



CHILD AND YOUTH MENTAL HEALTH AND WELLNESS

Intervention, Research, and Community Advocacy in Nunavut



PERSPECTIVES OF FOSTER FAMILIES
WORKING WITH THE NUNAVUT FOSTER CARE SYSTEM



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2012

Qaujigiartiit Health Research Centre
2012

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Qaujigiartiit Health Research Centre and the authors of this report are grateful for the time and energy by all those that shared their stories and took part in this project.

To the Foster Families thank you for your unconditional love and acceptance. We honour you and are grateful for your dedication and service for the children of Nunavut.

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SUMMARY

The purpose of this report is to communicate the results of the data collected in phase two component three of the Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut that assess the needs of foster parents engaged with the foster care system.

PERSPECTIVES OF FOSTER PARENTS: STRENGTHS OF THE CURRENT SYSTEM

Care at Home - Foster parents felt the foster care system is ultimately a very valuable system and emphasized the importance of children staying in their home community when they are taken into care.

Compensation - Foster parents indicated that regular foster payments were received immediately with minimal difficulty.

PERSPECTIVES OF FOSTER PARENTS: GAPS IN THE CURRENT SYSTEM

Inconsistencies Implementing Foster Home Approvals

The process for an individual to become a foster parent tended to vary depending on the urgency of placement requirement. The 'home study' portion of the approval process varied across foster homes. Few foster parents recall any questions about their disciplinary methods, problem solving, grief and loss, finances, or relationships, all of which are questions outlined on the home study guide.

Need for Support and Training - At present, there is no formal training program for Nunavut's foster parents. All foster parents interviewed for this study indicated they felt they would benefit from some form of formal training. Some participants felt that such training should be mandatory.

Familiarity with Inuit culture, language and tradition - Foster parents in Nunavut come from various backgrounds. Foster parents who are new to Nunavut or to the community in which they are living, hope to provide an environment that is supportive of the child as a whole, which includes supporting their cultural identity. Some foster parents indicated that they would benefit from a cultural orientation session or resources for supporting their foster child's cultural beliefs and/or practices.

Insufficient Information Sharing and Communication

Sixteen of the 17 foster parents who participated in this study felt that communication with social services needs improvement. The most frequent example given by foster parents was that of home studies to assess the child's well-being in the foster home.

Notification of Social Worker - Many foster parents indicated that they had not been informed about the circumstances under which they should notify the social worker about the child, for example for behaviour, medical or other reasons.

Child's medical information - Foster parents who participated in this study indicated that most often children arrive at their homes with very little or no information such as known allergies, medication, expected behaviours, need for emotional support, or placement history. In situations where the child had highly specialized special medical

needs the foster families were informed. Foster parents indicated that incomplete or missing information compromised their ability to implement a routine or their own in-home 'plan of care' to support the child.

Family of Origin Visits - It is customary for the biological family to visit their children in foster care. It is expected that social workers be present for such visits. Several foster parents had been asked to supervise visits alone, without the support of health and social services.

PERSPECTIVES OF FRONTLINE WORKERS: GAPS IN THE CURRENT SYSTEM

Worker Shortages and 'Burn Out' - Frontline workers often reported working long hours, taking on more responsibilities than outlined in their job description, and struggling to meet the demands placed upon them. Many workers reported feeling 'burned out', referring to feelings of extreme exhaustion and dissatisfaction with their job as a result. Frontline workers reported experiencing feelings of guilt and inadequacy as a result of not being able to meet all the demands placed on them. Many frontline workers reported that the current work burden they carry is unsustainable and, for that reason, frontline workers do not remain in their positions for very long.

Filing and Reporting System - Frontline workers interviewed for this study indicated that they struggle to access with the current computer-based filing system and computer access can be down for days at a time. Vital information such as child protection intakes and investigations are not easily accessible and may impair the thoroughness of departmental record checks for foster home placements.

Recruitment of Foster Parents - Community social workers often deliver one or more of the following programs: Child Welfare; Guardianship; Family Violence; Community Corrections (some communities); Counselling; Services for the Elderly and Adults with Developmental Challenges; Prevention work; Adoptions and Foster Care. With such large responsibilities, there are rarely opportunities to recruit and approve foster homes. Frontline workers indicated that they require more support to recruit and visit foster parents, as well as be responsive to their needs.

FUTURE DIRECTIONS

Identity, Culture, and Language - Nunavut is rich in culture and tradition. A strong sense of cultural identity assists in building a strong sense of self. The foster care program can assist in recognizing and embracing the importance of this facet of identity, culture and language through by including culturally-relevant goals for the child in their plan of care and encouraging activities with that strengthen cultural bonds. A cultural orientation may be of benefit to regular foster homes and social workers. One means to address this might be the development of a companion module for the Nunavut Foster Parent Manual.

Dedicated Regional Foster Care Worker Positions - Both the Yukon and NWT have dedicated positions to provide support for their foster care programs. The positions support foster care services in accordance with territory-specific Child and Families Services Acts and Child and family services standards and procedures. Responsibilities includes report writing, recruitment, training, support and visitation of foster parents. Similar regional positions in Nunavut could focus on recruitment; formal training; resource development and

the development of support networks for foster parents as well as training new and rotating staff about the foster care program.

Foster Care Program Training for Staff -

Formal training on the Nunavut foster care system and process would be beneficial for child and family services staff and frontline workers. Many of these workers already receive a certain amount of training through a mandatory briefing on the Child and Family Services Act. However, specific foster care standards and skills, such as a critical analysis of an applicant's ability to foster, could be an added component of a formal foster care training program for frontline workers. Telehealth could be utilized for such training sessions, as telehealth connections exist at every health centre in Nunavut.

Formal Training for Foster Parents and Extended Family Placements -

Nunavut is the only territory out of all the provinces and territories across Canada that does not offer any formal training for their foster parents. All 17 of the foster parents interviewed said they would benefit from "any type of training". Areas of priority for training were shared by foster parents interviewed for this study, however further research and consultation would be beneficial to develop a truly responsive foster parent training program.

Where regular foster homes have made a conscious role to become foster parents, many extended family members find themselves being thrown into a situation for which they are unprepared. Training could be offered to extended family foster homes as well. In many cases relatives need support to manage the complex family dynamics as they take on the role of formal caregiver. Extended family foster placements were

excluded from this study, however, further research could focus on the unique needs and experiences of this population.

Foster Parent Supports/Networks/Associations -

Informal attempts have been made by a few communities to provide a support groups to foster parents. Support groups need to be formalized to provide adequate support to foster families. A community partnership could be developed with the schools, daycares or other organizations for shared educational opportunities. Telehealth could be a useful technology to bring foster parents together across regions.

INTRODUCTION

The Qaujigiartiit Health Research Centre **Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut** are in year two of the project. The “Nunavut Foster Care System” was conducted during the period of June 2011 to December 2011. The review is one component of a four component program.

In June 2011, the Honourable Peter Ma, Deputy Minister of Nunavut Health and Social Services, announced the Department of Health and Social Services support for this study initiated by the Qaujigiartiit Health Research Centre to capture the perspectives of foster parents working with Nunavut’s foster care system. The foster care system identifies a continuum of services to children that are in need of care outside of their family home. This may include extended family, regular foster care and/or specialized foster homes.

The purpose of this report is to communicate the results of the data collected in phase two component three of the Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut that assess the needs of foster parents engaged with the foster care system.

The specific objectives met include:

- » Environmental scan of supports in the foster care system and a collection of narrative data on the experiences of foster parents in Nunavut;
- » Identify best practices for foster parent support in other jurisdictions including recruitment, support, and training;
- » Synthesize information highlighting available supports and services; identified gaps; and best practices.

SCOPE

The purpose of this report is to identify strengths, gaps, trends, examine and analyze practice patterns, and identify needs in the foster care system - as identified by foster parents and frontline workers currently working with Nunavut’s foster care system.

TARGET POPULATION

1. Foster parents providing services to Nunavut children and youth both male and female – birth to nineteen (19) years of age.
2. Frontline workers and managers currently operating within Nunavut’s foster care system.

In May of 2011, Child and Family Services reported that there were approximately 265 approved foster homes in Nunavut. At the time of this report the number of active foster homes could not be confirmed. Not all regions chose to participate in this report and the number of foster homes changes regularly as extended family is utilized for children coming in and out of care.

METHOD

This research projects included the following elements of data collection:

INTERVIEWS

Foster Parents

Verbal telephone interviews were conducted with foster parents. Two of Nunavut's health service regions, Iqaluit and Kitikmeot, facilitated contact with foster parents by providing contact lists: Kitikmeot and Iqaluit. Interview guides were developed see appendix A. Materials were reviewed by Health and Social Services. Consent was obtained from foster parents at the beginning of the telephone interview. All foster parents interviewed had foster children in their care at the time of the interview.

Twenty five foster homes were contacted for telephone interviews. Five of the telephones for the foster parents were not in service or did not answer the phone after repeated attempts. One participant declined an interview possibly because of a language barrier. Two individuals that had scheduled interviews became unavailable. Seventeen foster parents consented to the interview.

FRONTLINE WORKERS AND MANAGERS IN NUNAVUT'S FOSTER CARE SYSTEM

Fifteen interviews were conducted with select staff both working on the front line and at managerial levels (social services and justice); and non –government organizations. Interview guidelines are attached in appendix B.

LITERATURE REVIEW

The Department of Health and Social Services was very helpful in facilitating access to necessary document: **Standards and Procedures for Placement Services** and the **Foster Parent Manual**. In addition other documents reviewed included the Report of the Auditor General and the Child and Family Services Act. Also included a review of grey literature related to Canadian cross jurisdictional foster care programs; and identified best practice approaches.

Table 1 - Foster families contacted for interviews

Number of Foster Homes Contacted	Telephone Not in Service/No answer	Completed Interviews	Interviews Declined	Follow up Unavailable	Total
25	5	17	1	2	25

OVERVIEW OF FOSTER CARE PROCEDURES IN NUNAVUT

The Government of Nunavut (GN) is responsible for the delivery of health and social services programs through the former Department of Health and Social Services (DH&SS)¹. Programs include but are not limited to child protection and the foster care programs.

“Child Protection Workers will seek to place children in provisional and/or extended family care as the first placement option”

- Government of Nunavut, Health and Social Services, Revised: 2002

WHAT IS CHILD PROTECTION AND FOSTER CARE?

Child Protection, a legislated program, falls under the auspices of the Director of Child and Family Services and is implemented by Community Social Service Workers (CSSW)² in four regions: Kitikmeot, Kivalliq, Qikiqtaaluk, and Iqaluit. Community Social Service Workers have the responsibility and/or authority to remove a child from the family home for their own well-being or when the child is in need of protection. A child in *need of protection* is defined as a child who a Child Social Service Worker has reason to believe is in an unsafe situation as identified in *section 7(3)* of the *Child and Family Services Act* (Consolidation Of Child And Family Services Act, S.N.W.T.1997, c.13). Unsafe situations that may

1 At the time of this report (July 2012), the Department of Health and Social Services was restructured into 2 new departments: The Department of Health and the Department of Family Services.

2 In the literature available, ‘Child Protection Worker’ is a term used in the Child and Family Services Act for the position commonly known as ‘Community Social Service Worker’

lead to a child being removed from their family home may include, but are not limited to:

- » Physical, emotional, sexual abuse;
- » Neglect;
- » Emotional problems either with parent or child;
- » Failing to meet medical needs of the child;
- » Behavioural or psychological issues;
- » Abandonment or absent guardian;
- » Conflicts with the law; or
- » Guardian unable or unwilling to provide a safe environment

When such unsafe situations arise, the Community Social Service Worker, has the responsibility to exhaust all means available to them to make the child safe. This may mean removing the child from the home and placing the child in a safe environment considered a ‘foster home’. Foster care provides short and/or long term placements to children who need a safe and caring environment who are living away from home. Foster parents can be married, single, or common law. Foster families may have children of their own and/or provide foster care to one or more children at a time.

WHAT ARE THE GOALS OF FOSTER CARE?

The foster care program in Nunavut has five objectives:

1. To protect children from abuse and/or neglect.
2. To create an environment that promotes positive relationships between the caregiver, the child and the child’s family.

3. To provide an environment and experience that allows children to grow and develop into healthy, functional adults.
4. To assist children in resolving any issues that may inhibit the development of healthy personalities.
5. Support the restoration of the child's family unit by supporting contact between the child and his/her family, as approved by the Community Social Services Worker.

CATEGORIES OF FOSTER CARE

When a child is removed from the home, they may be placed in foster care. The placement may be short or long term. In Nunavut there are typically three categories of foster homes: Extended Family/Kinship Homes; Regular; and Specialized³:

Extended Family/Kinship Homes/Provisional:

A home where a family relationship or kinship may exist for the child. Extended family placements recognize the importance of the relationship between the child, caregiver, and community. Extended family homes are used with the greatest frequency and are the first option explored when placing a child.

Regular Foster Homes: Homes belonging to community members who are not related to the child and have been pre-approved by the Department of Health and Social Services to provide care to children.

Specialized/Medical: Homes that are capable of providing specialized support and care to children who have additional medical, physical, and/or psychological needs.

³ It should be noted the language on the former Department of Health and Social Services (DH&SS) website differs from the language used in the Child and Family Services Standards and Procedures Manual. The website uses the term *kinship homes* and the standards and procedures manual uses *extended family homes*.

All homes are approved by an employee of the Department of Health and Social Services and are in accordance with the Child and Family Services Act and the regulations set out by the Department (Government of Nunavut, Health and Social Services, Revised: 2002).

The first line of response for a social worker looking for a foster home for the child is to explore the child's extended family to find a suitable caregiver. If an extended family member is not available, the social worker explores a regular foster home placement for the child in the community. All avenues are to be exhausted before considering moving the child from their home community and placed in a foster family in another community in Nunavut. In extenuating circumstances, for example if the child requires medical support, the child may be placed in an out-of-territory foster home in order to receive treatment. Additional special circumstances may see a child placed in a child care facility such as a group home or treatment facility outside of the territory for behavioural and/or medical treatment.

LEGAL AVENUES OF FOSTER CARE

Children come into foster care through one of five legal avenues:

- » Plan of Care Agreements;
- » Apprehension Order;
- » Temporary or Permanent Custody Orders; or
- » Voluntary Support Agreements (VSA);
- » Surrendered for the purpose of adoption.

When a child is identified in need of protection the social worker is responsible for working with the child and family to work out issues

that put the child at risk. The parent or the person with lawful custody of the child has the right under the *Child and Family Services Act* to be informed of all of the child protection procedures, legal implications, and the options available to them. The social worker *must* explain that there are two options to resolve protection concerns that require a child to remain in protective care for more than 72 hours: 1) a Plan of Care Agreement or 2) via a Court Process.

Plan of Care Agreement

A Plan of Care Agreement is an approach for resolving child protection concerns at the community level and heavily stresses working collaboratively with the family. A Plan of Care Agreement is developed by the Plan of Care Committee that is created for the child when determining the process for protective care - when their care is for longer than a 72 hours period. A plan of care committee should be composed of:

- » at least one person who has lawful custody of the child;
- » the child, where the child has attained the age of 12 years and wishes to sit as a member;
- » one member of the Child and Family Services Committee, where there is a Child and Family Services Committee in the child's community; and one Child Protection Worker.
- » additional members of the committee may be identified and asked to participate, such as extended family or community members who are able to provide support to the child, such as the school, the RCMP, counsellors, etc.

- » The Plan of Care Agreement for a child may include provisions for where and with whom the child will live; support services to make the child's home safe; counselling; access; education; social and recreation activities (Consolidation Of Child And Family Services Act, S.N.W.T.1997,c.13). One advantage of the Plan of Care Agreement process is that it can be put in place much more quickly than a court process. A Plan of Care Agreement must be developed and agreed upon by all parties within 15 days of the creation of the Plan of Care Committee for the child (Consolidation Of Child And Family Services Act, S.N.W.T.1997,c.13; pp.13).

Court Process - Apprehension Order or Temporary/Permanent Custody Orders

At any time in this process if: a) a Plan of Care Agreement cannot be developed or agreed upon or b) a plan of care agreement has been developed, but the person with lawful custody elects in writing to have it dissolved, then a Court Process, a Judge or Justice of the Peace /Judge must find the child in need of protection, and he/she will rule and make an Order that the child be placed in the care and custody of the Director of Child Welfare/Child and Family Services. The Court cannot stipulate where the child will reside.

Voluntary Support Agreement

In the case of a Voluntary Support Agreement (VSA), the parent voluntarily identifies that they are unable to care for a child (for example a child with a disability; or a family who is homeless and looking for support for their children). The parties involved develop a plan of care for the child for a 6-12 month period. The VSA may shift to a Plan of Care Agreement if 6-12 months into the VSA, children are not able to go home for XYZ reasons (for

example, the family remains homeless).

OVERVIEW OF PROCESS FOR BECOMING A FOSTER PARENT

RECRUITMENT OF FOSTER PARENTS

Recruitment of foster parents tends to be “word of mouth”, either from a current foster parent or a social worker. Health and Social Services advertised for foster parents bi-weekly from January 24, 2011 to March 21, 2011 and mid April 2011 to September 30, 2011. Advertisements for recruitment were in both the Nunatsiaq News and News North in Inuktitut; Inuinnaqtun; English; and French. In total, 12 new foster homes across 3 of 4 regions were attributed to the advertising campaign.

“Foster parents play an important role in helping children become mature, responsible, and productive by offering safe homes, understanding and support”

- Government of Nunavut, 2010.

SCREENING AND APPROVAL OF FOSTER PARENTS

All foster homes and child care facilities providing care for a child for the Director of Child and Family Services are required to go through an approval process. *Section 900* of the Child and Family Services Standards and Procedures Manual provides the requirements and approval criteria for foster care services (Government of Nunavut, Health and Social Services, Revised: 2002).

A supervisor makes final approval for all placements once the documentation has been completed. The following compares the procedures for extended family placements and regular foster home placements.

Nunavut, as in other jurisdictions, places priority on the placement of a child with extended family or those with whom the child as a significant relationship. Similar to other jurisdictions, extended family placements are part of the continuum of care provided to children receiving services from the Director. Across Canadian jurisdictions the approval process is somewhat similar for extended family placements and that of regular foster homes. Generally, the approval process is shorter for an extended family placement. In Nunavut and Ontario placement with extended family may occur prior to the completion of a criminal record check.

TRAINING AND SUPPORT FOR FOSTER PARENTS

With the exception of Nunavut, all Canadian provinces and territories have mandatory training for regular foster homes. This training is also offered to extended family, but is not a mandatory part of providing care. Foster care associations, coalitions, federations and networks are supported financially by Health and Social Services Departments/Ministries. These organizations work in conjunction with social services to provide and or support training of foster parents. Attempts have been made to create a foster care support network in Nunavut, however these attempts have been inconsistent and unsuccessful. Nunavut recognizes the need and value of training foster parents and efforts for external partnerships were being examined at the time of this report. At present, one of the primary resources for Nunavut’s foster

parents is the Foster Family Manual.

NUNAVUT FOSTER FAMILY MANUAL

Each community social service office has an electronic copy of the Foster Parent Manual. The intent is for each office to distribute a copy of the manual to current foster parents and prospective foster parents. There have been several versions of the manual/handbook over the last ten years with the most recent version updated in April 2011. The current manual provides relevant information on fostering. The manual is available in four languages: Inuktitut; English; French; and Inuinnaqtun.

The Manual provides general information on the Child and Family Services Act and Child and Family Services Standards and Procedures; Roles and responsibilities of foster parents and Child and Family Services; objectives of the foster care program; guidelines and standards for communication, reporting, complaints, activities, and confidentiality; financial compensation schedules; and a clothing guide.

The Manual defines the expectations of foster parents for day-to-day care as well as the standards of the Child and Family Services Act and the departmental Child and Family Services Standards and Procedures.

PERSPECTIVES OF FOSTER PARENTS

FOSTER PARENT RESPONSE TO THIS STUDY

Participants who responded to the invitation to participate in this study appreciated the opportunity to speak openly and honestly about their experiences with the foster care system. They also reported a sense of security knowing that their responses were confidential and not be attributed to them directly. Foster parents also reported feeling more comfortable sharing their experiences with an independent interviewer outside of the foster care system.

In order to protect the confidentiality of the participants, the home communities of respondents will not be provided. Regional mental health staff provided contact lists for foster parents in 2 of the 4 health service regions of Nunavut (Iqaluit, Kitikmeot). No response to our request for contact information was received from the regional mental health workers in the other 2 regions, even when a letter from the Deputy Minister of Health and Social Services was distributed to these offices to encourage participation in the study.

PERSPECTIVES OF FOSTER PARENTS: STRENGTHS OF THE CURRENT SYSTEM **Care at Home**

Foster parents felt the foster care system is ultimately a very valuable system and emphasized the importance of children staying in their home community when they are taken into care. Foster parents in this study also acknowledged challenges faced by social workers in their communities, such as high case loads, long working hours, and limited resources, and appreciated the hard work that they do for children of their community.

Compensation

Compensation is provided to foster parents for the costs of food, shelter, personal allowance, and personal care items. Separate costs include clothing allowance, Christmas and birthday gifts, sports, child care, summer programs, vacation travel and medical costs not covered by the Non-Insured Health Benefits program. Financial compensation varies by region in Nunavut to a maximum of \$100.00 per day. Basic minimum rates range from \$43 to \$50 per day (Human Resources and Skills Development Canada, 2007). Foster parents indicated that regular foster payments were received immediately with minimal difficulty.

PERSPECTIVES OF FOSTER PARENTS: GAPS IN THE CURRENT SYSTEM


Inconsistencies Implementing Foster Home Approvals

The process for an individual to become a foster parent tended to vary depending on the urgency of placement requirement. Overall foster parents identified that the application process and criminal record check moved quickly and placing a child in the home was almost immediate after approval. A few foster parents reported that they did not complete a criminal record check until after the child was placed in their home even when there was no family connection between the child and the foster parents.

The 'home study' portion of the approval process varied across foster homes. Foster parents discussed social worker visits to examine the physical environment of the home to determine if it was suitable for placement. Few foster parents recall any questions about their disciplinary methods, problem solving, grief and loss, finances, or relationships, all of which are questions outlined on the home study guide.

Some foster parents were required to have medical checks while others were not. Additionally The application process identifies regular foster homes are to supply three written references. Some foster parents indicated they were required to submit references while others did not.

Need for Support and Training

 Nunavut Foster Family Manual
Most foster parents had not received a copy of the Nunavut Foster Family Manual. For the few foster parents who had seen the Foster Family Manual, they felt it was a valuable tool. Two foster parents reported receiving the manual two years after they began fostering children. One foster parent reported that they had access to the Manual through the social services office in their community, but they were not provided with their own copy.

Formal Training

At present, there is no formal training program for Nunavut's foster parents. All foster parents interviewed for this study indicated they felt they would benefit from some form of formal training. Some participants felt that such training should be mandatory.

When asked what they would like to have included in the training, foster parents identified the following topics: included:

- » Fetal Alcohol Spectrum Disorder;
- » the effects of drug addiction on babies;
- » learning disabilities in children;
- » first aid;
- » stages of childhood development (i.e. milestones of development);

- » attachment and separation;
- » mediation or conflict resolution when working with biological parents;
- » sexualized children;
- » loss and grief;
- » signs and symptoms of abuse;
- » and triggers for emotional outbursts and anger management.

Foster parents identified that they require additional support in the following ways:

- » a foster parents association or network;
- » respite for long-term foster families;
- » a place for discussion of foster family successes and challenges with other foster parents;
- » events, such as Christmas parties;
- » childcare

Familiarity with Inuit culture, language and tradition

Foster parents in Nunavut come from various backgrounds. Foster parents who are new to Nunavut or to the community in which they are living, hope to provide an environment that is supportive of the child as a whole, which includes supporting their cultural identity. Some foster parents indicated that they would benefit from a cultural orientation session or resources for supporting their foster child's cultural beliefs and/or practices.

Insufficient Information Sharing and Communication

Sixteen of the 17 foster parents who participated in this study felt that communication with social services needs improvement. The most frequent

example given by foster parents was that of home studies to assess the child's well-being in the foster home. Foster parents reported that home visits occurred rarely if at all. In cases where a social worker was new to the community, foster parents experienced a spike in home visits, which then decreased significantly over time as the social worker 'burned out'.

📌 Notification of Social Worker

Many foster parents indicated that they had not been informed about the circumstances under which they should notify the social worker about the child, for example for behaviour, medical or other reasons. They felt the rules and the regulations were not explained sufficiently to them and they used their own discretion. Many reported a sense of being left on their own, unsupported and uninformed, with children who require significant emotional support.

📌 Child's medical information

Foster parents who participated in this study indicated that most often children arrive at their homes with very little or no information such as known allergies, medication, expected behaviours, need for emotional support, or placement history. In situations where the child had highly specialized special medical needs the foster families were informed. Foster parents indicated that incomplete or missing information compromised their ability to implement a routine or their own in-home 'plan of care' to support the child, as well as to prepare foster children for processes such as the court system or re-integration with family home.

Plan of Care

While information about the circumstances of the child's entry into the foster care system are confidential, many foster parents expressed an interest in knowing about their foster child's plan of care and/or the transition plan for the child's return to the family home in order to provide additional support for the child.

Family of Origin Visits

It is customary for the biological family to visit their children in foster care. It is expected that social workers be present for such visits. Foster parents in this study highlighted several concerns about how family of origin visits were conducted:

- » Several foster parents had been asked to supervise visits alone, without the support of health and social services. While some foster parents were comfortable doing so, others felt unprepared and uncomfortable determining if the biological/natural parent

was healthy enough to visit. For example, if the parent smelled of alcohol, the foster parent was responsible for declining the visit and restricting the child's access to the parent. Not all foster families were asked to supervise visits and some declined stating they were too uncomfortable to do so.

- » In circumstances where the social worker could not be present for the entire visit, foster parents recommended that the social worker should at a minimum transport the child to and from visits in order to observe the child's behaviour.

“There is a huge breakdown in communication ...it needs to be better”.

- Nunavut Foster Parent

“[The children] show up in the middle of the night and there is no follow up, it is almost as if they [social workers] are relieved that they got them placed.”

- Nunavut Foster Parent

“They don't know what is happening in our homes, it is just luck that nothing has happened... We are lucky nothing has happened, something needs to be done before there is a tragedy.”

- Nunavut Foster Parent

PERSPECTIVES OF FRONTLINE WORKERS: GAPS IN THE CURRENT SYSTEM

Worker Shortages and 'Burn Out'

Frontline workers often reported working long hours, taking on more responsibilities than outlined in their job description, and struggling to meet the demands placed upon them.

Many workers reported feeling 'burned out', referring to feelings of extreme exhaustion and dissatisfaction with their job as a result. Frontline workers experience feelings of guilt and inadequacy as a result of not being able to meet all the demands placed on them. Many frontline workers reported that the current work burden they carry is unsustainable and, for that reason, frontline workers do not remain in their positions for very long.

Filing and Reporting System

Frontline workers interviewed for this study indicated that they struggle to access with the current computer-based filing system and computer access can be down for days at a time. In the larger communities, the filing system is often maintained by a clerk interpreter or an administrative assistant. In the smaller communities with only one or two workers, the filing system is maintained by the social workers. Frontline workers indicated that in offices with limited staff to do filing often paper work is not filed on a regular basis. Vital information such as child protection intakes and investigations are not easily accessible and may impair the thoroughness of departmental record checks for foster home placements.

Frontline workers indicated that a unified software and filing system that is still accessible during periods of no connectivity would greatly improve case management. Casual workers and social workers who rotate to other communities and regions would then be familiar with the software when filing and locating information. At the time of this report, a new system was being explored by the Dept. of Health and Social Services.

Recruitment of Foster Parents

Community social workers often deliver one or more of the following programs: Child Welfare; Guardianship; Family Violence; Community Corrections (some communities); Counselling; Services for the Elderly and Adults with Developmental Challenges; Prevention work; Adoptions and Foster Care. With such large responsibilities, there are rarely opportunities to recruit and approve foster homes. Frontline workers indicated that they require more support to recruit and visit foster parents, as well as be responsive to their needs. Suggestions included a regional position similar to the structure in the Yukon and NWT.

FUTURE DIRECTIONS

Future directions for improving the experience of foster parents in Nunavut and, ultimately, for the children in their care, should consider the following.

IDENTITY, CULTURE, AND LANGUAGE

Nunavut is rich in culture and tradition. A strong sense of cultural identity assists in building a strong sense of self. The foster care program can assist in recognizing and embracing the importance of this facet of identity, culture and language through by including culturally-relevant goals for the child in their plan of care and encouraging activities that strengthen cultural bonds. A cultural orientation may be of benefit to regular foster homes and social workers. One means to address this might be the development of a companion module for the Nunavut Foster Parent Manual.

DEDICATED REGIONAL FOSTER CARE WORKER POSITIONS

Both the Yukon and NWT have dedicated positions to provide support for their foster care programs. The positions support foster care services in accordance with the territory-specific Child and Families Services Acts and Child and Family Services Standards and Procedures. Responsibilities includes report writing, recruitment, training, support and visitation of foster parents. Similar regional positions in Nunavut could focus on recruitment; formal training; resource development and the development of support networks for foster parents as well as training new and rotating staff about the foster care program.

FOSTER CARE PROGRAM TRAINING FOR STAFF

Formal training on the Nunavut foster care system and process would be beneficial for child and family services staff and frontline workers. Many of these workers already receive a certain amount of training through the mandatory briefing on the Child and Family Services Act. However, specific foster care standards and skills, such as a critical analysis of an applicant's ability to foster, could be an added component of a formal foster care training program for frontline workers. Telehealth could be utilized for such training sessions, as telehealth connections exist at every health centre in Nunavut.

FORMAL TRAINING FOR FOSTER PARENTS AND EXTENDED FAMILY PLACEMENTS

Nunavut is the only territory out of all the provinces and territories across Canada that does not offer any formal training for their foster parents. All 17 of the foster parents interviewed said they would benefit from "any type of training". Areas of priority for training were shared by foster parents interviewed for this study, however further research and consultation would be beneficial to develop a truly responsive foster parent training program.

Where regular foster homes have made a conscious role to become foster parents, many extended family members find themselves being thrown into a situation for which they are unprepared. Training could be offered to extended family foster homes as well. In many cases relatives need support to manage the complex family dynamics as they take on the role of formal caregiver. Extended family foster placements were excluded from this study, however, further research could focus on the unique needs and experiences of this population.

FOSTER PARENT SUPPORTS/ NETWORKS/ASSOCIATIONS

Informal attempts have been made by a few communities to provide a support groups to foster parents. Support groups need to be formalized to provide adequate support to foster families. A Community partnerships could be developed with the schools, daycares or other organizations for shared educational opportunities. Telehealth could be a useful technology to bring foster parents together across regions.

CONCLUSION

The perspectives shared by Nunavut foster parents for this project shed light on clear areas in need of development. It is our hope that this body of work will contribute to the evidence-base for programming that is responsive to the needs of these parents and extended family foster parents, as well.

Since the release of the Auditor General's Report (Fraser, 2011), a number of processes in the child protection system have undergone changes. Hopefully these changes mark the beginning of the creation of a system that expands on the strengths that reside within both the system and community, and builds on innovative approaches to supporting the mental health and wellness of Nunavut's children and youth.

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