | 09 |
| Grade 12   | 10 |
| Streamed into special education program, describe: | 11 |

65: Post-secondary education achieved or in process.  
 Entered university or community college program but did not  
 complete. Specify program entered and time spend in the course: 01  
 Entered university or community college, still attending when dis-  
 charged from Section 44. Specify course and duration: 02  
 Entered university or community college, still attending when  
 file read. Specify course and duration: 03  
 Entered university or community college, course completed.  
 Describe: 04  
 Entered training program but did not complete. Specify course  
 and time spent in the course: 05  
 Entered training program, still attending when discharged from  
 Section 44. Specify course and the duration: 06  
 Entered training program, still attending when file read.  
 Specify course and duration: 07  
 Entered training program and completed. Describe: 08  
 Other, explain: 09  
 DID NOT participate in any further educational programs. 10

66. Was this child's name legally changed to that of foster parents?  
 Yes 1 Answer question 67.  
 No 2 Code question 67 as 78.

67. Which family? \_\_\_\_\_ Use first appropriate 'Placement Number' code.  
 -----

68. Date of Court Order: First Temporary Order: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (day) (month) (year)  
 Duration in Months \_\_\_\_\_

69. Second Temporary Order: \_\_\_\_\_  
 \_\_\_\_\_ (day) (month) (year) Duration  
 in Months \_\_\_\_\_

70. Third Temporary Order: \_\_\_\_\_  
 \_\_\_\_\_ (day) (month) (year) Duration  
 in Months \_\_\_\_\_

71. Date of Permanent Order: \_\_\_\_\_  
 \_\_\_\_\_ (day) (month) (year)

72. The MAJOR portion of this child's time in-care was spent in which  
 setting?

Urban 1  
 Small urban 2  
 Town 3  
 Rural 4  
 Other, describe: 5

Use the code book to complete this question. If none of the  
 categorizations is a major portion than use the 'Other' category and  
 explain. Do not confuse the locale of the Social Services office with  
 the place the child actually lived.

### Part Five: Contact Information

Notes: 1) Use code book for completion instructions and appropriate codes.

2) Watch use of codes: 77=Not Known,  
78=Not Applicable, and  
71=No mention in file of any contact.

| Section A: Biological Family |                     |      |          |                       | For Siblings Only           |                   | Contact Information   |         |                      |
|------------------------------|---------------------|------|----------|-----------------------|-----------------------------|-------------------|---|---------|----------------------|
| Name                         | Relationship        | Code | Comments | Age Span + or - years | Sex: Female = 1<br>Male = 2 | Admission Pattern | Simultaneous Placements:<br>List all by 'Placement Number'.<br>Give date of separation. | In-care | Last Years Interview |
| 73.                          | Mother              | 11   |          |                       |                             |                   |   |         |                      |
| 74.                          | Father              | 12   |          |                       |                             |                   |   |         |                      |
| 75.                          | Maternal (Gdmother) | 13   |          |                       |                             |                   |   |         |                      |
| 76.                          | Maternal Gdfather   | 14   |          |                       |                             |                   |   |         |                      |
| 77.                          | Paternal Gdmother   | 15   |          |                       |                             |                   |   |         |                      |
| 78.                          | Paternal Gdfather   | 16   |          |                       |                             |                   |   |         |                      |
| 79.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 80.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 81.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 82.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 83.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 84.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 85.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 86.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 87.                          |                     |      |          |                       |                             |                   |   |         |                      |
| 88.                          |                     |      |          |                       |                             |                   |   |         |                      |

Use overleaf if necessary



### Part Six: Discharge Information

=====

Notes: 1) Complete for last discharge only.

2) If the file is still active at the time of reading, answer questions as of the time of reading.

105. At point of closing, the file was located:

- |  |   |
|--|---|
| In the same community as for admission   | 1 |
| In another community because the child moved with foster parents/parents/kin       | 2 |
| In another community because the child was moved to find a more suitable placement | 3 |
| In another community because the child was relocated for educational purposes      | 4 |
| Other, explain:  | 5 |

106. Answer this question for pre-Age of Majority discharges only. For discharge at age of Majority or older, code 78 and go to question 107.

This child was discharged to the care of?

- |                             |    |
|-----------------------------|----|
| Mother and father           | 01 |
| Mother alone                | 02 |
| Father alone                | 03 |
| Mother with another partner | 04 |
| Father with another partner | 05 |
| Another guardian, specify:  | 06 |
| Marriage                    | 07 |
| On own                      | 08 |
| Not applicable              | 78 |

107. What was this child's living arrangement at discharge?

- |                                    |    |
|------------------------------------|----|
| With biological mother and father  | 01 |
| With mother alone                  | 02 |
| With father alone                  | 03 |
| Mother with another partner        | 04 |
| Father with another partner        | 05 |
| Maternal other relatives, specify: | 06 |
| Paternal other relatives, specify: | 07 |
| With biological siblings           | 08 |
| With foster family, any part of    | 09 |
| With adoptive family, any part of  | 10 |
| Own apartment, shared or unshared  | 11 |
| Room and Board                     | 12 |
| Living with partner                | 13 |
| In prison                          | 14 |
| In another institution, specify:   | 15 |
| Living with friends, explain:      | 16 |
| Other, specify:                    | 17 |
| Whereabouts unknown                | 77 |

108. Was this child given specific financial assistance to establish an independent household at any time prior to, at, or immediately after discharge? This does not include regular maintenance money for rent, food, utilities, or clothing but is extra money for household furnishings.

Yes 1 How much? -----

No 2

110. What was this child's expected source of income at discharge?

|   |    |
|---|----|
| Employment, specify:                    | 01 |
| Income assistance                       | 02 |
| Section 44(only if file is open)        | 03 |
| Pension                                 | 04 |
| Unemployment insurance                  | 05 |
| Other insurance scheme, specify:        | 06 |
| Supported by spouse                     | 07 |
| Supported by parents/foster parents/kin | 08 |
| None needed, in prison                  | 09 |
| Other, specify:                         | 10 |
| Unknown                                 | 77 |

111. What best describes the major activity at discharge?  
Only one answer possible.

|   |    |
|---|----|
| In school or training program                     | 01 |
| Employed  | 02 |
| Temporarily unemployed,<br>and seeking employment | 03 |
| Housewife/mother                                  | 04 |
| In an institution                                 | 05 |
| Working on family farm/business                   | 06 |
| Aimless hanging around, no or<br>poor planning    | 07 |
| Other, specify:                                   | 08 |
| Not known   | 77 |

112. Apparent maturity of this child at discharge. This can only be a subjective evaluation based on the closing information. Give the best answer.

|   |    |
|---|----|
| Mature, good prognosis  | 01 |
| Moderately mature, good prognosis   | 02 |
| Moderately mature, guarded prognosis  | 03 |
| Immature, poor prognosis  | 04 |
| Severe emotional difficulties, poor prognosis   | 05 |
| Mental or physical impairment,<br>institutionalized, poor prognosis                     | 06 |
| Mental or physical impairment, which can be<br>managed in the community, good prognosis | 07 |
| Mental or physical impairment, which can be<br>managed in the community, poor prognosis | 08 |
| Unknown, no information/incomplete information  | 77 |

113. Apparent problems at time of discharge.  
Circle as many as appropriate.

|   |    |
|---|----|
| Continued criminal activity                     | 01 |
| Blindness, describe:                            | 02 |
| Speech and/or hearing impairment                | 03 |
| Debilitating chronic physical disease, specify: | 04 |
| Acute physical condition, specify:              | 05 |
| Psychiatric difficulties                        | 06 |
| Indication of alcohol abuse                     | 07 |
| Unstable or unsatisfactory housing, explain:    | 08 |
| Apparent partnership difficulties               | 09 |
| Parenting problems                              | 10 |
| Other, specify:                                 | 11 |
| None of the above indicated                     | 12 |

114. Readers assessment of the quality of information in the file. Give best answer.

|  |   |
|--|---|
| Complete and precise, appears accurate                           | 1 |
|  | 2 |
|  | 3 |
| Vague and confusing, contradictory<br>and/or missing information | 4 |

I am doing a study of young people who were in-care. This study is being done by me, an independent researcher, in cooperation with the Department of Social Services, as part of an evaluation they are doing of services for children in care. I am writing to tell you about the study and to ask for your participation in an interview for this study.

In the interview, I will be asking about your life now; your experiences in the last few years; how you're feeling about things; how often you see various people you know; and of course, your thoughts and feelings about foster care -- and your ideas about what can help others now growing up away from their families.

Everything you tell me will be held in complete confidence. That is to say in the write-up of this information, you will not in any way be identified.

I will be in the Yorkton area in early June and would like to arrange an interview with you. While in the Yorkton area I can be reached c/o Mr. Martin Davenport, Wroxton, 742-4269; if you call there a message can be taken and I will return your call as soon as possible. Or I can be reached in Regina at the Faculty of Social Work, University of Regina, 584-4118 or at home 347-0132.

Your participation in this study is very important, as only a small group of former children-in-care have been selected for participation in this study and so that better services can be developed for children. This is your chance to discuss your own experiences and express your ideas. Your experiences and opinions are important.

I look forward to the opportunity to meet with you.

Sincerely,

Sherry McKibben  
Faculty of Social Work  
University of Regina  
Regina, Saskatchewan  
S4S 0A2



Guide for Interview with Former Children-in-Care  
=====

Introduction: This interview is in two parts. In the first part, we will be discussing your history and experiences in care; your experiences since leaving care; your current circumstances and relationships. In the second part, I will be asking some specific questions.

Discuss: purpose of interview and the study, and confidentiality (information will be tabulated, your name will not be used in any way).

A. In-Care History  
=====

Describe childhood and adolescent history.

When and how did you come to be in care?

Where did you live while in-care? Try to cover all placements.

What was it like living where you lived as a foster child?

View of you place within the 'family' situation. If more than one placement, discuss all individually.

Relationship with other children in the home.

Were you treated the same or differently than other children -- other foster children, the family's own children, siblings?

View of the kind of care received.

View of intensity and consistency of parental control.

View of foster parents expectations of you.

View of the emotional tone of the home(s) while growing up.

What was the reaction in the community, outside the home to your being a foster child? In the neighbourhood, at school, community activities, with the extended foster family?

Have you always known you were a foster child?

How did you find out? Age and circumstances.

What was your reaction?

Freedom and comfort in discussing circumstances of care.

With foster parents and others. Frequency of discussion?

What information was received. Satisfaction with this information.

How was this information used by the foster parents?

What about contact with you natural family while in-care?

Was there any? How was this arranged?

How satisfactory were these arrangements for you? Did you want to know about or see you parents/relatives but couldn't?

Why?

How about siblings, if any?

What were you teenage years like?

Any doubts or uncertainties?

During you adolescence were there issues or things happening with you that you needed help with -- did you get it? From whom?

How stable was your living arrangement during you adolescence. Why the stability/instability?

What other help would have been needed by you?

Were there any incidents of physical/sexual abuse while you were in-care?

Education while in-care?

Any health issues?

What role did religion play in you life in-care? Religion of foster parents and how this effected your in-care experience. How did being of Native ancestry effect you in-care experience?

#### B. Discharge from Care and Activities Since Leaving Care

=====

What have you been doing since leaving care? Education, employment, income, marriage or relationships, children.

With whom have you lived and where?

View of how your discharge from care was planned.

What planning and help around discharge from care did you receive? From Whom? Did you receive any financial assistance-aside from monthly support, e.g. with furniture, household goods, etc. From whom?

Did you want any help-financial/emotional/planning?

Looking back now, what planning or help could you have used?

Do you feel you were prepared for discharge, for adult life?

View of how being in-care effected you life after discharge from care.

Own view of use you made of opportunities.

### C. Current Relationships

=====

Complete the current relationships guide. Use codes. Add any other significant people. Use names only as a guide in helping to keep people distinct.

Of these people we have talked about, who is important to you, who do you love/care about strongly and who do you feel loves/cares about you?

Other than the people we have just talked about, are there any other people not listed that you have known since the time in-care and are still in contact with-other foster parents, staff from residential or group homes, social workers, other children-in-care, school friends, neighbours, any one else at all?

Regarding foster parents you lived with: how did it happen that you are still living with them/still in contact or not(as appropriate)?

Did you discuss with them what your relationship would be after discharge from care?

What about other foster children in the same foster home: is the situation regarding current contact, the same for them?

Who do you feel are you real parents?

Attitude to natural parents, siblings, other relatives?

Who would you have liked to maintain contact with? Why didn't you?

Who are you new friends? How did you meet them?

Of all these people we have talked about, who would you go to for help now? Babysitting, illness, borrow money, or stay with if you needed a place to stay for a while?

### E. Self Assessment of Current Situation

=====

How has being in-care effected your current life?

Are you satisfied with you current circumstances?

What, if anything needs changing?

View of world and life. Attitude to marriage and children.

What goals and plans for the future.

What are you free time activities/interests?

Do you participate in any community/church activities?

What role does religion play in you life now?

How would you describe yourself today?

What advice would you give to Social Services/foster parents about care for foster children?

## D. Current Relationships Guide

Project Number \_\_\_\_\_

How often do you see?

| Name | Category                    | Contact |
|------|-----------------------------|---------|
|      | Natural Mother 11           |         |
|      | Natural Father 12           |         |
|      | Mat. Grandmother 13         |         |
|      | Mat. Grandfather 14         |         |
|      | Pat. Grandmother 15         |         |
|      | Pat Grandfather 16          |         |
|      | Siblings:Codes 17/18/19     |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      | Parent's partners:21/22     |         |
|      | Other Maternal Kin 23       |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      | Other Paternal Kin 25       |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      | Foster Mother 31            |         |
|      | Foster Father 32            |         |
|      | Foster Siblings:Codes 37/38 |         |
|      |                             |         |
|      |                             |         |
|      | Own partner 60              |         |
|      | Others:Nature of Relations  |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |
|      |                             |         |

Contact Rates

|  |    |
|--|----|
| Deceased.....  | 99 |
| No contact.....  | 71 |
| No contact with this person,<br>would like to have contact..               | 62 |
| Since leaving care:  |    |
| Contact once or twice.....   | 51 |
| Less than once a year.....   | 52 |
| Once a year to three or four<br>times a year.....                          | 53 |
| More than three or four times<br>a year but less than once<br>a month..... | 54 |
| Once a month or more.....  | 55 |
| Lives with.....  | 79 |
| Not applicable.....  | 78 |
| Unknown.....   | 77 |

## F. Demographic Information

=====

## 200. What is you current living arrangement?

|  |    |   |
|--|----|---|
| Living with biological family                  | 01 | Explain<br>arrangements<br>and person(s): |
| Living with foster family                      | 02 |   |
| Living with adoptive family                    | 03 |   |
| Living with partner, married                   | 04 |   |
| Living with partner, unmarried                 | 05 |   |
| Own apartment or house, unshared               | 06 | With whom:                                |
| Own apartment or house, shared                 | 07 |   |
| Room and board                                 | 08 |   |
| In prison                                      | 09 | Specify:                                  |
| In another institution                         | 10 |   |
| Living with friends                            | 11 | Explain:                                  |
| Temporary accommodation,<br>e.g. hostel, hotel | 12 | Explain:                                  |
| Other  | 13 | Specify:                                  |

## 201. How long have you lived in this place, with these people?

|   |   |
|---|---|
| Less than one month                       | 1 |
| More than one month, less than six months | 2 |
| More than six months, less than one year  | 3 |
| More than one year, less than three years | 4 |
| More than three years                     | 5 |

## 202. Would you describe you current living arrangements as satisfactory? Yes 1) Explain:

No 2)

## 203. How many places have you lived since leaving care?

(Use actual end of care, not age of majority) -----

Query how these circumstances came about.

## 204. What is your current source of income?

|                                 |    |
|---------------------------------|----|
| Employment, specify:            | 01 |
| Income Assistance               | 02 |
| Pension                         | 03 |
| Unemployment Insurance          | 04 |
| Other insurance scheme          | 05 |
| None, in prison                 | 06 |
| Supported by spouse             | 07 |
| Supported by someone else       | 08 |
| Working on family farm/business | 09 |
| Income in support of education  | 10 |
| Other, explain:                 | 11 |

205. Which words best describe your current major activity?

- |   |   |
|---|---|
| In school or training program                 | 1 |
| Employed                                      | 2 |
| Temporarily unemployed and seeking employment | 3 |
| Housewife/mother, no immediate plan to work   | 4 |
| Housewife/mother, seeking employment          | 5 |
| In an institution                             | 6 |
| No plans at present                           | 7 |
| Other, specify                                | 8 |

206. During the past month, how often did you drink beer, wine or some other liquor? Would you say:

- |                               |   |
|-------------------------------|---|
| Every day                     | 1 |
| Three to five times a week    | 2 |
| One to two times a week       | 3 |
| Less than 1 to 2 times a week | 4 |
| Never                         | 5 |

207. Previously, were you drinking more, about the same, or less than now? More than now

- |                       |   |
|-----------------------|---|
| More than now         | 1 |
| About the same as now | 2 |
| Less than now         | 3 |
| Never                 | 4 |

208. About how old were you when you started to drink alcohol? Age \_\_\_\_\_ If never code 78.

209. Have you ever used drugs/sniffed glue? No 2  
Yes 1 Describe:

Current drug usage? Describe:

210. Since leaving care, thinking about the time you have wanted to be employed; that is, not in school, caring for a young child, or doing something else, how much of that time have you been employed?

- |   |            |
|---|------------|
| All of the time   | 1          |
| Almost all of the time, a few short breaks in employment only | 2          |
| More than half of the time                                    | 3          |
| About half of the time  | 4          |
| Less than half of the time                                    | 5          |
| Occasionally employed   | 6          |
| None of the time, explain:                                    | 7          |
| n/a Have never sought employment                              | 8 Explain: |

211. How many jobs have you had since leaving care? \_\_\_\_\_

Describe the nature of the employment, if not already covered in the interview.

212. Since leaving care, have you undertaken any education programs?

|   |    |           |
|---|----|-----------|
| Not involved in any education programs        | 1  |           |
| Upgrading program, to Grade _____, completed  | 2  |           |
| Upgrading program, not completed              | 3  |           |
| Upgrading program, now attending              | 4  | Describe: |
| Continued in school, completed to Grade _____ | 5  |           |
| Currently in training course                  | 6) | Describe: |
| Completed training course                     | 7) |           |
| Began a training course, did not finish       | 8) |           |
| Entered university                            | 9) |           |

213. Would you like to further your education?

No 2

Yes 1 What would you need to make this happen?

214. Have you ever been pregnant or fathered children?

|     |   |                         |                              |    |
|-----|---|-------------------------|------------------------------|----|
| Yes | 1 | Outcome of pregnancies: | Therapeutic Abortion         | 01 |
|     |   | First Pregnancy:        | Spontaneous Abortion         | 02 |
| No  | 2 | -----                   | Still born child             | 03 |
|     |   | Second Pregnancy:       | Placed for adoption          | 04 |
|     |   | -----                   | Child with mother            | 05 |
|     |   | Third Pregnancy:        | Child with father            | 06 |
|     |   | -----                   | Child with mother and father | 07 |
|     |   |                         | Child in care                | 08 |
|     |   |                         | Other, explain:              | 09 |
|     |   |                         | Outcome unknown              | 77 |

215. Taking all things together, how would you say things are these days -- would you say you are: Very happy 1

Pretty happy 2

Not too happy 3

216. Taking all things together, would you say your in-care experience was: Good 1 Elaborate, if not already covered in the interview.

Just okay 2

Poor 3

Very poor 4

217. Is there anything else you want to tell me about your experiences in-care?

218. How do you feel about being asked to participate in this study. Do you have any questions to ask me?

219. Length of interview. In half hours: \_\_\_\_\_

### Post-Interview Questionnaire

=====

300. Was anyone present during the interview other than the respondent and the interviewer? No 2 (Skip to Question 301)  
Yes 1

Give the following details for each person present: circle all that apply.

|                            | Person 1 | Person 2 | Person 3 |
|----------------------------|----------|----------|----------|
| Relationship to R: Partner | 1        | 1        | 1        |
| Other adult                | 2        | 2        | 2        |
| Child under 8              | 3        | 3        | 3        |
| Child over 8               | 4        | 4        | 4        |

Present for how much of the interview?

|                       |   |   |   |
|-----------------------|---|---|---|
| All of the interview  | 1 | 1 | 1 |
| More than half        | 2 | 2 | 2 |
| Half of the interview | 3 | 3 | 3 |
| Less than half        | 4 | 4 | 4 |
| 1/4 or less           | 5 | 5 | 5 |
| Only a minute or two  | 6 | 6 | 6 |

How closely was the person listening?

|                   |   |   |   |
|-------------------|---|---|---|
| Participating     | 1 | 1 | 1 |
| Closely listening | 2 | 2 | 2 |
| Casually          | 3 | 3 | 3 |
| Hardly at all     | 4 | 4 | 4 |

If the person was participating, note their nature and their influence on the interview.

301. Rate the respondent's physical appearance:

|  |   |
|--|---|
| Strikingly handsome or beautiful         | 1 |
| Good-looking (above average for age/sex) | 2 |
| Average looking for age and sex          | 3 |
| Quite plain (below average)              | 4 |

302. If the respondent was of Native ancestry, rate their appearance.

|                                 |   |   |
|---------------------------------|---|---|
| Clearly Native in appearance    | 1 | Note: When interviewing by phone, ask respondent. |
| Marginally Native in appearance | 2 |   |
| Did not appear Native           | 3 |   |
| n/a: Not Native                 | 4 |   |

303. Rate the respondent's personal grooming.

|                          |   |
|--------------------------|---|
| Well groomed             | 1 |
| Fairly well groomed      | 2 |
| A little untidy          | 3 |
| Untidy                   | 4 |
| Unknown, phone interview | 5 |



304. Did the respondent have any obvious physical disabilities or exceptional physical characteristics?

No 2  
Yes 1

What type of disability or exceptional characteristic? More than one answer possible.

|                            |   |
|----------------------------|---|
| Partially sighted or blind | 1 |
| Crippled                   | 2 |
| Facial disfigurement       | 3 |
| Speech impediment          | 4 |
| Deaf or hard of hearing    | 5 |
| Very overweight            | 6 |
| Very underweight           | 7 |
| Other, specify:            | 8 |
| N/A, none                  | 9 |

305. Rate R's apparent intelligence:

|               |   |
|---------------|---|
| Very high     | 1 |
| Above average | 2 |
| Average       | 3 |
| Below average | 4 |
| Very low      | 5 |

306. Was R's understanding of the questions and interview:

|      |   |
|------|---|
| Good | 1 |
| Fair | 2 |
| Poor | 3 |

307. Which part(s) of the interview did the respondent have difficulty understanding?

308. What was R's initial attitude about being interviewed?

|                                 |   |
|---------------------------------|---|
| Very interested or enthusiastic | 1 |
| Somewhat interested             | 2 |
| Indifferent                     | 3 |
| Somewhat reluctant              | 4 |
| Very reluctant                  | 5 |

309. What was R's attitude during the interview?

|   |   |
|---|---|
| Friendly and interested, volunteered information                          | 1 |
| Cooperative but not particularly interested                               | 2 |
| Indifferent   | 3 |
| Somewhat impatient and restless   | 4 |
| Often irritated or hostile, seemed anxious to get the interview over with | 5 |

310. Were there any parts of the interview in which you doubted R's sincerity? No 2

Yes 1 Which parts, describe:

311. Where was the interview held? In Social Services office 1  
   In University office 2  
   In respondent's home 3  
   In interviewer's home 4  
   On the phone 5  
   Other, explain: 6

312. Location of R at the time of the interview: Urban 1  
       Note: Use same classification as Small urban 2  
               for the file questionnaire. Town 3  
   Rural 4  
   Other 5

313. Type of structure in which R lived? 7  
       Unknown, not seen or described 1  
       Detached single family home in a community 2  
       Detached single family home: rural setting 3  
       Apartment in an apartment building 4  
       Apartment in a house 5  
       Other, describe: 5

314. What was the quality of the housing? 1  
       Above average for the community 2  
       Average for the community 3  
       Below average for the community 4  
       Unknown, not seen or described 5

315. What were the housekeeping standards? Very good 1  
   Average 2  
   Barely adequate 3  
   Poor 4  
   Unknown 7

316. Considering all the things you have heard from this respondent and the things that you have been able to observe, how would you think the respondent feels about his/her life as a whole?

Delighted 1  
   Pleased 2  
   Mostly satisfied 3  
   Mixed (about equally satisfied  
                                   and dissatisfied) 4  
   Mostly dissatisfied 5  
   Unhappy 6  
   Terrible 7

317. Is there anything else about the respondent, the interview situation, the housing, or the circumstances that seems important to the interpretation of this interview?

## Outcome Profile

The outcome profile was developed by using the combination of factors described below. As noted in Chapter One Triseliotis and Russell in *HARD TO PLACE THE OUTCOME OF ADOPTION AND RESIDENTIAL CARE* (1984,157) and Zimmerman in *FOSTER CARE IN RETROSPECTIVE* (1982,87-88) used a similar approach to assess the outcome of the young people in their studies. The factors selected were a combination of both the subjective descriptive variables and more objective measurable variables described in Chapter Six. This combination of factors were used to provide an outcome measure which would be more complete than simply using one single variable. For information, the correlations of these variables to outcome is provided below. To produce the outcome profile, these factors were simply added together to produce the -10 to 4 range presented in Chapter Six. The factor were:

1. Happiness: Very Happy was scaled at +1,  
Pretty Happy was scaled at 0,  
and Not too Happy was scaled at -1.
2. Self Definition: Positive was scaled at +1,  
Mixed was scaled at 0,  
and Negative was scaled at -1.
3. Percentage worked:  
67% to 100% of the time available was scaled at +1,  
50% to 33% was scaled at 0 as were all those who had  
never sought employment,  
and 17% or less was scaled at -1.
4. Partnerships difficulties:  
individuals with major difficulties were scaled at -2,  
individuals with less severe difficulties scaled at -1,  
and all others were scaled at 0.  
Because many of the young people were not involved in  
relationships, it was not possible to establish a positive  
scale.
5. Housing instability post discharge: those with 11 or more  
housing changes were scaled at -1, while all others were  
scaled at 0.
6. Income assistance post discharge: those with high income  
assistance receipt only were scaled at -1, all others scaled  
at 0.

## 7. Parenting:

exceptional parenting ability was scaled at +1,  
no children or no difficulties was scaled at 0,  
child(ren) cared for by alternates, including  
those who gave a child up for adoption was scaled at -1,  
and finally, those who had had children apprehended were  
scaled at -2.

## 8. Education at the time of interview:

More than high school education was scaled at +2,  
Grade 12 completed was scaled at +1,  
Grade 10 started to Grade 12 not completed and all those  
in special education were scaled at 0,  
and those with only Grade 9 or less were scaled at -1.

## 9. Major problems:

those with one of the major difficulties discussed in the  
'Troubles' section in Chapter Six were scaled at -2. Those  
with two or more difficulties were scaled at -3,

those who had had one of these difficulties since leaving  
care but did not have any difficulties at the time of the  
interview were scaled at -1, as were those few with higher  
than norm current drug and alcohol usage. And finally,  
all other were scaled at 0.

This outcome profile is a crude instrument which can only  
be seen as a way of comparing the interviewees with each  
other. Correlations of the individual factors and the  
composite outcome profile are provided below where possible.  
These are not sound statistically and therefore cannot be  
used to draw any inference. These correlations are provided  
here and intended only as a measure of the way in which these  
factors fit together.

The correlations with outcome were:

Happiness:  $P<.001, R=-.59,$

Self Definition:  $P<.001, R=.68,$

Amount Worked:  $P<.001, R=.623,$

Income Assistance Rate:  $P<.001, R=-.504,$

Housing Instability following Discharge:  $P<.001, R=-.52,$  and

Education at Discharge:  $P<.001, R=.384.$

All these correlations are in the anticipated direction.

## Children's Aid Society of Metropolitan Toronto

## POLICY ON CORPORAL PUNISHMENT

**POLICY:** The Agency does not believe that corporal punishment is an effective way of helping children to modify their behaviour and does not approve of its use.

The Agency acknowledges that corporal punishment occurs occasionally in some foster homes. Any such incidents should be shared with the Agency ...in order to find alternative methods of handling the behaviour...

The Agency expects foster parents to learn different methods and to gain other skills that are non-violent....

**DEFINITION:** Corporal punishment is any punishment of, or inflicted on the body, including use of an instrument or striking, slapping or hitting any part of the body.

**PROCEDURES:**

1. The Agency will work toward the reduction of corporal punishment in foster homes.
2. Homefinder will discuss the Discipline Policy with foster parents during the homestudy...
3. Foster parent orientation programme will include an introductory session on discipline.
4. Foster parents will attend compulsory training on discipline....
5. Social Work and Child Care Staff will attend compulsory training....
- 6.a) Foster Parent will notify worker of any educational/treatment programme which includes physical consequences as a method of child management.  
b) Worker, through consultation with Supervisor is responsible for approving the programme.(sic)  
c) Worker will record the programme...in the foster home and child's file.

## PROCEDURES FOR HANDLING INCIDENTS OF CORPORAL PUNISHMENT

At times, the Agency receives a complaint from the community ...regarding physical punishment of a child in care. Any such report from the Community must be investigated using the Abuse Investigation Procedure.(sic)

However, the policy on Corporal Punishment requires foster parents to discuss incidents of corporal punishment with the worker. Such incidents may also be reported to a worker by the child or natural parent.

When it has been determined that in the judgement of the worker and supervisor, the incident is not abuse but inappropriate physical punishment, the following will apply:

- The Children's Service worker, after discussion with supervisor, will arrange to meet with the foster parent and see the child as soon as possible. If there are marks on the child or if abuse is suspected, the abuse investigation procedure will be put into effect immediately.(sic)
- The Children's Service worker will enlist support and assistance for the foster parent from the Communications Chairman.
- Children's Service worker will discuss with the foster parent the situation which led up to the incident...focusing on an assessment of the child's behaviour and the foster parent's ability to handle it.
- Children's Service worker will offer assistance which may include alternate methods of discipline, relief arrangements, training opportunities and support from other foster parents...
- ...reassess the situation within 3 months.
- Foster parents who are using corporal punishment as an elected method of child management must agree to participate in further training and to be open to any appropriate additional assistance, with the understanding that within a period of one year, attempts will be made to eliminate corporal punishment from the discipline methods used by the foster parents. This would also apply to new foster parents who have not had the opportunity or time to develop alternate methods of child management.
- If none of the above contractual arrangements have been effective in eliminating corporal punishment from the foster home within the stated time periods, the following options (among others) may be considered:
  - a) No new placements in the foster home.
  - b) Closure (see procedure for closing homes).

- Children's Service worker will record discipline methods on the annual evaluation...
- If there is conflict around any of the above decisions, the Foster Parent Complaint Procedure will apply.

Dated 1983.

Taken from A SYSTEM IN CRISIS..., Saskatchewan Ombudsman, 1987, Appendix 4.

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