

**MAINTAINING A LONG-TERM COMMITMENT TO CHILDREN IN CARE:
FACTORS THAT INFLUENCE THE CONTINUED CAPACITY OF FOSTER
PARENTS WHO ARE RAISING FIRST NATIONS CHILDREN WITH FAS/FAE IN
RURAL AND RESERVE COMMUNITIES**

By

Kathleen Elizabeth Jones

A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the Requirements
for the Degree of

Doctor of Philosophy

Faculty of Education
University of Manitoba
Winnipeg, Manitoba
March, 2003



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-79856-9

Canada

THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE

**Maintaining a Long-Term Commitment to Children in Care:
Factors that Influence the Continued Capacity of Foster Parents who are Raising First
Nations Children with FAS/FAE in Rural and Reserve Communities**

BY

Kathleen Elizabeth Jones

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of**

DOCTOR OF PHILOSOPHY

KATHLEEN ELIZABETH JONES ©2003

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film, and to University Microfilm Inc. to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Acknowledgements

A project like this cannot be completed without the ongoing and generous support of many individuals, families and organizations. They have provided me with ideas, have generated support when I needed it, and propped me up when I was feeling especially vulnerable. For all of their help, I am extremely grateful.

I would like to begin by thanking the staff and clients of West Region Child and Family Services who shared their lives and professional experiences with me. In particular, I would like to acknowledge Elsie Flette, Bert Crocker and Stella Bone for their early and ongoing support throughout the inception and realization of this study. Further, I could not have finished without the West Region 'cheering squad' of Rose McIvor-Giruard, Brenda Malcolm, Esther Beaulieu, Laury Fontaine, Debbie Cwir, Irene Garneau and Linda Chartrand all of whom provided much support during difficult periods.

I would also like to thank and acknowledge the families that opened up their homes and allowed me to gain a better understanding of their experiences as foster parents. Being a foster parent of children with FAS/FAE is challenging and often goes unappreciated, not receiving the kind of recognition that it deserves.

I was very lucky to be able to study under a wonderful team of mentors at the University of Manitoba. I am grateful for the support of my advisor, Dr. Rick Freeze and my committee, Dr. Jon Young and Dr. Sid Frankel all of whom provided me with ideas and advice along the way. I'd like to thank Stella Bone again for acting as the project elder and Dr. Zana Lutffyyia and Dr. Charlotte Evans, both who helped keep me 'in line' when I strayed. I'd also like to thank Dr. Larry Burd, my external examiner for his insightful comments during the final stage of the defense and Dr. Nancy Higgitt who skillfully chaired my oral examination.

I am blessed to have a wonderful and supportive extended family. I'd like to especially thank my daughter Gina, my god-daughter, Amanda and her sister, Karly who will be especially happy to be free of the lap top, the books and the grumpy 'mom' during our cottage time. Further, I'd like to thank my mother-in-law, Mary for sharing parenting responsibilities when I was too busy to make lunch, dinner or clean the house.

This study would never have been complete without the ongoing support and love of my partner, Kim Clare. Words cannot describe her importance in my life. Her strength and ongoing love continues to nourish and inspire me.

Finally, I would like to give a special thanks to Dr. Myer Semiatiki, my politics professor during my undergraduate BSW program at Ryerson Polytechnical University. Dr. Semiatiki taught me that there was a critical place in the academy for community activists and for those that have a vision of a better world for children and our future. His early and gentle teachings continue to stay with me today.

Abstract

Children with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) present unique challenges to the families and individuals who raise them. Challenges presented by the disability often are compounded by a tenuous relationship with the family of origin, a potential for a high level of physical and emotional abuse early in life, and the subsequent involvement of child welfare authorities. The problem of sustaining a child with FAS/FAE can be more difficult on First Nations reserves where there may be a number of children with FAS/FAE and relatively few resources to support their needs.

A recent landmark study by Streissguth, Barr, Kogan, and Bookstein (1997) found that the best outcomes for children with FAS/FAE are achieved when they are maintained in stable, nurturing homes for the longest possible time. The ability of parents or alternative caregivers to provide long-term nurturing care to vulnerable children with FAS/FAE is jeopardized by the multiple challenges presented by the disability itself. The purpose of this study was to explore all of the personal, relational, and situational factors that influence the capacity of foster parents to be able to maintain a stable and nurturing environment for their foster children with FAS/FAE.

This study employed a qualitative, multiple case study methodology to look at the experiences of eight foster families living in rural or 'on reserve' environments. Within this unique social-cultural context, each participating foster family had lived with the same First Nations children with FAS/FAE for more than five years.

Results from the study suggest the need for a higher level of collaboration between foster parents and community supports. Further, the study found that a lack of

specialized supports for children with FAS/FAE in rural or reserve environments created excess stress for foster families and their children with FAS/FAE. Excessive stress was especially noted among families raising adolescents.

This study offers direction for concerned child welfare authorities who are aiming to support long-term placements of children with FAS/FAE.

Table of Contents

Acknowledgements / 2

Abstract / 4

Chapter One - Introduction / 10

An Introduction to the Inquiry / 13

Context of the Enquiry / 15

Chapter Two - Literature Review / 19

The Etiology of FAS/FAE / 19

Incidence rates / 23

Developmental Risks Associated with FAS/FAE / 26

Risks to Parenting Associated with FAS/FAE / 30

Risks Associated with Family of Origin / 30

Family support and related risks with the child welfare system / 32

Community Risks associated with FAS/FAE / 36

Risks to children with FAS/FAE in rural settings / 38

Risks to First Nation Children with FAS/FAE / 39

Risks within School Systems for Children with FAS/FAE / 42

Child Welfare Risks Associated with FAS/FAE / 44

Factors of Stability / 47

The Three Domains Intertwined / 53

Personal qualities of the child / 53

Family dynamics and a First Nation approach / 54

School and community supports / 56

Child welfare and professional supports / 59

Chapter Three - Research Design / 61

A Qualitative Multiple Case Study Approach / 62

Method Details / 67

Subject Selection / 67

Data Collection Methods / 69

Interview Questions / 72

Analysis / 78

Step One Detail / 79

Step Two-Exploration of Themes by Elder / 80

Validity and Generalizability / 81

Chapter Four – The Complex Child / 84

Domain One-The Complex Child / 84

Overview of the Needs of the Child / 86

Foster Parents Describe Characteristics of the Child / 89

Challenging Characteristics of the Child / 92

Emotional reciprocity / 92	
Behavioural Concerns / 94	
Aggression / 95	
Hyperactivity / 96	
Stubbornness / 98	
Physical/Medical Concerns / 99	
Medical needs / 100	
Sleep disorders / 101	
Memory deficits / 102	
Social Skill Concerns / 103	
Foster Family Accommodations / 104	
Aboriginal Perspectives on Disabilities / 105	
Supporting Teenagers in a Community Context / 106	
 <i>Chapter Five - The Family Commitment / 108</i>	
The Foster Parents in the Study / 109	
Factors that Influence Participants' Motivation to Foster / 111	
Commitment to the child / 113	
Familial and cultural commitment / 114	
Personal needs / 115	
Gendered parenting: The role and task of mothering / 118	
Gendered parenting: The role and task of fathering / 123	
Adoption vs. fostering / 126	
Influences on Motivation among Foster Parents in this Study / 128	
Factors that Influenced Participants' Capacities to Parent / 129	
Personal qualities of the parent / 130	
Family as support / 132	
Supporting Families in an Extended Family Context / 134	
 <i>Chapter Six- The 'Community' As Support / 135</i>	
Overview of the Communities Represented by the Study / 137	
Professional Supports within a Rural and Reserve Community / 138	
Concepts of Community among Rural Participants / 143	
Concepts of Community among Reserve Participants / 146	
Summary Thoughts on Community / 150	
 <i>Chapter Seven – The School in the Community / 152</i>	
Overview of School Programs / 153	
The School as a Site for Learning / 154	
Teenagers and schools / 157	
Parent Involvement and Schools / 159	
What works in schools / 161	
Special education resources / 162	
The School in the Community / 165	
Discussion about Schools as a Community Resource / 166	

Chapter Eight –Child Welfare ‘Support’: Contradictions and Opportunities / 169

A Good Child Welfare Worker / 173

A commitment to the family / 174

Partnerships in Planning for Children / 178

Agency Policies and Practices / 184

The stigma of being a foster child / 186

Respite / 181

Family visits / 190

A Collaborative Approach to Supporting Children in Care / 195

Training and Support Groups / 196

Chapter Nine – Exploring the Links Between Domains / 199

Community Issues and Teenagers:Weaving the Three Domains / 202

The struggle of raising teenagers with FAS/FAE in
reserve communities / 205

What works for teenagers / 208

Exploring Factors of Risk and Resiliency in Children and Youth with FAS/FAE / 211

The Family in the Community / 213

The Foster Child and the Foster Family in the Community / 216

Exploring the Links to Supporting Families / 222

Chapter Ten – Synthesis of Findings and Recommendations / 224

Methodological Issues-A Collective Case Study Approach / 230

Methodological concerns / 231

The dual role of the researcher / 231

Cultural barriers / 233

Strengths of the Research Methodology / 236

Valuing children’s strengths / 236

Weakness of the Methodology / 237

Confidentiality in a rural environment / 237

Strengths of the Study / 238

Weaknesses of the Study / 239

Implications for Future Practice / 240

References / 244

Appendix /

Appendix A- Participant Consent Form / 270

Appendix B –Telephone Script / 272

Appendix C-Research Approval Certificate / 275

End Notes - / 276

List of Tables

Table 1: Interview Questions / 72

Table 2: Breakdown of Age and Gender of Children Represented by This Study / 88

Chapter One

The Inquiry and Its Context

Children born with fetal alcohol damage frequently experience disabilities that present life-long challenges in every life-sustaining domain (Steinhausen & Spohr, 1998; Streissguth, 1992). The child's disabilities, which range in severity from child to child, may take physical, intellectual, social-emotional, and behavioural forms. Due to the particular nature of the related disabilities, children affected by fetal alcohol use typically bring exceptional relationship challenges to family members, caregivers, and other significant people who connect with them (Barth, 1991a; Griffith, 1995). In addition, dysfunctional aspects of the family of origin and the depth of need of the child may lead to child protection concerns (Besharov & Boechler, 1994; McCullough, 1991; Young, Gardner & Dennis, 1998). In fact, one American report noted that 80% of children with Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) were living in alternative care, under the jurisdiction of child welfare agencies, rather than being cared for by their birth parents (Stratton, Howe, & Battaglia, 1996). While challenging in most situations, the difficulties associated with maintaining a child with FAS/FAE may be more difficult on First Nations reserve communities or in rural settings where there may be relatively few resources and where there may be a higher proportion of affected children (Burd & Moffat, 1994).

Contemporary child welfare research offers evidence that children who remain in stable, long-term, supportive living environments tend to show healthier outcomes in adult life (Bowlby, 1997; Berrick, Needell, Barth & Jonson-Reid, 1998; Karr-Morse & Wiley, 1997). For young children with FAS/FAE, stability in the home has been shown

to decrease some of the behavioural and learning difficulties associated with prenatal alcohol abuse five years post adoption (Barth & Needell, 1995). Recognition of a positive correlation between stability in the home and improved outcomes for children with FAS/FAE has prompted Zuckerman (1994) to suggest that stability of the home environment is perhaps more important in improving outcomes for children than the provision of professional resources designed to reduce the disabling features of FAS/FAE.

Researchers who explore the specific concerns of children affected by pre-natal alcohol abuse have determined that the capacities of both the children and those who act to provide their care are compromised or threatened by the particular manifestations of the disabilities related to FAS/FAE (Barth, Courtney, Berrick & Albert, 1994; Davis & Ellis-MacLeod, 1994; Poulsen, 1995; Pecora & Maluccio, 2000, Zuckerman, 1991). Disabilities in the physical, cognitive, behavioural, and social-emotional realms vary with each child, but may include; severe respiratory conditions, hyperactivity, learning disabilities, violent outbursts, and a critical inability to develop and maintain social relationships. While the potential constellation of disabilities clearly affect the child foremost, they also affect the capacity of caregivers to support a child with FAS/FAE at home, at school, and in the community (Streissguth, 1992). As a result, lack of stability in caring relationships becomes a predominant feature in the lives of many fetal alcohol exposed children (Jones, McCullough & Deewoody, 1992; Osofsky, 1987; Stump, 1992; Zuckerman, 1994). Indeed, in a recent Manitoba survey of children in care who were affected by prenatal alcohol abuse, the researchers noted that more than 20% of the children had experienced at least six transitional¹ moves while 6.8% had had 15 or more

placements with which to contend (Children and Youth Secretariat, 1997). While this study was small and not fully representative of all children with FAS/FAE in provincial 'state care', such statistics offer cause for concern when researchers assert that relational stability can be a key protective factor in reducing the disabling conditions associated with FAS/FAE.

Although instability characterizes the living situations of many children affected by prenatal alcohol abuse, it is not a factor for all. Some children with FAS/FAE appear to develop healthy relationships in enduring homes despite their disability. Given the evidence that stability is an important factor in enhancing future outcomes for children with FAS/FAE, the goal of this study was to attempt to discover why some long-term caring situations remained stable, especially when so many fail. By exploring and identifying some of the conditions that were found to support the long-term viability of foster care relationships, it was hoped that direction could be offered to child welfare agencies which undertake guardianship responsibility for many children with FAS/FAE. Drawing on knowledge derived from this study, child welfare workers may become better able to predict the potential for the success of a particular foster family setting. Additionally, foster settings might be strengthened by building in the types and forms of support that are useful to children with FAS/FAE and their caregivers. Once determined and understood, it was hoped that this information could be useful in creating a model of service provision for children affected by prenatal alcohol abuse and possibly decrease the 'sequential' placement pattern many children with FAS/FAE experience.

This inquiry was lodged in a very specific social context. The sources of information regarding factors that aid or detract from foster families' capacities to

continue in a long-term relationship with a child with FAS/FAE were eight foster families residing in southwestern Manitoba. These families were located either in rural areas or on First Nations reserves. All had successfully maintained long-term relationships of more than five years with First Nations children with FAS/FAE. The children in their care were all under the guardianship of one First Nations child welfare agency. These eight families held responsibility for a total of fourteen children and youth with FAS/FAE. At the time of the study, the researcher was employed by this agency, working within this setting as a 'specialist' for children with disabilities. The social context for this inquiry, which provided elements of opportunity and constraint, acted as both backdrop to the study as well as a source of key environmental conditions that impacted these families' capacities to remain consistent care providers.

An Introduction to the Inquiry

Drawing primarily from literature related to the emerging knowledge of FAS/FAE as a life-long disabling condition, social determinants of health, and relevant child welfare concerns, this study was premised on the assumption that foster children with FAS/FAE can be healthier and have more positive life-long outcomes when placed in stable, nurturing homes (Bowlby, 1997; Berrick, Needell, Barth, & Jonson-Reid, 1998; Henry, 1999; Karr-Morse & Wiley, 1997; Streissguth, Barr, Kogan & Bookstein, 1997). This assumption was influenced by an ecological perspective fully acknowledging a necessity for social environments and conditions that provide external but essential support to children and their families (Bronfenbrenner, 1979; Dunst, Trivette & Deal, 1988; Folaron & Wagner, 1998; Health Canada, 1999).

I sought out foster families that had been successful in providing long-term care to children with FAS/FAE. 'Long-term' was considered to be an intact foster placement with a minimum five-year duration. These families presented a unique opportunity to consider successful elements of foster parenting. In other words, the inquiry could explore 'what works' in a long-term foster home setting for children with FAS/FAE, under conditions related to the disability that previously have been described in the literature as potentially difficult. By exploring the lives of these children and their families, it was hoped that factors influencing the capacities of the families in maintaining long-term support could be identified.

As this study was conducted in a rural environment, family capacity within a rural setting was also a focus. Four of the families lived in rural communities, the other four lived on First Nations reserves. I tried to understand how these families conceptualized 'community' and identified the range of community supports they accessed or perceived as potentially useful but unavailable.

A qualitative, multiple case study approach was used. Drawing on an ecological framework (Bronfenbrenner, 1979), for both structure and analysis, participating foster families were asked to discuss the elements in their lives that enhanced or detracted from their abilities to maintain a long-term commitment to the children with FAS/FAE. It was recognized that both the foster families and their communities had to work in tandem to provide a comprehensive 'cradle of support' (Bronfenbrenner, 1979) for vulnerable children with FAS/FAE. As a result, questions in three pertinent domains were included in the discussion with the foster parents. These domains included: 1) the personal qualities of the child including the effects of the child's disability on the family, 2) the

qualities and capacities of the parents and family, and 3) the qualities and capacities of the community as a support to the child and family. The third domain, concerning the 'community', was further broken down to include specific questions related to the school system and child welfare supports, key systems that can have significant impacts on children and their families. Because of the equal distribution of participating foster families from both rural and reserve settings the inquiry also explored the possibility of issues specifically related to reserve or rural experiences.

Context of the Inquiry

This study was influenced by the social context and the political environment within which these children and families lived. First Nations children in Canada have historically been over-represented among the population served by 'mainstream' (i.e. non-Aboriginal) child welfare agencies (Timpson, 1995). This concerning situation continues to be reflected in today's local and provincial reality. According to recent statistical reports, up to 80% of permanent wards under the care of Winnipeg Child and Family Services are of Aboriginal descent (Winnipeg Child and Family Services Annual Report, June, 2001). Under the guardianship of non-Aboriginal agencies, these children most often are placed in care relationships with non-Aboriginal families. As a result, they risk the loss of not only their immediate family, but also loss of contact with their extended family, traditional cultural and spiritual beliefs, as well as their language and ties to community (Cross, 1998; MacKenzie & Morrisette, 2002; Timpson, 1995).

Supporting the long-term placement of children with FAS/FAE has special significance in First Nations communities and for Aboriginal children with FAS/FAE. Canadian statistics show that the incidence of FAS/FAE is greater among Aboriginal

children (Asante & Nelms-Matzke, 1985; Burd, 1997, Chudley, 1991; Kowlessar, 1997; Robinson, Conry & Conry, 1987). While prevalence reports vary and tend to have restrictions that limit confidence in the rates reported², there is consensus among many practitioners that rates of FAS/FAE are elevated in some Aboriginal communities in Canada (Burd & Moffat, 1994). At the same time, there are few professional resources targeted to support families of children with FAS/FAE who live on reserve or in rural and northern areas (Burd, 1997)

In recent years in Manitoba, First Nations child welfare agencies have begun to create new responses to this emerging problem. Child welfare services, both needed and offered, may be qualitatively different in a First Nations context when historical, cultural, political, and economic issues are taken into account. For example, the contentious historical relationship of individuals and communities to 'mainstream' child welfare services, the relative lack of financial resources in some First Nations communities and the geographical isolation of many communities may all influence the types of services families need and request for a child with FAS/FAE (McKenzie & Morrisette, 2002).

Recently the province of Manitoba has embarked on a historic transition in the delivery of child welfare services. Since August, 2000, the Province of Manitoba, the Manitoba Métis Federation, Manitoba Keewatinowi Okimakanak, and the Assembly of Manitoba Chiefs have been working together to restructure child and family service provision province-wide (Aboriginal Justice Inquiry - Child Welfare Initiative, August, 2001). A dramatically revised delivery plan is anticipated to come into effect May, 2003. Through the new plan, the delivery of child welfare services for all Aboriginal children will be 'devolved' to First Nations or Métis child welfare agencies. This proposed

transfer of responsibility is to be based on the following acknowledgements acceptable to all parties involved:

- the First Nations and Métis peoples have a right to control the delivery of child and family services province-wide for their respective community members;
- child and family services for First Nations and Métis peoples within Manitoba must occur in a manner which respects their unique status, as well as their culture and linguistic heritage;
- the family is sacred and the first resource for the well-being of children; and
- solutions developed locally with respect to both the delivery of child and family services, as well as adoption services, are the most effective and practical approach towards ensuring self-determination and healthy communities

(Aboriginal Justice Inquiry - Child Welfare Initiative, August, 2001).

For First Nations child welfare agencies, this shift will require that additional service and program options be developed in local communities. While First Nations child welfare agencies will draw on cultural practices to develop and define culturally-appropriate service models, there have been very few practice models developed to date that acknowledge the needs of First Nation children with FAS/FAE and their families (Health Canada, 1999). Data from this research study, which may be useful to all child welfare agencies may be most helpful to First Nations child welfare agencies responding

in a holistic manner to children with FAS/FAE and supporting the goal of healthier children, families, and communities.

Chapter Two

Literature Review

A study of contemporary child welfare literature reveals that there are several essential factors that are influential to long-term placement success for children cared for under the auspices of child welfare systems (Davis & Ellis-MacLeod, 1994; Gilligan, 2000; Joseph, 1994; Kelly & Gilligan, 2000; Poulsen, 1995). These factors include: a) the characteristics and capacity of the child, b) the motivation and commitment of parents, other family members, or alternative caregivers, and c) the types of resources or supports needed and available for the child and his or her caregivers. In relation to these identified factors, the focus in this particular study was on the interactive elements that helped or hindered foster families who had made a long-term commitment to caring for children with Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE). Children with FAS/FAE can indeed bring to a placement setting acute considerations in each of the three domain arenas including personal issues, issues within the foster home, and issues in accessing supports within the community. This literature review begins with an overview of the issues pertaining to FAS/FAE followed by an in-depth consideration of each of the three domains. Each specific domain is explored with respect to children with FAS/FAE. Where it is possible, given the lack of research in this area, issues that impact First Nations children and their communities are highlighted in this review.

The Etiology of FAS/FAE

Although damage caused by maternal alcohol abuse had long been suspected, the clear articulation of the known clinical effects of maternal alcohol consumption on the developing fetus is relatively recent. In 1973, Jones, Smith, Ulleland and Streissguth

described a pattern of birth abnormalities found in a group of eight children born to alcoholic mothers in the medical journal *Lancet*. The doctors named these similar birth defects Fetal Alcohol Syndrome (Jones, Smith, Ulleland & Streissguth, 1973). This naming of Fetal Alcohol Syndrome (FAS) formed the basis for continuing research examining the effects of maternal alcohol and drug use on fetal growth and subsequent child development. Nearly three decades later, a contemporary definition of FAS describes the syndrome as “a variety of physical and mental birth defects that may develop in individuals whose mothers drank alcohol during pregnancy. It is an organic brain disorder characterized by central nervous system involvement, growth retardation and characteristic facial features” (Elfenbaum & Ridd, 1999, p.9).

Research conducted since the mid-1970s has now firmly established that maternal alcohol and drug use while pregnant, often leads to a similar pattern of birth defects in children. While no two children are affected in exactly the same way, children with FAS display physical and neurodevelopment affects in three major areas: a) abnormalities of the bones, joints, organs, and muscles, b) distinctive facial abnormalities, and c) evidence of central nervous system (CNS) dysfunction (Becker, Randell, Salo, Saulnier & Weathersby, 1994; Loebstein, Nulman & Koren, 1997; Streissguth, Bookstein, Sampson & Barr, 1993 ; Stratton, Howe & Battaglia, 1996). Physical damage created by prenatal alcohol use is permanent and creates life long disabilities in the affected children.

Children born to mothers whose drinking patterns did not include the use of alcohol or drugs during critical periods of fetal development may not show all of the signs of facial morphology or physical abnormalities (Becker et al., 1994). Instead, some affected children may have less visible CNS damage, though still observable through

difficulties in learning, hyperactivity, increased aggression, and poor social reasoning (Burgess & Streissguth, 1992; Carmichael-Olson, 1994; Griffith, 1992; Roebuck, Mattson & Riley, 1999). These children may be diagnosed with Fetal Alcohol Effects (FAE), Partial Fetal Alcohol Syndrome (pFAS), or Alcohol-Related Neurodevelopment Disorder (ARND) (Conners & Streissguth, 1996; Stratton et al., 1996).

The amount consumed, the duration of consumption, and the phase of pregnancy when women drink alcohol is related to the potential forms of damage to the fetus. Numerous research studies indicate that these related disabilities result from patterns of drinking that include 'binge' drinking, consumption of more than four drinks at a time, and continued, sustained alcohol use throughout all three trimesters of pregnancy (Becker et al., 1994; Coles, 1994; Day, 1992; May, 1995; Streissguth, 1992). In their review of FAS/FAE studies, Little, Snell, Rosenfield, Gilstrap & Gant (1990) noted that drinking between four and eight drinks a day was associated with FAS while consumption of between two and three drinks a day was linked to FAE. A study conducted by Becker et al., (1994) showed that significant alcohol consumption occurring between day 20 and day 34 of gestation led to potential defects in facial formation and to the distinct facial morphology commonly associated with FAS. Prenatal damage to kidneys and other vital organs is known to occur when a woman drinks throughout the second trimester of pregnancy (Becker et al, 1994). Clarren and Smith (1978) found that the human cerebellum was more vulnerable to damage if a large amount of drinking occurred on or about the 45th day and similarly, the cerebral cortex is affected on or about the 85th day of gestation. However, CNS development is ongoing and is susceptible to damage each time a woman drinks throughout her pregnancy (Becker et al., 1994; Cordelo, Floyd,

Martin, Davis & Hymbaugh, 1994; Day, 1992). It is believed that damage to the CNS is perhaps the most serious consequence, as this possibly affects all areas of motor, social, intellectual, and behavioural development (Chasnoff, 1988, Hiscock & Nanson, 1990).

While the term FAS/FAE denotes a relationship between prenatal alcohol use and damage to the developing fetus, symptoms of the disability may be subtle and the direct relationship between maternal drinking and resulting damage to the fetus is often open to interpretation by the medical community. This is particularly true for children diagnosed with FAE due in part to the reduction in, or lack of, visible physical signs such as facial morphology or smaller stature. As a result, some researchers (Aase, Jones, & Clarren, 1995; Huebert & Raftis, 1996, Abkarian, 1992) discourage the term FAE arguing that such a diagnosis is too 'soft' and subjective to interpretation. Further, they argue that a diagnosis of FAE assumes that damage to the developing fetus occurred prenatally and may not recognise the complexity of environmental factors, such as poverty, neglect, or trauma that may impact on a child's early infant development and known to lead to later learning and behavioural issues. However, recent studies undertaken by Streissguth, et al., (1997), with a large group of children, youth, and young adults, do show very similar patterns of behavioural and learning problems among children, youth, and young adults with FAS and FAE. They suggest that children with FAS/FAE may have two distinct types of 'disabilities', the physical impairment related to prenatal alcohol use and the emotional damage created by the child's struggle to negotiate a safe and supportive living environment. Streissguth, et al. (1997) term the results of these two types of disability as primary, related to physical impairment, or secondary, related to the lack of support children experience in their home and school.

Unravelling the complex relationship between the physicality of a disability and the effects of the environment on the developing brain has been contemplated by Tyler and Howard (1996) in their discussion of the evolution of neuro-imaging technology as a diagnostic tool. They argue that while future developments in neuro-imaging technology may help improve the capacity of medical personnel to determine subtle levels of neurological damage caused by prenatal alcohol and drug use “no investigative studies have been undertaken to evaluate the effects of environmental influences on the central nervous system (CNS) functioning as viewed through neuro-imaging techniques” (p. 219). They argue for the need for “long-term studies of neurobehaviours and changes in functional neuroimages of children who experience early trauma” as a method of fully exploring this issue (p. 220).

As it is beyond the capacity of this study to fully differentiate neurological damage from environmental damage in central nervous system functioning, this project relied on current medical practice to determine diagnostic criteria for children diagnosed FAS and FAE. Since Streissguth and Kanter (1997) have noted that the demands on parental capacity are similar for both FAS and FAE, this study will use the term FAS/FAE to denote a range within a pattern of damage or disability related to prenatal alcohol or drug exposure.

Incidence rates. While it is difficult to determine the number of children affected by FAS/FAE (Burd & Moffat, 1994; Cordelo et al., 1994), Canadian data suggested that within the general population, between one and two newborns per 1,000 are affected by prenatal alcohol damage (Van Bibber, 1997; Health Canada, 1999; Koren, 1997). Although demographic studies suggest that maternal alcohol abuse is found in all socio-

economic groups, the instances of children born with FAS/FAE are considerably higher among poor and marginalized women (Stratton, et al., 1996). While poverty in itself dramatically increases the likelihood of learning and behavioural problems in young children (Griffith, 1995), the combination of poverty, racism, and addiction creates an even greater risk. In communities with high levels of poverty, the rate of children born with FAS/FAE has been found to be as high as 25 per 1,000 (Koren, 1997).

The incidence of FAS/FAE in First Nations and Aboriginal communities has been found to be higher than in the general population (Burd, 1997, Burd & Moffat, 1994; Hart, 1999; May, 1991, Robinson, Conry & Conry, 1987). The prevalence of poverty, a higher birth rate, and elevated patterns of alcohol use, including binge drinking, have resulted in rates of FAS/FAE that are considerable (May, 1991). Canadian population studies confirm that trend, suggesting that incidence of FAS/FAE can be as much as 33% higher First Nation communities (Chudley, 1991). One study of First Nations children in Northern British Columbia indicated an FAS/FAE birth rate as high as 190 per 1,000 (Robinson, Conry & Conry, 1987). Other Canadian reports suggest rates of between 25-46 per 1,000 live births in the Yukon and Northwest British Columbia (Asante & Nelms-Matzke, 1985; Bray & Anderson, 1989; Habbick, Nanson, Snyder, Casey, Schulman, 1996). A recent study of a First Nation community in Manitoba indicated that 10.5% of the school-aged population was affected by FAS/FAE (Kowlessner, 1997).

The lifestyle effects of poverty on a birth mother may intensify or compound the symptoms of FAS/FAE. That is, poor women who drink while pregnant may not have the same opportunities for good prenatal care, healthy food, and a restful home life as do more affluent women (Abel & Sokol, 1987; Kronstadt, 1991; Stratton et al, 1996). For

example, Bingol, Schuster, Fuchs, Iosub, Turner, Stone & Gromisch (1987) reported that middle and upper class women who drank through pregnancy had children with fewer difficulties in cognitive development, learning capacity, and hyperactivity than children of poor, minority women who also drank. In addition, the children of poor women were smaller at birth and had more birth complications than the children of more advantaged mothers. This same study indicated that nutrition, adequate prenatal care, and regular eating were important in reducing the effects of drinking while pregnant. The Bingol et al., (1987) study, as well as a number of follow-up studies, have pointed to the effect of maternal diet and prenatal care as factors which influence the level of disability in children with FAS/FAE (Brown & Pollitt, 1996; Zuckerman & Frank, 1992).

Despite the fact that a causal relationship between prenatal drinking and damage to the developing fetus has been established, no one has been able to explain why up to 40% of women who are chronic drinkers do not give birth to children with FAS/FAE (Bingol et al, 1987). Variability in the effects on children may be as a result of patterns of maternal drinking while pregnant, the health and social status of the mother, and the capacity of the human body to heal itself. However, as Huebert and Raftis (1996) point out, the statistical probability of having a second child with FAS/FAE increases to 771 in 1,000 with Burd and Martsolf (1989) reporting a 25% recurrence rate among pregnant women who continue to drink. The damage, once presented, is cumulative. May's (1991) research shows that each subsequent child in a sibling group will have a greater level of alcohol related damage if maternal alcohol consumption remains similar. As well, a study of twins of women who drank while pregnant suggests that the prenatal damage to twin babies will be experienced relatively equally with a slight variation in symptoms for

non-identical twins (Streissguth & Dehaene, 1993). May (1991) concluded that one of the best predictors of giving birth to a child with FAS/FAE is having given birth to one previously if consumption patterns do not change.

Developmental Risks Associated with FAS/FAE.

Children who are affected by FAS/FAE show disabilities in intellectual development as well as in behavioural and social skills development. These consequences are all factors that impede one's capacity to live in family settings, to be 'successful' in the classroom, and to participate in the community (Streissguth, Barr & Carmichael-Olson, 1994). Mattson, Riley, Sowell, Jernigan, Sobel & Jones (1996) reported that the children in their study with FAS/FAE had a mean I.Q. of 72.26, scoring between 47.5 and 98.2. Hiscock and Nanson (1990) noted in their study of 20 children with FAS, that female children had slightly higher I.Q. scores than males. However, as Carmichael-Olson (1994) has pointed out, the cognitive development of children affected by FAS/FAE is often 'uneven', with the children having 'advanced skills' in some areas but 'poorer skills' in others. Aase (1994) and others (Davis, 1994; Streissguth, 1992) have suggested that the uneven patterns may change and evolve throughout the developmental stages of childhood and adolescence. They have argued that young children show more difficulties with impulsivity, limit setting, concentration, and memory, while adolescents show weaknesses in judgement and self-regulation. Becker et al., (1994) and others (Conners & Streissguth, 1996; Davis, 1994; Streissguth, 1992) have argued that as children grow and evolve, different patterns of deficits become more pronounced even as other concerns become less problematic. Taking another perspective on developmental change, what the literature also be revealing is that societal expectations are subtly

different for children and adolescents. Perhaps the forms of childhood behaviour labelled 'difficulties with impulsivity' are the equivalent adolescent code for 'weakness in self-regulation'.

Childhood difficulties are reported in specific areas. Lewis and Woods (1994) suggest that up to 90% of children with FAS/FAE have receptive language disorders delaying their capacity to develop language. Delayed language development has been associated with learning disabilities in school-aged children (Boyles & Contadino, 1998). Carmicheal-Olson (1994) has noted that there is often a discrepancy between a child's perceived ability and their demonstrated capacity on tests, especially in situations that require a high level of verbal skills or capacity to focus on the task at hand. Conners and Streissguth (1996) highlighted memory problems, in particular difficulties in the children's abilities to use strategies that engage the short-term memory. Other researchers have pointed to weak mathematics skills, especially in the applied areas of money management and time concepts (Streissguth, et al., 1994).

Damage to the Central Nervous System (CNS) often leads to behavioural and self-regulation problems for children with FAS/FAE. Up to 80% of children with FAS/FAE demonstrate attention deficit problems along with increased impulsivity and short attention span when measured on the Achenbach Standardized Child Behaviour Checklist (Kenner & D'Apolito, 1997; Roebuck, Mattson & Riley, 1999; Streissguth, 1992, Steinhausen & Spohr, 1998). Hiscock and Nanson (1990) have asserted that many children with FAS/FAE have difficulties with self-regulation and are highly distractible and restless. Problems with attention, impulsivity, and self-regulation continue

throughout the lifespan and have been shown to contribute to ongoing difficulties in maintaining a job and a stable home in adult life (Streissguth, 1992).

Children with FAS/FAE struggle with social skills development as well as judgement-making, and have difficulties handling the complexities of social interactions. Often they are unable to generalize from one situation to the next (Malbin, 1993) and show limited cause-effect reasoning (Burgess & Streissguth, 1992; Carmichael-Olson, 1994; Roebuck, Mattson & Riley, 1999; Smith, 1993). As well, delays in social development have been associated with sexual immaturity (Becker, et al., 1994) as well as depression and anxiety disorders in the teenage years (Burgess & Streissguth, 1992). In a study of concerns expressed by parents, difficulties with attention and slow maturation were by far the most pressing for parents raising adolescents with FAS/FAE (Steinhausen & Spohr, 1998). Studies with older teenagers and adults have indicated that academic and behavioural difficulties persist throughout the life span (Streissguth, 1992), creating employment and relationship difficulties in adulthood.

Until recently, children without the visible facial and physical signs of FAS often were considered to have a 'lesser form' of the syndrome (Loebstein, Nulman & Koren (1997). Streissguth et al., 's (1997) 'secondary disability' study found that children who had been exposed to alcohol prenatally, but who did not have the physical features of FAS, (i.e. children with FAE), had both the functional deficits or primary disabilities, and the environmental difficulties or secondary disabilities, just like the children with full physical abnormalities. Their study showed that despite the fact that children assessed as FAE had an average adaptive behavioural score six points higher than children with FAS, they were at *higher risk* for developing secondary disabilities than those with a diagnosis

of FAS. This study indicated, that contrary to previously held beliefs that FAE was a lesser form of FAS, children with FAE may be at higher risk for school failure, criminal activity, and addictions (Streissguth, et al., 1997).

The forms of developmental damage created by FAS/FAE can lead to children who are difficult to parent. For example, children with FAS/FAE often begin life in a physically vulnerable state. At birth, children with FAS/FAE may have a low threshold for stimulation and tend to be fussy. They are difficult babies who grow into young children with marked learning and behavioural difficulties (Burd & Martsolf, 1989; Griffith, 1992). Nanson and Hiscock (1990) found that 80% of the children with FAS/FAE in their study had moderate to severe hyperactivity and many had difficulty in attending to the task at hand for any length of time. Parents often find that children with FAS/FAE require an inordinate amount of specialized and intensive support (Bersharov & Boechler, 1994; CWLA, 1992, Child and Youth Secretariat, 1998). Osofsky (1987) and Kronstadt (1994) noted that the complexity of needs facing children with FAS/FAE tax the abilities of their caregivers and make it difficult for them to commit to long-term relationships with children with FAS/FAE.

As children move into school settings, their intellectual delays, learning disabilities, difficult and sometimes violent temperaments, language delays, and delays in motor functioning create additional strains for teachers and parents (Stratton et al., 1996). Many of these vulnerability factors strongly influence the ability of parents to make long-term, nurturing commitments to their children (Sparks, 1993).

Risks to Parenting Associated with FAS/FAE

One could assume that FAS/FAE is similar to other physical or sensory disabilities in that these children's 'risks' are associated with the disabling condition and that intervention must focus on the disabling condition itself. Unfortunately, the disabling conditions often are complicated by struggles most children with FAS/FAE face within the family unit. The combination of 'risks' due to the child's disability together with the 'risks' associated with an unstable home environment, the possibility of a parent with an addiction, and the resulting involvement of child protection services can intensify the long-term struggles that children with FAS/FAE will face. Plans for intervention must therefore closely consider environmental issues associated with the living situations of most children born with FAS/FAE.

Risks associated with family of origin. Although a strong parent-child bond is important at all times in a child's life, current research suggests that the role of the mother in providing a nurturing and safe environment for a child is most critical during the first year (Banach, 1998; Barrett & Trevitt, 1991; Benoit, 2002; Bowlby, 1997). Children without secure attachments, children who have an anxious or disorganized attachment and children who have experienced abuse early in their lives have been shown to have lifelong problems associated with delayed development, emotional instability and dysfunctional relationships in later life (Benoit, 2002, Bowlby, 1997). Issues of attachment and bonding are particularly problematic when working with infants of parents who are struggling with addictions themselves and may not have the capacity to be sensitive to the developing needs of their children (Berrick et al., 1998). It is estimated that between 40-80% of families involved with child protection services have

substance abuse issues that affect their ability to appropriately care for their children (Barth, et al., 1994; Young et al., 1998). Semidei, Randel, and Nolan (2001) have stated that nearly all children growing up in alcoholic homes suffer some form of neglect or abuse, with one third affected seriously enough to require child protection intervention. Jones, McCullough, and Dewoody (1992) found that 50-80% of confirmed child protection or abuse cases involved drugs and alcohol abuse by parents and 90% of all children with FAS/FAE had some involvement with child protection services by their fifth birthday. Bijor (1992) found that the children of problem drinkers were more than twice as likely to face serious injury during their childhood, with girls being at slightly higher risk than boys. All of these studies suggest that children who grow up in homes with a high level of alcohol or drug use are at high risk for abuse.

Children with FAS/FAE who live within their family of origin are reported to be at high risk for abuse and neglect-related fatalities. Barth (2001) found that up to 73% of reported child deaths due to neglect were associated with parental addictions. McCullough (1991) reported that over half of the abuse-related child deaths in Wyoming, U.S.A. were associated with parental addictions. Torrence and Horns (1989) argued that mortality rates among alcohol affected children might be as high as 5.4% compared to 1.6% for children in the general population. Zuckerman (1994) and Ards and Mincy (1994) purport that parents who are challenged by alcohol and drug abuse find it difficult to interact with a child in an effective way, putting the child at risk for neglect. James (1994) has suggested that children who experience their source of protection also as a source of danger, may struggle with lifelong emotional disabilities as a result of early attachment trauma. Bowlby's attachment related studies of children growing up in

orphanages in the 1940s found marked levels of developmental delay along with unusual expressions of social and emotional behaviour (Bowlby, 1997). In a more recent example, Karr-Morse and Wiley (1997) have reported that, in spite of later resource-rich adoptions, children who began their lives in Romanian orphanages showed severe emotional, cognitive, and social deficits as a result of early depravations. Similar patterns have been noted among children who have experienced multiple moves as the result of family breakdown and the instability of foster care placements in their early years (Goldberg, 2000).

Family support and related risks within child welfare systems. The effects of physical struggles early in life, abuse, and neglect often bring children with FAS/FAE to the attention of child protection agencies at a very young age. Canadian statistics show that there has been a steady increase in children and families accessing child welfare programs and that there are now some 76,000 Canadian children who do not live with their birth parents (Belisle-Leclere, 2000). In the United States, an increase in alcohol and drug use among women has resulted in an increase of 60% more children coming into 'state care' since 1986 (Stratton et al., 1996). Addictions have been found to severely compromise the capacity of parents to support their children and are now the primary reason that children come into care (Barth, 1991b). Up to 80% of referrals to child welfare systems stem from an addicted parent's inability or unwillingness to support his or her children (Young & Gardner, 1998). Jones, et al., (1992) estimate that up to 80% of children with FAS/FAE grow up within the child welfare system.

It is interesting to note patterns of involvement by child welfare systems in the lives of children and families affected by FAS/FAE. Barth's (2001) study showed that

10% of alcohol affected children came into care at birth. An additional 30% entered care by their fifth birthday. Statistics from the Child Welfare League of America (1992) showed that the mean age for placement of children with FAS/FAE was 4.7 years compared to 7.5 years for other children in state care. This patterned 'drift' into child welfare continues throughout childhood, with up to 80% of children with FAS/FAE living in care by their teens (Barth, 2001). Recent trends in child welfare have shown a 110% increase in the placement of children under the age of five. Children affected by FAS/FAE are among the fastest growing sub-group in the child welfare system (Stratton et al., 1996).

The length of time that children with FAS/FAE spend in the care of child welfare agencies is worthy of exploration. While family reunification is often the stated goal of child protection services, a high percentage of children with FAS/FAE do not ever return to their birth families. Patterns of reunification for children and families in the U.S.A. show that 80% of children with FAS/FAE do not return to their families of origin (Besharow & Boehler, 1994). This compares to less than 50% for the general population of children in care. Davis and Ellis-MacLeod (1997) state that children with behaviour related problems are the least likely to return home. Of those children who are returned, 30% go on to experience multiple moves, back and forth between state and family care (CWLA, 1992). Despite the fact that the vast majority of these children are permanent wards of the state, only 7% of children with FAS/FAE are adopted (CWLA, 1992). These statistics suggest that in the United States, children with FAS/FAE spend the majority of their childhood years in alternative, 'out-of-home' placements (Stratton, Howe & Battaglia, 1996).

Many American studies have pointed to similar issues regarding instability in placements for children with FAE/FAE (Barth, 1991; Besharov & Boechler, 1994; CWLA, 1992; Guinta & Streissguth, 1988). We might anticipate that movement patterns are similar in Canada. While specific data is not available, a local survey, *The Results from the Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (Children and Youth Secretariat, 1998), found that at least 20% of children with FAS/FAE who were in care in Manitoba had experienced more than nine placement moves.

Foster care, a system that was intended to temporarily 'host' children awaiting adoption or family reunification, has increasingly become the long-term placement plan for children with FAS/FAE. However, while long-term foster care is increasingly the 'norm', its philosophic underpinnings assume that children supported as foster children are 'temporary', like special visitors to a family, who will be moving on, into permanent situations shortly (Davis & Ellis-MacLeod, 1994). As Davis and Ellis-MacLeod (1994) have explained, foster parents are encouraged to view children as temporary guests and are reminded that they should not make long-term emotional commitments to children in their care. Building connections to a foster family, including procedures such as changing the child's surname, or emotional-laden decisions like calling the foster parents 'mom' and 'dad', as well as planning for the future, often are considered cautiously if considered at all. Children are thus tacitly discouraged from making an emotional commitment to a family that could easily 'give them away' or turn them back to the child welfare worker. Such ambiguity about 'belonging' creates a life of uncertainty,

diminishing the capacity, and potentially the desire, to bond with others (Fish, 1984).

Davis & Ellis-MacLeod (1994) cites Costin's (1979) earlier comments that:

conflicting expectations and loyalties affect a child's capacity for effective relationships...no child can grow emotionally as long as he or she never belongs to a parent except on a temporary or ambiguous basis (Davis & Ellis-MacLeod, p. 125).

Dynamic interactions between the physical and social environments have tremendous influences on the development of children with FAS/FAE. A lack of stability in all aspects of a child's life can have devastating repercussions for the emotional and physical health of affected children. As Giunta and Streissguth (1988) point out, the high proportion of alcohol affected children who also have attachment and bonding disorders, is directly due to a lack of stability in their home life. This situation often becomes more serious and more pronounced as children move into their adolescent and adult years (James, 1994). Stump (1992), when writing about early intervention for children affected by fetal alcohol abuse, stated that:

The frequent moves experienced by many of these infants during the first two years of life, may lead to their becoming what Besharov terms a "bio-underclass", a group of children whose biological vulnerability and socioeconomic status could foredoom them to a life of permanent disadvantage (p. 5).

Zuckerman (1994) argues that potential learning and developmental outcomes for children with FAS/FAE can only be projected when acknowledging the interaction of a child's physical needs with the social environment. In their discussion on determining the 'degree of harm' experienced by children prenatally exposed to alcohol, Behrman,

Larson, Gomby, Lewett and Shiona (1991) point out the need to recognize two distinct types of 'harm': a) physiological, and b) a damaged mother-child bond. Together, these variables create life-long vulnerabilities in children with FAS/FAE.

The placement of children at young ages has dramatic impacts on their ability to maintain stability, thereby increasing the risk for the development of secondary disabilities. Bonding problems emerging in childhood increase the risk for future interpersonal struggles in life (Besharov & Boechler, 1994; Kelly & Gilligan, 2000). Davis and Ellis-MacLeod (1994) have shown that longer stays in state care are linked to an increased number of placements for children with FAS/FAE. Multiple placements are linked to long-term emotional problems, behavioural disorders, and learning problems during teen and adult years. Davis and Ellis-MacLeod (1994) have estimated that 20-60% of children in state care have mental health issues directly as a result of instability in their lives.

Community Risks Associated with FAS/FAE.

Children with FAS/FAE are vulnerable to a third constellation of risk factors, the ability to access appropriate supports and services within a community-based setting. A potential 'lack of fit' between the needs of the child and the availability of supports may compromise the child and his or her family's capacities to make and maintain healthy, supportive family environments. Without a healthy and strong family environment, the long-term success of the child within a family setting may be compromised (Pardeck, 1988). Supports required to assist children with FAS/FAE range from informal supports such as the support of friends and family to formal services such as therapeutic and respite services.

Certainly one of the largest risks within a community setting is the capacity of the child to make and maintain healthy interpersonal relationships with family and friends. Burgess and Streissguth (1992) and others (Carmichael-Olson, 1994; Giunta & Streissguth, 1988; Griffith, 1992; Jones, et al., Kanter, 1978, 1992; Malbin, 1993; Steinhausen & Spor, 1998) have suggested that children with FAS/FAE may struggle in social situations due to their rigid personalities and poor or immature social skills. Gitter and McPherson (1990) have suggested that some children with FAS/FAE have difficulties demonstrating emotional reciprocity and show little or no affect emotionally in social relationships. Osofsky (1987) claimed that children with FAS/FAE who display heightened levels of aggression or hyperactivity are at very high risk for family breakdown and relationship difficulties. These relationship concerns intensify as children age into adolescence as a result of delayed maturation and poor social skills (Streissguth et al., 1997; Steinhausen & Spor, 1998; Streissguth, 1997)

A further risk for children with FAS/FAE and their families is the ability of the community to provide a network of services and supports to them. Giunta and Streissguth (1988) and Barth and Needell (1995) have suggested that children with FAS/FAE often have a need for a high level of professional support to help reduce the symptoms of FAS/FAE and to provide for their best possible outcomes. Unfortunately, as Streissguth et al., (1997) and Pardeck (1994) suggest, those who provide general support services for children with disabilities may not be aware of the complex needs of children with FAS/FAE. And, once again, researchers are aware that these issues become more problematic as children mature into adults (Streissguth et al., 1997).

Community-based supports also include opportunities for children to be involved in leisure activities such as sports, clubs and cultural events. A review of studies related to leisure activities for children with disabilities suggests that the inclusion of children with disabilities in activities within the community does help reduce inappropriate behaviours such as property destruction and self abuse (Moon, 1994). Such inappropriate behaviours tend to occur when children are bored or feeling left out (Moon, 1994). However, the combination of a child's poor social skills and aggressive tendencies, together with a lack of community support attuned to the special needs of children and youth with FAS/FAE, often relegates children with FAS/FAE to the sidelines of activities and frequently right out of the building. For instance, children who cannot control their anger and subsequently physically attack another child, are not welcome in day care settings, especially when the day care workers do not have the training necessary to support these children. Children who cannot understand the rules of 'playground etiquette' tend to become isolated from other children. Children who have difficulty processing verbal directions have problems partaking in group-based recreational activities or lessons. These potential 'lack of fit' problems lead to difficulties for children with FAS/FAE and may preclude the likelihood that their developmental needs will be met within a community environment.

Risks to children with FAS/FAE in rural settings Children with FAS/FAE may face additional risks as a result of living in rural or isolated communities. Issues that may arise include a lower level of professional support available in the school system and in the local community, concerns about confidentiality within small communities, lack of crisis intervention services, including police, health care and mental health personnel,

fewer respite supports such as day care, as well as fewer recreational opportunities (Carlton-LaNey, Edwards & Reid, 1999, Trute, Adkins & McDonald, 1994). In a local sample, *the Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (Children and Youth Secretariat, 1998) found that families in an urban setting used a high level of professional services for their children with FAS/FAE including respite services (35.8%), speech therapy (31%), day care (27.3%), and psychology (49.6%). The same report showed a significant reduction in available services for families in rural environments (Children and Youth Secretariat, 1998).

Issues related to service delivery for children and families in rural areas have been noted in studies related to rural social work practice. Trute, et al., (1994), in their Manitoba-based study, noted that the fragmentation and a lack of coordination between services reduced the options for families attempting to access supports for their children and themselves. Carlton-LaNey, et al., (1999) have suggested that rural areas are often under-serviced due to a lack of trained staff and the increased costs associated with travel. Trute, et al., (1994) have also suggested that rural communities tend to be fairly 'conservative' and unforgiving in response to a child's inappropriate behaviours, leading families to feel that they are living in a 'fishbowl' (p. 19). This can be particularly stigmatizing in situations where a child has behavioural problems that are easily identified by others in the community, accentuating the sense that everybody knows who to blame for a problem.

Risks to First Nations children with FAS/FAE. First Nations and Aboriginal children with FAS/FAE face particular and complex risks. This is due in part to environmental conditions that many First Nations people face. A recent report on the

Health of First Nations and Inuit People (Indian Affairs and Northern Development (IAND), Canada, 1999) noted that health related conditions such as FAS/FAE, low birth weight, and infant mortality are very likely linked to conditions of poverty in First Nations communities. One in five individuals living in First Nations communities depend on social assistance. Over half of the adult population does not have a high school diploma. First Nations women begin their families at a younger age than the general population and have twice as many children on average. Almost one third of Aboriginal children live in single parent families (IAND, 1999). Each of these conditions forecast potential difficulties in terms of health determinants. However, the combined experience of all these factors may be exceptionally detrimental for Aboriginal peoples.

Some research in this field suggests that Aboriginal children may be at higher risk for fetal alcohol damage as a result of parental drinking. May (1999), in his study of American Indian families affected by FAS/FAE, suggests that the alcohol consumption patterns of American Indian women may act to increase the physical symptoms of FAS/FAE. May (1999) claims that a higher prevalence of binge drinking in American Indian communities, has led to mothers bearing alcohol affected children with higher needs. These needs intensify when one takes into account other risk factors, including a higher birth rate and few, if any, local resources to support children with high medical, behavioural, and learning needs.

Given the depth of poverty and lack of economic opportunities in many First Nations communities, it seems logical that Aboriginal children are over-represented in both child welfare statistics and in the prevalence statistics related to FAS/FAE. Canadian studies suggest that up to 10% of the school-aged children in some communities may be

affected by FAS/FAE (Chudley, 1991). In spite of the introduction of mandated, First Nations child welfare organizations in the mid-1980s (McKenzie, 1997), the number of children in state care has continued to increase. Despite attempts to enhance supports to families and to divert Aboriginal children from the child welfare system, Aboriginal children now represent 70% of the total population of permanent wards of Winnipeg Child and Family Services (Winnipeg Child and Family Services Annual Report, June, 2001).

Within a First Nations context, it is important to note the ongoing jurisdictional issues between the provincial/territorial and federal governments related to responsibility for services for First Nations children and families living in First Nations communities. The provinces and territories argue that section 91.24 of the *British North American Act* (1867) legally binds the federal government to full responsibility for providing and funding services for children and families living on reserve land (Johnston, 1983). The federal government, in turn, argues that medical and social services are the responsibility of the provincial governments as outlined in Section 88 of the *Indian Act* (1951) (Johnston, 1983, pgs. 4-5). As a result of this jurisdictional dilemma, many, if not most, of the services offered to provincial residents are not available in First Nations communities. As a result, families must choose to travel to local towns off reserve to receive services or do without therapeutic supports for their children.

Finally, a lack of recreational opportunities within reserve communities has been noted as a contributing risk factor for all children within these communities. This may constitute a special risk for children with FAS/FAE who are already struggling with social skills development (Durst, McDonald and Rich, 1995). It is compounded by a

general lack of recreational services for children living in rural communities. This limitation within the environment adds pressure to families caring for children with FAS/FAE to provide healthy social opportunities where few such opportunities exist (Van Bibber, 1997).

Risks within School Systems for Children with FAS/FAE

An exploration of support systems for children and youth with FAS/FAE cannot be complete without looking at the two largest community-based supports in the lives of most families of children with FAS/FAE, the educational or school system and the child welfare system. The school system is perhaps the largest single resource for all children. Schools are charged with the responsibility to provide children with the intellectual knowledge and, social skills they need to grow and develop into healthy adults. The child welfare system, entrusted to protect children who have inadequate protection or care, often becomes the legal guardian of children with FAS/FAE. Consequently, the child welfare system is responsible for providing alternative caregivers with the resources they need for the children in their care.

A recent review of Special Education services in Manitoba (Lee & Bremner, 1998) reported that children with FAS/FAE face particular difficulties within the school system, specifically in relation to their cognitive and behavioural functioning. Due to deficits in these areas, children with FAS/FAE require the support of specialized services to function effectively in a classroom (p. 132). This Special Education Report mirrored the findings of the *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998). The survey found a high level of involvement of children with FAS/FAE in special education programs, with about half of the students in this study

receiving one-to-one aide support in the classroom. However, as parents, teachers, and administrators point out, the funding formula designed to support children in need of one-to-one support is not always sensitive to the unique learning/behavioural and social problems displayed by children with FAS/FAE (Lee & Bremner, 1998, p. 441). As a result, many children with FAS/FAE do not qualify for the extra support they need to function efficiently in the classroom. Funding inadequacy was highlighted in the *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998). Some 47% of surveyed parents (or caregivers) and 52% of service providers expressing frustration with the low level of one-to-one aide support in the school system.

The incapacity of the school system to properly accommodate children with special needs has been linked to high drop out rates and early school leaving rates among 'high risk' children such as those with FAS/FAE. In the United States, Streissguth's 'secondary disability' study reported that up to 60% of American children with FAS/FAE faced some kind of disruption within the educational system including suspensions, expulsions, and dropping out of school. In turn, learning and 'schooling' problems contributed to a high level of 'secondary disabilities' in young adults with FAS/FAE (Streissguth et al., 1997). Although there has been no Canadian study looking specifically at the drop out rate of youth with FAS/FAE, a review of drop out rates among children with learning disabilities offers a comparative example. Health Canada's recent population health review reports that the drop out rate for children with learning disabilities is 35%. This is in comparison to overall rates of 22% for males and 14% for females in the general school-aged population (Health Canada, 1999, p. 53).

Barth, et al., (1994) suggest that problems in school, including poor performance in the classroom, are correlated to increased numbers of moves within the foster care system and to decreased time in each sequential foster home placement. Educational difficulties may exert pressure on the family unit and critically stress an already overloaded foster home placement. Not only must these alternative families deal with many meetings and program reviews related to their foster child's educational programs, but they also may be asked to provide crisis support for the child with FAS/FAE. There are at least two situations when this may occur. In the first case, foster parents may be called to come to the school immediately when the child is creating a disturbance. The second situation arises when a child has no school program to attend and is thus at home all day, creating difficulties for other family members.

Child Welfare Risks Associated with FAS/FAE.

Children affected by FAS/FAE who do come to the attention of child protection agencies tend to have needs far surpassing those found in other child protection cases (Barth, et al., 1994; Jones, 1994). Families of children with FAS/FAE comprise a significant proportion of referrals to child welfare services. These children are among the most difficult and 'expensive' to serve due to their high emotional and physical needs as well as their behavioural problems (Besharov & Boechler, 1994; Curtis & McCullough, 1993; Jones, 1994; McCollough, 1991). As a result, these children often experience a number of moves, 'transitioning' from family environments to group homes to temporary emergency shelters to institutional care as their needs increase. The Child Welfare League of America estimates that in the early 1990's it costs \$750,000 in U.S. funds to raise a child with FAS/FAE to the age of majority (CWLA, 1992).

Children with FAS/FAE have increasingly been the hardest to place within foster home and adoptive settings (Barth & Needell, 1995). This may be related to the capacity of the child welfare system to provide adequate supports to foster homes and the consequently low degree of willingness foster families demonstrate to make a commitment to children with FAS/FAE. Rindfleisch, et al., (1998), for example, have suggested that the obstacles to maintaining 'difficult' children, like those with FAS/FAE, within foster care homes, are related to three factors: a) the lack of support by the agency in dealing with children with complex needs, b) the poor public image of foster care, and c) the lack of availability of women willing and able to make a full-time, voluntary commitment to parenting high-needs children as more women engage in paid employment. Bescharov and Boehler (1994) have suggested that difficulties in placing children with FAS/FAE in foster homes are related to both the complexities of the needs of the child and the lack of high quality homes able to provide treatment tailored to each child's needs.

The types of supports offered by the child welfare agency also may influence the capacity of a family to maintain long-term support to a child with high needs. Fish (1984) describes a number of characteristics related to the agency social worker that may increase parental satisfaction with the placement of a difficult child. These characteristics include staff returning telephone calls, availability during difficult periods, and the capacity to bring in external professional supports when needed. In particular, Fish (1984) points to the need for agency staff who are older and better able to understand the complexities of parenting. Fish (1984) writes:

It has long been recognized that the combination of being young, single and inexperienced results in workers who are frequently of little help to foster parents (p. 238).

A lack of partnership and a lack of trust between foster parents and their agency social worker also has been shown to influence the interest and capacity of foster parents to make a long-term commitment. Rindfleisch, et al., (1998) suggest that agency staff often have a negative and 'untrusting' attitude towards foster parents. This attitude stands in the way of healthy partnerships between the agency social worker and foster parents. They suggest that greater clarity of role definition and less role ambiguity could reduce foster parent dissatisfaction with fostering and result in the reduction of placement transitions for the children (Rindfleisch, et al., 1998). Denby, Rindfleisch and Bean (1999) argue that the limited amount of support offered to foster parents and the failure of foster parents to develop a working relationship with their child welfare social worker correlate highly with foster home breakdown.

Attention does need to be paid to contemporary family structures and the changing roles of women. Denby, Rindfleisch and Bean (1999) and Seaberg and Harrigan (1999) indicate that changes in family situations, including an increase in the rate of female participation in the paid workforce, has resulted in a decrease in women interested in fostering children on a full time basis. These changes might well make it even more difficult to find individuals who are willing to make a long-term commitment to caring for a child who requires extensive one-to-one support, or for a child whose needs may require a lot of unscheduled time off work due to disruptions at school and frequent medical or therapeutic appointments.

It appears, therefore, that while many children with FAS/FAE face biological vulnerabilities, it is often the 'lack of fit' within community that can reduce or exacerbate long-term difficulties or vulnerabilities for the children. The results of prenatal alcohol exposure and struggles in early life, make it difficult to separate out the physical, and environmental and emotional needs of the child.

Factors of Stability

Current research in the field of healthy child development suggests that good 'child-centred' practice does not view the needs of the child in isolation but is sensitive to the influences of family and community in contributing to the health and ongoing capacity of the child (Bronfenbrenner, 1979; Dunst, Trivette & Deal, 1988; Folaron & Wagner, 1998; Health Canada, 1999). Bronfenbrenner (1979), for example, theorizes that human development is a process of accommodation between the child, the family, and the community at large. The healthiest children are found within those families who are able to accommodate their children's needs within a supportive environment. Referring to an ecological perspective, Bronfenbrenner writes:

The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by the relations between these settings, and by the larger contexts in which the settings are embedded (p. 21).

Bronfenbrenner (1979) argues that it is not only the relationship between the child and family that aids in the healthy growth and development of children, but also the

dynamic interplay between the parent and the community, the child and the community, and the parent and child within the community. He writes:

What is new is the way in which the entities are related to each other and to the course of development...as far as the external world is concerned, what is presented here is a theory of environmental interconnectedness and their impact on the forces directly affecting psychological growth (p. 8).

Bronfenbrenner's (1979) approach is particularly useful in the exploring the needs of children with complex learning, behavioural, and social needs and the subsequent needs of their families and caregivers. He suggests that families engage in a constant process of accommodation between their personal needs, the needs of the child, and the capacity of the community. Although many children with FAS/FAE face overwhelming struggles throughout their childhood and youth, evidence suggests that many do have the capacity to overcome these threats and to accommodate their needs and thus to live healthy lives. One key, however, appears to be the capacity of the child and family to create a stable, nurturing home. For example, in one follow-up study of parental satisfaction towards the adoption of children with FAS/FAE (Barth & Needle, 1995) the findings indicated that there were no ongoing developmental issues and greatly reduced behavioural symptoms in children with FAS/FAE four years after adoption. It is particularly interesting to note that the mean age of the children in this study when they were placed was six months. In interviews, parents reported a high level of satisfaction with their adopted child, suggesting that strong bonds between parent and child can occur. McNichol and Tash (2001) attempted to replicate this study and found similar results. Berrick, et al., 's (1998) study of foster parents suggests that increased closeness

between foster parents and children was associated with better academic and social progress, fewer emotional and behavioural problems, and a greater sense of well-being for the children. Two significant variables they noted were placement while the child was young and strategizing to reduce the number of different placements. These studies all suggest that early, consistent, stable, resource-rich family environments may well be critical to better long-term outcomes for children with FAS/FAE. Perhaps the risk factors associated with FAS/FAE can be decreased by the application of resources during critical times. Supporting this perspective, Zuckerman (1991) found that:

Children with equivalent levels of perinatal stress had good outcomes if their families had a high level of stability...One study showed that the quality of the home environment, and not the amount of substances taken by the mother while pregnant, was a more important determinant of outcome (p. 34).

Studies of children with FAS/FAE confirm the importance of early intervention and stable family support with alcohol affected children. Edelson (1995), for example, suggested that although alcohol exposure during pregnancy can create difficulties in children, there is general agreement that a great deal of neurological development occurs after birth. Sigman (1982) concurs, arguing that the brains of very young children show 'plasticity' which can be affected positively by supportive programming. Stump (1992) has noted that the young brain is capable of adapting to, and healing from, early trauma, offering 'new hope for children affected by FAS/FAE' (pg. 18). Finally, Zuckerman and Frank (1992) add:

the primary and secondary effects of prenatal drug exposure may create biologic vulnerability for neurobehavioral dysfunction, dysfunction that may be

completely or in part compensated for by brain plasticity and by competent caretaking, but heightens the child's vulnerability to the effects of poor care taking (p. 133).

Developmental 'plasticity' also is influenced by the pairing of intensive supports with a stable and supportive home environment. Zuckerman (1992) calls this the "Transactional Model" of support and claims the key factor in this model is a high level of stability for the child with FAS/FAE. Krostadt agrees, suggesting that the damage of FAS/FAE can be minimized by a number of protective factors and goes so far as to suggest that mild to moderate biological insult is, in itself, "a poor predictor of developmental outcomes" (Krostadt 1991, p. 42). McNichol and Tash (2001) argue that children with FAS/FAE show higher levels of improvement on behavioural and cognition scales once in stable homes than non-exposed children. Barth and Needell (1995) found evidence that suggested attachments can be re-established when a stable and supportive home is found. Massinga (1994) has stated that "children who have a trustworthy environment do a lot better, especially if the decision about the child's permanent home is swift and stable, and the supports provided by the caregivers are dependable and robust" (p. 211).

While the family continues to be a primary source of support for children, it is often the influences of the community that provide the extra support families need to raise healthy children (Bronfenbrenner, 1979; Dunst, et al., 1998; Folaron & Wagner, 1998; Health Canada, 1999). A recent Canadian document looking at determinants of health states:

It is now accepted that the health status of young people in Canada is influenced by a wide range of social, cultural, physical and economic determinants, many of which lie outside the traditional health sector. Through research and experience we are coming to know the power of education in improving life circumstances and health outcomes for young people....Positive social environments, supportive family structures, a healthy safe environment-all of these factors interact to affect the health of Canadian children (Health Canada, 1999, p. 3).

In an American study of indicators of children's well being, Brown (1997) noted that family and neighbourhood support together with education were two major areas of support for all children and families. As well, Eddelstein (1995) has suggested that success for children with FAS/FAE depends on the dynamic interaction between the child's biological vulnerability and all aspects of his or her social environment. Henry (1999) reported that children with special needs have improved outcomes when placed in environments that are resource rich and sensitive to their special needs.

Certainly, the most conclusive evidence of the effects of the family and the community on the long-term success of a child with FAS/FAE was captured in the FAS/FAE 'secondary disability' study (Streissguth et al., 1997). This study sampled 661 people ranging in age from 3 to 51 years who were diagnosed with FAS and FAE. The study was designed to look for the occurrence and range of primary and secondary disabilities in individuals with FAS/FAE. Primary disabilities were labelled as those directly related to the FAS/FAE itself, while secondary disabilities were the ones related to difficulties associated with poor environment and lack of appropriate intervention. The study looked at risk factors and protective influences. Protective influences were those

factors thought to decrease the probability that the child with FAS would have difficulty throughout childhood. Not surprisingly, the study found a high level of 'secondary disabilities' among all of the individuals involved in the study. The 90 adults surveyed who were living with FAS/FAE experienced the following secondary disabilities: mental health disorders (over 90% of individuals surveyed had at one time used the services of a therapist or psychiatrist), disruptive school experiences (60%), trouble with the law (60%), institutionalization (50%), inappropriate sexual behaviour (50%) and alcohol and/or drug problems (30%). Only 7 of 90 adults surveyed were able to live and work independently.

It is interesting to note that the Streissguth et al., (1997) study found that many of the problems noted in the secondary disability study related directly to a 'goodness of fit' with the community. Unstable homes, lack of access to resources for learning disabilities, and residing with a person who had an active addiction were some of the factors associated with a secondary disability. On the other hand, their study found that living in a stable, nurturing home for more than 70% of a child's life ranked as the strongest protective factor in reducing the instances of secondary risks in all categories. Early diagnosis, living in a violence free home, stability in family placement, and support services also ranked highly in reducing the primary effects of FAS/FAE on children and youth. More importantly, stability in the home reduced the risk of institutional confinement for adults with FAS/FAE and strengthened the likelihood of their future independence in maintaining employment and independent living.

The Three Domains Intertwined

Three domains or areas have been identified as important to the capacity of a foster family to maintain long-term support for children with FAS/FAE. These areas are: a) the personal qualities or special needs of the child, b) the capacity and motivation of the family to provide the necessary supports, and c) the capacity of the community, including the school and child welfare systems, to provide supports to the child and family. As suggested by Bronfenbrenner (1979), a review or exploration of the factors that contribute to the capacity of families to provide long-term support to their foster children with FAS/FAE must explore the relationship between all of these domains to fully appreciate the complexities of the types of supports needed and provided within the family and the community. In addition to acknowledging the inter- relational dynamic of the separate domains, other influences specific to the context of this study need consideration. The following comments bring forth the most important inter-relational concerns.

Personal qualities of the child. Joseph (1994) suggests that temperament and personality play a large part in providing children with the individual capacity to deflect difficulties throughout their lives. Certainly, a child with a pleasing temperament and a flexible personality will have an easier time adjusting to the expectations of a foster family setting. However, as Burgess and Streissguth (1992) note, children with FAS/FAE tend to show difficulties in both temperament and personality and may be rigid in their ability to cope with change. Barth and Needell (1995) stress that some children with FAS/FAE struggle with 'reciprocity' in relationship building. Thoburn (1990) has reported that parents, in turn, express feelings of frustration and loss at their child's

inability to attach and cite the ‘emptiness’ of emotional response as perhaps the most difficult issue to face. The *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998) reported that 17.4% of the parents surveyed cited violence, 19% cited social skills, and 53% cited general behaviour as the principle concerns about the children for whom they were caring.

Along with temperament, personality, and social skills, parents raising children with FAS/FAE are presented high levels of physical, academic, behavioural, and social needs. The impact of high needs on the day-to-day experiences of raising children with FAS/FAE has been well documented in earlier sections of this study and suggests that children with FAS/FAE often need a higher level of support from adult caregivers, and indeed may require one-to-one support. For those caregivers involved there may be few, if any, intrinsic rewards. What motivating factors give foster families strength to overcome violent behaviour or exceptionally difficult days with little sleep? Where do they get their internal commitment and emotional strength to overcome the hardships of raising an affected child? What are the personal rewards of parenting a child with FAS/FAE? These are some of the questions about coping with that responsibility that need further exploration.

Family dynamics and a First Nations’ Approach. Perhaps one of the most interesting points of divergence between First Nations and ‘mainstream’ approaches to child welfare is the perception of the ‘family’. This includes the elements of structure, construction, and primary values. Child welfare literature suggests that a stable home is a protective factor for ‘at-risk’ children (Berrick, et al., 1998). By traditional definition, a ‘stable’ home might be limited in scope to a situation with two adults (more rarely one)

and a small number of children. Banach (1998), when considering stability for a child, stressed that an important protective factor is a strong relationship with one parent, generally the mother. In contrast, in their study in Kauai, Hawaii, Werner and Smith (1998) noted that a second or third caregiver in the home decreased stress on the primary caregiver and thus reduced risk to the children. An Aboriginal approach may be more akin to the approach reported by Werner and Smith (1998) in which children are perceived of as members of a community, clan, or tribe, and are their responsibility (McCubbin, Thompson, Thompson, & Fromer, 1998; McKenzie, Seidl & Bone, 1995). Writing from an American Indian perspective, Zylberberg (1991) underlines the potential conflicting view points:

The dynamics of Indian extended families are largely misunderstood. An Indian child may have scores of, perhaps more than a hundred relatives who are counted as close, responsible members of the family. Many social workers untutored in the ways of Indian family life or assuming them to be socially irresponsible, consider leaving the child with persons outside the nuclear family as neglect and thus the grounds for terminating parental rights (p. 77).

Beyond the question of parental and family support, the importance of maintaining family connections also has been written about by individuals who have had life experiences of both being Aboriginal and living in state care. Palmer and Cooke (1996) and Davis and Ellis-MacLeod, (1994) have noted that sibling contact is an important factor in the satisfaction of Aboriginal children living away from their parents. Richard Cardinal, an Aboriginal boy who moved 24 times before his suicide at age 17,

wrote in his diary that despite the fact that he had “stopped letting himself care for anyone” he held strong desires to reconnect with his siblings (Palmer & Cooke, 1996).

School and community supports. In North America, the school system is commonly accessed by almost all children. The *National Longitudinal Study on Adolescent Health* (Resnick, Bearman, Blum, Bauman, Harris, Jones, Beauhring, Sieving, Shew, Ireland, Bearlinger, & Udry, 1997) describes the school system as a key environmental force in the lives of children and youth. “School connectedness” is associated with lower levels of stress and suicidal involvement, as well as lower levels of violence (Resnick et al, 1997). Success in school has been associated with positive future outcomes, reduced levels of teen pregnancy, reduced involvement in criminal activity, and higher levels of positive mental health (Hunter, 2000; Nash and Frazer, 1997; Richman & Bowen, 1997; Werner & Smith, 1992). Henderson and Milestein (1996) found that a positive connection to school built personal self-esteem and promoted healthy relationship development, both factors that promote personal resiliency.

Schools can be less than supportive for Aboriginal children, especially those attending schools on First Nations’ reserves. A 1999 report by Indian and Northern Affairs Canada stated that 54% of the Aboriginal population did not have a high school diploma, compared to 35% of the general Canadian population. At the same time, only 4.5% had a university degree or college diploma compared to 16% of the wider population in Canada. While there has been an increase in the participation of First Nations people in educational programs over the past 15 years, it continues to remain true that Aboriginal children, youth, and adults remain at very high risk for dropping out before they obtain a high school diploma.

Due to the prevalence of learning disabilities, hyperactivity, and violent outbursts associated with children with FAS/FAE, they tend to have a very difficult time within the school system. The *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998) found, for example, that 47% of families raising young children with FAS/FAE and 76% of families raising high school children with FAS/FAE were dissatisfied with the current school system. The lack of support in school was the concern most cited by families with alcohol affected children. Parents raised concerns about the number of times children were suspended from school for behavioural infractions, limited one-to-one support for learning problems, and the lack of understanding of teachers. Some parents felt their children were being 'punished' because of problematic behaviours that were inherent part of their disability rather than behaviours the children could actually control.

Aboriginal families might also find the provision of special education supports difficult to understand in light of their cultural understanding of the role of children in traditional communities. As Conner and Donnellan (1998) have suggested, the application of a 'diagnosis, intervention, and treatment model' is often in contrast to their traditional understanding that teaches that children are not regarded as 'different' or 'special' but as 'gifts' from the Creator. While families may desire the support of programs which aim to increase a child's skills or self-esteem, it would be interesting to note if and how cultural understandings can be reconciled with the notion of 'special education'.

Richman and Bowen (1997) noted that a high percentage of school drop-outs are youth who were already failing in school. A recent study of the risks associated with

learning disabilities and attention deficit hyperactivity disorders in Manitoba, found that youth with these disabilities often attributed their failure in school to their lack of motivation and personal interest, despite the fact that most of them had been identified as in need of resource support in the early years (Young, Jones, Long & Malony, 1999). Foster parents often point out the exceptional effort associated with getting children with FAS/FAE to go to school and then ensuring that they stay in school for the complete day. This is often the hardest part of the parenting 'job', and is most often left solely to the parents or caregivers of the child with FAS/FAE. This responsibility creates additional stress on the family system, increasing the odds of crisis and family breakdown.

Van Bibber, in the manual, *It Takes a Community* (1997) argues that intervention plans for alcohol affected children must begin with the development of community supports to aid the family in their day-to-day experiences. Building community support is particularly important for children living in First Nations reserve communities. Traditionally, First Nations peoples maintain a strong commitment to the land and their family relations (Cross, 1998; MacKenzie & Morrisette, 2002). Employing the strategy of an 'environmental scan' of a community and its available resources, it is important to look at the potential fit between the family of a child with FAS/FAE and the capacity of the community to offer reasonable support. Kowlessar (1997) has suggested that the high level of children affected by FAS/FAE in some First Nations communities may create environments in which the affected children and their families are seen as visual 'reminders' of overwhelming social problems and a 'costly drain' on limited resources. As a result, some foster families may find some difficulty developing close contact with service providers, fearing lack of privacy and public condemnation as they try to integrate

their children. Community members may find the level of disability too complex, too difficult or too expensive to handle, especially when weighted against other community priorities and social development needs.

Also, many First Nations families live in environments in which few, if any, professional supports are readily available (Stokes & Ternowetsky, 1997). This is especially true in rural and reserve communities. As one example, children living in reserve communities are less likely to have access to professional childcare. In urban settings, day care or alternative child care often is suggested as a proactive support for 'special needs' children, in particular as respite support for parents (Childcare Resource and Research Unit, 1995). Families in rural communities reportedly find the lack of privacy and the stigma attached to using services a disincentive (Trute, et al., 1994). Alternatively, rural families may rely on the support of extended family or community members to care for children in difficult situations.

Child welfare and professional supports. The relationship between professional support availability and successful long-term alternative family care has been considered by Barth and Needell (1995) in their study on adoption. They clearly identified professional assistance as an important variable in the continuing success of placements for young children into new adoptive homes. In interviews, 84% of the parents participating in their research expressed satisfaction with the level of professional support they received while finalizing their child's adoption. In contrast, Stone and Stone (1983), refer to the lack of casework support as a key factor negatively influencing the stability of long-term placements for children in care. In other child welfare research, Thoburn (1990) found that parents cited a strong relationship with a social worker as one of the principle factors influencing their ability

and interest in maintaining a long-term relationship with a difficult child. Factors within this domain included returning phone calls promptly, listening to problems that the parent might be having, and attempting to find resources for the family. Interestingly, in Manitoba, caregivers of children and youth with FAS/FAE also have expressed frustration in regard to service availability. In the *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998) it was reported that more than 72% of the families surveyed were frustrated with the services they were currently being offered. Some 33% suggested that there is a 'great need' for increasing the supports offered to families raising children with FAS/FAE.

In First Nations communities, on and off reserve, the role of the child welfare worker can be laden by many complex issues influenced by decades of power imbalances and mistrust. The idea of the child welfare official as being one to bring support is likely a thought held by very few First Nations people. Given tension ridden histories between child welfare authorities and Aboriginal peoples, the perception is more often one of mistrust and extreme wariness (Timpson, 1995). At this historic time when the Manitoba provincial government is moving forward in partnership with First Nations peoples to devolve child welfare authority to First Nations agencies, it is all the more timely to explore with foster parents and alternative caregivers the factors that help them to maintain committed relationships with alcohol affected children and other factors that may potentially weaken such ties.

Chapter Three

Methodology for Conducting the Inquiry

The goal of this inquiry was to develop a knowledge and understanding of the factors that helped to maintain long-term foster placement stability for children with FAS/FAE. This research was conducted within a specific social context. Eight foster families, all of whom had provided long-term care of more than five years duration to children with FAS/FAE, were the 'subjects' or informants for the study. These families supported foster children who were under the guardianship of one First Nations child welfare agency serving south-western Manitoba, Canada. Additionally, of the eight participating families, four lived on First Nations reserve communities and the other four in rural settings. A secondary goal was to consider family and community capacity from a non-urban perspective and to develop a better understanding of some of the potential differences in cultural practices and family traditions that might be particular to these families. This study accomplished these goals through a qualitative, multiple case study approach using a series of in-depth interviews. Adult members of these families provided invaluable information on their experiences of living with and supporting their child or children with FAS/FAE. Their firsthand accounts of the challenges and opportunities presented were supplemented with descriptive information about each child derived from the children's 'child welfare' case files. Throughout the full inquiry process, as the researcher, I maintained reflective field notes, considering both process and content issues as these arose. In this chapter, I will describe fully the qualitative research approach utilized both to inform and direct the process of the inquiry and to guide the analysis of the information gathered. Also, I will describe the particular context within

which this project evolved and reflect on the 'corners' at which my personal experiences and the methodology intersected.

A Qualitative Multiple Case Study Approach

In this study, qualitative approaches to collect, analyze, and report data were used. A qualitative approach to knowledge development can be viewed as "an inquiring process of understanding a social or human problem based on building a complex, holistic picture, formed with words, reporting detailed views of informants and conducted in a naturalistic setting" (Cresswell, 1994, p. 1). A qualitative approach to this study was deemed appropriate, as there had been little previous research conducted that examined factors contributing to the long-term support of children with FAS/FAE within a family unit. More importantly, there were no earlier published studies located in rural or First Nations reserve environments. As well, a thorough review of the literature yielded no studies exploring the specific needs of families supporting First Nations foster children with FAS/FAE. The lack of prior research in this area defined the starting place of this research. In this case, a list of key variables previously determined to be significant to the question of long-term placement stability in other settings, could not be tested for similarity of concern. This study, therefore, was an investigative inquiry, a 'beginning study' that was intended to aid in developing a fuller understanding of potential factors or conditions that are relevant to placement stability, rather than a study aimed at testing existing research in a different contextual setting (Stake, 1994; Maxwell, 1996).

The project was conducted with the cooperation of a First Nations child welfare agency serving children and families for a number of reserve communities in southwestern Manitoba. To protect the anonymity of the participants, the specific agency and

geographic locations will not be named within this report. The participating agency is mandated to provide child welfare and child protection services by the department of Indian and Northern Affairs, Canada following the regulations as set out by the Province of Manitoba's Child Welfare Act. The aim of the agency is to provide culturally-appropriate services to children and families who have treaty status and are members of one of the nine member communities. At the time of the study, the agency served approximately 300 children in foster care in local communities and close to 100 other children in, and around Winnipeg, Manitoba. As this study focused on the experiences of families in rural and on-reserve settings, foster children and families residing in Winnipeg and other urban locations were not considered. Manitoba is a large province in terms of land space, but more than half of the population is concentrated in the urban centre of Winnipeg. As a result, many specialist services and care systems also are concentrated in this urban hub. Given this fact, it is important to note that all participants in the study lived at least 225 kilometres and up to 500 kilometres away from Winnipeg.

The participating agency was chosen as the site for this research because the agency has a strong commitment to improving practice in the emerging field of FAS/FAE and was interested in developing better programs for this group of children and families. The agency is challenged by the diverse needs of a wide variety of families in a range of community settings, most particularly families living in small rural communities with few professional supports. The agency also has been recognised by McKenzie (2002b) as a leader in the development of innovative, community based programs for families of children with FAS/FAE.

As part of their commitment to the project, the sponsoring agency both identified and initially contacted the foster families licensed to the agency who were raising children with FAS/FAE and who had been doing so for at least five years. They also provided a staff person who acted as an 'elder' in the project. The project elder acted as a special advisor by helping the researcher understand some of the cultural and family relationship issues found among the families in the study. In order to continue to inform the cultural and social context of the inquiry more holistically, the elder also was invited to sit on the dissertation committee as an ex-officio member.

A modified 'case study' design was used in this inquiry. The case study design was adapted in that multiple cases were considered. A single case study approach has been described by Gilgun (1994) as "an investigation of a single or bonded system using multiple types of data". For the purposes of this inquiry, each of eight participating foster families were considered as independent case studies. Once each individual case study was prepared, the single cases were grouped collectively to consider both common themes and unique issues. Data was collected through intensive interviews with each family. Previous background studies offering information in this field may have provided an opportunity for a less intrusive, more depersonalized data collection approach. However, as this inquiry was exploratory in nature, first hand accounts of experience provided essential information.

The data collected was analyzed first using a 'collective' or grouped case study approach and then a cross-case approach. That is, after each case study was developed in-depth individually, it was then analysed or compared to the other cases for common and unique themes as these emerged in other interviews. Using this approach, all of the case studies could be reviewed for key themes simultaneously. Although it was an

'unplanned' feature of the original research design, there were a balanced number of 'on' and 'off reserve' families participating. This permitted a secondary cross-case analysis to be framed, examining the collected data in a comparative manner considering similar and different themes as they developed within these two sub-groups composing the data pool. In this way, there were then two very similar yet different social contexts explored. This process yielded a collection of the most important issues or factors that were common to some, most, or all of the families and which are therefore believed to influence the capacities of these families to maintain long-term placement commitments to children with FAS/FAE who are in their care.

In addition to providing a rich and deep level of information, a collective case study approach offered another advantage of importance in this particular social context. By focusing on several case studies, a higher level of anonymity was provided to each participating family as identifying information from each study could be protected. This is particularly important in a rural or reserve setting in which families may have a higher level of personal knowledge of their neighbours or family members and therefore could possibly be more easily identified in a study of this type (Trute, et al., 1994).

A qualitative approach to knowledge development provided an opportunity for the researcher and the subjects or participants to develop and define the factors of importance to placement stability as they were 'co-discovered' throughout the process. Except for two families, each participating family undertook two interviews with the researcher, each of approximately two hours duration. One family had a vacation planned during the identified data collection timeframe and requested to have both interviews happen the same day. This one-time interview lasted some five and a half hours with a lunch break. In the second case

where only one interview was held, the family lived some 500 kilometres away and the foster mother suggested that one trip would save time and cost to the researcher. Notwithstanding these two situations, a two-interview process allowed the researcher to review and then clarify any issues stemming from the first interview. It also allowed for a reflexive approach in which the project results were more firmly defined through interaction between the participants and the researcher, allowing for a fuller expression of the participants' experiences (Denzin & Lincoln, 1994).

The data collection process was supported further by the ability of the researcher to reflect on her own experiences as a long-term foster parent of a child with FAE. This personal experience, together with relevant work in the child welfare field, prepared the researcher to acknowledge some areas of concern that might have been 'unspoken' or unidentified if not probed. This allowed the researcher to ask questions and pose dilemmas that might not be asked by an individual without the experience of living with a child with FAS/FAE. As will be discussed in depth in Chapter Ten, concerns for cross-cultural (mis)understandings and perceived 'power imbalances' between researcher and 'client' families were considered well before the interview process began. In addition to disclosing the researcher's own life experiences in this area, a cultural advisor, an 'elder' to the First Nations communities served by the agency, was asked to join with the researcher in the process of designing the study, analyzing the data collected, and representing the findings. Special precautions had to be employed to ensure confidentiality as the elder was also an employee of the agency. In this regard, the researcher did not share any identifying information about the foster families with the elder when meeting to review the expressed themes.

A last advantage of a multiple case study approach to this inquiry was its potential for acceptance among professionals working in the child welfare system. A case study approach has been cited by social work practitioners as useful when examining professional practice. Case study research is easily understood by practitioners who are well versed in the practice of casework within their professional practice (Gilgun, 1994). As a result, this form of research can have a higher rate of acceptance by service providers and 'clients' alike, as an understood process in their day-to-day experiences (Drisko, 1997). As this project was intended to provide information on 'best practices for families raising children with FAS/FAE', its potential for applicability to practice is important.

Method Details

Subject Selection.

Families considered eligible for the project were selected from a list of foster parents licensed by the sponsoring agency to provide care to children in out-of-home placements (foster care). Criteria for inclusion in the study included: a) caring for a child or children with FAS/FAE for longer than five years and b) living in a rural or reserve community. All eligible foster families, a total of fifteen, were telephoned by an agency staff person and asked if they would be interested in participating in the study. A list of ten foster families who agreed to be involved in the study was forwarded to the researcher who then re-approached the first eight families to participate. The researcher anticipated that eight families might provide an adequate level of 'saturation' to the collection of data, but continued to be aware that two more potential families were open to participation. No other staff person, including the researcher, was aware of which

fifteen families had been initially called. Half of the participating foster families were of First Nations³ descent and lived in one of the participating reserve communities. The other half of the families lived in rural areas within the general vicinity of the participating reserve communities.

Another agency issue or process that confounded the selection of subjects was the procedure of record keeping in relation to maintaining current addresses for all foster parents within the agency. Policy requires that updated addresses be placed in the 'child in care' file immediately after a foster family moves. However, these 'change of address' reports were not always noted on the master list of foster parents kept by the Supervisor of Alternative Care. As a result, two families who had recently moved 'into town' were approached to participate in the study. Once again, this issue was only realized by the researcher after initial contact and consent for involvement had been obtained from the families.

After some consideration these two families were included. It was decided that both families had lived in rural areas for many years and that living in rural Manitoba constituted a full understanding of the complexities of rural life for these two participants. One factor that marred clarity in the selection of subjects was the policy of the sponsoring agency to include 'high risk' adoptions on their foster home lists. This policy allows the agency to continue to provide services to families living 'on reserve' who have adopted children with disabilities. However, the children's formal legal status was not noticed by the agency staff person who compiled the list of possible participants and made the first contact. The researcher was only made aware of this issue during the interviews with the families who had agreed to be involved in the project. Four children living with two

families from the 'on reserve' group had been legally adopted by their families. These families felt that their experiences first as foster parents to children with FAS/FAE and later as their adoptive parents, qualified them to continue to be considered as subjects. It is important to note that along with the four adopted children, both families were indeed foster parents of children with FAS/FAE at the time of the study in that they continued to have foster children in their care.

Data Collection Methods

As previously mentioned, the primary method of data collection was intensive foster parent interviews. Secondary data collection methods included the use of child welfare files and the use of the researcher's field notes developed throughout the period of the study. These three data sources which were used to develop the eight individual case studies permitted a sense of data triangulation, opening the inquiry to "a broader range of historical, attitudinal and behavioural issues" (Yin, 1994, p.92) than the interviews alone would have provided.

To organize the procedures for completing the interviews, the researcher contacted the potential foster families by telephone and asked if there were any adult family members who would be interested in participating in two interviews of approximately ninety minutes each, to occur at a place of their convenience. The eight families at the second time of contact continued to be willing to participate. The four families in the 'on reserve' group who agreed to be interviewed included four foster mothers and two foster fathers. These four families were caring for a total of eleven children. The participating 'off reserve' group was comprised of four foster mothers and one adult foster sister. Seven children were being cared for by this constellation of

families. In total, eight foster mothers, two foster fathers and an adult foster sister participated. These eight families collectively supported eighteen foster children, fourteen of whom were children with FAS/FAE⁴. Seven of the families agreed to have the interviews conducted in their homes and all preferred to do so when their children were absent. One foster mother asked to do her interview at her place of employment as she was a single parent and felt that her office would afford more privacy.

As part of the initial contact by the sponsoring agency, families were told of the dual role of the researcher as both a researcher and an agency staff person working in the field. Parents were also told that the researcher had an interest in this particular area because she was a parent of a child with FAE herself. Acker (2001) comments that qualitative research is defined by the extent to which researchers can “imaginatively project (them)selves into the position of another person, in order to try to comprehend the reasons that person has for her/his actions” (pg. 154). Acker argued that when safeguards of privacy were in place, the interviews in her study between students and academic researchers, had the capacity to be stronger, as the researcher had a heightened sensitivity to the needs of the participants. I believed that my personal sensitivity to parenting issues protected the participants from any potential ‘unethical exploitation’ that may have emerged due to my dual roles of agency employee and researcher. Special care was taken to ensure that participants did not feel coerced into participating in the study. These precautions included having the agency prepare the list of possible participants, having an administrative staff person and not a service provider make the initial call to the family, and asking participants to acknowledge, by way of signing the Informed Consent Form (Appendix A), that they were aware of the researcher’s multiple roles in the agency ,

prior to conducting the interviews and that their participation would not influence ongoing and future services to themselves and their families.

Interview questions were developed in response to a review of the literature in two primary areas: a) the needs of children with FAS/FAE and b) sustaining long-term alternative care relations in the field of child welfare. Questions probed factors that have been shown to increase the capacity of children to build healthy relationships with foster parents or other caring adults, peers, school personnel, and community members. In light of the particular social context for this inquiry, specific attention was given to the ways that non-urban and people of Aboriginal descent defined both family and community supports. As well, the broader social, economic, political, and cultural contexts of child welfare service delivery to First Nations communities were explored (Cross, 1998, McKenzie & Morrisette, 2002, Redhorse, 1980).

While the interviewer used questions prompted from a review of related literature and research studies, the developed interview schedule served more as a guide to the initial interview process, providing a starting place from which the participants could launch a reflection of their experiences as foster parents of children with FAS/FAE (Gillham, 2000). The interviewer ensured that all major themes within the study were discussed but was flexible in the method of asking or introducing topic areas depending on the experiences of each participant and each family. Table One outlines the themes explored in the interviews.

Table 1
Interview Questions

Domain Explored	Questions Asked Within Domain
General Introductory Questions	<p>Tell me a bit about your family, who lives in this house? How many adults/ How many children? Which children are foster children, which are natural children? Are any of them adopted?</p> <p>Tell me a bit about your family, who lives in this house? How many adults/ How many children? Which children are foster children, which are natural children? Are any of them adopted?</p> <p>Do you or your partner work outside the home? In what kind of work?</p> <p>How long have you had the children that are now in your care? Are any of them related to each other or to you and/or your spouse?</p> <p>How long have you been fostering? What got you into fostering? How many children have you had over the years?</p> <p>As you know, this study is looking at what motivates foster parents to maintain a long-term commitment to children with FAS/FAE. You've had this child for ____ years. What do you think keeps you going?</p>
The Personal Qualities Of the Child	<p>Tell me a bit about your child or children-what are her/his best qualities-what qualities do you find difficult?</p> <p>Can you describe your child's disability or needs? (probe behavioural, social, memory, self regulation) How are these needs different from other children you have parented</p> <p>Can you talk about some of the issues that your child went through before he or she came to your house? Have these experiences made it easier or harder to parent this child?</p> <p>Can you talk about your relationship with your child ? How old was she/he when she came to live here? What was she/he like then? What is he/she like now? Does your child demonstrate affection? If so, how?</p>

Table 1 continued

Domain Explored	Questions Asked Within Domain
The Personal Qualities Of the Child (cont.)	Can you talk about how you deal with, or support your child's needs (in the areas you have described)? What kinds of things help? What kinds of things create barriers to supporting the child?
	Are there parts of her/his personality or behaviour that you find easier to live with than other children you have raised or lived with? Are there characteristics about him/her that are more difficult?
	If I were to ask you to describe the three things about your child that you think make it easier or fun to parent this child what would they be? What three things make it more difficult?
	In the time you've had this child has your family experienced any major issues/transitions - such as: family illness, moves, births, deaths etc? Can you tell me how you, your family and the child dealt with these issues?
	Does your child visit with his/her birth family? If so, how is that going?
Family Dynamics	What impact does family visits have on the child – and on his relationship to his/her foster family
	Are there other children in the family whom you are also parenting?
	What are your commitments to the other members of the family? How do they influence your ability to parent this child?
	Who does most of the parenting work? How many hours a week would you think that you spend on this child's needs? (many more hours spent with this one compared to your other children?)
	Does this child influence your relationships with others in your family or in your home? - please describe. If these influences are problematic, what do you do about it?

Table 1 continued

Domain Explored	Questions Asked Within Domain
Family Dynamics (cont.)	<p data-bbox="656 344 1398 449">Are there other people in the house also spending time helping this child? Other people who come into the house for this purpose?</p> <p data-bbox="656 491 1398 638">Would you say that you perceive this child to be a part of the family? What kinds of support does your family provide to this child? Do you have another support network for yourself?</p> <p data-bbox="656 680 1398 785">Think back, in the time you've had this child, was there a moment when you decided that you were going to be this child's long-term parent? Can you describe it to me?</p>
School and community supports	<p data-bbox="656 827 1377 932">Can you talk about your child's experiences in school-how is it going now? And before?(if not school-aged, consider day care or other respite support)</p> <p data-bbox="656 974 1390 1121">What kind of (special) supports does your child receive at school-are these effective? Is there anything missing? What would your vision of a good school program be for this specific child?</p> <p data-bbox="656 1163 1360 1226">Does your child's school program affect your ability to maintain a long-term commitment to this child?</p> <p data-bbox="656 1268 1390 1373">Does your child receive any kind of therapy? How is that going? How does this service affect you and your family?</p> <p data-bbox="656 1415 1365 1562">Is your child involved with any recreational programs? What are they? How are these going? Are there any special issues that help or get in the way of your child's ability to participate in these programs?</p> <p data-bbox="656 1604 1373 1667">What kind of supports do you and the child get from the community?</p> <p data-bbox="656 1709 1360 1814">What else might be helpful? Of those available, do you find that they help or hinder your parenting/ability to continue living with the child?</p>

Table 1 continued

Domain Explored	Questions Asked Within Domain
School and community supports continued	<p>Can you describe your support network, the persons or services that help you maintain this child in this home?</p> <p>Can you describe to me your idea of a perfect (or dream) support network?</p>
Child Welfare Supports	<p>You've had this child in your home for _____ years. What supports have child welfare systems offered that have helped you continue to parent this child? What supports have been least helpful?</p> <p>Think a bit about an ideal CFS worker- what qualities would that worker have that would help you, your family and your foster child?</p> <p>Is there a 'bottom line', something that the agency would do, that would force you to give up this child? Something you fear the child might do?</p> <p>Last question- here's an opportunity to dream- can you describe the kinds of services or supports that would make parenting this child easier or more satisfying?</p>

Each person willing to be interviewed received a copy of the interview questions by mail before the intended date for the first meeting. As previously noted, most case study interviews were completed over the course of two visits allowing the interviewer to review the first transcript before the second interview. This provided the researcher and participant an opportunity to review or clarify issues or themes evolving from the initial interview. Total interview time for each family ranged from a minimum of three to a maximum of six hours. The practice of holding the interviews over two periods rather than only one, helped to prevent participant and researcher fatigue. Thus both participants

and the researcher came to the interviews with a positive energy to explore the content in more detail.

Names of all persons interviewed were protected for confidentiality. Each participant signed an informed consent form that indicated how the researcher would act to ensure confidentiality to the respondents. All interviews were audio taped and transcribed by the researcher. Participants were sent a copy of their full transcript and invited to delete any portion of the transcript with which they were uncomfortable or to offer revisions for segments that seemed to be inaccurate. Extended telephone reviews were held with the two participants who met only one time with the researcher.

Sending participants a transcript offered a form of 'member checking' of the data collected, as this process helped to verify the accuracy of the material with the participants (Maxwell, 1996). Follow up telephone calls were made to the participants one month after the transcripts were sent to remind families that changes could be made, but that a deadline was in place to submit changes. Only one respondent asked to have portions removed from the transcript. The excluded material related to staffing and personnel issues and did not affect the final outcome of the study. All of this material was removed completely from the study.

Background descriptive information was gleaned from the child welfare files for each child with FAS/FAE who was in the care of the participating families before the interviews were conducted. The child welfare files were used to provide the child welfare system's perspective on the needs of the children involved in relation to parenting. Gillham (2000) suggests that a document analysis, like the one undertaken here, can provide another level of data offering a helpful 'evidence base' to supplement

interviews. The child welfare documents were reviewed to ascertain the reasons that the child initially came into the care of the agency, the age the child was when first brought into care, the number of placement moves the child had experienced, previous reports of abuse or victimization, and extraordinary issues in past or present placements. Further, the review also determined that there were no outstanding placement issues related to the home that might influence the collection of data⁵. Finally, the review noted the level of involvement of birth family members in the past or current life of the child, and any plans for future family reunification. Permission to access the appropriate files was provided by Dennis Schellenberg, the Director of Child Welfare for the Province of Manitoba as per article 76(18) of the *Child and Family Services Act, Chapter C-80* (1985)⁶. The request to use agency files for descriptive information was supported by the Executive Co-ordinator of the sponsoring agency. None of the children were interviewed nor were they present during the interviews. All identifying information about the children was omitted in reporting the data analysis.

Field notes were kept throughout the course of the project. They offered a third level of information for the development of each case study. Field notes indicated the time, date, and location of meetings and referenced current issues that a family was facing around the time as well as the researchers reflections on the interview. They also referred the researcher to content areas to re-explore at the next meeting. In a few situations, the researcher's field notes regarding the first meeting were shared with a participant as a method of reviewing particular themes, questions or issues that had emerged. The process of writing field notes also offered an opportunity for the

researcher to reflect on her own experiences as a foster parent, but these reflections were kept separate and apart from the experiences of the inquiry respondents.

All materials related to the data collected for this inquiry, including signed permission forms, audio tapes, transcripts, field notes, and notes gleaned from the children's files were stored in a locked filing cabinet in the researcher's home. The participant's name and the name of their children were coded in all written material. No names appear on any of the coded materials. As promised to the participants, when the report of this inquiry has been accepted by the researcher's examining committee, all case study documents and audio tapes will be destroyed.

Data Analysis

Data collected during the study was analyzed using a two-step process to explore common and unique themes emerging from the multiple case studies. Each separate case study was developed and then reviewed for themes related to the three core dimensions under consideration: the child, the family, and community systems supports. The 'systems support' domain was further broken down to examine two sub-themes, school and child welfare supports. After being fully composed, the individual case studies were combined collectively to permit the multiple case study approach previously described. Independent and collective themes that emerged were brought forth to the project elder for her consideration. She provided culturally sensitive insight into the interpretation of the data in relation to culture, values, and traditions inherent in the lived experiences of First Nations families in the communities of south-western Manitoba.

Step One: Detail

During the initial phase of the data analysis, separate paper and computer folders were kept for each of the eight foster families in the study. These folders held the completed and transcribed foster parent interviews along with notes culled from the child welfare files and the researcher's field notes.

Once all single case studies were completed, an analysis of similar factors noted in each study was compared in a process of analytic generalization as described by Gilgun (1994). According to this strategy, a list of emerging themes is derived from the individual case studies. Using themes extracted from the first case, this theme is then compared to the next case study and each subsequent case study. In this progressive pattern, each independent theme was tested for its similarity or contrast throughout the entire collection of individual cases. Themes were then generated into 'analytic memos' as suggested by Bogdan and Bilken (1992). To do this, the data bits generated from each transcript were colour-coded according to primary theme and then sorted using a separate colour of file folder for each the five areas under study: a) the characteristics of the child including attention to the impact of FAS/FAE, b) the characteristics and interpersonal dynamics of the foster family, c) identification of support available in the community, d) supports and issues related to the school system, and e) supports and issues concerning the child welfare system. The use of file folders allowed the researcher to conveniently match themes by placing comments made by the 'on reserve' group on the left side of the file folder and comments made by the 'off reserve' group on the right side of the folder. Themes were then broken down further to examine the specific expression of issues or comments related to each theme. In all, the step-one analysis generated eighty-five

‘theme folders’, each representing an issue relevant to one of the five domains studied. This method allowed for theme convergence as the folders represented areas in which common and divergent issues were found among families or between the two sub-groups. Simply counting the number of folders generated within each study domain provided an indication of the degree of importance of that area to these foster families. Among the eighty-five folders, seventeen related to characteristics of the children, twenty-five to family dynamics, thirteen to community, eight to school, and twenty-two to issues of child welfare.

Step Two- Exploration of Themes by the Elder

Ristock and Pennell (1996) argue the need for both academics and the academy to recognize ‘alternative truths’. They urge researchers to find ways to ‘lay the project open to inspection’ by members of the community ‘under’ study, thus preventing ‘fixed positioning’ or, in other words, acceptance of the researcher’s biases (p. 12). This call for transparency of process and results is essential for work with minority or disenfranchised communities and alerts researchers to the need for authentication of voices and interpretations in the data analysis stage.

Gilgun (1994) reports that case study researchers commonly have others read their studies to protect the study from researcher bias. This inquiry followed a similar practice by inviting a designated elder to provide her interpretation of the emerging themes as they related to First Nations’ experiences, cultural practices, and family organization. In essence, it was an opportunity to check ‘facts’ and interpretations with an individual who, as a member of the community, had a personal and cultural understanding of the issues.

To complete this part of the analysis the researcher met with the project elder shortly after the first set of interviews with the participating foster families. In this way, cultural and local interpretations of the data could be informative. The majority of points clarified by the elder's interpretation included themes related to family dynamics, traditions of family support, and the nature of recreational activities available to First Nations families 'on reserve'. When appropriate, themes from this discussion were raised with the participants during the second round of interviews. The researcher met again with the project elder at the analytic point where the predominant themes were being sorted. Comments made by the elder at the second stage have been integrated into the data analysis and are reflected in the following chapters focused on the findings of the enquiry.

Validity and Generalizability

Maxwell (1996) identifies three main threats to validity commonly found in qualitative research: incomplete or biased data, poor interpretation, and lack of attention to discrepant data. Attempts to control for such threats increases a study's level of 'truth' or validation with reality. Gilgun (1994) argues that validity is enhanced when a project is 'rich' with data from multiple sources. Multiple sources of data are fundamental to securing validity in a qualitative case study approach to investigation. Gillham (2000) for example, suggests that multiple collection methods allow for an opportunity to better understand a phenomenon or experience, in essence developing a 'chain of evidence'. Gilligan (2000) purports that multiple sources of data increase the validity of a study, as each piece of evidence contributes to its reliability. She also suggests that multiple data sources allow for replication and convergence with similar studies (Gilligan, 2000). This

study, in trying to enhance validity, considered data from a number of sources including foster parent interviews, child welfare file reviews, and researcher's field notes as well as 'member checking' with participants and a process of a cultural interpretation or analysis provided by the elder. In total, over 300 pages of transcribed interviews and related notes were collected for this study.

Threats to validity can occur when information is misunderstood by a 'non-member' researcher 'looking into' a community and not fully understanding the meaning behind a comment or experience. Some potential interpretation concerns were rectified by the use of member checking, others by the guidance of the project Elder. Ristock and Pennell (1996) argue that 'member checking' and the use of a cultural interpreter increase the possibility that data collected are both authentic and reflective of the real experiences of the participants.

Ironically the concept of confidentiality may also pose a threat to validity in qualitative studies. Trute, et al., (1994) claim that it is often difficult to solicit personal information from rural families who are wary of disclosing information given the difficulty of maintaining confidentiality in a small town setting. This concern can be especially true on First Nations reserve communities where there can be a high degree of intra-familial relationships. Because this particular concern was so evident to the researcher, an additional step was made at the analysis stage to protect even further the confidentiality of each participant. This added step was the provision of transcripts to the participants, allowing them to remove any material they feared may compromise confidentiality and which they did not want to be included in the study.

This study was designed as an investigative or initial study of the practices of a particular child welfare agency that, under a policy directive of the Province of Manitoba, is about to embark on a major change in program and service delivery. It is believed that knowledge derived from this study will have some utility or generalizability particularly in the context of rural or reserve-based child welfare practice. Data gleaned from this study should provide useful practice wisdom for child welfare generally, but more specifically, within the context of First Nations or rural child welfare practices. It may help to raise themes and questions towards a larger, population based study in the future. Hopefully, it may also help children with FAS/FAE find opportunities to live in long-term relationships with caring families who can successfully meet their needs.

Chapter Four:

The Complex Child

A review of the research and literature in the area of healthy child development, specifically the healthy development of children with FAS/FAE, suggests that an investigation of three specific domains pertaining to the child in relation to family and to others, could provide an increased understanding of the factors influencing the capacity of families to maintain commitment to caring for this population of children. As previously noted, these domains were: a) the characteristics and capacities of the child, b) the capacity, motivation, and commitment of the foster parents and other family members, and c) the types of resources and supports available to the child and family within the community. In the latter domain, the community, educational, recreational, and child welfare supports, are considered influential systems that can have significant impacts on the child and family.

In addition to consideration of these three domains, this study allowed for an exploration of issues specific to the reserve and rural experiences of the participants. In the next few chapters these domains are explored individually and in relation to each other through the perspectives of foster parents who participated in the study. Chapter Nine offers a fuller discussion of the intersections and inter-relationships among the focal areas.

Domain One- The Complex Child

The first domain explored in this study was the physical, social, behavioural, and emotional needs that the children exhibited in their homes. Previous studies in the field of foster care have revealed that a child's personality and needs can be instrumental to the

‘success’ of a placement. For example, children who have a ‘pleasing’ personality, who are thus pleasant to be with and who are flexible to change, have an easier time building a trusting relationship with an alternative caregiver (Joseph, 1994). On the same continuum, care providers who perceive a child as being ‘easy to parent’ are more able to build a loving and trusting relationship with such a child (McGlone, Santos, Kazama, Fong & Mueller, 2002). Foster children with ‘pleasing’ attributes are easier to place and to maintain in long term foster home settings (Barth, et al, 1994; Kadushin & Seidl, 1971; Thoburn, 1990).

Osafsky (1987) argues that children with FAS/FAE may quickly tax the capacity of their foster parents due to the high level of emotional, social, behavioural, and physical problems the children can experience in association with the disabilities attributed to FAS/FAE. Kronstadt (1994) points out that parents of children with FAS/FAE tend to experience high levels of stress related to the complexity of their needs and behavioural characteristics (p. 49). Usually children with FAS/FAE do not present as ‘pleasing’ youngsters. In fact they tend to have great difficulty making emotional connections with others. It is often difficult for foster parents to meet a child’s physical needs and to address behaviour challenges while simultaneously attempting to build a trusting, emotional bond (McGlone et al., 2002). Difficult behaviour can intrude negatively on the process of relationship building. Zipper and Simeonsson (1997) acknowledge this when they argue that the stress associated with a parent’s attempts to meet a child’s physical needs may contribute to the parent’s distancing of themselves from the child, therefore reducing the potential for positive interactions between parent and child (p. 249). As a

result, maintaining long-term alternative placements for children with FAS/FAE presents difficulties that may not be 'typical' in planning most child welfare placements.

Adopted children with 'special needs' those with increased emotional, physical or developmental needs, are more likely than other children to experience incidences of 'adoption breakdown'. For example, in Westhues and Cohen's 1990 summary review of research related to incidences of disruption, they reported finding disruption rates ranging from 8% - 47.4%, with an average of 10 -15% of families facing problems stemming from a child's disability. Rossenthal (1993) also found a high level of placement disruption among children who had severe emotional and behavioural needs.

For the purposes of this study, data pertaining to the domain of the child were collected in two ways: 1) intensive interviews with foster parents, and 2) a review of each child's 'child welfare' file. The file review identified previous or continuing issues that the child welfare staff had recorded over the child's years of tenure as a ward of the current and, when appropriate, previous child welfare agencies. In combination, these data sources offered a profile of the range of needs experienced by these children together with reflections from those who have personally felt and lived with the impact of their social, emotional, and physical needs related to FAS/FAE on the development of a parent-child bond.

Overview of the Needs of the Children

Eight families fostering children with FAS/FAE participated in this study. Collectively, they had eighteen foster children. However, not all eighteen were alcohol affected children. Five of the ten children living with families on a reserve had a diagnosis of FAS. One had a diagnosis of FAE and another child, thought to be FAE, was

not yet formally diagnosed. Three of the foster children in the 'on reserve' group were not alcohol affected, and thus were not considered in the study.

Of the children in the 'off reserve' group, three of the eight were diagnosed with FAS and one was diagnosed with FAE. Three children with FAS/FAE-like characteristics were strongly suspected of being FAE. These children were considered among the population under study. One 'off reserve' child had been recently tested and was not alcohol affected. Therefore, a total of 14 children, seven from a rural setting and seven from a reserve setting, were included in this study. Their gender and age distributed are summarized in Table 2.

In summary, eight had been diagnosed FAS, two FAE, and four were considered by child welfare workers and foster parents to have FAE. Except for the youngest child in the study, all of the children had lived in their current home for between seven and seventeen years, well beyond the timeframe of five years which was the indicator of 'stability' in the family relationship.

The children's child welfare files described individuals who had a wide range of identified physical and emotional needs. Some highlighted exceptional needs, as there were children who were described as being very aggressive, defiant, and a danger to themselves and others. The needs of some of the other children were comparatively moderate. In such cases the children demanded day-to-day support, consistency and supervision. At least two of the children diagnosed with FAS were considered by child welfare workers to be candidates for an institutional setting if their foster family placement broke down. Four children were living in treatment homes⁷, however, two

Table 2:
Breakdown of Age and Gender of Children Represented in Study

	Age 0-5		Age 6-9		Age 10-12		Age 13-18		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
On Reserve				1	2	1	3		7
Off Reserve		1	2		2	1		1	7
Total		1	2	1	4	2	3	1	14

severely affected, high needs children were living in a family home with little extra support.

From the file review, the needs of the 'on reserve' children seemed to be comparatively high in terms of demonstrated physical and behavioural needs related to their diagnosis of FAS/FAE. For example, two of the teenaged boys were involved in the youth justice system for issues related to impulsively and poor or underdeveloped social skills. Both of these young men were known to abuse alcohol and drugs. They were not attending school nor engaged in paid employment. Two other children in the 'on reserve' group had a history of violence against animals. The younger of these two children is described as so disruptive in a classroom that he is not permitted to be in a regular class and spends his school hours being tutored in the resource centre of the school. Three birth mothers of this group have died of alcohol related issues since their children have come into the care of the agency. Five of these children came into care either at birth or else when very young. Only two were placed after their fifth birthday. One child has a known history of abuse in a previous home.

A file review of the 'off-reserve' children, discovered a slightly lower incidence of some of the concerns associated with FAS/FAE. This may be due to the fact that, as a group, these children tended to be a bit younger than the 'on-reserve' group as shown in Table 2. However, similar to the trend above, the adolescent female had recently dropped out of school because of learning disabilities related to the FAE. Among the seven children in this group, all but three were placed in their current home before they reached their first birthday. All three placed after their first birthday had a history of sexual and physical abuse in previous foster home placements. All of the children in this sub-group have living birth parents. Their connections with birth parents range from no contact, due to lack of interest by birth mother, to weekly, overnight visits.

During the course of this study, three of the four adolescents in the study, two 'on reserve' and one 'off reserve', experienced threats to their placement related to concerns raised by the family or the child welfare agency about the child's inappropriate activities in the community. One of the children was temporarily removed from her home but was returned within a two-week period. The significant degree of stress identified in relation to the adolescent children suggests that adolescents with FAS/FAE may be more difficult to maintain in families despite the long-term commitment of the caregivers. This situation suggests a higher degree of instability and vulnerability in the homes of teenagers with FAS/FAE despite the long-term commitment of the families and will be discussed further in Chapter Nine.

Foster Parents Describe Characteristics of the Children

To develop a clearer understanding of the day-to-day needs of the children in their care, participating foster parents were asked to describe their relationships with their

children. In this domain, the focus included the child's personality, needs and skills. Questions such as: 'what are the best qualities of your child or children?' and, 'what qualities do you find more difficult?' were posed. The foster parents were also asked to contemplate how things had changed over the years since the child or children had lived in the home. A specific behavioural 'checklist' was avoided to reduce the possibility of stereotyping the children through characterizations closely associated with FAS/FAE. Additionally, those adults interviewed were invited to share anything about their child that they enjoyed or found challenging.

All of the participating foster parents agreed that raising children with FAS/FAE was more difficult and time consuming than raising non-affected children. When asked for example, how many extra hours it took to parent their children, parents volunteered comments like, 'lots' or 'it's everyday' or 'endless'. Interestingly, those with the older children claimed that the degree of difficulty and the time required increased proportionately as their children aged. However, it was apparent that most participants did not necessarily feel negatively about the length of time spent with their children. Instead, it seemed that families perceived the time spent as a useful investment in long-term outcomes.

The foster parents described strong and protective bonding with their children. This was demonstrated by the extent to which they minimized or excused their children's exceptional needs. Almost all of the parents suggested that their children did not appear to them to show the symptoms of FAS/FAE that they often heard about from friends, books, or training sessions. Two examples of this theme follow.

My sister-in-law has children with FAS and it's so visible. My kids seem so normal. ('on reserve' female participant)

I'll say they don't seem to be FAS kids, they seem normal. Well right now we're having a little bit of trouble because of his court date, but...('on reserve' female participant)

Foster parents from six of the eight families spoke of their children's 'special talents'. These talents included good drawing skills, determination in school, and skills in recreational or sports activities. These families were very proud of their children's abilities and were eager to show the researcher their children's latest accomplishments. A capacity to look at the positive aspects of their children's personalities was demonstrated when some foster parents described their children. Descriptive words and phrases included: 'fun to be with', 'huggy', 'cute', and 'loving'. Others said:

Like they're always trying to be so helpful and they say 'I love you...goodnight, I love you'. ('on reserve' female participant)

He can be a lot of fun, he makes me laugh. He's a funny kid. He's very 'in your face'. He's a likeable kid. Everyone seems to pick up on that. ('off reserve' female participant)

Several of the participants were pleased to be asked to identify 'good' characteristics of their children, feeling that the negative attributes were usually the dominant concern. The capacity of each family to identify positive qualities in each child suggests some positive level of overall parental satisfaction with their relationship to their child or children. This finding is congruent with the Barth and Needell (1995) follow-up

study on adoptions of children with FAS/FAE in which considerable closeness between adoptive parents and alcohol affected children was reported.

Challenging Characteristics of the Child

While the foster parents engaged in this study expressed a sense of satisfaction with their relationship to their child or children affected by FAS/FAE, they did acknowledge that various aspects of their children's disability continued to pose challenges in day-to-day life. These challenges often highlighted an inability to demonstrate an emotional bond with the family, specific behavioural concerns, and other issues related to the physical needs and demands of the child.

Previous studies have noted difficulties that children and youth with FAS/FAE have in developing emotional relationships and 'appropriate' social skills. Children with FAS/FAE often are described as having 'rigid' personalities, struggling in social situations, and as having difficulty building relationships (Burgess & Streissguth, 1992; Guinta & Streissguth, 1988; Griffith, 1992; Jones, McCullough & Dewoody, 1992; Malbin, 1993; Steinhausen & Spohr, 1998). Similar concerns, as well as several others were expressed by these foster parents.

Emotional reciprocity. One of the symptoms commonly attributed to children with FAS/FAE is an inability to show emotional reciprocity in relationships (Gitter & McPherson, 1990). That is, children with FAS/FAE may appear to have little or no affect in their emotions, may find it difficult to demonstrate emotions through hugs or touch, and may prefer to keep to themselves rather than interact with others. Thoburn (1990) and Banach (1998) both noted that the inability of a child to show reciprocity in

relationships was found to be one of the most difficult issues families may deal with in the placement of children.

Three parents within the study specifically reported that they were living with children who appeared to have difficulty demonstrating affection for them and others generally. All of these children had been in their foster homes for over a decade and had no known history of physical or emotional abuse. The foster parents said:

It kind of worried me. Like why doesn't he want to love me the way I love him?
(‘on reserve’ female participant)

It's always so fake, so artificial because he doesn't have those emotions. He doesn't know when to laugh or cry when he's supposed to. It's just not there, he doesn't have it. (‘off reserve’ female participant)

Some of the foster parents creatively reframed the concept of bonding. One of the mothers said that her son ‘grew on her’ while another expressed that her son showed his affection to her by talking about moving to a house beside her when he was a an adult so she could continue to take care of him. A third said that she ‘just knew’ that her son loved her. These foster parents all expressed a level of confidence that the child was, in fact, bonded with them, but due to the disability, was unable to demonstrate that bond in ways ‘normally’ expected.

In addition to the three children who were identified by foster parents as being incapable of showing emotion, three other children struggled with bonding, as well. In these cases, the foster parents attributed the difficulties to either a history of abuse or to multiple previous placements. These children were considered by the current foster

parents to be emotionally connected to other families. Participants were prepared to wait and allow the children time to shift their emotional commitment. As one woman said,

I think I had to earn (their love) because they were too hurt from leaving this other home. They must have really liked that home that I had to do all this for them for them to accept me. ('on reserve' female participant)

The children's use of the term 'mom' or 'dad' was thought to be indicative of progress in terms of bonding.

It took two years I guess. And then one day she came to me by the washing machine and she just asked me, "can I call him 'dad'?" And I said "I don't see why not". And right there she bonded. ('on reserve' female participant)

The incapacity of a child to demonstrate a bond with parental figures was an issue of sorrow or concern for some families. However, no one indicated a lack of commitment to their child nor any limitation to their affection in response to a child's incapacity to build emotional relationships. These foster parents appeared to be able to adjust their expectations of children or reframe their children's behaviour to accommodate their special needs.

Behavioural Concerns.

Children's behavioural concerns are probably one of the most difficult issues for families to cope with on a day-to-day basis. In their American study of foster parent retention, Denby, Rindfleisch & Bean (1999) cite a child's difficult behaviours as a factor in reducing a parent's motivation to continue to foster. Behavioural and emotional problems were major considerations in adoption breakdowns in Rossenthal's (1988) study. Parents in this study clearly related behavioural traits that they found made the

child or children more difficult to parent as factors in relationship dissolution. The type of traits identified included problem behaviours commonly associated with FAS/FAE, particularly in the areas of aggression, hyperactivity, and stubbornness.

Aggression. Osofsky (1987) reports that children with FAS/FAE who are viewed by caregivers to be aggressive or hyperactive may be at the highest risk for multiple home placements. In this study, two of the families were living with children who had histories of violent outbursts. However, far from being overwhelmed, both foster parents involved accepted these outbursts and found they could manage them. One person talked about the outbursts as a part of the growth and healing process. One foster parent commented that her child's periodic aggression was actually 'offset' by her loving nature. Both of these women were able to look at positive aspects of the child's personality that compensated for the more difficult ones. One said,

Why do I keep a child that is aggressive?... You know, in the morning 'I love you'. That makes it all go away. You ask her, 'who is the best person in the world?', 'my daddy'...who would keep her? Who else is going to tell him that he is the best in the world? ('on reserve' female participant)

Behavioural typologies for children with FAS/FAE commonly list an inability to demonstrate remorse (Streissguth, 1997). This particular trait was not mentioned by the participants in the study. In fact, it appeared from some foster parent disclosures that, when the children became aggressive or defiant, they were able to show remorse and make amends once their tantrum ended. In one case, the foster mother said,

She's so snappy or so used to it, like she snapped at me this morning about something and I just ignored it because I'm so used to it. And she came up after and said 'sorry mom'. ('off reserve' female participant)

It might be suggested that these parents were able to de-personalize outbursts by their children. As well, stability featured in the ability of a child to make amends for their actions. Participants saw a capacity to demonstrate remorse as an indicator of positive change in the child's behaviour and that the child was developing an emotional connection with the family.

One family was struggling with their children's high level of aggression towards animals. While the family questioned why the children continued to abuse animals (including kittens, chickens and dogs), they found a workable solution and were able to continue foster parenting. A segment of my interview with this particular foster mother is cited here.

Participant: They are just regular kids!

Researcher: But 'regular kids' don't normally kill kittens.

Participant: No, they don't.

Researcher: Does that make it harder?

Participant: Not really, but I wanted to learn more about why they would do that. Like why would they kill chickens? After that we just let them stay away from animals. ('on reserve' female participant)

Hyperactivity. Despite the fact that all of the children represented in the study were diagnosed with hyperactivity, only four parents talked about their child's hyperactivity as a major problem. Parents seemed able to reframe the issue of

hyperactivity from a negative 'problem' to reflect 'a child with a high level of energy'. As well, families seemed very prepared to accept their child's elevated energy level as an inevitable part of a children's personality. One of the foster mothers noted both the behaviour and her response.

Very hyper, he's running around, bouncing all the time. He's just off the wall...When he's like that I send him outside on the deck. ('on reserve' female participant)

Some foster parents suggested that there was a need to channel the child's exceptional energy into positive activities. One participant talked about their child's talent as a Pow- Wow dancer, a positive outlet that demanded a lot of her foster son's energy. Participants on and off reserve spoke of the value of external recreational programs to help calm and support their children. For example, one foster mother said,

I keep him busy because I find that helpful...he needs things that help him burn off energy. That's what we discovered early about him - that he always did have a lot of energy. ('off reserve' female participant)

Although hyperactivity did not seem to be a problem in itself, families did express difficulties in accessing appropriate activities to deal with the children's extraordinary energy. Family members spoke of the time commitment needed to develop and maintain the level of recreational activities required to meet their children's needs. One mother commented that she felt that she had no free time for herself once she finished taking the child to all of his activities and that as a result, she was generally 'exhausted'.

It also seemed to be easier for the 'off reserve' than the 'on reserve' families to find recreational activities. This was particularly true for the two 'on reserve'

participants fostering teenaged boys. Both of these families thought that their children's hyperactivity was a factor in their growing inability to stay in school or in the workforce. In turn, a lack of positive activities fuelled an increased involvement in drugs, alcohol, and other illegal activity. One of these foster parents described the vulnerability of her child to negative peer influences.

He doesn't go to the pool room with the young boys like he used to. Now he goes out with those people. I need to get my son out of those two houses. They are the kind of people that are on drugs. ('on reserve' female participant)

The other foster mother said,

When you tell him to do something, he will. And that's what he's like. His friends will tell him to do this, and he will. ('on reserve' female participant)

Stubbornness. One characteristic that did seem to create particular frustration was a child's stubborn attitude. In four separate cases, the foster parent saw these behaviours as particularly difficult to deal with, and commented specifically about how stubborn their children with FAS/FAE seemed to be. One mother commented that:

He can be very stubborn and very demanding of my time. ('off reserve' female participant)

As with the concern related to hyperactivity, the connection was made by participants between the stubborn attitudes of a child and the lack of community supports. Several foster parents classified stubbornness, or persistence in the same behaviour or attitude, as willful disrespect. In particular, foster parents of teenagers noted disrespect as a cause of stress. Children who foster parents identified as having a 'negative attitude' or 'stubbornness' to such a degree that they refused to go to school, to get a job, or to

undertake any meaningful activity, were considered as particularly problematic.. One foster father said:

He knows the rules but then he breaks them. Do you know what I mean? Like he likes to test, it's like he's testing you all the time. ('on reserve' male participant)

These same foster parents felt their children were at high risk for involvement in community activities that were dangerous. For example, along with disrespectful behaviour, stealing was seen to be one of the most difficult behaviours. Two foster parents of teenagers expressed this concern. It appeared, that perhaps the stealing in itself was not as much of a worry as the effects their reputation as 'lifters' had on their capacity to be engaged in legitimate activities. These two situations are described.

He was working with me but he was starting to touch. When I go into people's houses he was starting to snoop. So we stopped that because nobody was usually at home. He likes to touch things that aren't his, do you know what I mean? ('on reserve' male participant)

He's taking little things again. Things here and there he would take. Like a few dollars but not from me, from his dad. But now like a tool box...and I've been keeping with him every day. Like you better bring that tool box back I say or I'll have to phone that in to the police, I'll have to tell them. I told him that the other day. ('on reserve' female participant)

Physical/Medical Concerns

McGlone, et al., (2002) noted that special needs adoptions are particularly stressful for adoptive families if a high level of physical accommodations are required. They found that families find the amount of time and energy required often overwhelm

their capacity to parent. Zipper and Simeonsson (1997) concur, suggesting that meeting a child's physical needs may compromise the parent's ability to feel positive regard for the child. Parents in this study, who had to deal with numerous physical and medical concerns, shared their experiences in caring for children whose physical needs were significant. The specific forms of physical care they noted included arranging and providing ongoing medical care, attending to sleep disorders, remediating problems associated with memory deficits, and dealing with physical concerns related to a lack of social skills.

Medical needs. Along with supporting the emotional needs of the children with FAS/FAE, some of the foster parents in the study also were required to provide intensive physical support to their children, in some cases, at very early points in the placement, in order to help a child regain his or her health. Some compelling situations included the story of a foster mother dealing with a baby in extreme distress.

She was born addicted. And she screamed and she screamed 24-7. I couldn't make her stop. ('on reserve' female participant)

Another described a child with a severe medical condition that complicated development.

When I got her she had a lot of sores in her mouth and she didn't know how to suck a bottle. ('off reserve' female participant)

A third described a physical condition that required knowledgeable intervention and constant supervision.

He used to take convulsions right from the time that he was 10 months old until he was three years old. ('on reserve' female participant)

These three situations were all stressful and demanding. However, the foster parents viewed these stressful periods in their children's lives as temporary hurdles in the process of helping to regain a positive health status. These three family members reminisced with the researcher, comparing the relative ease of raising the same children today, compared to early times when the children were new members of their families. Some foster parents saw the intensity of the caregiving needed in the first year or two with the child and the time demanded, as opportunities to build strong emotional and physical bonds early in the placement.

Sleep disorders. Sleep disorders are another common concern for young children with FAS/FAE (Streissguth, 1997; Stump, 1992), a concern that can create added pressure on foster parents and their families. Five participants talked about the early struggles they had had with children who could not sleep through the night. Each of these foster parents talked about the kinds of adaptations to their families and their marriages that they have had to make to accommodate a sleepless child.

We used to sleep with him and hold him down so he wouldn't rock...we slept with him for about a year and finally he broke the habit. ('on reserve' female participant)

He's never slept yet, with the sleeping disorder and such...one of us is always with him 24 hours a day basically. ('off reserve' female participant)

One of the significant observations in relation to sleep disorders was the capacity of most families to see positive change in this area. All but one of the foster parents felt that their children had grown out of their sleep problems and the fifth one seemed to have learned how to cope with it. When asked directly, not one of these five foster parents saw

this issue as creating tension within their marriage or generating a big enough problem to warrant the child's removal from their home.

Memory deficits. Memory deficits, particularly in short-term or 'working' memory, commonly have been found in children with FAS/FAE (Conners & Streissguth, 1996; Jacobson & Jacobson, 1999; Stratton et al., 1996; Streissguth, 1997). A number of the children represented in the study had memory deficit problems that presented an ongoing 'annoyance' for the foster parents. Some parents felt frustrated by the need to accommodate the child's memory problem and indeed to act as the functional memory back-up system. One mother talked about her irritation at having to be the 'parrot' all the time. Another commented that she struggled with constantly being 'on the child's back'. This mother described the memory difficulties and related them directly to behaviour.

He has problems with short-term memory and sometimes stuff will come running out of his mouth. Later you say 'that's not acceptable behaviour' and he says 'what did I say-I didn't say that'. And he seriously can't remember. ('off reserve' female participant)

Another foster father expressed the memory deficit as a significant frustration for the child, rather than for himself.

He is so anxious to please you. He always wants to do everything right, he doesn't want to get into trouble, he wants to be a perfect kid. Dad said, 'run to the shop and get me a hammer'. He took off running and got to the door and said 'what am I doing here?' ('on reserve' male participant)

Social Skill Concerns

Along with memory deficits, poor or delayed social skills are often symptoms of FAS/FAE (Becker, et al, 1994; Streissguth, 1997; Williams, Howard & McLaughlin, 1994). Six of the eight families expressed concerns about their children's social skills. These comments referred to a range of social skills or characteristics including gullibility, an inability to stand up to peers, and extreme difficulty in making and maintaining friends. Participants felt concerned that their child's or children's social and emotional immaturity stood in the way of a healthy lifestyle. It also appeared that as the children aged, the problem of healthy relationships became more pronounced, as the older children often were influenced by others in the community. As one foster parent said,

That's one of our biggest issues right now because we want our kids involved with other kids. They need to be. We don't feel the kids in this community are a good influence on our kids. With the FAS they are easily led, it takes a lot to talk them out of what they are doing. ('on reserve' male participant)

Another 'on reserve participant simply said, "Ah friends, I don't want him to have those kinds of friends".

As well, families of teenage children expressed concern about their children's dating or sexual relationships. One such concern centred on a child's inability to discern appropriate sexual partners. This foster mother said,

I never met this (new) girlfriend but the other one, we had to put a stop to it. She was only 11, but she told him that she was 16. ('on reserve' female participant)

Similar to the foster parents' reactions to the characteristics of hyperactivity, stubbornness, and disrespect, the foster parents expressed only minor concerns about

their children's poor social skills in the home. Instead, they voiced concerns about the effects of limited social skills on their child's capacity to relate to others in community settings.

Foster Family Accommodations

Despite clinical reports from the child welfare files that many of these children would be deemed 'hard to place', all of the children represented in the study had been in long-term placements. All of the families expressed an appreciation and love for the positive qualities of the child in their care. As well, the foster parents were able to see their children as citizens with rights and not solely a collection of 'needs' or 'problems'. These foster parents felt that their children had special qualities and talents that made them a lovable part of their family. The foster parent in this study who reportedly had the 'highest risk' child, was as able to share as many positive qualities of her child as was the parent of the child perceived by the sponsoring agency as having the 'lowest risk' for ongoing problems.

The bonds they worked hard to achieve, but not always mutually reciprocated, appeared to sustain relationships in spite of the day-to-day problems and difficult characteristics presented by the children. All indicated that their children with FAS/FAE required a higher level of care than typical children and were realistic in revealing that some of their special needs created stress and frustration on a daily basis. However, they reported that meeting these needs and building a relationship was very satisfying. These findings are similar to those in Thoburn's (1990) study. In that research, parents appeared to have gained satisfaction from parenting 'in a different way' and believed that their children profited from their sacrifices (p. 60). The foster parents in this study were able to

see growth from their first years with their child and attribute that growth to their commitment, care, and love. These findings also are congruent with Rossenthal's (1993) study which reported that families who established an emotional bond with a child felt more satisfied with the placement of their child with disabilities.

Aboriginal Perspectives on Disabilities

While the capacity to minimize or excuse their children's difficult or challenging behaviour was noted in all participants, there was a perceptible difference in the responses of the 'on reserve' and the 'off reserve' participants to questions posed about their children's special needs. The 'off reserve' group shared more about the challenging traits of their child's behaviour or disability, albeit generally cloaked in positive language. The 'on reserve' group more often normalized their children's traits and found it somewhat harder to share problem areas. This could be in keeping with an Aboriginal approach to parenting which stresses accommodation in all facets of a child's being and valuing a child for the gifts they bring. In describing an Aboriginal perspective on disabilities and the special role of the elder in helping families support children with disabilities, Conner and Donnellan (1998) explain:

The elder's responsibility is not to 'cure' the condition - to restore the ability to walk or to see or to promise 'normal' intellectual capacity. Rather (the elder) assists the individual to accept his or her condition, to integrate mind, body and spirit and to allow the individual to live in harmony with that condition. Once this balance has been achieved, the individual is to all intents and purposes a 'whole' person again, not only in his or her eyes but in the perspective of the family and neighbors as well (p. 171).

These statements by Conner and Donnellan (1998) suggest that, for some Aboriginal families, the capacity to categorize their children's needs into 'good' or 'bad' may be difficult, as all traits are seen as equal parts of that person and his or her state of harmony or equilibrium in the world. Others, also writing from an Aboriginal perspective, conceptualize a model of respect for the whole person, balancing the good aspects of the personality with the more challenging (Hart, 1999; Weaver & White, 1997). One mother expressed this cultural ideology as she described her first interaction with her child's previous, non-Aboriginal foster parent who was sharing information about the child's special needs.

I don't know, to me that family wasn't all there. Not crazy or retarded or anything, but something like that. They weren't respectful of the kids. That's the way I felt anyway. ('on reserve' female participant)

Supporting Teenagers in a Community Context

Within this study, the sub-group of teenagers seemed to cause the greatest stress among families. Families with adolescents reported that they were difficult to manage. Adolescents were stubborn and were at risk for problems related to drug and alcohol use. Foster parents told the researcher about concerns they experienced with stealing, inappropriate relationships and poor school attendance. These foster parents suggested that the home placement was the most tenuous during this period and feared the potential for a break down.

In this study, the exploration of the domain focussing on the child, suggests therefore that contrary to other reports (Joseph, 1994; Banach, 1998; McGlone et al, 2002), personal temperament, personality and emotional and physical needs of the child,

were not in themselves, predictors of family breakdown. It does appear, however, that as the children age, the interactions between community influences and the child's disability intensify the traits of the disability, making teenagers extremely vulnerable to stress in the home and problems in the community, possibly de-stabilizing the long-term nature of the placement. The families in this study, and particularly those in the 'on reserve' group, expressed frustration at the lack of healthy community options they felt were available within their reserves to support the needs of their children. This issue will be discussed in further detail in Chapter Nine.

Chapter Five

The Family Commitment

As discussed in Chapter Four, the foster parents in this study indicated that they were able to cope with the difficult personality characteristics known to be associated with FAS/FAE. They did this primarily by minimizing and reframing the challenging characteristics of their children and accentuating their positive attributes. They did not identify these as primary factors related to a family's ability to maintain a long-term, stable relationship with the child in their care. A significant factor appeared to be the capacity of the family to be flexible to the variant needs of the child. In other words, the ability of a family to accommodate the child's needs, emerged as an important family-centred characteristic. My observations, as a worker in this field, led me to believe that the families in this study made extraordinary accommodations for their children. The ability of families to attend to the child's needs, served to minimize the disruptive impact of the symptoms of FAS/FAE in their children.

Child development theorists contend that one of the primary protective and supportive factors for a developing child, is a strong and healthy relationship with a parental figure (Health Canada, 1999, pg. 128). Burnett and Allen-Meares (2000) suggest that the mother-child relationship, including responsive and supportive interpersonal connections, is key to increasing the long-term capacities of children, especially those with disabilities. Gilligan (2000) agrees, adding that a secure relationship with a parental figure helps a child develop a sense of trust with the world, therefore increasing his or her capacity to take risks and to be successful in the world around them. Sandefur and

Mosley's (1997) research indicated that children who have stable families are more likely to continue in school and to make use of resources within their communities.

While stability acts as a positive factor for children's development, the stability factor, in turn, also yields a sense of parental success for the adult caregiver. Rosenthal (1993) found that stable placements were associated with a sense of satisfaction for the person in the parenting role. That is, motivation tends to increase for foster parents who enjoy their role, enjoy the children that they care for, and thus find satisfaction with parenting. Sustained motivation equips the caregiver to provide the nurturing support needed to help children deal with their emotional, behavioural, and physical needs.

A commitment to parenting children with FAS/FAE takes more than motivation and interest. It also requires acknowledgement of the needs of the child, an understanding of FAS/FAE (Barth & Needell, 1995), and an ability to prioritize the needs of that child (Gilligan, 2000). Goething & Goething (1994) suggest that the family must have strong interpersonal dynamics; that is, a 'strong marriage' and a capacity to garner family support when needed.

This study examined these two areas as they related to the stability demonstrated by these families fostering children with FAS/FAE. What sparked the motivation of the parents to foster and to keep on fostering? What strengths did the family have that helped keep the whole family intact, including the foster children, over time?

The Foster Parents in the Study

Of the eight families in the study, four were of First Nations descent and lived in one of the nine reserve communities served by the sponsoring agency. The other four families lived 'off reserve' in rural areas nearby the reserves. Two of the families in the

'off reserve' group lived a fair distance from any town, while the other two reported moving into a town within the past year, purportedly to be able to provide a higher level of support to their children. Of the 'off reserve' group, the female foster parents were non-Aboriginal. Two of the male foster parents in this group identified themselves as Aboriginal, one Métis and one non-status.

In the 'off reserve' group, all but one of the participants had adult children and the fourth had teenaged birth children. One mother had been a foster parent all of her adult life. Two families began fostering after their own children had begun to leave home. A fourth family took in a child as a result of a personal commitment to support foster children. Three of the couples in the 'off reserve' group had been married for over twenty-five years, and one mother had recently become widowed. Among the families in the 'off reserve' group, three of four families had been married over twenty-five years, including one very long term relationship.

We fell in love and we've always worked together. It's going to be 40 years this June, no 42 years this June. ('off reserve' female participant)

There were more complex relationships among the 'on reserve' families. Three of the families in this sub-group had adult children. Another family was raising children who were adopted, through both court and 'custom'⁸ adoptions, as well as fostering. One of the families continued to care for an adult foster daughter (with FAE) who was unable to live independently. A blended family with adult children, was now parenting foster children. One of the participants had been separated for many years and was a single parent to two foster children. Another participant had become widowed while parenting

her two foster children. This person re-partnered, and was now supporting a foster child from the first marriage. Two of these couples had been married for over seventeen years.

Four of the women in the study identified themselves as 'stay-at-home' mothers. Two worked full time outside the home. One 'stay-at-home' mother offered respite at the local childcare centre only when her children were at school. Among the 'on reserve' fathers, all worked outside the home in professional or skilled trade jobs on the reserve. Two of the 'off reserve' fathers were retired and a third was self-employed. Two of the families identified foster care payments as their principle source of family income. The others reported it as a secondary income.

When contacted, families were asked to invite any adult member of the family to participate in the study. In one case, an adult child joined her mother and participated in both parts of the interview with the researcher. Among the 'on reserve' group, two of the fathers participated in the interview process together with their partners. Two fathers from the 'off reserve' group took the children out during the interviews to give their wives time to meet with the researcher. During the interviews, the six foster mothers in couple relationships expressed a sense of support from their partners. These women also explained that the men were actively involved in parenting the foster children.

Factors that Influenced Participants' Motivation to Parent

Rosenthal (1993) discusses key predictors of successful parenting relationships in the article entitled *Outcomes of Adoption of Children with Special Needs*. He suggests the adoptive parent-child relationship is more likely to succeed when the family's birth children are older at the time of placement. He argues that, at this phase in a family's developmental cycle, the parents are more likely to have a realistic understanding of the

expectations of parenting based on their own lived experiences. Research conducted by Westhues and Cohen (1990) found that when a father is actively involved in parenting and able to nurture a mother in her role as parent, placements are more likely to succeed. Rosenthal's (1993) review of adoption studies considered the aspect of single parenting within adoption placements. He found that the majority of studies reported no negative association between female single parent status and placement continuation.

Studies suggest that a positive motivation to foster is a primary indicator of a successful foster parent (Dando & Minty, 1987; Rimmerman & Duvdevany, 1996; Rindfleisch, Bean & Denby, 1998; Rossenthal, 1993; Seaberg & Harrigan, 1999). Parents who are committed to children and are able to understand and plan for their needs have a higher capacity to deal with the day-to-day needs of the children in their care. Danto and Minty (1987) found that families who saw their relationship as exclusive (the child is mine attitude) and felt a commitment to help an unhappy child tended to be better foster parents.

Within the literature review for this study, no previous research articles were found that related to the motivation of foster parents to raise children with FAS/FAE, though some research has been done in the area of fostering children with disabilities. Rimmerman and Duvdevany (1996), for example, described two types of motivation found among foster parents who care for disabled children: intrinsic (child-centred) and extrinsic (parent-centred). Adults who describe their reasons for fostering as 'helping' or 'supporting' children have a higher level of satisfaction and are found to be better foster parents overall. Foster parents whose motivation was to 'save' their marriage or to 'have

something to do' tended to be less capable foster parents, especially during difficult times.

Participants in this study were asked questions related to their reasons for fostering the children in their care. Questions explored in this domain referred to their initial reason for fostering, motivations for continuing to foster, and the number of hours they spend supporting the child. Questions were open-ended and parents were encouraged to share other issues, such as their own family background and any spiritual and cultural beliefs that may also have influenced a continuing commitment to care for a child.

Commitment to the child. One of the questions posed to all participants during the initial interview was, 'what made you keep this child'? Every single parent in the study responded to this question with a similar assertion, that the children in their care were 'their' children. One parent said,

Well, I love him, and I can't imagine not having him with me. The only thing that I didn't do with (him) was give birth to him. That would be like saying I'd give up any one of my children. He frustrates me, he makes me angry, I get him angry - but that's all part of living with each other and loving each other. ('off reserve' participant)

Another claimed,

I call him my baby. That's my baby I say all the time. ('on reserve' participant)

This sense of commitment was explored more completely in the interview process. Besides a sense of 'ownership' of the child, the parents expressed a belief

that their home had a lot to offer. For example, it could provide the best opportunity for a child to heal from abuse or it could reduce the chances of the child moving from home to home, a factor that several foster parents noted as destructive to a child's well-being. As one said,

I like kids and also, they're not going to get any better by being shuffled around- and you have them long enough they become part of the family where you want to help them. ('off reserve' participant)

Familial and cultural commitment. A commitment to maintaining and supporting family connections in First Nation communities has been a cornerstone of practice within Aboriginal child welfare agencies (McKenzie, Seidl & Bone, 1995). Placement of children within an extended family or within their home reserve community was seen as providing the child with opportunities to maintain their involvement with family as well as preserving their cultural identity (Cross, 1986).

Two of the families in the 'on-reserve' group were raising a relative's children and the other two were raising children who were from their community. These foster mothers talked about the importance of supporting the family and community when asked during the interviews.

We wanted to keep the family together after the other (foster) family let him go.
('on reserve' female participant)

She (the children's mother) died of drinking. The kids were in care and she gave them my name so I took the kids and from there I've had the kids...that's why they are here, they have nobody, I can't turn them away. ('on reserve' female participant)

One mother talked about the need to keep Aboriginal children in Aboriginal homes as one of her reasons for taking over the care of a child who had been in a non-Aboriginal home.

When they are in white families they are treated differently, not the way they are supposed to. ('off reserve' female participant)

It was also clear from these discussions that the foster parents who had taken on the care of children of extended family members felt no remorse or anger at their decision to parent. In many ways, they were proud of their commitment to their community and saw their role as an alternative parent as a 'normal' function of raising children and supporting families. This reaffirms what Cross (1998) and others (Red Horse, 1980; Weaver & White, 1997) have suggested; that there is a high level of interconnectedness among First Nations families in which a primary relationship with one or two parents is replaced by a relationship within one's extended family. McKenzie, Seidl, and Bone (1997) have suggested that maintaining children in family placements in Aboriginal communities is particularly important for the generations of older adults who may have experienced the loss of young community members through residential schools and out-of-community adoptions.

Personal needs. Rimmerman and Duvdevany (1996) suggested that extrinsic, parent-centred needs could be considered weak motivators for fostering. However, these findings have been disputed by Danto & Minty (1987) and Strong-Boag (2002) who have maintained that parents who have a personal stake in fostering children with similar backgrounds to their own are often the best kinds of foster parents. Personal experiences were indeed influential on these parents' motivation to begin and to continue fostering

the children in their care. All but one family in the study reported that they began fostering to meet personal needs in their lives. These needs included the inability to have natural children, a history of childhood abuse, and seeking support to overcome the death of a child. Although contrary to Rimmerman and Duvdevany's (1996) remarks, these issues seemed to provide families with a level of commitment to fostering that appeared to overcome some of the day to day struggles they encountered with their children with FAS/FAE.

Fostering as an alternative means of having children was noted most often among the eight families in the study. Three families told the researcher that they saw fostering or adopting as a solution to their inability to have birth children. These three families had a mixture of foster and adoptive children of various ages in their homes.

Both of us found that we couldn't have children the normal way and so we decided that we would adopt. ('on reserve' female participant)

We had been together for so long. I know I couldn't have kids even though I tried...I didn't want to take any more pain so I just asked the social worker and she got me going...('on reserve' female participant)

It is interesting to note that the families who were caring for the most difficult children represented in the study were also the ones that could not have children of their own. These families expressed great satisfaction with the children in their care and felt very positive about their roles as parents of 'difficult to manage' children.

Family background also was connected to commitment. One of the men in the study felt that his commitment to parenting his son came from his own background, as he

grew up in an abusive foster home. Further, this man commented that he felt he understood his son's struggles in school and his poor writing skills, based on his own negative school experiences.

My writing skills hold me back. Well I know how to talk and everything like that, I know the big words but putting it on paper, I'd be like (my foster son). So maybe that's why we're like this. ('on reserve' male participant)

Another participant commented that her family took on foster children because her husband had a strong commitment to supporting abused children as a result of his own dysfunctional family background. Both fathers held strong personal and political beliefs in the importance of stable and supportive foster homes and used their personal experiences to better support the children in their homes.

It appeared, therefore, that childhood experiences and an inability to have children were both strong motivators for these families in maintaining a commitment to the long term support of their foster children. Similarly, Danto and Minty (1987) associated personal struggles in childhood to factors for success in fostering. They note,

We found that ratings on childhood experiences were significantly associated with the (positive) ratings given to them as foster mothers by the foster officers. More than half of those who said they had unhappy childhoods were in the 'excellent' category. (p. 393).

Two foster parents found their foster children helped them overcome the loss of a birth child. These mothers commented that caring for their foster children helped them make sense of their loss.

Losing my son was hard for me, but you know what? These kids, when they talk about our hardships, these kids have been my salvation. So when people talk, you know that you're a special person (for taking these kids) I say, "No, what these kids have done for me, my personal opinion, they have done more for me than I've ever done for them"...That's my feeling about it. ('off reserve' female participant)

I think it was good that they were here because I had someone to take care of. I was always busy. I waited for them after school. I needed the noise and companionship with them. No, I never ever thought of giving them up after I lost my son. ('on reserve' female participant)

Gendered parenting: The role and task of mothering. One of the most consistent and strong themes expressed by the women in the study was their strong commitment to their role as 'mother', 'caregiver', and 'wife'. Every woman in both the 'on' and 'off' reserve group saw the caregiving aspect of mothering as their most important role, an important form of role identification, and an extremely empowering experience.

Examples of the expressions of role commitment include the following:

Being a mommy is all I ever wanted to be. I got to be what I always wanted to be. ('off reserve' female participant)

My most important role is to take care of my kids. ('on reserve' female participant)

That is what I've always done, I've always looked after children...it's been my whole life caring for people. I'd be very lost if I didn't do it. ('off reserve' female participant)

The mothers in the group described their roles as mother and wife as more important than any other paid or professional role in their lives. They envisioned the role of mother in very traditional ways. Despite current trends towards an increase in female participation in the paid workforce, these women embraced traditional female roles of wife and mother. One woman called hers an 'old fashioned' type family. As previously noted, six of the eight mothers in the study were 'stay-at-home' mothers, believing that their role was to be available to their children.

Resnick, et al., (1997) argue that parent 'connectedness', especially during key times, after school, dinner and bedtime, is a moderate protective factor in increasing the capacity of vulnerable children in the community. Mothers in this study saw their role in building that connectedness as an important part of building a healthy and trusting relationship with a child.

I'm always here, I'm very seldom ever not here for them. When the kids come home, when they go to bed, I'm always here. ('off reserve' female participant)

Yeah, I'm home everyday when they get home. They would miss me if I wasn't.
('on reserve' female participant)

Both of the mothers who were involved in external employment made personal accommodations to ensure that their children understood that they were the highest priorities in their lives. One family demonstrated commitment to the children by structuring family interaction at mealtime.

The sit down meal, no matter what, everyone sits down for supper. With me working, with him working, that's a very important thing to us. I need to know

what my kids are doing and I can't run around and follow them. I need to know.

('on reserve' female participant)

Satisfaction with mothering and caregiving were noted as primary reasons for taking on the additional role of 'foster mother'. Several of the women suggested that they had taken on a 'second family' or more children, because they felt that they were good mothers who could provide the right kinds of supports to children with special needs.

Others were proud of their success in raising children. As one woman noted,

My daughter-in-law has said that she wants to bring her kids up with the same morals and values that we brought our kids up with. ('off reserve' female participant)

The 'empty nest' was also named as a reason for considering fostering. As one mother said,

I had finally adjusted to having (my son) in school, he started in September and I was having a hard time staying at home with nobody here. ('off reserve' female participant)

Mothers in the study often remarked that one of the joys of parenting was knowing that their involvement and care made a difference for their foster children. They were able to ascribe the growth and increased skills observed in their child or children directly to their personal involvement.

I keep doing it because of knowing there is some progress. ('off reserve' female participant)

Even now, I find that there has been a lot of change in them. It's calming down.

('on reserve' female participant)

The women's satisfaction in their role as mother extended to their relationships with their partners. All but one woman in the study who was with a partner remarked in some manner that the presence of children in their homes was a strengthening factor that offered enhanced purpose to their marriages. One woman stated how the children continued to be the pivotal focus within her relationship with her partner.

Oh we have our normal problems that everyone else has. You know we have our arguments too. But it all goes back to what's important for the kids. We're going to argue - but I'm not going anywhere, and he's not going anywhere - but the kids have to know that no matter what happens, we're here for them. ('on reserve' female participant)

However, despite each mother's commitment and pride in her role as a parent, some continued to struggle with doubt about the effectiveness of their parenting skills. This was particularly noticeable in the mothers who were raising teenagers and the mothers in the 'on reserve' group. One mother suggested that her uncertainty around her parenting skills was related to her residential school background. Another suggested that her son would listen and respect her more if she knew how to be a better mother. One woman explained:

I try to be a good parent. I mean I have to learn more. Sometimes I think I'm not too patient even though I know that (she) has her problems. I am still not patient with her. I have to stop myself sometimes because otherwise I get too mad. ('on reserve' female participant)

General insecurities about their effectiveness as parents seemed to be tied to worry about their child's future. Many felt that there were few good options in the community for their children and thus feared for their safety.

Thinking about the future, it bothers me a lot, yeah. I'm afraid he's going to be 18 soon and what is he going to be like out there? ('on reserve' female participant)

I know that if I was to keep them until they are eighteen I probably wouldn't want them to go either, and to go on their own, unless I knew that for sure they would do good. ('on reserve' female participant)

The greatest sense of insecurity was expressed by 'on reserve' mothers. Several authors have described the devastating effects of colonization on Aboriginal communities (York, 1990; McKenzie and Hudson, 1985; Gillman, 1997). The practice of removing Aboriginal children from their families and sending them to residential schools to be encultured with the views of the dominant society, was one of the most powerful strategies of colonization. Traditional Aboriginal cultural values and practices were devalued. Children were regularly beaten for speaking in their 'first' languages (York, 1990). York (1990) also noted that children within the residential school program had few cultural role models on which to see themselves as adults, caregivers, or parents. As a result, the 'survivors' of residential schools often have felt at a loss when they began to parent their own children. McKenzie and Hudson (1985) have stated that this form of cultural colonialism has led to the devaluation of traditional forms of parenting for Aboriginal women, and thus they may 'second guess' their skills in this area (also see Gillman, 1997, pgs. 27-28).

Gendered parenting: The role and task of fathering. Historically, the role of 'foster parent' has been seen to be 'women's work', a method for 'wives' to make a small 'allowance' by caring for children (Gammon, 2000; Strong-Boag, 2002). Husbands were not seen as involving themselves in the task of fostering, tending to leave this 'job' of parenting the children to their wives. While foster mothers were the majority of the key informants in this study, they did not describe the foster fathers' roles as insignificant. This study found quite the opposite. The women claimed that the fathers were active and involved participants in raising their foster children. The inclusion of two of the fathers in the interview process provided a unique opportunity to look at their personal notions of commitment and motivation. Both of these men saw the role of 'father' as important to their children's lives. They also found the parental role highly satisfying. Both participants volunteered that they were aware that their children with FAS/FAE took more attention and were 'harder'. However, both felt that the work expected of them was within their capabilities. One foster father described his connection to the child as, "he's like my son". The other father talked about his love for the role of fathering as fulfilling a 'life goal'.

Sometimes I wonder about our age, I'm 50 years old, what did I do all of my life? When I look around I think, I never raised 150 purebred cattle but what I did raise was nine beautiful kids and I feel good about that... For awhile the biggest goal in life was to make a million dollars and leave it. I think we all do that. But when you walk through that door and see your whole family sitting around the table, to me, that is a million dollars. I have met my goal. ('on reserve' male participant)

For one father the commitment to parenting went beyond caring for a child already in the home. During a period when his partner temporarily gave up custody of the child due to personal problems, he arranged weekend visits with the child by himself until the child was able to return to the foster home.

I just phoned. Like I was involved with him before. I'd tell them that (he) was important to me. Every second weekend or so I'd pick him up. Oh geeze, I'd get up at 6 am and get there by 7 am and he'd be ready. I used to have him for the weekend. And he'd phone the night before, 'you'll be there'? And I said, 'Yep, I'll be there'. ('on reserve' male participant)

Among the mothers and fathers in the study, subtle differences were noted with respect to variations in the commitment and role of the mothers and the two fathers. The mothers appeared to be more involved in the day-to-day nurturing of the child while the fathers saw their role as guiding or supporting the family as a whole. The men accomplished this in two ways; supporting their partner and the marriage and by providing a different perspective on issues related to the needs of the child within the community. Both fathers who participated directly in the study felt the need to provide emotional support to their partners during difficult periods with the children.

She doesn't realize it, but I sit back and I see her and she gives and doesn't get. I buy her things as gifts. I've even been buying her clothes now. I have a lot of nerve walking into ladies' clothing. ('on reserve' male participant)

Another said:

I don't think the community is standing around (talking about her) because there are a lot of kids like him. It really puts me in a place to understand that it's not just our house, it's every house in the community. ('on reserve' male participant)

The fathers in the study found that parenting these children helped solidify the commitment they had to their marriage and to their partner.

(Having this child) made us communicate better. The communication is there because we're talking about a little person here. In the mornings is the best time. We sit and have coffee and we talk. Communication, I think is way better, like it's better this year than last. ('on reserve' male participant)

The marriage has been strengthened because I guess we have a purpose now. ('on reserve' male participant)

In further exploring the men's involvement in their children's lives, it became very clear that these fathers were supportive to their children, particularly in maintaining a positive outlook towards their children's disability and potential for the future.

Knowing that we were always ten steps behind the starting gate with her and regardless, my goal is to bridge that gap. I'm going to catch up with it. And this year I'm starting to see progress for the first time ('on reserve' male participant)

He's good to talk to when he settles down and having dinner or something. Like he's good...he's an adult but also a little guy you know. And he took so many programs that one day he's going to snap out of it I figure. ('on reserve' male participant)

Both fathers maintained an active involvement with their children in developing and supporting positive recreational activities. One father and son were working on restoring a car together and the other engaged in many recreational activities with his children including golf, ATV trips, movies and basketball. This father felt that his active involvement helped reduce the children's involvement in unhealthy community activities. He said,

See our yard, it goes way back there. So we're going to try and maintain and maybe occupy him and invite some of his friends and do something...because you can only kick a can around so long. After that it gets boring and you start to think about other things to do... ('on reserve' male participant)

Active involvement of a father has been considered a strong factor in successful foster home placements of special needs children (Rosenthal, 1993; Westhues & Cohen, 1990). In this very small sample of two fathers, there did seem to be evidence that the active role of fathers was providing an extra measure of stability and support. While their motivation to foster might be slightly different than those expressed by the foster mothers, the fathers' perspectives on the whole family constellation was important. Their capacities to support their wives and provide respite, as well as to reframe problems, appear to be both functional and instrumental factors in maintaining both partners' satisfaction with the role of foster parent.

Adoption versus fostering. Current ideologies within mainstream child welfare literature suggest that families who adopt children have a higher level of commitment to that child than families who foster a child in their care (Rowe and Lambert, 1973; Kelly, 2000). However, for many in the province of Manitoba, adoption is not an option. For

almost 20 years, there has been a moratorium on inter-racial adoptions, particularly of Aboriginal children by non-Aboriginal persons⁹. Such requests are rarely supported by local child welfare agencies, the tribal governments, or the courts. As a result, most Aboriginal children deemed 'permanent wards' of child welfare agencies in Manitoba grow to the age of majority within the foster care system. Within this study, two of the 'on reserve' families were raising both adopted and foster children. One 'off reserve' family had a large family of adult, adopted children and were now raising a second family of foster children. It was interesting to see, therefore, if the child's legal status had any relationship to the level of commitment that the families in the study displayed.

It appeared through comments made during the interviews that the legal status of the children in their care had little relationship to their commitment to that child. Six of the eight families in the study volunteered that they would be interested in adopting their children if adoption was possible. Reasons given for wanting to adopt included an interest in providing the child with emotional and physical security, reducing the level of involvement with the sponsoring child welfare agency, and providing the child with financial security and support when they reached the age of majority. Directly, the respondents said,

I wanted to adopt them. I told the agency that I wanted to adopt them ...but the agency said there is no way they'll let you. ('off reserve' female participant)

In those days you could adopt much easier, now you can't... Out of three, he (the oldest) would be the one (I would adopt). Mainly because it would benefit him.

('off reserve' female participant)

While most families would prefer to adopt their children, many have accepted their child's status as a foster child but have, in effect, accepted the children as if they were adopted. For most, the legal status of the child had nothing whatever to do with their relationship with the child or their motivation to parent the child on a long term basis. This finding concurs that of with Thoburn (1990), who found that a sense of permanence was more important than a legal adoption for most families raising children from out-of-home placements.

Influences on Motivation among Foster Parents in this Study

It appeared from the participants in this study that the motivation to be a foster parent was closely tied to a personal commitment to children and a strong desire to take on a parenting role. Parents in the study seemed particularly committed to their children despite their difficulties. They expressed a sense of 'ownership' of the children. These foster parents felt able to aid in the process of healing and felt they could protect the children in their care. This was particularly true for the parents who were unable to have their own children and were fostering as a method of having a family. A family's sense of 'ownership' appeared to be as strong for both adoptive and foster children, suggesting that a child's legal status had little to do with the child's perceived status as a family member.

The female participants held a positive sense of identity as mothers and caregivers. These mothers saw their roles primarily as being available to their children and family. They were able to put the needs of the child or children ahead of their own.

The participating fathers played a role in supporting the long term care of the children in the study. These fathers expressed a strong commitment to their children and their family and played an important role in supporting their wives.

Motivation to foster also was influenced by the participants' personal histories. Personal experience was named as a factor in understanding their role in helping the child overcome obstacles related to FAS/FAE and increased their commitment to parenting. It was true that no one saw fostering primarily as a 'job', but rather as a commitment to helping a child grow in a healthy family environment.

Among Aboriginal families, a secondary motivation to parent children with FAS/FAE included a personal or political commitment to their family or community, shown by raising children who other family members could not raise. The 'on reserve' families felt a strong sense of ownership of all children within their community and held a shared view that children should reside within their birth or family community.

One issue that did not appear to influence a parent's motivation to continue to foster was the rate of reimbursement that they received for taking care of foster children. Although two of the parents in the study cited their foster care pay as their primary source of income, parents argued that the rate of pay did not influence their decision to continue to foster their current children. In fact one parent who was asked, laughed and tallied up the monthly costs of raising her foster daughter, and displayed the shortfall to the researcher.

Factors that Influenced Participants' Capacities to Parent

Successful parenting and especially successful foster parenting takes more than motivation or desire. It also takes a level of skill, patience and accessible supports.

Without skill, patience, and resources, families cannot continue the day-to-day practice of supporting difficult children in their care (Cautley & Aldridge, 1975). Families in this study were asked to talk about some of the skills, qualities and supports that they felt influenced their capacity to continue to parent children with FAS/FAE.

Personal qualities of the parent. As described in Chapter Four, family members in this study tended to be extremely positive about their children, often remarking on their special talents and skills. Parents saw those talents as products of their commitment to their child as well as evidence that the family had developed a capacity to support the child. These skills the parents named included: a) a working knowledge of FAS/FAE, b) a high level of structure in the home, c) a high level of participation in the child's day-to-day life, and d) flexibility in their expectations of the child.

When asked the question, 'what makes parenting easier?' several families remarked that developing a structured routine for their children made a positive difference.

You can't change for these kids. You have to keep things the same, the more you keep things the same, the faster they learn it. The faster they learn it, you can go onto something else...the thing is structure, you can not even attempt to address these things without it. ('on reserve' female participant)

Along with structure or routine, parents spoke of the need to build recreational activities into the child's day. One related quality found in most of the families in the study was a high level of involvement with all of their children. These families felt strongly that they needed to know 'what was happening' with their children. For example, one foster mother said,

When the girls were growing up we always tried to keep them in activities and we kept an eye on them, found out where they were going, who they were with. My husband is big on that. He is a very strict dad. We just didn't let them go, like they were going into town, see ya! We had to know where they were going, who they were going with, how late they were going to be. ('off reserve' female participant)

Others said,

We need to be able to sit down and listen to anything that your child considers a problem...and if you don't have the time to give him you're going to lose him. That's where the activities come in, that's where we do a lot of our talking. ('on reserve' female participant)

If I did go anywhere, they came with me, we'd go for a ride, we'd go to town and buy ice cream or things like that. Or I'd take them to the lake to go and swim. I spend lots of time with them. ('on reserve' female participant)

Family members in the study remarked that flexibility was an important personal asset. Foster parents commented that they needed to change their expectations about what their children should be doing and instead focus on what their children could do.

You don't think. You want a normal, bright child. You expect 110% and this is something that you don't think about until you have absolutely no choice I guess. ('on reserve' male participant)

In her study of resiliency among successful foster care 'graduates', Silva-Wayne (1995) noted the qualities 'desired' by youth-in-care for their adult role models.

Graduates identified those adults who have a high level of interaction and consultation

with a child, who saw the child as gifted or special, and who provided opportunities for participation in the community as important role models. Thoburn (1990) argued that parents who feel attached and are active in their child's life, tend to feel a higher level of commitment to a long term support process. It appears from this study that all of the families had a high level of positive interaction with their children. Many either engaged in activities with the children or else acted to provide recreational supports. Overall, these foster parents felt that the effects of time spent with the child as well as positive attention enhanced the capacity of the children.

Family as support. In every case situation, families in this study cited the support of their extended family as a primary or major source of parental support. Family support included assistance from adult children, extended family members, and other children in the house. Family support was described in many way, but most noticeably as: a) someone to listen to their concerns, b) helping with respite, and c) babysitting. Participants found that extended family members had a better understanding of the needs of the child and could reduce the level of 'stranger anxiety' children with FAS/FAE commonly feel and express when left with a caregiver they do not know. One mother described this situation:

When we lived in (our last home) my daughter did all the respite. My daughter knows what they can be like, those little moods or whatever. ('off reserve' female participant)

Among the families with adult children, the continuing strength of and reliance on those adult relationships was apparent. The adult children provided the foster children with additional adult role models and a 'natural' form of support to families raising

children with FAS/FAE. The sense of reliance on these family members is evident in the comments made by two women.

Our oldest (adopted) son took him once a week for three hours. I don't know what I would have done without him. ('off reserve' female participant)

Another said:

My daughter comes here every day to check how we are and she takes them. And in the wintertime she picks them up, she takes them skating, she takes them swimming, she takes them sliding. She's really very helpful. And she calls them 'my little sisters'. ('on reserve' female participant)

The role of extended family in helping to raise children has been documented and articulated as a traditional practice among Aboriginal families (McKenzie, Seidl & Bone, 1995, Zylberberg, 1991). Children are considered to be the responsibility of a community. Their care often is entrusted to extended family members. This knowledge of traditional family practices would suggest that among the 'on reserve' group, the use of family members to support the family could be viewed as an extension of traditional cultural practices. However, the practice of engaging extended family members as significant members of support systems was not confined to the 'on reserve' group but was equally emphasized in the 'off reserve' group. Regular reliance on 'familiar' if not specifically 'familial' members of a support team clearly was very important to all the families in this study in their on-going ability to maintain commitment to children with FAS/FAE.

Supporting Families in an Extended Family Context

Families in the study agreed that their commitment to parenting was enhanced by various networks and services in the community. This area will be explored in the upcoming chapters. However, a strong, clear theme did emerge with respect to the concept of family support. Participants agreed that personal support, while essential, was most often confined to the use of family members, particularly spouses and adult children. These family members performed a myriad of support roles from offering respite to offering 'a sympathetic ear' to parents who were having a challenging day.

It appeared from this study that these families preferred relying on 'informal supports' such as family members or friends, instead of professional services for themselves and their family when respite or more general support was required. For example, families talked openly about preferring to use a family member instead of a 'professional' respite provider who they often found less supportive and helpful. Perhaps this experience could be expected as children with FAS/FAE tend to struggle with relationships and changes. Consistency in caregiving and fewer 'team players' likely ease the level of discomfort felt by these children as they struggle to relate interpersonally. In turn, fewer stressors for the child will decrease the stress experienced by the family. Balancing the level of support required by the child with the needs of other family members may indeed be one of the most significant factors in sustaining long term stable relationships for children with FAS/FAE.

Chapter Six

The 'Community' as Support

Bronfenbrenner (1979) argues that a parent's capacity to function effectively is based on complex interactions between the child, the family and the community (p. 7). Gilligan's (2000) ecological perspective implies that healthy child development occurs across a range of contexts and environments, not simply 'in the home'. She suggests that children who appear to have higher levels of resilience may have developed 'arenas of comfort' outside of their family home, including supports within the school and the community (p. 110).

Arenas of support can include professional and social supports. Barth and Needell (1995) indicate the need for a strong compliment of professional support for children with FAS/FAE. Fuchs (1995), Redhorse (1980) and Timpson & Semple (1997) propose 'helping' models that include a strong element of peer and/or social support. Fuchs (1991) explored the utility of social networks within an urban context in his Winnipeg-based study of families at high-risk for child welfare involvement. This study found that families who possess healthy social networks and who also link with some community-based (professional) supports show strengthened parental capacity. Families with lower levels of social support tend to experience higher levels of stress. Redhorse (1980), reflecting from a First Nation context, suggests that social networks or social supports are primarily located within the relationships between 'family', 'kin' and 'community'. Redhorse goes on to write from an Aboriginal perspective, that self-reliance is not necessarily independence, but instead the capacity to be interdependent with others in the community. Timpson and Semple (1997) argue that within a First Nations' value

perspective, the 'clan' or extended family is its own social support network. The concept of social support seems to imply different things from variant cultural perspectives. However, the common threads connecting the above noted theoretical constructs are that interactions between community and family, together with a wide spectrum of available, healthy community-based social supports, can increase the long-term capacity of a family to continue caring for a child. Community supports as have been considered by Barth and Needell, (1985), Fuchs, (1995), Redhorse (1980) and Timpson and Semple, (1987) are acknowledged to range from informal to formal and may include friends, family, community allies as well as school and recreational programs and medical and professional services.

The foster families in this study clearly articulated relationship problems between the child and the community. Problems of this nature seemed to intensify as the children aged and began to use community or neighbourhood resources somewhat independently of their parents. Participants expressed a higher level of concern about their teenagers, and in particular noted problematic interactions between their teenager's disability and negative influences within the community. This 'lack of fit' between the child's needs and the community's responses contributed to stresses within the home and family, at times increasing the possibility of placement breakdown. The foster parents also noted that they found the help of informal supports such as family members and friends most useful in helping them support their children.

The foster parents identified many examples where 'community' in the larger sense failed to respond to the needs of a child with FAS/FAE. It was within this context that the study continued to explore the influences of the community on maintaining long-

term placements of children with FAS/FAE. This part of the exploration began by looking broadly at issues related to a family's understanding of 'community', including issues related to the participants' concepts of community support. Further, the participants' views of the capacity of their community to support their children with FAS/FAE were discussed. Specific content areas included the availability of professional and non-professional supports within their community and issues particular to their community that caused difficulties for their children. References were made to the characteristics of rural and reserve life that they thought helped or hindered families in supporting children with FAS/FAE.

From this backdrop, the study then looked specifically at the two largest 'community' systems in the lives of the children represented by the study, in this case, the school system and the local child welfare system. To close the discussion on this domain, participants were asked to describe their vision of a community that worked well for their children. The overall views respecting community will be discussed in the remainder of this chapter, while two separate chapters following this one will focus on the school system and the child welfare system.

Overview of the Communities Represented by the Study

The eight families participating in this study lived in seven different communities. Four of the families represented came from communities 'off reserve' and the other four lived 'on reserve'. Of the four families in the 'off reserve' group, two families lived in rural homes at least 30 minutes from nearby towns. One family had relocated to small rural town and another to a larger town within the last year¹⁰. All participants in the 'off

reserve' group lived at least 225 kilometres and up to 500 kilometres away from Manitoba's capital city and 'hub' of professional services, Winnipeg.

The four families in the 'on reserve' group lived in three First Nations communities in south-western Manitoba. Two of the reserves have a small population and are located in remote areas well off a main highway, approximately one hour from a town. The third reserve was somewhat larger, located just off a major highway, approximately twenty minutes from a town. The 'on reserve' communities were located between 250 and 350 kilometres outside of Winnipeg.

The economy within the geographic area is maintained primarily by farming, fishing, and ranching. There is no primary industrial base. The area has a high unemployment and poverty rate compared to other regions within the province. Both poverty and unemployment are more severe 'on reserve' than 'off reserve'. However, in this study, six of the eight participating families had at least one adult with paid employment. The individuals who were working had occupations in either a service industry or the building trades. One participating family collected Old Age Security. One foster mother chose to leave paid employment to stay home with her foster children. Two of the families used their foster care payment as their primary family income. The estimated family income for the participants in this study ranged from \$25,000 to 45,000 a year.

Professional Supports within a Rural and Reserve Environment

Rural community members generally tend to have fewer service options in the areas of professional and therapeutic supports than do urban dwellers. In an examination of issues pertaining to rural social work practice, Carlton-LaNey, et al., (1999) reported

that rural areas are often under-serviced due to a lack of trained staff and the increased costs associated with time and travel for the professional service provider. Trute, et al., (1994) add that fragmentation and a lack of co-ordination between few existing services may also be a factor in reducing options for families. Within a First Nations context, it is also important to add the ongoing jurisdictional struggles between provincial or territorial and federal governments regarding responsibility to provide services and/or funding for services (Johnston, 1983) Some services funded provincially are not accessible to families living on federal, reserve land.

Within this context then, it is not surprising to note that participants in this study used relatively few professional services beyond basic educational provisions and specific medical services, to support themselves and their younger children. In looking at the kinds of supports accessed by the families in both the 'off reserve' and the 'on reserve' group, only two of the children, both 'off reserve', were receiving ongoing professional therapy supports. The services utilized were offered through the child welfare agency and provided directly in their homes. None of the children attended day care programs. Two of the families enrolled their children in 'skill enhancing', recreational lessons, located 'in town', while all of the others used drop-in, school-based, or church-based recreational options locally available.

Use of professional services was lowest among the 'on reserve' participants. Among this group, not one family was accessing any form of voluntary or non-mandated professional support. The pertinent question then to be asked was, 'what supports are used to replace or replicate professional services available in an urban setting'?

To explore this domain, participants were asked to identify the supports they used in the community that helped them maintain their commitment to their child or children. The question was intentionally vague in that it did not differentiate formal or professional from informal or non-professional supports. This allowed participants to both define what a 'community support' was from their viewpoints and, as well, provided the researcher with their perspectives on what they thought might be the 'best' supports for themselves and their children.

'Professional supports' were not viewed as 'community supports' among the majority of participants in this study. For example, when asked about their usage of community-based supports, only one participant identified a 'professional' service in their list of community networks or community supports. Instead, participants identified family members, friends and, in some cases, the church as part of their community-based support network. Every participating foster parent expressed with confidence that their family and friends offered the best possible supports for themselves and their children.

It was particularly interesting that when asked about 'professional supports', participants did not identify that their lack of involvement in these services created any kind of barrier to their ability to support their child. In general, parents reported that they felt that, if needed, they had enough access to professional services such as doctors and therapists for their child, and that the drive to these services was a 'natural' part of rural or reserve life. As one foster parent said,

I just go to town for any of that stuff...Sure, it's not a problem. It's a lot more convenient than going to Winnipeg. ('off reserve' female participant)

Further, most suggested that various community-based services such as the church, the band hall, and the school offered enough recreational activities to support their young children's needs without having to look outside their geographic area for help. In a couple of examples, foster parents expressed their general level of contentment.

I suppose it's less here, but there is nothing really that is affecting me. Like I have no problem with getting what I need. If the kids want to be in sports, there are sports. ('off reserve' female participant)

They are involved in things at school and if we went to a dance we would take them. Wherever we went we took the kids with us. They are not stuck at home all the time. It is just regular country life...There are ball games in the summer time and Karioke in the school. ('off reserve' female participant)

Close family ties and intergenerational support among families are characteristics often noted in studies of rural family life (Brawley, 1982; Carlton-LaNey, et al.,1999). Carlton-LaNey, et al.,(1999) point out that families in rural environments highly value their autonomy, their independence, and the fact that they do not place a high reliance on professional services (p. 9). Rural families perceive self-reliance and personal capacity building as important components of personal character and rural living.

In the case of these eight foster families, some concerns were raised about the lack of professionally provided community services designed specifically to support teenagers and their parents. Foster parents in this study felt the lack of services for adolescents led the youth to involvement in inappropriate activities that created additional

problems. For example, two of the youth in the 'on reserve' group were struggling with addictions and had legal charges pending. Parents of these children expressed great concern about the lack of services or supports to reduce their children's vulnerability to destructive community elements.

It was also apparent that as youth became more involved in non-voluntary services, such as the criminal justice system, a family's capacity to provide support to their children diminished. Both foster parents in these two examples, felt that their ability to act as advocates for their children was undermined by the court system. They felt that this system offered no information or help for their child. One foster parent comments:

I guess I did talk to his worker but she never got back to me. I don't know if she's concerned or what's happening. I don't know. I told her and I have never heard anything about it after that. She never came back and talked to me or my son for that matter. I just reported what was happening. And I never heard. ('on reserve' female participant)

These families felt that the service systems did not respond appropriately to their children's special needs. In the case of one teenager who attended an addiction program, the program was described as being 'too advanced'.

In the treatment program, he was the youngest one there, and it was too advanced, it was for older kids. So they tried to put the program to his level but it was really hard. ('on reserve' female participant)

It appears from the remarks made by the participants that while foster families preferred the support of family and friends while their children were young, the families of teenagers or older children felt a strong need for alternative professional supports that

perhaps could help reduce the children's vulnerability in the community itself.

Participants realized the level of the needs related to adolescents who had FAS/FAE and desired services that were family-centred allowing them to maintain continuing support for their child. Examples might range from community based addiction programs, training or skill development programs such as trapping or fishing, to sports or recreationally based programs.

Concepts of Community among Rural Participants

Along with an appreciation of the level of professional services foster families used, this study was interested in looking at how participants conceptualized 'the community', particularly in relation to its use as a support network for themselves and their children. That is, what did they envision the community offered, or could offer, themselves and their children that was helpful in supporting themselves and their child?

Questions posed to explore this included probes regarding the reasons that participants lived in their communities as well as the types of supports that their communities offered or didn't offer. Responses in this area suggested some subtle differences in how each group, 'off reserve' and 'on reserve', came to acknowledge and understand the value of the community in meeting the needs of themselves and their children.

As noted earlier, that when asked, the 'off reserve' participants all described close family connections as a primary reason for maintaining a rural lifestyle for themselves and their children. One woman also described the depth of her ties to the area and to 'the land'.

My family has been on this piece of land for sixteen years already. My auntie lives over there. My grandpa owns this piece of land. ('off reserve' female participant)

Rural participants also agreed that increased family connections and 'knowing that the children were safe' were the anticipated positive aspects of living in a rural environment. Brawley (1982) suggests that rural families often choose a rural lifestyle specifically to maintain a strong, family-centred lifestyle. Participants confirmed this, suggesting that living in rural communities allowed their families to remain more connected while providing them with a sense of security related to their children's activities. Comments in this regard included,

We lived out of town... And they stuck to the rules pretty well all of the time. And if we didn't like the friends they were hanging around with it was easy to cut them off because we were out of town. We just didn't take them there anymore. ('off reserve' female participant)

We bought this farm because with (my foster son), we had to drive him to the door at school and we had to pick him up everyday, and we wanted something where he would go on the bus. We wanted something where (my foster daughter) could be outside because neither of them would go outside unless you were with them. And with (my other foster son), you had to hold onto him because of consequences and stuff. ('off reserve' female participant)

While parents of younger children appeared to prefer the increased autonomy of rural life, it did appear that this lifestyle seemed less supportive and protective as the

children aged and began to become more involved in recreational activities in the community. This seemed particularly important to the two families who used a higher level of 'professional' recreational activities for their children. These families cited their children's increased recreational needs as reasons for moving from a rural area to town.

Well mostly we moved to make life easier for us because I couldn't keep up the pace of working and taking (the child) to his lessons everyday and running the kids back and forth to their activities. It would have been five days a week travelling back and forth to town. ('off reserve' female participant)

For one participant, balancing the anticipated positive qualities of rural life with her children's desire for increased opportunities found in a less rural setting was creating some struggles within her home. The increasing needs and desires of her children to have a life 'outside their home' clashed with her desire to continue to live on her family homestead. She said,

My daughter wants us to move into town. They have better opportunities for entertainment, to go out and not to just rely on the TV or stereo. I can see myself facing a whole lot more problems like that. ('off reserve' female participant)

These comments suggest that among the rural families in this study, the commitment to a rural lifestyle was more connected to a desire for a higher level of family cohesion and family support than to a specific cultural community. In general, commitment to physical space was connected to the level of services and supports - professional and volunteer- available to themselves and their family. It appeared that as accessing services became more problematic and a family sensed that the community was no longer meeting the child's needs, a family usually began to think about moving into

town. The notion of moving to better match the needs of the child was also observed in a decision made by one family who had begun to struggle with racism in their rural community, a struggle that this foster mother claimed further influenced their decision to move into town.

When things would go bad in school, she was the 'little Indian'. You know how little girls are, little girls are the worse in the whole world for being catty, they're horrible...and when it was her turn to be on 'the outs', she was an Indian.

('off reserve' female participant)

It was interesting to note that families within the rural group appeared to make decisions about where they would live based on the flexibility of their community to meet the physical and emotional needs of their family and especially their children with FAS/FAE. Their concepts of 'community as a support system' seemed to be based almost entirely on the capacity of community to provide for family cohesion as well as having a sense that 'community' means having a safe and healthy place to raise children. None of the families in this group expressed a strong bond to people or to activities undertaken by others in the community beyond those that might be accessed to support their children. For the families in this study, their principle motivation for maintaining a rural lifestyle tended to be both 'child and family' focused.

Concepts of Community among Reserve Members

Families in the 'on reserve' group conceptualized 'community' as more than a physical or geographic space in which to raise their children. Instead, they tended to view community as a cultural space in which to impart family and community values to their children. The values that these foster parents spoke of included a capacity to make strong

connections to social relationships and community solidarity. The foster parents 'on reserve' held and expressed a belief in the shared values within the community as well as a commitment to the long term viability of the community itself. A 'clan and community-centred' perspective contrasted with the 'child and family centred' approach described by participants in the rural or 'off-reserve' group.

The clearest example of expressed clan-community focus came through the 'on reserve' participants' various commitments to building and maintaining social relationships within their communities. While both the rural and reserve participants saw family cohesion as a valuable part of raising children, the 'on reserve' group extended their notion of 'family' to include numerous community members. These people, while outside the family, provided relationships which aided in the rearing of children, suggesting that families held a strong sense of shared commitment to raising their children within a community context. Families expressed a sense of 'kinship' with their neighbours, asking them for advice and support in various aspects of their child rearing practices. One foster mother talked about reaching out to community before family.

I asked the community because our community is close and they hear everything and they said, 'oh you shouldn't, it's just going to hurt them'. I kind of went to the community and not my own family. ('on reserve' female participant)

'On reserve' foster families described having more help from their communities in raising their foster children with FAS/FAE. However, at the same time, they saw their personal actions as integral to building a better support program for their children. One woman described her approach to the reserve school this way,

The moment (my second son) walked in to school, I heard they were pointing to him and saying 'that's another child with FAS coming in. I put a stop to it right away, I said, 'you're not going to do that with my kid'. I fought them. And now it is all settled and I got my way there. ('on reserve' female participant)

Another relayed how living in a small community and knowing the other people made a significant difference to supporting her child with FAS/FAE.

I think when you are looking after someone from another family in the community, then they always try to keep the visits. I think that's good because here everybody knows one another and they try to help one another. I think it's good. ('on reserve' female participant)

Brown, Haddock and Kovach (2002) describe common 'Aboriginal family values'. Prime among these values are interdependence, relationship, and respect for extended family, clan and community. Suggesting similar value themes, these foster families described a key part of their role as providing their children with a strong bond and acknowledged membership within their community. In relating as family and community to the child, they were sharing traditional values of respect for family, clan and tribe (Fischler, 1985, p. 96).

Valuing membership in the community was also noted among participants in the 'on reserve' group with respect to adoption. Two of the families in the 'on reserve' group expressed concern that their foster children did not have legal status in the community in which they were growing up. This concerned the foster parents who felt the children should be full community members. As one foster mother said about the lack of official status, but connection to family:

They're not really 'Treaty' to my reserve, yet they're still part of my family.

(on reserve' female participant)

A foster father discussed his concern with his foster child's legal status:

She only has a year and a half before she is 18. I mean she has started to think about that right now because of her education, she's not really registered to our band, she's registered to another community. Now if she wants to hang her hat here for the rest of her life and kind of belong well, we really can't do anything because she's not our band member. Although it took years for us to get her healthy. (on reserve' male participant)

It was also interesting to note some of the patterns of movement, in and out of community, made by members of the 'on-reserve' group. Each of the participants had, for a period of time, moved away from the community and had returned 'home' saying that that they missed the cultural and family supports offered within the reserve environment. At the time of the study, one foster mother was struggling with a decision to move as means to provide a better school program for her child. However, it was also apparent that her partner did not wish to follow her outside of the community. The following is a piece of the discussion:

(Researcher): You are talking about moving into town?

(Male): She is still. I'm staying home.

(Female): That's the only reason, that's my only reason because of the schooling. I thought maybe a change in schooling would do him better. That's what I wanted to find out.

(Researcher): Are there more services in town?

(Male): For him maybe, there's probably more bad activities out there then out here too. There are a lot of activities out here. He just doesn't go to them. There is baseball, there is hockey. ('on reserve' female and male participants)

Finally, when asked, it appeared that the 'on reserve' participants tended to identify 'supports' as those available 'on the reserve'. Those available in neighbouring communities were perceived as less desirable. In contrast, the 'rural' participants tended to identify 'community' supports across a wider geographic area, including the immediate area and neighbouring towns.

It appears therefore that while both groups tended to use a high level of natural and family supports within their communities, distinct differences between the two sub-groups were observed. The rural group tended to be more focussed on 'helping the child' and by extension, helping the family. The 'on reserve' group tended to use more supports that helped the whole family function as well as maintain their cultural identity. 'On reserve' families appeared to make due with services available within their own community while rural families seemed more apt to search for services throughout a larger geographic area.

Summary Thoughts on Community

A review of issues within the community domain suggests a distinction between the way 'community' is conceptualized by rural and reserve based families. While rural families tended to see the concept of 'community' as a place to raise children and support the goals of family cohesion, reserve families described community as a place to impart their cultural values, share world views, and to develop kinship support. This suggests

that one might consider the goals of community involvement and community-based services differentially for rural and reserve foster parents. In this study, the 'on-reserve' participants preferred supports be available within their communities. The rural foster parents seemed to be willing to engage in greater degrees of travel in order to access services. It also appeared that the 'on reserve' group was more prepared to 'make do' with the available supports while the 'rural' group was prepared to relocate if the supports they felt needed were not readily available.

Foster families in both the rural and reserve communities preferred the use of family or friends to paid professional supports wherever possible. When asked, participants identified family members and friends as key components in their support network. This would suggest that while children are young, a social network or family support model as suggested by Fuchs (1995) or Redhorse (1980) is preferable to both rural and reserve parents. However, as children became teenagers, families seemed to experience more difficulties and were more anxious to have professional supports targeted to their unique needs, which are preventative in nature and helpful in restoring family cohesion when problems became overwhelming.

Finally, it appeared that in many critical ways the community did serve as an important support for families living with children with FAS/FAE. The participating foster families depended on a range of community supports including church, school, sports clubs and dances as well as counting on friends and family members to help reduce some of the pressures related to raising high need children.

Chapter Seven

The School in the Community

The school system is perhaps the single most important resource system for the majority of children in a community. Schools provide children with opportunities for intellectual growth and skill development. They also help children build social skills through the development of relationships with other children and adults in their neighbourhood. In many rural communities, schools are the hub for extra-curricular programs and recreational activities. Children who feel safe and supported within the school system tend to stay in school longer and, as a result, have enhanced opportunities for long-term healthy outcomes as they reach adulthood (Resnick, et al., 1997; Health Canada, 1999). Conversely, children who do poorly in school, or who drop out, are at higher risk for delinquency, substance abuse and teen pregnancy (Resnick et al., 1997; Health Canada, 1999).

Children with FAS/FAE tend to be at higher risk for experiencing difficulties in the school system. For example, a study of 'secondary disabilities' associated with FAS/FAE (Streissguth, et al., 1997) found that 60% of American youth with FAS/FAE experience some kind of negative disruption while in the school system. Similar summary statistics related specifically to Canadian youth with FAS/FAE are not available. However, there is clear recognition that children affected by learning disabilities often struggle within the school system, and it is acknowledged that children with FAS/FAE often have significant learning disabilities. (Barth, 1991b; Lasser, 1999) In Canada, the school drop-out rate for youth with learning disabilities is 35%, twice the national average for all youth (Health Canada, 1999, p. 51). With this knowledge, one

can infer that in Canada children with FAS/FAE are likely to be among those who face significant difficulty within the school system.

Another important issue must be considered here. Aboriginal children do not fare as well within the school system when compared to all others. While educational attainment levels are increasing in contemporary times, only 46% of Aboriginal children complete a high school program compared to 70% of the general population (Health Canada, 1999). The 'double jeopardy' of living with the effects of FAS/FAE coupled with being of Aboriginal descent, make the children in this study among the most vulnerable for school failure.

In relation to this domain, the study considered two issues related to schooling for children with FAS/FAE: 1) issues related to the capacity of the school to provide a quality education for children with FAS/FAE, and 2) issues related to the effectiveness of the school as a community partner in supporting families to preserve long-term stable relationships with their children. Both the specific academic needs and the counterpart supports were explored with the foster parents. During the interview process we also discussed relationships between the school, the family, and the community.

Overview of School Programs

Thirteen of the fourteen children in the study were school aged and eligible to attend school. The fourteenth child was too young. Four children attended band controlled schools in three reserve communities. Seven children attended provincial schools in four different divisions. Two children had left school in the past year.

Among the children in the 'on reserve' group, five were attending band controlled schools in their home communities, four in a 'regular' school program and a fifth in an

upgrading program offered on the reserve. One child attended high school in a neighbouring town as the band school did not offer a program for senior students. Another child had been expelled from a band controlled school for behavioural problems.

Two of the children in the 'off reserve' group were bused into the local town to attend school. Two others walked to school, while one child was driven to school by his foster mother. One youth had dropped out of school and was now being home schooled. There was one youngster who was not yet old enough to attend school.

All of the school-aged children in the study had received help through their school resource program at various times. Three of the five children in band controlled schools were receiving ongoing special education support. This support came in the form of a teacher's assistant who worked throughout a classroom, or a personal aide designated to the child. One of these three children works solely with an aide in a resource centre, not attending any 'regular' class functions. In the 'off reserve' group, two have ongoing aide support. A third student attends a low enrolment, behavioural support program.

The School as a Site for Learning

Burgess and Streissguth (1992) identified problems in school as common among children with FAS/FAE. They found that between 70 and 80% of children with FAS/FAE gain 'behaviour problem' labels while in the school system. High rates of involvement in special education programs have also been noted in the *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998) and the 1998 *Manitoba Special Education Review*. Children who are constantly punished or who experience negative feedback from their teachers for their 'acting out' may begin to feel that the school

system is against them. Children who also experience difficulty 'learning' may become very frustrated and find school a stressful place to be.

All of the families in this study reported that they were concerned about their child or children's academic progress in school as a result of their FAS/FAE. These foster parents also connected the children's learning problems and school related behaviour to the impact of FAS/FAE. Parents reported that some children were experiencing minor learning problems. Others told of children who were significantly behind in all subject areas. Of particular concern to most of the parents, indeed, seven of eight, was the concern that their children were having or had had a great deal of difficulty learning how to read. As two parents said:

It's been really hard for her. It's just the very basics of reading, it's just the smallest words. And with some schooling she was getting better at it. I'm still hoping that she could at least learn to read. ('off reserve' female participant)

(My wish is that) they could read and write. The school is good but I don't think they are teaching them. My one son, a little bit but not the other. They didn't really teach him to read, to like sit him down and read. ('on reserve' female participant)

Several foster parents saw 'reading' as a marker of academic success and not being able to read as a significant marker for vulnerability in adult life. A capacity to read seemed far more important to participants than skills in any other academic area, including mathematics or money skills. These foster parents saw literacy as a key to greater options in adulthood.

They have to go to school if they want to make something of themselves. I realize that. If they want to get a job, they're going to need an education. She has to do it, especially with this new reading program. ('off reserve' female participant)

Behaviour problems, specifically hyperactivity and aggression, were also noted by foster parents of a number of the children represented in the study.

Because he has a lot of energy and he's very active, he can be aggressive. He's not really a bully but he can be aggressive in what he wants, like 'I want it now'. But he doesn't hit kids or anything, it's just they're trying to modify his behaviour. That is why they call it behaviour modification. ('off reserve' female participant)

My daughter will sit there for not even five minutes, and she'd be up wandering around. She can't stay still, she has to be moving. ('on reserve' female participant)

As suggested earlier in this study, parents remarked that their children's inability to 'sit still' in the classroom or other learning environments created additional pressures on the family, as schools seemed to rely heavily on the parents to 'make' the child behave. Parents spoke openly about the frustration of answering many calls from the school and having to go pick up a child after an outburst. One mother attributed the constant calls to her thinking about giving up the child at times.

I almost gave her up about a month ago, because the teacher was always phoning everyday. I did phone the worker and told her that I'm getting pretty frustrated with her, I think I'll let her go...the phone calls from the teacher are bad. Because

at home, I can handle her, but it's the teacher phoning to say that she's not listening, she would rather talk to the next person beside her and not do her work.

('on reserve' female participant)

Another foster mother clearly described a link between poor school performance and involvement with delinquent behaviours when she explained that her son's inability to sit through a class led to him to fall farther and farther behind in school. His frustration with school, in turn, encouraged his involvement with drugs. Yet another suggested that her child's hyperactivity made it difficult for the child to stay focused in the classroom. As a result, his teacher had begun to send home his unfinished work, expecting her help to finish it. This led to increased tension in the home every evening. As a result, she consciously decided to reduce the level of homework she would do with her children in an effort to generate positive time with the family. She states:

These kids should not be coming home with pages and pages and pages of homework. As a parent you feel responsible for your kids to make sure all their work's done and that. But I found with my kids, especially in (old hometown), the only positive place my kids had at that time in their life was in my home. And if I was going to be fighting with them with homework from the time they got home from school until they went to bed-and they might do this much - then that's not positive. That's crazy! ('off reserve' female participant)

Teenagers and schools Of particular interest within this study was the high percentage of the youth, over twelve who were struggling in school. Of the four families supporting teenagers, three spoke of the growing difficulty their children experienced as

they moved into the higher grades. Two of the foster mothers expressed some detailed concern;

Well, I've had a really hard time for the last two years, when school went bad. I think he couldn't do the schoolwork. Like his marks, if you ever go back, I don't know if they even have them, but since grade 8, oh boy he had nice marks. It's more intense now in grade 9, 10, 11...and he can't sit still long enough.

('on reserve' female participant)

He goes to school, it's not the big school. I think it's a special school for special kids like him. Like some bad kids are there. He's been mad about it. He says 'we don't do nothing, we just talk and that's it, we don't do any work'. ('on reserve' female participant)

Two of the four youths in this study had recently dropped out of school and their foster parents were alarmed at the aimlessness in their daily lives. One parent expressed her concern that difficulties in the school and the lack of support targeted to her child's needs contributed to her daughter's sense of frustration. It was the high level of frustration that led to her dropping out of school:

When she was going to the school in town, they were giving her a very hard time. Lots of homework that she couldn't possibly do unless I helped her with it. They were giving her a very hard time in school. She couldn't be in the same grade as her friends were and it frustrated her so bad that she wouldn't go. She wants to go, but if she can't do it.... ('off reserve' female participant)

Families related the difficulties they have experienced as a result of their children's tenuous relationships to school systems. It appeared from these interviews that

as the children aged and academic subjects became more difficult, parents became more frustrated at the lack of 'good' school programs for their children with FAS/FAE. Among the parents of the older children especially, the sense of frustration that the school did not meet their children's needs was very apparent.

Parent Involvement in the School

While the school system may have been an area of stress for many of the foster parents as well as the children, the majority of the foster parents displayed an active interest in supporting their children's involvement in school. This was especially true for the parents of younger children. Parent involvement took several forms including searching out special programs, advocating for their child, and working in the school with their child. Parents of younger children felt that their direct involvement was an important part of supporting the child's education. One parent described a rather unique strategy to keep her son in school;

We're always going to the school, every time. We went into the new school as soon as I got him to let go of me. We went right over to the new school and I said, "look this is my son and I don't want you phoning me to tell me he's suspended because I'm not coming to get him". I said, "he'll do anything in his power to get kicked out and don't you dare let him leave the school grounds at lunch time, he stays in school"...it's been wonderful since then. ('off reserve' female participant)

Another foster mother described her commitment to keeping the child in school:

They think that I won't go to the school if the teacher calls me. That's what she thinks, I'm not going to make it if I have to go to the school. But she's going to

be very surprised one day when I go into that school and I'm there. That's what I was even thinking, if that teacher keeps on phoning, I'm going to go there. I'm going to go and sit there with her and make sure she does her work and not fool around...I'll be in my chair and I'll be in her class. I don't think she'll appreciate that very much if I was to go and sit in the class, but I would do it for her.

('on reserve' female participant)

However, as children aged, families found it more difficult to play an active role in their children's education. This, plus the growing gap between the children's skills and the expectation of the school and teacher, often led to increased frustration on behalf of the foster parents and their children. Parents watched helplessly as their children failed. One parent said that the constant fighting with the school for supports for her child made her feel powerless and defeated:

He needs one-on-one teaching assistance, but getting after the school is useless because they wouldn't even talk to me about it. Why should I bother?

('on reserve' female participant)

It also appeared that some participants in the 'on reserve' group felt that the 'problem' in school may have been related to the lack of resources available in a 'band operated-locally controlled school. One father talked about his experiences in a band operated school by describing his struggle:

Then I blamed everything, the school, I blamed the teachers, I blamed everything else until finally we had no choice but to look at it. I guess the last straw was she was in grade one and they refused to pass her into grade 2. She was still struggling with her kindergarten stuff and all the way 'til grade 1. I wanted to use

my influence and my size to go over there and talk to the principal and ask them to pass her. But it didn't happen. Well now she's 2 years behind.

('on reserve' male participant)

Two of the families in the study moved, temporarily, to areas outside of the reserve, believing that provincial schools might provide better programs for children with FAS/FAE. It was interesting to note that they were mixed about the success of the move to provincial schools in place of band operated schools. One parent claimed that the child's move to a provincial school was the best decision that they had ever made in that it provided the extra support they needed to stimulate their child to read. The other parent said that the provincial school had even less knowledge of the needs of children with FAS/FAE than their band operated school. Both of these families returned to their home communities and their children have returned to a band operated educational institution.

What works in schools. Families in the study were also asked to describe school programs that seemed to work well, or which they felt had been supportive for their children. Several of these foster parents noted that 'good' school support offers a mix of individualized programs together with a teacher that recognized when their child was struggling and helped them along. Others mentioned that positive results were realized when the environment was highly structured and activities predictable. One parent, for example, enrolled her Aboriginal children in an Ukrainian Immersion Program to take advantage of the small, structured classes. Another used the services of the school counselor to provide a weekly 'check-in' with her daughters to ensure that her children feel supported in the school. A third spoke of her son's segregated, behaviour

modification classroom as a useful support in providing her child with the extra one-to-one support that he needed to change his problematic behaviour. She said,

He's in a program in school. It is behavioural management, and what they do is, he works one-on-one. Well, what they do is that he works in the classroom setting but he will work one-on-one with a teacher's aide who comes in and most of the time she's just kind of observing until something happens and he gets angry at another child, or maybe he's not sharing. There's been times where he'll want to read a book and the teacher will put the book in the front of the class. He will go right up to it so nobody else can see and he'll get really possessive of the book. They'll ask him to move back...sometimes he'll listen and sometimes he won't.
(on reserve' female participant)

Tanner-Halverson (1997) proposes that an 'optimum' educational program for children with FAS/FAE contains five key elements: structure, consistency, brief presentations, variety, and repetition (p. 79). Davis (1994) argues that small, self contained classrooms with few distractions, clear rules and a high level of adult support, also helps provide positive learning environments for children with FAS/FAE. It appeared from the responses of these families that through personal experience they too identified similar elements as important to 'good schooling' for their children.

Special education resources. As suggested earlier in this chapter, the 1998 *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* reported a high level of involvement of children with FAS/FAE in Special Education programs. Approximately a half of the parents responding to that survey reported that their children were engaged in some form of Special Education program. Figures from the Manitoba

wide survey matched those noted in this study. Among the students represented in this study, seven of thirteen students, or slightly more than 50%, received additional funding to support their special needs. The foster parents were asked to talk about the resources that their children received, or did not receive, in the form of Special Education support.

This study noted a great deal of congruency with the findings of the Manitoba Survey in relation to the types of supports needed to best help children with FAS/FAE. Families in both studies reported that one-to-one aides were the best method of providing needed support to their children. Further, families in this study saw the lack of aide support as contributing to their children's frustration in school. Families of children currently receiving aide support agreed that this helped their children to focus and learn. One foster mother felt that her child would profit from increased aide support in the early years believing that this support would reduce her child's vulnerability in later years.

What would I like in the school? Well, I think I would want an aide for her alone.

She's going to struggle worse than she is now when she gets to a higher grade.

It's going to be worse so she needs all the help she can get and I don't know, maybe a tutor or something would really help. ('on reserve' female participant)

It was troubling to hear that none of the three students who had dropped-out had received aide support during their school years. This was in spite of the fact that each of these children had been identified early in their school program as children that were experiencing serious problems. Parents in these situations remarked that they had fought for special education supports numerous times, particularly for aide support with no success. They believed that an aide in school might have prevented their children from

dropping out in frustration. One foster mother described what she viewed as inadequate resources:

Oh they had aides there, but just what they put in the school. You ask her and she never had any one-on-one in the school. They'd help her but then they'd have to go on to the next child and help them, all of the five or six slow learners.

('off reserve' female participant)

While aide support was cited most often by parents as the best option to support a child, one couple reported that they found a 'talented' resource teacher who was very good. They reported that support of this resource teacher at a critical time in their child's school program "was worth a million dollars". The resource teacher's strategy was to provide a customized program, adjusted to their child's learning style. This ultimately helped their child learn to read and improve her reading skills. The resource teacher also acted as a consultant for the whole family, providing a number of ideas and suggestions that the family continued to use over the next two years. For example' the foster mother said,

She couldn't read. She couldn't even recognise her ABCs. Because of her memory, her short-term memory, there was something wrong with it. I mean you could sit with her today she would remember, she would go up to the letter F or G, the next day she wouldn't remember it. And counting, today she'd go up to 10, tomorrow she would start with 6 then 3. Stuff like that. We didn't know what to do. We were frustrated, we didn't know. Until we ran into this lady, the teacher. She said 'right now it's a long process. You start small and you work your way up. Don't set any goals for this year just do what you can. Whatever

you get in the end, that will be yours forever to keep'. Next year, same thing.

And she came home the first day with a bunch of little words on a ring. And each day the words that she remembered were hers. She could add it to her ring. And then it would be my job and everybody's job and we took turns. ('on reserve' female participant)

This same resource teacher helped in another important way, reducing the pressure of the constant calls from the school requesting that the child be sent home.

In the old school they didn't have the resources to deal with her, so they sent her home all the time. Then all she learned was that she'd rather be with her Barbie's. When she went to the town to go to school, when she had her outbursts, the first one, the resource teacher phoned us and said she was having a problem. And I said, 'I'll be right there'. And she said 'oh no you won't-she's done it here, she'll stay here and answer for it'. ('on reserve' female participant)

The School in the Community

Within a rural environment, the community school often takes on a larger role than simply a place for children to be educated. In a community with few public meeting places, the neighbourhood school often functions as an educational institution by day and the local community centre in the evenings and on weekends. In some rural areas the school may be the principle venue for most 'after school' and evening recreational and social programs in the community. As a result, children and youth who are suspended from their local school often find that they have limited opportunities to socialize with peers. This was highlighted by one participant whose daughters had become temporarily isolated as a result of dropping out of school.

My kids, when they were going to school, they were involved in things at the school...you know in the school, they were banned before, but now they're allowed to go. The Friday dance started at 7, and my sister and I would take the girls and leave them at school and then we would go to our activity and by the time it was over at 10 o'clock the girls would be ready to come home.

('off reserve' female participant)

The loss of structured social programs may decrease opportunities for youth to exercise healthy choices. This is particularly important for youth with FAS/FAE who frequently need activity and friends, like all other youth desire, but who also require a high level of structure and supervision in their lives. One parent lamented how the loss of the support of the school increased her son's involvement with other youth in the community who were involved with drugs.

Discussion about Schools as a Community Resource

It is clear from the discussion that all of the participating foster parents had a strong commitment to ensuring that their children profited from their school experiences. It was also clear that some families felt a great deal of frustration about this point and in some cases this frustration led the foster parents to 'take the path of least resistance', literally giving up on encouraging their children to attend school. Some families felt 'helpless' in this regard. This was extremely important to the families raising teenagers. Those children who had not received adequate or appropriate educational support early in their school career were now school-dropouts. Every foster parent in the study emphasized the need for early intervention in the school system to maintain and support

help targeted to their children with FAS/FAE so that these children could learn basic skills such as reading.

It was also clear from this study that school systems play an important role in maintaining healthy lifestyles for youth with FAS/FAE. In a rural or reserve environment, the school offers more than a place to learn to read, it also functions as the local community centre. This was particularly significant for the foster parents who watched helplessly as their children were banned from one of the few community-based places where youth engaged in healthy activities with other children and youth.

Families in this study argued that there was a lack of partnership between the family and the school system. Emerging problems at school often led to increased pressure on the home-front. This stress manifested itself in different ways. One foster mother spoke of the need to eliminate homework from their evening routine. Another mother talked about the frustration of the constant calls from the school. Yet another talked about her son's increased drug use as a result of being expelled from school. These comments link family frustration to concerns about limitations in external community systems. In this case, these foster parents wanted to find better ways to work in partnership with their local schools to provide better opportunities and options for their foster children with FAS/FAE.

In the preamble to the *Manitoba Special Education Review* (1998), three major themes are identified as fundamental to the successful education of children with disabilities. These three themes are equity, capacity, and community. Equitable access to the educational system is developed when school systems are able to increase their capacity in the area of support to children with special needs. The review speaks to the

need to build 'bridges' between schools and the community for children with disabilities.

They write:

The school community, however, is not simply comprised of students and school staff. It must also include parents as well as other professionals and service providers who work with students and staff...The alliance between school and community needs to be a symbiotic one. If school and community are mutually supportive as a matter of practice - working collaboratively in the best interests of children and youth - then, there should be greater likelihood that young people with exceptionalities can move seamlessly from inclusive schools into inclusive communities (Lee & Bremner, 1998, p. ii).

Comments made by the authors of the *Manitoba Special Education Review* (1998) resonate with those made by family members in this study. These foster families believe that by increasing the capacity of teachers and educators to move into support children in the early years, and to increase the areas of partnership between family and school would increase their capacities to provide 'all-around' support to their with FAS/FAE.

Chapter Eight

Child Welfare 'Support': Contradictions and Opportunities

The final area explored within this study was the perceived effectiveness of the relevant child welfare system(s) in providing support to foster families raising children and youth with FAS/FAE. Child welfare is the generic term associated with public and private systems that society entrusts to care for children when birth parents cannot. Child welfare services and programs are driven by governmental legislation, implementation directives, and specific agency policies. Policies and protocols are interpreted and implemented by child welfare workers. While the general public may not be familiar with the specifics of child welfare policy, society's evaluation of 'effective' child welfare centres on the prevention of harm to vulnerable children in relation to the associated public costs. In the implementation of Canadian child welfare, often it is the child welfare worker, rather than the larger system, who falls under public scrutiny and is evaluated with respect to 'effectiveness'.

While child welfare workers carry out the policies of an agency, it is the agency that determines the operative ideology as well as the practice process and methods to be employed. Agency policies are influenced by the history, culture, and values of the community or communities that they serve. Critics of contemporary child welfare in Canada (Johnson, 1983) allege that child welfare practice maintains the biases and values of the dominant, more powerful social groups in society, thus limiting input from marginalized groups. The issue of control over child welfare services takes on special importance in the arena of First Nations child welfare. Control over local child welfare services by First Nations is a fairly recent phenomenon, occurring only in part throughout

the past two decades. In Manitoba, the transfer of control is being enhanced by the decision of the provincial government to devolve child welfare services for First Nations children to First Nations agencies. The devolution is to be complete sometime in 2003, paving the way for culturally appropriate First Nations child welfare services.

A First Nations' approach to child protection and child welfare practice centres on the value that children are not only part of a family but also of a community rich with culture and tradition (Carasco, 1986; Flette, 1995; Gilman, 1998). First Nations child welfare agencies put into policy an aim to increase involvement of birth families and home communities in supporting children and youth. First Nations agencies espouse several other practice agendas that act to support contemporary First Nations communities and to overcome a history of family, community, and cultural devastation related to many decades of 'mainstream' child welfare practice 'on' aboriginal peoples (Bellefeuille, Garrioch & Ricks, 1997). These goals focus on the transmission of Aboriginal culture and values. Included in policy designed to redress the loss of Aboriginal culture are such goals as a reduction in the numbers of aboriginal children placed in non-aboriginal homes, a recognition of the importance of the extended family, and a prioritization of repatriation between child and birth family at all times.

The agency that was involved in this study expresses its core values as follows:

- a) Aboriginal children are best protected within their own tribal community.
- b) First Nations are unique, and, as the primary resource for these nations, their children must be given every opportunity to grow up in healthy environments.

- c) First Nations are unique, and, as the primary resource for these nations, their children must be given every opportunity to grow up in a healthy community.
- d) First Nations are entitled to services that respect the culture and traditions of its tribe.
- e) Tribal life is the essence of Aboriginal society; its children belong not only to the natural parents but also to the extended family or clan and also to the tribe.
- f) The responsibility of raising a child does not rest only with the natural parents; it is the responsibility of the clan and the tribe. A family seeking help is exercising its rights as an extended family member and as a member of the tribe.
- g) First Nations have the right to self determination and to the exclusive jurisdiction over the children, regardless of where these children may reside. This includes those children previously removed from their tribes, as well as their children.
- h) Each First Nations community is unique; the needs and priorities of each community are best determined by people of that community and they have the right to input into decision making for their community; services must be community based.
- i) Provincial Legislation has no place on First Nations communities; the use of such a legislation is an intern measure only and the development of First Nations codes and standards is crucial.

- j) A child and family services agency must be an arm of the First Nations government and must deliver services that are unique and not a part of the mainstream. The agency is to be an extension of the support offered by clans and tribes; as such, it is to have a broad scope in its delivery of services and is to deliver services from a holistic view, respecting and recognizing community structures (West Region Child & Family Services , 2002).

It is through statements such as these that many First Nations child welfare agencies see an opportunity to re-build once powerful and healthy local communities.

The full implementation of First Nations child welfare policies regarding care of children with FAS/FAE will be especially important given the complexity of the needs of these children and their families. In 'mainstream' child welfare, children with FAS/FAE come into care at a much earlier age, almost three years earlier, than others (CWLA, 1992) and up to 80% never return to their birth families (Stratton, et al., 1996). How might policy that reduces the options for children being cared for by non-aboriginal families impact children with FAS/FAE? A similar question could be posed with respect to policy directives that discourage adoption by non-family parents. What might be the impact of these goals on this particular population of children and youth? Like similarly affected children, will they too be apprehended earlier, spend a longer period of time in foster care, and be likely to reach the age of majority as foster children? These questions point to the need to look carefully at the potential effects of agency policy and practice on the day-to-day experiences of these especially vulnerable children.

While an examination of overarching child welfare policy is important to the larger context of care for children with FAS/FAE, the foster families in this study saw

two specific variables that related to ‘effective’ practice by the agency. The variables they repeatedly referred to were the competency of the child welfare workers and other support staff assigned to ‘their case’ and the policies particular to foster parenting. These two components of ‘effectiveness’ were explored in depth with the research participants. This chapter will report first on concerns related to provision of service by child welfare workers and second on issues arising from agency policy.

A ‘Good’ Child Welfare Worker¹¹

Research shows that the relationship between the agency social worker and the foster parent can be a significant factor in foster home retention (Baring-Gould, Essick, Kleinkauf & Miller, 1983; Brown & Calder, 2000; Denby, Rindfleisch & Bean, 1999; Fish, 1984; Sanchirico, Lau, Jablonka & Russell, 1998). As the child welfare worker is often the first and maybe the only contact that foster parents have with an agency, the relationship between the worker and the foster parent is a key factor in ensuring that foster families have the supports they need to carry out their roles as alternative parents.

By far the most animated discussions in this research project took place when participants were asked to talk about issues related to the support they receive from the agency and agency staff. Given the fact that foster parents in this study had been fostering for between seven and 35 years, all of the families in the study had experience working with a variety of agency personnel throughout the years. Each participating foster parent had strong ideas about the kinds of child welfare workers, family support workers, and therapeutic counsellors that they found helpful to themselves, their foster children, and their families.

To explore issues related to the overall effectiveness of the child welfare agency as a community based support, participants were invited to talk about the qualities of a ‘good’ supportive child welfare worker and the qualities in a worker that made continued commitment to parenting more difficult. Later, the participants were asked to reflect on supportive and non-supportive agency policies that related to their capacity to provide care.

A commitment to the family. Families within this study all agreed that the best workers were those committed to ‘supporting the family’. This theme was interwoven throughout all of the discussions about ‘good’ workers. Qualities that the foster parents associated with good or supportive practice included: listening to the needs of foster parents, the ability to anticipate problems, being available during difficult periods, and following through on promises made. Worker commitment was most notably conveyed as the capacity of a worker to demonstrate an active and positive involvement with the family. Examples of comments in this regard include:

(A good worker is) someone who listens and maintains regular contact.

She came out on a regular basis, she asked if there was anything (the child) needed and she was there to do it...from car seats to making us realize that (the child) is FAS. She told us that (the child) was FAS. She told us that (the child) had failure to thrive. (The child) was in the hospital for (most of the first three years). She was right there with us. Any medical help that we needed, anything, she was right there, giving us a push up.

I find my support worker is good at that too. She's very plain and straight-forward. She can't do anything sometimes and she might not even agree with me, but she'll look into it the best she can and give you whatever you need.

Comments made by the foster parents in this study reflect similar findings in other studies. A study by Sanchirico et al., (1998), for example, showed that increased personal contact between the child welfare worker and the foster parent increased 'job' satisfaction among foster parents. Fish (1984) argued this same theme, noting that a demonstrated commitment by the child welfare worker, including tasks such as returning phone calls, was perceived by foster parents as a significant in maintaining a positive relationship between themselves and the child welfare staff.

Several participants in this study held the conviction that a 'commitment' to the family was more than being there during good times but also being there during more difficult periods. Some families felt that workers tended to stay away during particularly difficult periods for the family or wondered at times if the worker really didn't know how to best support the family. As one foster parent interviewed said,

I found the more problems that we had, the less I heard from anybody. I felt so alienated.

It was interesting to note that some families felt that a worker spending time with the family was almost as important as a worker 'fixing' the problem. Families commented that the best workers were those who could anticipate the needs of the family and respond in ways that demonstrated their commitment regardless of whether or not they were able to provide a solution. This was especially important to one family who was struggling with placement issues.

The kids were going for their first overnight and (the worker) was at my place a couple of days before. She said, 'I'm going to visit you Monday', and I said, 'you were just here'... 'Well no, I think you might need me Monday' she replied.

And I was upset, I bawled all the way home when I got my kids that Sunday night and I got it all out that night. I was ready to meet (the worker) and she came in and she said, 'how did it go'?... and she started to cry and I started to cry and we have cried.

Foster parents also defined 'support to the family' as more than simply providing for the child. For some, it clearly included support to the parent. This seemed particularly true for families in the 'off reserve' group who seemed to feel a stronger desire to maintain an ongoing relationship with the agency. One foster parent replied to the question of 'what's a good worker?' in this way:

A good worker? Well I guess someone who wouldn't dwell on the kids all the time, who would socialize sometimes. Talk about other things not just 'this is the way it is going to be' and think that every child is the same and has to be treated the same.

Another said,

I really liked (my old worker), she was my support worker but lots of times we wouldn't talk about the kids...she'd always phone me and ask, 'how did your weekend go?' And then when she'd come up we'd have a good talk. Sometimes we didn't talk about the kids, we just talked.

Participating families appeared to differentiate a good worker from a less effective worker by the level to which they followed through on commitments.

Participants felt that they were often left 'holding the bag' when workers didn't follow through on promises made to them. The next two examples highlight concern about commitments not being held.

The supervisor said I'm going to implement this. I'm going to give you X amount of dollars for (that) so you don't need to have to keep claiming each time. That was in February, I haven't seen X yet! But I keep spending the money!

I talked to the intake worker and they said it had to be someone referring (who could sign). I said, 'well this child is in care, is it all right if I use (the worker)? And that day, on admission, still nothing had been signed.

Finally, parents commented that, in their experience, workers who were realistic and understood the day-to-day realities of family life provided a better quality of support for the family. Participants commented that the best workers were those who were 'a bit older' and who had had experience raising their own children. Foster parents felt that these workers better understood the complexities of parenting difficult children in difficult situations. One foster parent in seeking out enhanced empathy said,

I think part of the problem with the system is that workers should all foster so they can feel what it's like.

Another lamented the naïveté of new child welfare workers:

I think the biggest fights have been with BSW graduates who are still wet behind the ears. Don't tell me about how I should live and conduct myself and handle certain situations without looking at a whole bunch of different factors. For

somebody to come in... and try to make me do something, it is not something I really take well.

Fish (1984) argues that placement success is often linked to the capacity of the worker to demonstrate that they understand the struggles that the foster families are facing. Brown and Calder (2000) suggest that a strong relationship between the worker and the foster parent helps parents feel understood and respected. These very points were certainly emphasized in the comments made by foster parents in this study.

One area that was not extensively explored in this study was the actual amount of time spent in interaction between workers and families and the specific types of interactions taking place. Without exploring this issue specifically, it appeared from the interviews that families in the 'off reserve' group had more contact and stronger working relationships with their workers than the families in the 'on reserve' group. It appeared from the foster parent interviews that the 'off reserve' group felt more positively than the 'on reserve' group towards the amount of time and attention they were receiving. This implies that while the 'on reserve' group may not specifically solicit the support of agency staff, additional interactions might increase overall satisfaction among the parents in the 'on reserve' group. Future studies in this area might want to look more closely at issues related to worker contact specific to 'on reserve' and 'off reserve' settings.

Partnerships in Planning for Children

A second important theme identified as integral to the concept of support was the desire by families to be involved in the decision making aspects of their foster children's lives. Family members within the study felt that they were often left out of the planning process. Decisions were made about them and their families without their consultation or

input. Participants argued that this reduced their capacities to help support their foster children's healthy development.

The involvement of the foster parent as part of the therapeutic team has increasingly become a topic of debate within the child welfare field. Waldock (1996), for example, comments that there is an increased need to use a team approach with foster parents and social workers working together towards better case planning for children in care. Sarchirico, et al, (1998) agree, demonstrating in their research that increased involvement of foster parents in case planning improved parental satisfaction. McCartt-Hess (1993) found that increased foster parent involvement in case planning enhanced information exchange between the worker and the parent.

Providing opportunities for foster parents to be involved in case planning also can help shift the focus of intervention from a 'child-centred' approach to a more 'family focussed' approach. Through involvement, families are better able to share the complexities of their family life with the social work team. Families can partner with workers to develop plans that include extended family members or additional community supports of which the worker may be unaware. Enhanced decision-making could take on a special significance in First Nation communities in which family needs are seen as equally important to, rather than less important than, the needs of an individual child. Further, individual case planning without the full involvement and support of the family may undermine and act to disengage natural supports available within the community for that child and family (Cross, 1986; Redhorse, 1980; Weaver & White, 1997).

Despite evidence that a teamwork approach might provide a higher level of foster parent satisfaction and can result in improved case planning, Sarchirico, et al, (1998) note

that this approach is still underutilized within the child welfare field and particularly for foster parents of children with special needs. As children with FAS/FAE have been shown to be particularly vulnerable to multiple placements, including difficult transitional periods demanding a high level of professional involvement, an increase in collaborative planning between agency staff and foster parents of children with FAS/FAE might help increase stability in placements.

Within the agency-foster parent context, it was interesting to note that all participating families talked about their desire for higher levels of collaboration between themselves and their agency worker(s) in the development of supports for their children. Several spoke about the disappointing lack of personal involvement when agency staff alone developed case plans for children. One foster parent relayed clearly the sense of isolation and feeling of frustration at being 'left-out'.

Nobody even bothered us for eight years... The only time that we used to hear (about plans) was from other workers. Never any planning, we were never part of any planning. We just carried on.

It appeared from the discussions that most foster family members did not feel that they were considered 'equal partners' in any part of the planning process for their children. Many felt that their role as parents to their children was seen as secondary to the 'important' work performed by professional staff who both 'supervised the home' and planned for the child's future. Plans developed were primarily 'child-focused' and rarely took into account the needs of the rest of the family. One foster parent expressed frustration at this situation when 'ordered' to undertake the worker's plan as part of the 'job' of fostering.

We're prepared to do those kinds of things if I'm asked. There is a difference when you're asked something and when you're told. A letter saying that I have to.

How hard is it to pick up the phone and ask me, how hard is it?

Bronfenbrenner commented that, "whether parents can perform effectively in their child-rearing roles within the family depends on the role demands, stresses and supports emanating from other settings" (1979, p. 7). Clearly some participating foster parents experienced stress emanating from the child welfare agency, rather than support. Some also felt uninformed regarding critical issues. A lack of information from workers was extremely stressful and made them question their parenting skills. They argued that it sometimes felt as though the role of the worker in the agency was 'to police the family' and not to provide needed supports. This issue was noted most often when foster parents talked about the lack of collaboration on issues related to support for children in their homes. All but one of the foster parents saw the lack of involvement in case planning as directly related to three themes: a) lack of trust between the worker and the foster parent, b) lack of two-way communication between worker and foster parent and c) problems related to a 'balance of power' between the worker and the foster parent.

The most prominent theme in this area was the sense expressed by the foster parents that their families were under constant scrutiny by agency workers. Many felt that they were being watched, judged, and 'dictated to' all the time. One parent commented:

I always feel that I have someone watching me, over my shoulder all the time...I love the little guy, I love him to death. Sometimes I don't know what to do because sometimes you gotta parent them differently and you gotta watch what you say and you gotta watch what you do.

A second said:

An ideal social worker is someone who paid a visit a month and let you know that she was still there. If you needed anything you can always go to her. But as it is right now, she phones everyday (with demands). She's definitely interfering with our normal life. She's not trusting me.

Participants argued that a lack of communication between themselves and their workers undermined their feelings of competency. Rather than capable, they felt 'watched' and judged. Some families felt that decisions were being made 'behind their backs' without their knowledge or support. A number of families said that they lived with the fear that if they reported problems, complained, or asked for help they would be investigated and possibly lose their foster children. Their fears diminished the ability to ask for positive types of support from their child welfare workers. For some an over-riding sense of mistrust compromised all forms of interaction with agency personnel. These fears and concerns were bluntly stated:

(The worker) is not trusting me. And I have this awful fear that she's going to come and take them away.

I phoned the worker and told her (what had happened) and I never heard a word. About three weeks later, or about a month later, I got a phone call, 'bring the kids in'. I knew it was the abuse worker and I said, 'what is this all about?' She said, 'well I don't know'. And that bothered me. I was ready right there and then, 'If that is what it is, then you can come and get the whole flippen works'.... it upset me.

I don't know why! There was just a phone call and we had to go and then when we got there they told us...I don't even know why that thing came up all of a sudden... Just one day we got a call and that was it.

Lack of communication and a perceived lack of trust between agency staff and foster parents were two key elements that led to frustration for the foster parents in this study. Some foster parents responded to limited communication from the worker by withholding information themselves. One foster mother remarked that after many 'fights' with her new agency worker, she now approached the worker on a "need to know basis".

Schwartz (1994) argues that the demands of fostering, including issues related to compliance with the expectations of agency staff, reduce the possibility of providing children with a 'normal' family atmosphere (p. 203). The foster parents in this study offered some examples of 'normalcy' being compromised. They usually framed such issues in terms of 'power and control' struggles, some feeling like their roles as parents were being undermined and others like their family rules were being questioned. One foster parent said,

She came in my door and told me, 'I'm a very stubborn person and you're going to have to adjust to my stubbornness'. I thought, 'Well you're in the wrong place baby'. We were constantly being told, 'this is our house you know'. No! no! no! this is MY home, I'm offering it to the agency, but it is my home!

Another expressed frustration at the lack of trust and compromised authority,

They need to know that if you trust me with the rules, you are welcome in my home any time you want. If you trust me with the rules then you let me make my

kids live by the rules. Don't tell me that I have to adjust to (the worker's) rules, I don't have to adjust to nothing!

Agency Policies and Practices

Foster family members in this study questioned agency policies that they felt detracted from their capacities to be effective foster parents. Some argued that there was a need to rethink current policies when it came to children in long-term care. As noted in the section above, they were particularly concerned about policies that influenced the capacity of families to provide a 'normalized' family experience for their foster children. Families in the study argued that it was important to allow children to develop a sense of safety and permanence in their home. Without this sense of 'really belonging' they did not feel that children with FAS/FAE were being offered the best possible environment in which to grow. The dominant assumption that foster care is 'temporary care' stands in the way of building a strong, positive living environment in which a child can be encouraged to grow both physically as well as emotionally. Problem areas most frequently included policies that they believed 'stigmatized' children as 'foster children', policies related to respite or childcare and policies and practices related to birth family visits.

The very concept of 'foster parenting' may present value and role conflicts within a First Nations' perspective. On the one hand, foster parents are charged with the role of providing love and nurturing support to a child, and the responsibility of making the rules of the house and ensuring that the child's day-to-day needs are met. On the other hand, traditional First Nation values related to parenting suggest that foster parents should employ an approach that stresses increased opportunities for shared parenting, interdependence, and communal support of children. The ultimate goal is for every child

to eventually return to his or her family and home community (Cross, 1986; Gillman, 1997; Redhorse, 1980).

Foster parents may find it difficult to fully 'share ownership' of a child with birth families who are not able for various reasons to nurture and take responsibility for the child on a day-to-day basis. While the notion of 'shared parenting' is a more culturally appropriate method of providing services to the majority of children and families served by First Nation agencies, 'role definition' is potentially strained when considering the special situations of children with FAS/FAE. These children present real problems when policies of shared support are operationalized. This is due to the risks associated with addictions in their families of origin and the demonstrated special needs of children with FAS/FAE. As noted previously, children with FAS/FAE are more likely to come into care at a younger age and to stay in care throughout their entire childhood. Ongoing problems in the family of origin play a significant role in the pattern of care experienced by these children. Based on their specific needs, children with FAS/FAE require a high level of stability in their placements and tend to have a particularly difficult time with 'transitions' and ambiguity in personal relationships. That is, children with FAS/FAE struggle in situations in which clear boundaries and clear roles are not maintained. They have a difficult time understanding the differences between a parent and a guardian. However, as they get older, yet still tend to see the world in concrete images like a younger child might, the use of terms can hold a lot of meaning for them. One foster parent offered the following example of 'interpretation' that undermined the foster parent's authority.

My (foster daughter) heard the worker tell the school that she was the official guardian. She rebelled a bit about it. When she wanted to do certain things and I said, 'No, you can't do it', she said, 'well, you're not my legal guardian, you have nothing to say about it. You're just my foster mother' - and she said she didn't have to listen to me, 'my legal guardian is the worker'.

One parent in particular stressed that the lack of clarification as to who made decisions about her children's care created such confusion for the child and for the family that the foster parent 'lost control over' her child to the point that the placement became seriously threatened.

The stigma of being a foster child. Participants all argued that some policies related to decision making for the children in their care contributed to a child's sense of stigmatization as a 'foster child'. Despite the fact that the children represented in this study all had lived in their homes for the vast majority of their lives, the foster parents still brought forward issues related to their child's feelings about being a 'foster child'. They were particularly sensitive to negative perceptions of foster children and expressed how these stereotypes hurt their children's self-esteem. One foster parent explained their child's sense of self by offering the following example.

(He) said to me one day when (his brother) was only about three, 'Do you know what foster kids are?- they are the scum of the earth'.

Parents in the study pointed out that their children with FAS/FAE living 'in care' face the double jeopardy of living with two 'stigmatizing' labels, 'having FAS/FAE', being a 'foster child'. Within society, the term 'FAS/FAE and both labels working

simultaneously to have a deep impact on their child's poor sense of self-esteem. One participant relayed an experience with her son.

They told him, that's not your mom , you're just fostered because your mom drinks too much.....the kids are just so bad at school. It was kind of hard, he came home every day and he was hurt. ('on reserve' female participant)

Goffman (1963) theorizes that individuals who feel 'disgraced' or 'tainted' through social situations often will take on a 'stigmatized identity' (p. 2-4). This identity becomes integrated into day-to-day lives, altering each one's sense of self in a deep and profound manner (Goffman, 1963). Molin (1994) argues that foster children are perceived by the community as 'damaged goods'. Subsequently they view themselves as 'unworthy' and incapable of having a healthy family or positive peer relationships. These issues form and inform a child's identity development and ultimately influence the sense of self as an adult. Molin (1994) writes "adult former foster children have been found to retain a sense of stigma connected with placement, even when reporting that they are functioning adequately as adults" (p. 22). Families in this study reflect similar themes of concern. Several noted that their children's stigmatized identity as foster children was especially problematic in school settings. Other problems also were apparent when it came to a lack of opportunities to develop peer relationships. Several stories were told that exposed the level of stigmatization that these children faced. These situations also indicated other feelings and fears related to their non-family status.

The kids at school used to talk about it in earlier days when some of their friends were taken away and they never came back to the school. That used to bother

them. (They know) you're a foster child, they can come and take you away from school, they can come and take you away from home.

Goffman (1963) argues that individuals who feel stigmatized will often develop methods of hiding their 'spoiled' identity by attempting to look 'normal'. Goffman calls this phenomenon 'passing' (p. 73). Two of the families in the study (one on-reserve and one off-reserve) suggested that one of the ways that their children choose to 'hide' their identity was through the use of their foster parent's surname in the school.

These kids just want to belong. Like (my son) said to me the other day, 'I just want to be a (foster parent's last name). The class is starting to learn how to write their last name in school and he looked up at the teacher and said, 'does that say (the family name)'? She said, 'no it doesn't'. And he said, 'then I'm not spelling it'.

Foster parents argued that workers sometimes 'blamed' them for their children's desire to take on the last name of the family, acting like they were influencing the child's decision. The foster parents felt that this and other agency policies increased a child's sense of stigma at home and at school by indeed pointing out the fact that the child was 'in care'.

Another example of stigmatization, noted by two separate foster parents, was the practice of agency staff visiting children in the school. One said,

(My kids) don't like anyone to know that they are foster children. So when a worker shows up at the school (looking for them), that's a bad thing.

Parents argued that the policy requiring agency supervisors to sign all guardianship related forms, such as school trip forms, made it difficult for their children to 'pass' as

'non-exceptional' children. Families argued that this policy set their children apart as 'different'. Other children got their forms in quickly and school staff had to wait for the forms from children in foster care.

She gets a form from the school to go on a field trip. I get the school to fax it to (the caseworker). She has to get the supervisor, no, the person above him to sign it. And he's gone away! (My daughter) is frantic because her form hasn't come back. And that sets her apart too. Because the other kids, the mom signs it and sends it back, so there's another stigma, it points her out again, 'I'm the foster child'.

We phoned the worker and told her that we needed a letter because (my daughter) was (going on a field trip). The (staff person) waited and waited for the letter. She waited right up until the last minute and she had no choice but to leave and she left my daughter crying.

It was especially interesting to note that issues related to the children's sense of stigmatized identity were described by all of the foster families interviewed, including those children who were living with relatives and those who visited their birth families on a regular basis.

Respite. The foster families in this study argued that policies related to 'respite' created difficulties in maintaining 'normal family functioning', particularly for situations involving children with FAS/FAE. Six of the eight families explained that the agency policy allowing only individuals over 18 years of age to watch their children did not always make sense. All agreed that a capable family member who was aware of the needs of their children was the safest respite option. In addition, to a sense of safety, utilization

of knowledgeable family members could allow for a higher level of stability and comfort for the child and the family. One foster mother said:

When they went to that rule that babysitters had to be 18, well, my (son) was 16 and he was our babysitter. He was excellent with kids. He knows the routine with the boys, he knew what they could do and what they couldn't do, what buttons to push and what buttons not to push. (My foster child) was excellent with him and that was the best thing you could do. When (he) was not here you'd have chaos or the kids in hysterics or pooping their pants or whatever.

Another commented on the level of accommodation that she had to make in order to comply with the rules of the agency in a manner that also supported her child.

My 17 year old is downstairs, but I have to pay another girl who doesn't know him and can't handle him.

The foster parents noted that respite is particularly hard to find in a rural and reserve environments. 'Good' respite providers who were over 18 had jobs that paid more than the parents could pay. As a result, some families simply gave up and just stayed home and perhaps were not finding an adequate break from the stress of caring for a child with FAS/FAE.

It's hard... to find an 18 year old that wants to stay home on a Saturday or Friday night.

Another said:

Our holiday is a few hours in the city. My girls pick up (the child) for a few hours and we're gone for a few hours.

It was also interesting to note that all of the foster families preferred to use a family member or close friend over the services of a professional respite worker or staff person recommended by the agency. Families felt much more confidence in individuals who knew their children and who were able to deal with problems that might arise.

(I use my sister-in-law) because she knows (my daughter). Putting a stranger in who doesn't know what (she) can potentially do, it's too hard.

The preference to refer to family or friends rather than professionals for respite services suggests some divergence from the opinions expressed within the *Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Effects* (1998). In this latter report, some 57% of professional staff and 42% of parents showed a high level of interest in professionally trained respite workers. Non-urban locale and availability may influence the foster parents' choices in rural and reserve settings. Because each child affected by FAS/FAE has unique abilities and disabilities, the foster parents participating in this study considered knowledge of the individual child and his or her behaviour as the most important element in provision of appropriate respite services.

Family Visits. Helping children to develop and maintain their cultural roots is one of the foundations of a First Nations' approach to child welfare. In First Nations communities, children are considered to represent the future. Loss of a child, including 'loss to a child welfare agency', is seen as a loss to the welfare of the entire community (Gilman, 1998, pg. 2). As a result, First Nations child welfare agencies strive to have children and birth families remain in contact during times when the birth family cannot offer adequate protection to a child on its own. One method to achieve this goal is to establish a visitation plan for the children and their birth families while the child is in

alternative care. Family visits are an important component of case planning for children in care.

While foster families in this study strongly agreed that maintaining a connection between children and their birth families was important, some argued that there needed to be much better collaboration between themselves as foster families and the child's birth families. Many problems emerged in terms of planning for the visits. In particular, some of the foster parents argued that agency workers put too much emphasis on making sure family visits happened but simultaneously did not take responsibility for carrying out the visit nor supporting the child in the most practical ways. Clearly, everyone hoped the family visits would be successful, but this was not always the case. After children spent time with their birth family, the foster parents would have to deal with the emotional impact when the visits were not as successful as everyone had hoped they would be. Some foster parents were left feeling pretty discouraged.

Every time we get a new worker we go through this again. They want to see if they can get things together with the parents. So we go through all the planning. And we go through all the disappointments too because for every good visit there are probably five bad times. So you have to deal with the emotions from your kid because they feel rejected from (the birth mother). And every worker thinks they can make this work.

Participants argued that they were often told, not asked, to take their children to visits, regardless of how inconvenient it may have been for the rest of the foster family.

You know one time there was a visit at another reserve. They called a week or so before and we had already made other commitments. Anyway they made a big

deal of it, like I wouldn't cooperate with them. They made it sound like I wasn't supportive because I have other commitments. What I did was end up meeting the worker in town and canceling our family trip.

Another said:

The worker said, 'let's do this and that...you people travel all the way to the city to meet the mom and stay in a hotel and we'll have this visit'. Well every time it was a complete bomb...it was so ridiculous. They were sending close to 20 of us, if you count all the other foster kids...I mean we'd have a good weekend.

Sometimes there are things that we have planned already, but they guilt you into going.

Foster parents in this study also desired that their foster children have a positive experience with their birth family. They felt responsible for making sure the children were not hurt by the visits. One parent felt it was better to have her foster daughter see her (the foster mother) as the 'problem' rather than have her child witness her birth parents' lifestyle.

I don't think it is healthy for her to see a mother with black eyes, a father with black eyes, beaten up. The landlord banging on the door, 'get out of here!' I don't think it is right. I told the worker, you order me to take her one more time then you come on here to pick her up. But you're picking up all of her stuff too. It hurts me to see that little girl come home and wet her bed for a week after because of what they forced her to see.

Despite the problems frequently associated with family visits, some foster parents believed the children would be better served if there was a higher level of co-operation

between the foster home, the birth family, and the agency. They hoped a collaborative approach would allow birth families and foster parents to work together to develop plans that would provide children with stronger emotional and physical support in relation to the visitations. One foster parent clearly expressed the need for both full information and collaboration in this regard.

(The birth mom) started putting things in their heads about moving home. We had a meeting with the birth mom and I just talked to her like it is: 'Like you have to tell me. You have to let me know what you're thinking and what you're telling these kids 'cause I have to help them. I can't help them if they've got all this inside about going home and you're not telling me'. We need to work together to make this work.

This same parent claimed that in her experience, building a positive relationship with the birth family was an important component to helping her children begin to feel safe in the foster home. She explained,

Like (at first the birth father) used to sneak off and leave her screaming. He'd run away on her. But sometimes she'd fall asleep and he'd bring her to me and put her in my arms. Or he'd call me and say 'it's time, we're going to leave now, would you take her?' ...she didn't start calling me mom until her dad started giving her to me, and then she started to seem to accept me.

Families agreed that collaboration between all parties would reduce the sense of 'divided loyalties' some children struggled with between their foster parents and their birth family. Further, they thought better planning might make family visits more relaxed, especially if they occurred in a 'known' or comfortable atmosphere such as the child's

foster home or nearby park. Unfamiliar hotel rooms or the agency 'playroom', sites often used when organizing family visits, create 'environmental challenges' to the success of the parent-child interaction.

A Collaborative Approach to Supporting Children in Care

Overwhelmingly parents in the study argued that the role of the agency worker should be to provide useful support and guidance to the family in their support of the child. Foster parents sought a higher level of collaboration in all aspects of planning for the child and family including involving all parties in issues related to family visits and long-term plans for the children.

Participants also argued for the need to move from a 'child-centred' model of practice to a 'family-centred' model. Foster parents felt that the agency's emphasis on the needs of the child often undermined natural family functioning and put too much emphasis only on the child in care. They argued that agency policies and practices contributed to making the child feel 'different' and added to the child's 'damaged' sense of self. These foster parents, who were capable of making long-term commitments to children with FAS/FAE, firmly believed that agency support should emphasize building natural supports and resources for the family who could then, in turn, provide more solid support to the children in their care.

Dunst, Trivette, and Deal (1988) support the need to rethink the ways in which professional child welfare workers view their roles as helpers to families. These authors suggest that within a 'strengths perspective', the role of intervention is one of more equal 'partnership', enabling foster families to build personal and collective resources and thus reducing reliance on paid, professional staff. They write:

Partnerships are valued over paternalistic approaches because the former implies and conveys the belief that partners are capable individuals who become more capable by sharing knowledge, skills and resources in a manner that leaves all participants better off after entering into a cooperative arrangement (p. 9).

Flette (1995) remarks that sharing of information and building a trusting bond with others is an important value in working with First Nation people. She suggests that “people cannot learn when the environment is unfriendly, competitive and negative” (p. 67) and supports the need to build interdependence rather than dependence in child welfare relationships. Interdependence suggests greater equality of participation in decision-making. The foster families in this study appeared to hold similar views, suggesting a higher level of collaboration, case planning, and involvement. They saw that a shift in their relationship to the child welfare worker could, in the long-term, provide greater assistance to both the child in care and the family members offering to provide the essential nurturing.

Training and Support Groups

One theme emerged through the interviews with the foster parents that was not specifically probed by the researcher. In my field notes, I remarked that all of the participating foster parents were well informed about the needs of children and youth with FAS/FAE. Indeed, several comments came forth about their high regard for training and support groups which were either provided by the child welfare agency or to which the agency sponsored the foster parent’s attendance. An increased desire for training was noted by Chikai and Belanger (1999) in their study examining training needs for rural foster parents in East Texas. They found that in spite of the distance and travelling time

expended to attend workshops, parents overwhelmingly preferred training that included speakers or workshops over internet training programs. This might suggest that non-urban families appreciate the social contact as much as the information offered within training programs.

While, generally, the participating foster families tended to downplay the symptoms of FAS/FAE in the children in their care, they were very aware of the effects of prenatal alcohol exposure on their children. When asked how they knew about their child's disability, all remarked that while they were told of the disability from the child welfare worker, the true basis of their knowledge came from attending workshops and training sessions in the area of FAS/FAE.

I went to a lot of conferences and workshops about FAS and FAE in town and anywhere. I think that's what helps me in the long run because I know that I took a lot of training with FAS and I have a lot of pamphlets. I have a big stack like this. I look through them now and then. That's what helped me, taking all this training.

Training sessions were seen by parents as fulfilling two objectives, they provided valuable information about their children's need and allowed parents to get together and share information about their children. It appeared from these discussions that the level of training offered was perceived as positive and supportive.

Like that part is fun, the getting together with the other foster parents. Even the presentation 'style' and 'experience of the presenter' were highlighted when the foster parents remarked on training. Participants said that the 'best' presenters were individuals who had personal experience and were not simply telling it 'from the book'.

As well, 'on reserve' participants mentioned feeling 'turned-off' by presentations that focused on the negative qualities of the children's disability, preferring a more balanced or positive approach to the issue. They wanted training that offering them hope for the future and solutions for problems, not simply a reiteration of all of the disabling conditions children with FAS/FAE would likely have.

Chapter Nine

Exploring the Links Between Domains

An exploration of the three primary domains (i.e. the needs of the child, the capacity of the family, and the capacity of the community to provide supports to the child in the two sub-domains of school supports and child welfare supports) developed in earlier chapters showed factors inherent in each domain influenced the capacity of the families in this study to continue to provide placement support for children with FAS/FAE. What was particularly interesting in this study was that these factors interacted in a manner that created a chain of linked risks for children with FAS/FAE and the families that were supporting them. In short, needs expressed in each individual domain tended to test the capacity of the other domains, in turn testing the ability of each and all related systems to weave together an encompassing system of support for very vulnerable children and youth. The purpose of this chapter is to explore some of those intersections and to develop a more complex understanding of the factors that increase or decrease the capacity of foster families to maintain foster children with FAS/FAE.

Current research in the fields of child development and the ‘determinants of health’, confirm the influence of a stable and supportive families and communities in improving the long-term health of children. A health determinants approach can be extrapolated to the more vulnerable population of children with FAS/FAE (Burnett & Allen-Meares, 2000; Health Canada, 1999; Streissguth, et al., 1997). Other theorists have explored the relationship between healthy outcomes in adult life and the capacity of ecologically related systems to meet the needs of children, their families and their communities. Bronfenbrenner (1979) for example, argues that the healthy development of

children is dependent upon the complex interaction between the child, the family, and the community at large. He likens a successful developmental process to a set of 'Russian nesting dolls'. By comparison, he positions the child within the centre (of the nest), who is then surrounded by a supportive family- the larger dolls, and beyond that system, the child encounters healthy community supports – the largest doll who shelters all.

Bronfenbrenner also argues that various systems or domains are influenced by shifts in the role expectations of children and families as children grow and mature (p. 6). That is, the relationship between the needs of the child, the family, and the supports from relevant community systems change and evolve as children grow and mature. These changes in role expectations influence how individuals are treated, how they act, and how they are perceived by the community at large. Bronfenbrenner's ecological approach recognizes the multiple systems of interaction as well as the significance of the relationships between them.

This study, as it explored some of the competing influences that were exposed in each domain, provides a sense of convergence with Bronfenbrenner's (1979) developmental theories. The foster families in this study noted that the effects of their children's disability often created additional difficulties at home and within the community. These difficulties influenced the ability of the family to keep their children safe and healthy. The foster parents reported that they were generally able to balance and adapt to the needs of their children within the home environment in a way that allowed both their children and family to maintain a somewhat healthy relationship. However, they noted that as their children grew and their needs changed, outside systems became more involved with the child and the families and the ability of the family to maintain

stability seemed to become more tenuous. The foster parents suggested that problems developed when community systems were not sensitive to the needs of their foster children or were unwilling or unable to provide the level of support and sense of continuity offered within the home. The foster families described how problems in one community system influenced or enhanced struggles in other community systems. What emerged from the descriptions of the foster parents was a sense that as the children came to have greater expectations on and involvement with, community-based resources as they grew older, the family was less able to successfully negotiate those systems on behalf of their children. These competing systems created a 'spider-web effect', gradually increasing the vulnerability of the child within the community and decreasing the ability of the family to maintain their child or children in their home. As a result, families reported that as children with FAS/FAE aged, they became more vulnerable to negative community influences and had fewer supporters to advocate for their needs. This, in turn, made everyone more vulnerable to foster home placement breakdown. Also, it appeared that the foster parents showed a greater capacity to accommodate the young child's disability related needs while the larger, external systems demonstrated less flexibility in this regard.

The foster parents in this study argued that their children's disability made them more susceptible to community influences as their children tended to be delayed in both their social skills and their skills in community living. Delays in social maturity often were further aggravated when community members identified the child as 'difficult', 'bad' or 'dangerous'. The foster parents noted that some factions within their communities viewed children with FAS/FAE not as children with disabilities, but rather

as children who were willfully ‘bad’ or ‘out of control’. Most of the foster parents with older children agreed that, as a result, community systems became even less supportive and sometimes downright dangerous to the child. For example, families noted that as their children became ‘labeled’ as troublemakers in the community, invitations to participate in a meaningful way in the local school, join community sport teams or attend community dances declined while invitations from other ‘troubled’ youth increased, gently pushing the child into an environment with a high level of alcohol and drug involvement. As a result, foster families found that over time they were often forced to take on additional responsibilities, first as advocates and later as the sole support system for their children.

While all the children and their foster families seemed to struggle in their attempts to build healthy community supports, the issues related to poor ‘goodness-of-fit’ between the children, in the families and the community was particularly evident to be families whose children were now teenagers with FAS/FAE. These foster families appeared among the most fragile in the study, with foster parents expressing doubt as to their continued ability to maintain and support their children with FAS/FAE. A ‘snapshot’ of the unique needs of the teenagers with FAS/FAE in this study provides an opportunity to look more carefully at the complex relationships between the child, the family, and the community.

Community Issues and Teenagers: Weaving the Three Domains

The human needs commonly aligned with the life transition of adolescence clearly change the family dynamics. Thinking of the three primary domains in relation to adolescence alerts one to the form of additional challenges that might face foster parents

in this situation. Adolescents, assumed to be searching for self-identity while establishing significant peer relationships and beginning to detach from family, require different kinds of support from the community than younger children. While it is assumed that these are the developmental tasks of adolescence, teens with FAS/FAE may have disabilities that delay maturation (Streissguth, 1992). In addition, youth with FAS/FAE are at an increased risk for mental health disorders such as depression and anxiety disorders (Burgess & Streissguth, 1992). The impact of those disabilities at adolescence may further compromise an ability to make more independent decisions and to assume more adult-like roles. The capacity of parents to influence their children or advocate for the supports they need may be seen by the teenagers themselves as intrusive and undermining of their desire for increased independence. Community-based systems may expect teenagers to be able to undertake certain tasks independently and reject parents if they attempt to take on these tasks on their behalf.

Within this study, the foster families of teenagers expressed the greatest level of frustration with the lack of community-based supports that effectively understood and supported their youth with FAS/FAE. They commented that their children's disabling conditions created exceptional vulnerabilities. Impulsive behaviour combined with poor or immature social skills, made these adolescents 'easy targets' for negative social influences and involvement in problematic situations within the community. Further, the foster parents expressed that the lack of community-based options, such as specialized school supports and recreational programs, increased their children's vulnerability to negative influences and created threats to their capacity to manage and support them. As involvement in negative activities increased, the foster parent's sense of satisfaction and

competence declined. Feelings of incompetence led to concerns about being able to continue the caring relationship.

The limited nature of healthy community-based options was particularly emphasised by the 'on reserve' participants. They identified prevalent social problems, such as the alcohol and drug use, stealing and teen pregnancy and promiscuity that they saw on the reserve. They were particularly concerned by the impact of these social ills on vulnerable teenagers. In particular, these foster parents noted their often futile struggles to try to help their children find healthier solutions within their communities. One family claimed that their reserve was 'toxic' for teenagers. This participant said,

That's one of our biggest issues right now, because we want our kids involved with other kids...they need to be. We don't feel that the kids in this community are a good influence on our kids. With FAS, they are easily led, it takes a lot to talk them out of what they are doing. ('on reserve' female participant)

Parents of adolescents in the study noted that some of the problems they were now experiencing did not begin only as the child became a teenager. In fact, families reported that their children had been experiencing difficulties throughout their childhood as a result of their disability. Early problems, risks or vulnerabilities were noted by the parents in all domains including the needs of the child at school, and in the community. On analysing the interviews with these foster parents, it seemed that the risks and vulnerabilities acted in a cumulative fashion, emerging throughout childhood and resulting in serious, and often overwhelming, struggles as the children entered an especially 'rocky' time in their life development. These problems created additional struggles for foster parents who were left to support their disabled children under

increasingly difficult situations with little or no community support. In fact, in some situations, the youth were excluded from community-based activities as their disabilities were deemed to prohibit inclusion.

The struggle of raising teenagers with FAS/FAE in reserve communities. Two families of teenaged boys now involved with the legal system best illustrate some of the ‘cumulative’ and ‘webbing’ effects of the intersections among the primary domains. For example, when looking at personalities of these two boys, both were described as having a particularly difficult time showing emotions, especially affection, when they were young children. For both, this was in spite of the fact that they had been with the same foster families since birth. Reportedly, these youth had had a hard time bonding with their foster parents and in showing emotional reciprocity. Both boys were described by their foster parents as having only superficial relationships with friends or peers and as tending to be very ‘self-centred’ in their interactions with others.

Within the school domain, problems also were noted for the two. Both boys were described by their foster parents as being hyperactive and disruptive in school. Both experienced difficulties in meeting the academic and behavioural expectations of the classroom setting. The parents reported that both boys began falling behind very early in their schooling and they felt that the boys had received ‘social passes’ each year to move them through the school system. The schools, the foster parents reported, made little effort to remediate any of the learning problems that the boys experienced in the classroom. Instead, the schools tended to respond to problems by suspending them or asking them to leave the school for periods of time. Both foster parents commented that their adolescents often were excluded from the few recreational programs offered in the

community because they were seen as too aggressive or disruptive to the group or activity.

The foster families noted that the children's poor social skills and the lack of early supports in the school system led to situations in which their teens felt alienated and bored in school and within the community. As a result, the youth gravitated towards some negative elements within the community. They began to associate themselves with individuals and groups who used alcohol and drugs heavily. These foster families felt powerless to deal with their teens' needs in the face of overwhelming community influences. One of the foster mothers stated,

I need to get my son out of those two houses. They are the kind of people that are on drugs and I know they take (pills). I've heard so many rumours from the reserve. ('on reserve' female participant)

One of these youth had been permanently expelled from the school for his behavioural outbursts and now spent his days watching (pay per view) television and using drugs.

The foster parents in these two examples faced increasing concerns related to the needs of their teenaged children and felt that their capacity to help was limited by negative factions within the community and the lack of external support. Further, the foster parents commented that when their children faced actual criminal charges, the capacity of the family to act as an advocate was reduced by a formal system that did not respect the disability-related vulnerabilities of the youth. The foster mothers in these two situations expressed anger that the community systems were not sensitive to her children's disability, but instead treated her children as capable adolescents who were

‘dangerous offenders’. One foster mother expressed her frustration at not being able to advocate for her child when he was the most vulnerable within the community:

You know when I try to talk to the lawyer he told me that he didn’t have to answer to me, I wasn’t his client. It’s between me and (your son). I told him, he doesn’t understand, he is an FAS child and it’s hard for them to understand. And he said right out, “you’re not my client, stay out of it”. (‘on reserve’ female participant)

In looking at intersections of ‘risks’ to the long-term health of children and youth, childhood conduct disorders, difficult temperaments, attention deficit disorder, and other behavioural problems have been shown to elevate risk factors for addictive behaviours in adulthood (Dedmon, 1997; Hawkins, Catalano, & Miller, 1992). Among youth with FAS/FAE in particular, the Streissguth, et al., (1997) ‘secondary disability’ study found that by the time they were twenty-one, up to 60% of youth with FAS/FAE were involved with the criminal justice system and some 30% had difficulties with addictions. In exploring the specific areas of the legal system with which youth with FAS/FAE were becoming involved, Streissguth (1997) reported that youth with FAS/FAE tend to commit crimes that are largely impulsive and unplanned, most frequently thefts and shoplifting. Further, Streissguth, et al, (1997), report that alcohol and drug use often are associated with criminal behaviour. Boland, Burrill, Duwyn, and Karp (1998) suggest that youth with FAS/FAE are at very high risk for victimization in the community due to their impulsive natures, their inability to ‘read’ social cues, and their poor tolerance for frustration. All of these reported factors may suggest that as children age and enter into the ‘new world’ of adolescence, they become more connected to and influenced by the

community. Consequently, the capacity of the family to 'control' the child's behaviour and to simultaneously buffer 'toxic' environmental factors is diminished.

Risks for long-term difficulties have also been shown among youth who struggle academically and drop out of school. Health Canada (1999) reports that premature departure from school increases the risk of poor health, substance abuse, criminal behaviour and substance abuse. These risks increase for Aboriginal persons and persons living 'on reserve' who are statistically at higher risk for leaving school early. Finally, children who are hyperactive or inattentive and children with compromised intellectual functioning are at higher risk for unemployment, underemployment, alcohol and drug use, and emotional difficulties as adults (Weiss & Hechtman, 1993).

What works for teenagers It would be easy to suggest that all youth with FAS/FAE who live in communities where there are significant levels of drug and alcohol addiction are particularly vulnerable to some of the same issues as the two teenagers who were discussed above. However a third teenage boy in the 'on-reserve' group was reported to display very different qualities than did the other two. This third youth was experiencing none of the same difficulties with alcohol, drugs, and criminal behaviour. He also attended school on a regular basis and maintained relationships with other 'healthy' adolescents within his community. This youth seemed to have developed supports that protected him from many of the problems noted with the other two boys. These 'protective' factors appeared to exist in all domains, including the personality of the child, the relationship between the child and the family, and the kinds of supports that the child was receiving at school and in the community.

Certainly one of the core issues that differentiated this third child from the first two was found within the personality of the child. Unlike the other two boys, this one was described by his foster parents as having a 'pleasing personality'. He had bonded easily with his foster parents and had many friends at school and within the community. The family commented that their son's personality helped encourage a strong and positive relationship within the family that, in turn, had helped increase the level of involvement and trust between parents and child. The foster mother described her vigilance in maintaining her parental involvement and expectations. Her rules accentuated 'good behaviour' with respect to drugs, alcohol, and teenage relationships. She said;

This is some of the stuff that we're fighting against. The thing is that it is not allowed here period. No way! If you're even having your friends in this house, my son has had his girlfriend over, you're upstairs where we are and I'm supervising. Girls are very attracted to him. He's very good looking. I've also taken the time to take drives with him to town alone. I've talked to him on many occasions about many things and now he's come to the point where he has come to me. He also knows that because of what we've told him, he doesn't want to take the chance on making another child who will go through the same thing that he's had to go through but only thing is having his name as dad. ('on reserve' female participant)

It appeared that the combination of the child's personality and his healthy relationship with his foster parents combined to increase the types of supports the child was receiving in the school system. This child's foster parents noted that his FAS symptoms included distractibility and inattentiveness rather than hyperactivity and

oppositional behaviour or defiance. His parents suggested that he tended to be 'liked' by his teachers at school and as a result, tended to garner more resource support at the local school and was provided with an adequate amount of 'extra help'. Rather than being labelled by the school as a 'problem', he was given supports generally offered to youth with learning difficulties. Further, the foster parents reported that they were actively involved in their child's school program and made time to encourage his skills in his areas of strength to supplement the program offered by the school. For example, between grades 8 and 9, this family took on a tutoring role to ensure that he was ready to attend grade 9. The family agreed that by supporting their child's talents, they had helped increase his self-esteem. In their opinion, this had made school-related challenges more manageable.

When I look at these little things that he does, I wonder, if we didn't take him, if somebody else had him, would they have taken the time to bring this out in him?

He's a computer whiz and a video game whiz. There is nobody who is better!"

('on reserve' female participant)

Garnezy, Masten and Tellegen (1984) argue that children who have pleasing personalities and an easygoing nature, a strong sense of family attachment, and supportive parents often have an easier time building a supportive and protective environment to overcome some of the stressors in their lives. Werner and Smith (1992) suggest that a similar set of characteristics may in fact serve as a buffer at times of higher stress, such as that created by the transition into the teenage years. It appears from the example of the third male youth, that the combination of his personality coupled with his ability to maintain relationships within the home and community, as well as the effect of

a high level of parental guidance, seemed to have reduced some of his disability related risks. As a result, he avoided becoming involved in any of the possible negative influences of reserve life and instead benefited from a support system of friends and family who were committed to a healthy lifestyle. He had not dropped out of school, did not use alcohol or drugs, and was not involved in any criminal activities.

Exploring Factors of Risk and Resiliency in Children and Youth with FAS/FAE

Issues noted among these foster families who had adolescents demonstrate, as Bronfenbrenner (1979) suggests, an interplay between the person and the environment. This interaction can provide both opportunities and threats to a child's healthy long-term development. This suggestion seems particularly true for children who are already vulnerable as a result of a disability. Within this study, early 'threats' to the health of the children seemed to be clustered around issues related to personal temperament including difficulties in bonding and making relationships, problems related to aggression or oppositional behaviours, and difficulties with poor or delayed social skills. As a result, children with these traits appeared to be particularly susceptible to negative community influences that other children might have been able to overcome or bypass.

In his exploration of issues related to 'risks' and 'protective factors' in children and youth, Garmezy (1985) suggested that factors increasing or decreasing the risks of long-term problems for children and youth can be clustered into three areas: a) dispositional characteristics of the child, b) family milieu, and c) the social environment. However, as Poulsen (1995) argues, while no one factor increases or decreases the vulnerability of children, children with FAS/FAE can be particularly vulnerable as they do not have the same capacity to rebound from difficult situations in the primary domains

due to their disability. This phenomenon appeared to be demonstrated in this study as each threat or 'risk' noted seemed to be associated with problems related to the child's underlying disability.

It also appeared that in the subgroup of teenagers with FAS/FAE, the 'threats' related to each child's disability acted in a cumulative fashion to create additional problems for the child in the home and community. Families commented that issues related to their children's temperament or the effects of the disability seemed fairly easy to support within the home but seemed to become overwhelming in a larger setting such as the school or community. In his exploration of issues related to 'risks' in children and youth, Fraser (1997) suggested that while one or two 'risk factors' may not, in themselves, create long-term problems for children, the cumulative effect of risks' "multiplicativity" increases the rates of disorders in children (p. 12). Using examples from this study, one could perceive 'multiplicative' or cumulative effects, like a 'chaining' of effects: the impact of the disability on the child's capacity to bond or make healthy relationships, problems in school, a lack of support in the community - all factors which interactively increased the potential for negative outcomes such as alcohol and drug use or involvement in illegal activities.

Conversely, within this same group of the teenagers, one child had fewer difficulties in maintaining relationships with parents and peers and appeared to be less impaired by delays in social skills and, as a result, was able to reduce his vulnerability by accessing supports at home, in school, and within the community. This suggests, as Fraser (1997) theorizes, that the support of various 'protective factors' can reduce the impact of risks that children and youth might be facing. In the case of the third

adolescent, his vulnerabilities seemed to have been reduced by another chain: the capacity of the child to build and maintain relationships, the positive involvement of the foster parents, the support of community agencies, particularly the school system, and the capacity of the child and family to build on the child's talents. This particular constellation of links seems to have worked in a protective fashion.

The Family in the Community

While many of the difficulties that faced some of the more vulnerable children in the study could be traced back to difficulties with temperament or the effects of the disability, it was often the lack of community support that families noted as most critical to their ability to maintain a healthy relationship with the child. Weak external supports created more hardships for families, making their jobs as parents more difficult and less satisfying. Turning attention to the relationships between the family, the child, and the community provides further examples of the complexity of these systems.

Streissguth, et al., (1997) remind us that the support of a healthy and stable family is key to maintaining the long-term health of children with FAS/FAE. However, those authors are silent on the issue of the pressures created by a lack of healthy community-based supports. Families in this study overwhelmingly reported that the stress of raising children with FAS/FAE did not emanate internally from within the family but too often were the result of the limited support accessible within the community-at-large. Problems with developing supportive partnerships within the community seemed to begin as children entered their first outside 'system', the local school. Parents remarked that this system often set the tone for future community-based services and supports by either helping and supporting the child and family or by providing obstacles and roadblocks. As

children grew and faced an increasing number of systems or supports, small 'cracks' in parental satisfaction and self-confidence in parenting often appeared to turn into larger 'crevices' and then 'potholes' as the foster parents attempted to engage services responsive to their children. All of the families in the study remarked that it was sometimes so difficult to find outside help, due to the disability related behaviours, that they felt they were the only support available for their children. While one or two families in this study continued to attempt to advocate for external supports, the rest had simply given up, isolating themselves within their own family support system. As one parent remarked about her lack of 'interest' in asking for the school to accommodate her foster child's needs, she simply proclaimed, "Why bother?"

The parents of children with difficult temperaments or children labelled 'bad' by external systems, faced a different type of challenge: the challenge of attempting to negotiate supports in an increasingly hostile environment. Problems in this area often were compounded by 'sensational' media reports related to children with FAS/FAE. Too often children and youth with FAS/FAE are portrayed by the media as 'dangerous', as individuals who have no social conscience or sense of consequence. For example, recent media reports related to the murder of a young social worker at the hands of a fourteen year old boy Fetal Alcohol Spectrum Disorder (FASD) commented that:

The caregiver, who asked not to be identified, said Sun Country officials know the dangers posed by individuals with FASD....He said staff are told to report immediately when FASD individuals are missing because they pose a danger of sexual predation, theft and vandalism (Janine Ecklund, Lethbridge Herald, Tuesday November 19, 2002, p. 1).

Families raising children who are labelled 'dangerous', often are placed in the difficult position of maintaining loyalty towards their children while still trying to access and receive services or supports. Further, they must act as advocates for their child within a community that may be hostile or fearful of a child with FAS/FAE. Fear, blame, and other uninformed stereotypical responses to FAS/FAE may yield a community that is not willing to assist the child or the family. This can be particularly difficult for families in rural or reserve communities where parenting occurs under the perceived scrutiny of the entire community (Trute, et al., 1994). This impact can serve to further isolate families who might otherwise reach out and ask for services for their children.

The effect of community pressure to be both the sole support and sole advocate for their children with FAS/FAE, caused some foster parents in this study to question their skills and capacities as parents. Four of the respondents in the study commented in, some manner, that they believed that they were responsible for their children's difficulties because they were inadequate parents. One mother said,

I'm not a good parent because of the troubles with my oldest son. Well, he is FAS. And other parents don't have FAS children and they have troubles too. Maybe I am and maybe I'm not, but to me sometimes I should have tried to stop him from going to the places that I don't want him to go to. ('on reserve' female participant)

A complex 'chaining' effect was noted when the foster parents considered the overall needs of their children. This impact also appeared to be internalized in ways in which the families conceptualized the types of stresses they experienced parenting

children with FAS/FAE. Using examples from this study, the impact of the lack of early intervention, the manifestation of the disability in the child, the negative portrayal of FAS/FAE in the media, a lack of support for the growing child in the community, and parental fatigue, frustration, and doubt were elements in creating an environment that at times was overwhelming for foster parents.

The Foster Child and Foster Family in the Community

Turning attention to some of the relationships between community-based agencies, the families and the children revealed another 'risk chain'. It has been suggested that stresses within the community can influence or reduce the capacity of a family to maintain a long-term commitment to a child. Bronfenbrenner (1979) writes:

Whether parents can perform effectively in their child-rearing roles within the family depends on the role demands, stresses, and supports emanating from other settings...the availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or subculture. This frequency can be enhanced by the adoption of public policies, and practices that create additional settings and societal roles conducive to family life (p.7).

Within this study, two specific community-based systems that are most critical to children with FAS/FAE and their families were explored. These systems were the school system and the child welfare system. All of the families in the study reported problems with accessing community-based support services and outlined particular problems related to availability and delivery of services, but some also referred to concerns that stemmed from the more global philosophic underpinnings of the support systems.

Certainly, a pivotal point in this study was the influence of the child welfare system. As legal guardians and providers of services to the children and families in this study, the local child welfare agency would be expected to play a key role in developing a network of support systems for children in care and their foster parents. Unfortunately, as the parents in this study noted, and as Wharf (2002) and McKenzie, (2002a) argues, child welfare systems are often focused on issues related solely to the 'protection' of children while not prioritizing supportive functions for healthy families and communities. Wharf (2002) reported that when working with children and families, child welfare workers often employ a 'risk paradigm' or a 'deficit model', foci that reinforce a practice of monitoring and pathologizing families. These are not models of child welfare practice that encourage an exploration of existing or potential strengths within a family system.

The foster families in this study reported that the practice of 'monitoring' included asking foster parents to share personal and family information on a regular basis with agency social workers. This reinforced the foster parents' notion that they were under 'investigation'. Some families reported that, as a result, they did not share problems that they might be having with their children for fear of being 'investigated' even more thoroughly by child welfare personnel. All but one of the foster parents in this study reported that the involvement of the agency social worker was 'intrusive' and some felt the social worker 'interfered' with normal family functioning. One foster mother claimed,

She's definitely interfering with our normal life. She's not trusting me. I feel like I can't treat them like normal kids or run our life like normal lives anymore without running everything by her. It's not a good thing because I'm afraid I'm always going to be doing something wrong. (off reserve female participant)

Further, the constant scrutiny by an 'official' agency person reinforced a feeling among the foster parents that they were not 'real' parents with actual parenting skills, who were capable of taking care of children.

In his critical exploration of the contemporary child welfare system in the United States, Seita (2000) argues that three paradigm shifts must take place in order for child welfare to reach its full potential as a true advocate and support for children and families. These three shifts are: a) renaming and reclaiming children, b) emphasizing communities, not agencies, and c) valuing principles more than programs. Seita (2000) argues that the child welfare system has moved far afield from their original mandate of providing help to vulnerable children and instead has moved to a system of programs designed to increase the involvement of professionals while reducing the legal liability that agencies face when working with 'high need' children. As a result he suggests, the principle of providing children with a healthy home and community are often influenced by agency and governmental policies and mandates designed to protect the professionals and not the children. From his perspective, Seita (2000) maintains that the child welfare system needs to look beyond the 'problems' of the child and instead explore new ways to support children within the community environment. He writes,

Our tendency towards fault-fixing, treatment, and labeling suggests that we forget that children grow up in communities. The fault-fixing orientation is often unmindful of obstacles that many children face within their own community (Seita, 2000, p. 81).

Families in this study shared similar sentiments. They reported that agency policies and practices often increased the level of stigma or stereotyping faced by the foster children in their care and that it was this stigmatization that often stood in the way of families trying to build healthy and supportive homes. Two examples of child welfare policy and practice that these foster parents suggested increased the stigma of being a foster child were the requirements to have agency staff sign all school permission slips and the common practice of having social workers visit foster children at their schools. These families also pointed out that they faced a certain level of stigmatization as foster parents, a role often portrayed in the media as one held by incompetent people who provide substandard care to children for personal profit. Rindfleisch et al. (1998) have suggested that the negative public image of foster parents can lead to the stigmatization and exploitation of children within the child welfare system and the community at large.

The capacity of foster families to build a healthy community of support may also be influenced by some of the theoretic underpinnings of foster care. As Davis and Ellis-MacLeod (1994) suggest, foster care is by definition a 'temporary' situation, designed to offer children a 'placement' until a permanent home can be secured. The temporary nature of the term of commitment leads to ambiguity in the relationship between a child and a foster family. Unless there is a very clear plan for the child's future, a tenuous relationship does not support the development of strong bonds between a child and the adults responsible for his or her care. Also, a relationship that is not expected to last yields additional forms of ambiguity especially in terms of decision making on child related issues. The families in this study, all of whom were prepared to make long-term commitments, felt a sense of conflict between themselves and the agency when they

asked for an increased role as parents and decision makers in the lives of their foster children.

Families in this study argued that specific agency policies regulating foster care often reduced their capacity as foster parents to build an appropriate 'community-of-support'. The example cited most often referred to respite care. The regulations related to respite require foster families to use babysitters who are over eighteen and who are also 'pre-approved' by the agency. These two conditions often made it impossible to find an alternative caregiver, preventing the foster parents from being able to access some much needed time away from family responsibilities. Others pointed to the lack of foster parent participation in case planning. These foster parents suggested that the lack of collaboration with foster parents on issues related to the children in their care sometimes decreased the ability of the family to fully integrate a child into their own family support system. One foster parent stated she felt more like an 'undervalued servant' of the agency than a participating parent of a child.

The lack of support for children with FAS/FAE in the school system also was expressed as a concern. These foster parents argued that schools often were not well prepared to deal with their children's needs and frequently unwilling to work collaboratively with family members. An example cited in this regard was the availability of 'special education' supports. Families commented that rules related to receiving teacher-aide support in the school were often exclusionary, requiring children to fail repeatedly before they were eligible to secure the funding necessary for assistance. Further, some of the foster parents reported that special education programs in the school tended to react to problem areas rather than take a proactive, preventative stance. As a

child became more frustrated in the classroom, foster parents reported that they often were forced to take on some additional duties, such as picking up a child who had been suspended and meeting with school officials to 'discuss' problems. This created additional expectations on the foster parents and sometimes led to requests that they did not have the expertise to meet. Further, they noted that in rural and reserve areas, children often were excluded from a variety of social and recreational programs once they were suspended from school or had dropped out.

In a study of foster home breakdown, Barth, et al (1994) found a connection between a foster child's difficulty in school and subsequent foster home breakdown. Four of the fourteen children and youth represented in this study were no longer in school and spent their days at home. A fifth youth attended school sporadically, often staying home for long periods of time. The foster parents found it very difficult to find ways to 'entertain' children who would no longer attend school. The resulting stress led to self-questioning about whether or not they could continue to maintain their commitment to caring for that child.

The lack of services for children and youth with FAS/FAE and their families in a rural environment also presented a challenge to many of the families in this study. Once again, this issue was especially prevalent in relation to adolescents and children living 'on reserve'. In an environment with few resources, the school often doubled as the local community centre, offering recreational programs in the evenings. However, families noted that children who were on suspended or expelled from school often were banned from attending activities within the school building and, as a result, tended to get involved with the more negative influences of the community. Families suggested that

energy needed to be put into developing more after-school recreational supports that were better equipped to meet the needs of their children.

In summary, it appears that within the sphere of the relationship between the child, the family, and the community a further set of 'risks' or 'risk chains' are present. Within this sphere, the interaction between the changing needs of the growing child, struggles with accessing supports and services in the school and community, the lack of specialized support for children with FAS/FAE within the school system, problems inherent in the model of foster care delivery, a lack of community-based, family-centred supports, and a lack of coordination in service systems, all act to create a chain of risks to the stability of families raising children and youth with FAS/FAE.

Exploring the Links to Supporting Families

It appears from this study that the capacity of foster families to maintain a long-term commitment was often a factor of many interrelated and complex variables including; a) the needs and personality of the child, b) the manifestation of the disabling condition of FAS/FAE in the child, c) the types of supports available (or not) within the home and community, d) the types of pressures placed on the family by agencies and community programs, e) the ability of a family to be able to mediate pressures from multiple sources, and f) the ability of the family and community to adapt to lifespan changes experienced by the child and their family.

It also appeared that while no one factor appeared to 'change' a parent's commitment, a combination or string of issues or problems did seem to intensify ongoing issues already inherent in the child's overall ecosystem. That is, issues or problems that appeared to be manageable on the one hand, seemed to magnify or become more

unmanageable when linked to other issues. This was especially noticeable when considering adolescents and their families. In these cases, the growing or lengthening chain of risks seemed to create increasingly difficult hardships for a family.

While no one factor or risk seemed to be important by itself, some issues or concerns seemed to more naturally lead to future issues or concerns. These issues included; a) the temperament of the child, especially in the areas of emotional reciprocity, an ability to bond with caregivers and peers, and aggressive behaviours, and b) a lack of early intervention and preventative community supports for children with FAS/FAE. These two factors seemed to underlie many of the struggles that families faced when attempting to continue maintaining a healthy support system for a child as he or she aged. Two focal areas that appeared to mitigate some of these problems were a strong and healthy relationship between the child with FAS/FAE and his or her foster parents, and foster parents who acted as advocates for her or him within local community systems. The foster families who had these attributes 'available' seemed to be able to build a strong supportive community of support including a variety of both paid and extended family supports. These families identified a higher level of satisfaction with their roles as parents and felt capable of mediating problems that their children with FAS/FAE were facing on a day-to-day basis.

Chapter Ten

Synthesis of Findings and Recommendations

Issues and factors that threatened and supported the successful long-term placement of First Nations foster children with FAS/FAE living in rural and reserve environments were explored in this study. Using a qualitative, collective case study approach, the experiences of eight foster families who had lived with the same foster children with FAS/FAE for a period of more than five years were considered. The needs of their child, the capacity of the family, and the capacity of the community, including the school system and the child welfare agency, were the foci of interviews with the foster parents who participated. The analysis of these interviews, together with the data gleaned from the children's 'child welfare' files, revealed a number of issues or factors that appeared to influence, support, or impede these foster families in their aim to raise foster children with FAS/FAE. Once the initial analysis was complete, a secondary analysis of issues using an ecological framework (Bronfenbrenner, 1979) was conducted. At this level of analysis, the inter-linking of factors was explored. The second level analysis supported the findings in the primary analysis, but also revealed another more complex perspective on the types of influences these foster parents experienced as they lived with their foster children with FAS/FAE.

In the first domain, the needs of the child, the focus was on how the individual needs of a particular child influenced the ability of a family to make a long-term commitment to the fostering process. The eight foster families participating in the study were asked to both describe the symptoms of their child's disability and comment on issues related to their capacity to support that child. Foster parents routinely described a

range of symptoms that included learning disabilities, hyperactivity, aggression, and poor social skills in addition to physical disabilities. These similar characteristics have all been noted in studies describing the spectrum of disabilities commonly associated with FAS/FAE (Becker, et al, 1994; Davis, 1994; Streissguth, et al, 1993, Streissguth & Kanter, 1997; Stratton, et al., 1996). Foster parents noted particular stress in managing issues related to emotional reciprocity, hyperactivity, and aggression. They appeared to experience less stress managing learning disabilities and high medical needs. However, foster parents reported that, while some characteristics created stress at various times in the child's life, in general, they felt secure in their capacity to support the specific disabilities. Further, they reported that the child's disability in and of itself, was not a factor in their continued commitment to care.

The secondary analysis of the effects of a child's disability on other domains revealed a different picture. While the spectrum of behavioural symptoms attributed to FAS/FAE ranges from children with few behavioural problems to those with severe aggressive tendencies, children with a particular subset of symptoms appeared to have a higher level of difficulty. This analysis showed that children in this study who were reported to have the most difficulty in bonding and the children who exhibited a high level of aggression as young children, later had problems sustaining appropriate connections in all of their relational domains. As a result, they tended to have less support within the school and community and were more likely to associate themselves with others who endangered their social, emotional, and physical safety, especially as they moved into adolescence. Foster families of adolescents with these particular features of the disability, expressed great concern as to their capacity to keep their children safe

within the home and community. This finding might alert child welfare authorities to be aware of the additional risks facing children who experience FAS/FAE in this way and suggest a need for the child welfare system to develop interventive strategies that might prevent placement dissolution at an already difficult time in child's development.

Additionally, future research in this field might want to look more specifically at the relationship between particular symptoms of FAS/FAE and healthy outcomes, rather than all disabilities associated with the general spectrum of FAS/FAE.

Issues related to the motivation and capacity of foster parents to maintain and support their foster children with FAS/FAE also were explored in this study. It was anticipated that families would report that the children in their care were difficult to manage and created ongoing stresses for the foster parents as well as other members of the family. However, these foster parents overwhelmingly reported a high degree of satisfaction with their role. Rather than severely taxing the family unit, several reported that raising foster children with FAS/FAE had strengthened their union as a couple by giving them a purpose and had helped them to communicate better.

One unanticipated element of this study was the high level of involvement of the fathers in the lives of their foster children. Foster fathers tend to be 'silent partners' and are infrequently considered in terms of their roles in the family as caregivers. As this might more generally be a forgotten but important dynamic, it would be interesting to look at the issue of gender as it relates to fostering in future studies.

The relationship between the child, the family, and the community was also a prime consideration. As an introduction to this domain, families were asked to talk about their concept of 'community', including issues related to the kinds of supports available,

why the family chose to raise foster children in a non-urban community, and how much support they perceived was accessible. The foster parents were asked to talk about two specific services within the 'community' domain, the school and the child welfare agency. Because of the way the pool of participants was divided equally between rural and reserve families, differences between the ways that 'on reserve' and 'off reserve' families conceptualised family and community supports were explored tentatively. Indeed, some differences between the rural and reserve families were noted. For example, on the issue of social supports, the reserve-based families reported a higher level of support from extended family and a stronger social network than did foster families in the rural group. While the rural group reported that maintaining a safe environment for their children was a primary reason for living in a rural area, families 'on reserve' expressed a strong interest in maintaining their cultural roots and familial support as key reasons for staying on reserve. Finally, families living on reserve overwhelmingly preferred culturally appropriate services that were available in their community while families in the rural sub-group were prepared to travel to town to access the supports and services they needed. These comments support a need for social service agencies to focus on building culturally appropriate services on reserve as well as off reserve for families of aboriginal children with FAS/FAE.

The most significant issues that were identified related to a 'goodness-of-fit' between the child and family, and the community. Foster families within this study reported a high level of knowledge, support, and satisfaction with their child within their family and within their family home. However, stresses were certainly noted in relation to the capacity of community agencies and community supports to partner with these

families to create a healthy and supportive home, school, and community continuum of support. While some families seemed to have an easier time accessing supports for their child, others commented on the enormous stress of advocating for services in an environment that often did not understand or support their children. These families commented that problems often began as the child entered the school system and did not receive the support they needed to be successful in the classroom. Families argued that schools needed to be more responsive to the early and ongoing needs of the child by providing increased Aid and resource support early in the child's school program. Further, parents argued that schools needed to customize programs for the ongoing needs of the child as they continued through the school system.

Problems with accessing services continued to intensify as the child moved into adolescence and became more vulnerable to some of the negative influences of the community such as alcohol and drugs. Families remarked that a lack of early supports and interventions for their children often intensified the level of need noted in their adolescent years, making their 'job' as foster parents particularly difficult. It appeared from this study that an early intervention, life-span approach is required in order to provide the best possible supports for children with FAS/FAE. Such an approach would provide earlier, targeted supports to children as they entered the school system and would, as needed, remain with the child throughout childhood and early adult life. In addition, a continuum of the child's essential place in a family home, the school, and the community, needs to be considered. Again, a life-span approach, addressing the child's developmental shifts would be appropriate in suggesting how to adapt supports required for a person with FAS/FAE over a lifetime.

The foster parents in the study identified problems associated with maintaining adolescents with FAS/FAE in their homes and within the community. Families of adolescents in the study appeared to be experiencing excessive stress. While this might suggest a need to increase services targeted to adolescents, it was unclear from this study what kinds of services might be useful or helpful at this juncture. Future research could look more carefully at the range of needs of adolescents with FAS/FAE and their parents, particularly in rural and reserve environments.

A pivotal player or system considered in this study was the child welfare system. As legal guardians and providers of services to the foster children and families in this study, the local child welfare agency should play a key role in developing a comprehensive support system. Unfortunately, the parents in this study reported that the agency's 'child-centred' focus was found to stand in the way of helping them negotiate their own network of supports for their children. Conversely, the foster parents felt the agency did little to help them when the child was struggling. These foster families argued that the services of their child welfare worker sometimes stigmatized both the parent and child and created undue stress. Based on these expressed concerns, it may be that a 'balanced' approach to child welfare practice is required to address more effectively the needs of both foster children with FAS/FAE and the foster parents who act to support them. Such a balanced approach might give more equal importance to child-centred, family-centred and community-centred approaches to the provision of supports to children in care, their foster parents and the influences of the community.

Methodological Issues - A Collective Case Study Approach

This study utilized a collective case study approach to gather and organize data, and employed an ecological framework to develop an analytic understanding of the results. This approach was particularly helpful within this study as there was little previous research specifically looking at factors that contribute to the long-term support of children with FAS/FAE within families. As well, a thorough review of the literature had yielded no studies that explored the specific needs of families supporting First Nations foster children with FAS/FAE in non-urban environments. A lack of prior research in this area limited the ability of this researcher to use a survey approach testing a list of previously identified variables that might be key factors in supporting long-term placements. Rather, this study was an investigative study, offering a beginning place upon which to developing a fuller understanding of the factors that are most relevant (Maxwell, 1996). A qualitative, exploratory approach also provided an opportunity for the researcher and the participants to develop and define the most important issues as these were 'co-discovered' throughout the process. The capacity of the researcher to review and clarify issues emerging from the first interview allowed for a reflexive approach in which the data became better defined through the interaction between the participants and the researcher. This allowed for a fuller discussion of the lived experiences of the participants in the study (Denzin & Lincoln, 1994). A collective case study approach also provided a higher level of anonymity to each participant and foster family as identifiable information in each case could be more easily protected. This was particularly important given the smaller, non-urban site of the research project where families often have a higher level of personal knowledge of their neighbours or extended

family members and therefore can be more easily identified in a study of this type (Trute, Adkins & McDonald, 1994).

Methodological Concerns

Bogdan and Bilkin (1992) argue that within a qualitative study, the role of the researcher is a central consideration. That is, the researcher often imbeds herself or himself in the study, providing a different source of 'lived' experience in developing the research questions as well as the variables to be discovered throughout the study (Acker, 2001). The capacity of the researcher to understand the nuances of the research question can help build a deeper rapport with the participants, thus enhancing the ability of the study to be reflective of the data (Bogdan and Bilkin, 1992). Two issues related directly to the researcher influenced this study. These two issues were the dual or even multiple roles of the researcher and the inter-personal dynamics related to a non-Aboriginal researcher carrying out research with Aboriginal people in First Nations communities.

The dual roles of the researcher. This investigation was perhaps unusual in that the researcher maintained two personal roles that related directly to the content of the study. As the researcher, I also identified myself as both a long-term foster parent and an employee of the sponsoring agency. The dualities of these roles created both some areas of strength and weakness for the study itself. For example, one of the strengths of this study was the experience of a person who has been a long-term foster parent of a child with FAE. While it was assumed that this would bring both sensitivity and relevant knowledge to the study, the degree to which families wanted to share, swap, or compare stories about 'our' children was unanticipated. I felt that this increased the level of trust developed between the researcher and the participants. This allowed the researcher to ask

questions and pose dilemmas that might not be asked by an individual who had not experienced living with children with FAS/FAE or who did not know their complex needs. This in turn increased the ability of the researcher to act as a support to families who were feeling situational stress related to their child or children. Two of the children in the study were facing criminal charges and all but one of the foster parents of teenagers were struggling with problems threatening the continuation of the placement. Families commented that having someone to talk to who clearly understood, helped them feel better. One participant said,

What we're talking about with you, that's a release for me. Like a group, like that. And to get feedback from others. ('on reserve' participant)

It was also anticipated that the researcher's dual roles as an employee of the agency as well as the investigator in this study might create a limitation to the study. That is, foster parents might be uncomfortable or reluctant to relate information about staff people, agency policies, or particular situations in which they felt that they might have made a poor parenting decision. During the initial interviews this did not appear to present a significant concern. The foster parents were very open to sharing information about a variety of topics including issues related to the policies of the agency, the kinds of services they wanted and did not want, and their relationships with their social workers. However, in follow up calls, some participants did express concern that comments they made about their social workers would be kept confidential. It should be assumed, therefore, that families were aware and careful about the kinds of information they shared. This may well have limited the depth of the study.

Cultural barriers. One potential weakness of this study was the fact that a non-Aboriginal researcher was working in a research setting with aboriginal families in rural and First Nations reserve communities. While an employee of an Aboriginal organization for the past five years, my perspective on the experiences of Aboriginal families likely would still be seen as that of an 'outsider'.

Smith (2001) talked about the role of being both the 'insider' and the 'outsider' in developing research partnerships with Aboriginal peoples. She suggested that some individuals, by virtue of their involvement with Aboriginal people, may be seen as trusted and credible, giving them a limited 'insider' role. Smith suggested strategies to develop 'authenticity' in both the data collection and data analysis stages, including building a trusting relationship with the research subjects through stories, teasing, and conversation. She also recommended asking Aboriginal elders to help develop the questions, and then to interpret the data.

Sandra Acker (2001) provides an alternative construction of the 'insider/outsider' debate, referring to four categories of representation she has considered in feminist and cross-cultural research¹². As with Smith, Acker argues that the capacity to identify with and to be accepted by marginalized individuals, can be as an effective tool for representing those who are 'being studied', as is living within the community. However, she also warns of the limits to this practice, arguing that there will continue to be some limits to capacity of the researcher to build a trusting relationship with the participants.

The method of collecting data in this investigation did aid the process of building a sense of trust and community with the participants. Denzin and Lincoln write that the use of a qualitative method allows the researcher to more carefully explore the context in

which subjects make meaning of their experiences (1994). This method opened the way for the researcher to understand imbedded cultural values. In essence, to look not only at the experiences, but at how those experiences were constructed and understood by the families themselves (Vega & Murphy; 1990).

Sharing information through conversations is consistent with traditional Aboriginal cultures. Oral history has been documented as a culturally-sensitive way of information gathering and sharing with First Nations peoples (Smith, 2001). Smith (2001) notes that oral reports, conversations, and story telling are accepted 'traditions' within First Nations communities and that trust may be better laid when the researcher is prepared to share, be patient, to listen, and to 'chat' rather than question. The use of interviews, full discussions and opportunities to listen to accounts of both the researcher's and participants' own experiences, did seem effective in reducing some of the cultural barriers considered to exist in this cross-cultural situation (Smith, 2001; McKenzie et al., 1995).

While it would be impossible to fully control for cultural and power differentials in a study of this nature, the project attempted to develop, within its design, some ways to reduce the potential barriers between the researcher and the participants. Accommodations to fulfil this goal during the conceptual stages included: a) consultation with the sponsoring agency personnel on many aspects of the study, b) the use of a qualitative approach to data collection and analysis, c) clarity with all parties as to how the resulting data was to be used and presented, and d) the invitation to an elder to be involved in the design of the study, the data analysis, and the reporting process.

During the interview stage, attempts were made in a number of ways to reduce potential power and cultural barriers between the researcher and the participants. First and foremost, I shared information about myself and my experience as a foster parent of a child with FAE as part of the introductions. Later, the questions asked of the participants were posed as 'themes' or conversations and not presented as a set of predetermined queries. This process provided opportunities for families to 'talk through' issues rather than answer a list of intrusive questions or simply reply to statements. A form of 'member checking' was employed in that each foster family was provided with the transcripts of their interviews and encouraged to add, remove, or change portions that they felt were inaccurate or which they decided they did not wish to be included (Maxwell, 1996). This offered a sense of control regarding their input back to the respondents.

During the analysis phase, the emerging themes that were generated from the study were discussed with the project elder who provided guidance specifically related to understanding or interpreting traditional Aboriginal values and cultural practices. The comments provided by the elder helped the researcher understand more fully the cultural intent behind some of the concerns noted by the participants.

I believe that my personal and professional sensitivities acted to decrease some of the potential power imbalances related to my roles as a non-community member and researcher. Admittedly, Acker (2001) notes it would be impossible for a non-community member to fully understand the complexities of the experiences of First Nation families living in First Nations communities. As such, the use of a non-Aboriginal researcher remains a weakness of this study.

Strengths of the Research Methodology

Valuing children's strengths. One strength of the study was the positive perspective built into the research questions. Participants in the study felt that, as foster parents of children with high behavioural needs, they were often asked to look only at the negative qualities or problem areas of their child or children. These foster parents commented that they appreciated an opportunity to talk about the positive qualities of their children and the more 'up-lifting' reasons that they felt committed to their children. Some foster parents remarked that the study gave them an opportunity to recognize the positive elements of growth and change that had occurred in their children since their initial placement in their homes. Another foster parent said that the interview process made her feel like someone else could see that her child was as special as she thought he was. She commented about her previous experiences with professionals in relation to her children:

I found the worker difficult. [That worker] was pushy, rough and was saying for example, the boys were stupid, dumb, stuff like that. I didn't like that. So right away, from the first time I met [the worker] I crossed [the worker] off. I didn't want nothing to do with [the worker]. There was someone else from the school that used to work with the boys at the school too. I crossed him off the first time I met him too. Because right away the first time, the way he talked about the boys it was like they were monkeys. And I didn't find that, so I didn't understand what he was trying to say. ('on reserve' participant)

The application of a positive orientation to both the design and presentation of this project is very much in keeping with an Aboriginal cultural perspective regarding

children and the gifts they bring to others. Connors and Donnellan (1998) suggest that professional models of practice with Aboriginal children with disabilities often are based on a deficit model. A deficit perspective may be alien to families who are more apt to integrate a child's 'needs' as simply a part of the child's 'personhood'. The capacity of the project to reframe the research question from 'problems of raising difficult children' to 'honouring the skills of the family in supporting children' again may have helped reduce potential cultural barriers.

Weakness of the Methodology

Confidentiality in a rural environment. Trute, et al., (1994) talk about the limitations of doing research in rural environments in which families may feel more easily identified in research findings. This was true in this study. One mother commented that 'people would know it was her' when they read the results of the study. Another family removed portions of the initial interview that she felt 'over identified' her family.

Concerns about confidentiality led the researcher to reconsider the data analysis process and representation. The original plan for the study included a descriptive analysis of each case study as an independent unit. These studies were to then be collapsed into two sub-collections of 'on reserve' and 'off reserve' families. However, it became clear very quickly in the interview process that it would be impossible to maintain the confidentiality of the families in the study while still maintaining the integrity of a case by case representation. As a result, the individual analysis of each family was not presented within this report and only the collective analysis of the 'on reserve' participants and the 'off reserve' participants has been reported. This has allowed the researcher to

maintain the anonymity of individual families while sustaining the integrity of the project and the results.

Strengths of the Study

While no one study of this nature can possibly provide a full description of a situation or phenomena, this study was certainly strengthened by the use of an ecological framework to develop, pose, and analyze the data. An ecological framework allowed the researcher to look at more than one dimension of the relationship between the child, the parent, and the community. Instead, the researcher was able to explore the interconnectedness between a myriad of relationships as well as look at how complex relationships both supported and created stresses for children and their foster families. Further, an ecological approach allowed the researcher to look at how cultural experiences influenced the relationship between the child and the family. This led to a fuller understanding of the complexity of needs and strengths experienced by the child, the family, and community systems.

Another factor adding unanticipated strength to the study was the wide range of ages of the children represented within the participating foster families. This study explored the experiences of a total of fourteen children ranging in age from four to eighteen years. The range of the children's ages suggested to the researcher a need to take a lifespan approach in looking at the experiences of children and their foster parents. This helped demonstrate more accurately some of the gaps in service for particular groups of children.

Weaknesses of the Study

While this study employed an ecological framework, it was hampered, to some extent, by the fact that the study only collected data from foster parents and the children's existing case files. A fuller account of the situation under study might have been obtained by collecting data from others involved collaterally, such as school teachers, child welfare workers, probation officers, other family members. A study that included interviews with the foster children themselves might have discovered many more important factors in the capacity of families to maintain long-term caring commitments. Further, this study might have been strengthened by spending time within the home environment of the families for longer periods of time. This might have allowed for a fuller understanding of the complexities of the relationships between the child and family and an awareness of the roles of specific family members. As the study currently exists, it must be understood that it represents 'the story' of the families' experiences and that this is an important facet in knowing why some families can maintain a long-term commitment to children with FAS/FAE, while many other families cannot.

It must also be noted that this study represents the views of only eight families and cannot be seen as generalizable to the larger population of foster parents raising children with FAS/FAE. A larger study and more investigations in other social and geographic areas might provide a more complete picture-or indeed different pictures-of the stresses and successes of families who are successfully maintaining long-term relationships with foster children with FAS/FAE.

Implications for Future Practice

This research suggests a need for schools, community systems, and child welfare systems to work more collaboratively with foster families towards building systems of support for children with FAS/FAE. It suggests that children with FAS/FAE need systemic supports as they first enter school. The supports need to be maintained over time and modified appropriately as the child ages. The findings suggest the importance of taking a lifespan approach to working with both children with FAS/FAE and their families. Assistance needs to be customized to address the different ages and stages of a child's life development. An urgency for creating specialized supports for adolescents with FAS/FAE is also highlighted. Such services might include addiction and mental health supports in addition to recreational and educational opportunities. They will need to accommodate the social and developmental differences that lead to the vulnerabilities prevalent among many young people with FAS/FAE.

Specialized services for children with FAS/FAE are especially needed in reserve communities. Far too few are available. A lack of services for young children appears to contribute to ensuing struggles that many of the adolescents in this study were experiencing. Foster families agreed that these services must recognise and support the particular cultural experiences and traditions of the family and the community.

Specialized early intervention and long-term supports might also be directed to children who, early in life, display both significant levels of aggression and problems in bonding with a consistent adult caregivers. Symptoms of 'flat affect' or 'lack of emotional reciprocity' are often seen by professionals as the result of poor parenting and not particular symptoms of a disability. This puts additional pressure on parents to

support their difficult children under the microscope of professional scorn and may contribute to the lack of support parents may feel in the school and community. Further, this study indicated that children with these two manifestations of FAS/FAE related disabilities appear to be particularly vulnerable to future longer-term struggles. Appropriate supports in this area might include social skill development programs for young children, increased one-to-one aid in schools, and the implementation of 'recreational buddies' or other mentors to help these children negotiate community recreational supports.

The findings also support a need to look closely at the ideological framework that underpins the practice of child welfare and the subsequent forms of intervention with foster families. While this suggested examination is directed to child welfare systems generally, a review of this matter in First Nations child welfare agencies, might assist in bringing child welfare practices closer to the traditional family practices of Aboriginal families. While many child welfare agencies acknowledge the need to move from a 'casework approach' to an 'inclusive capacity building approach' for serving families and community members, the current form of 'service' to foster families tends to reinforce dependence and reliance on professional supports when 'natural' and or local assistance may indeed be more accessible and effective. 'Birth families' are encouraged to build and access their own personal support network. However, families of children 'in-care' are tacitly discouraged from taking 'ownership' of decisions regarding their children or from seeking advice or help outside of the sponsoring agency. Foster parents are encouraged to seek advice from the agency and to ask permission about all aspects of a foster child's life. This cannot help but give foster children the subtle message that they are 'different'

and that the adults around them are unable to make decisions on their own. In some cases, this learned perception can act to undermine the authority of a foster parent in the view of a foster child.

Finally, it is important to look closely at the reality of the lives of many children with FAS/FAE. Despite the fact that these children are among the most vulnerable within our society they are the single largest consumer of child welfare supports. As many children with FAS/FAE will be living out their entire childhood in 'temporary placements', it appears incumbent on the systems of support to ensure that these vulnerable children and their foster families have the skills and resources they need to provide the best possible care they can. This should include the provision of a stable and safe long-term foster family, a family that they can rely on to support them throughout their childhood. The families in this study demonstrated that far from providing temporary shelter for foster children with FAS/FAE, they acted as lifelong advocates, teachers, and crucial supporters for their children as they negotiated with the many diverse, and often non supportive elements within the community. In some cases, these parents are the only non-professional advocate involved in their children's lives. Importantly, these long-term foster families provided children with FAS/FAE a stable, nurturing environment that helped increase their social and community living skills.

It has been thirty years since Rowe and Lambert (1973) explored the issue of the temporary nature of foster care in their seminal work "*Children Who Wait*". In their study, Rowe and Lambert (1973) spoke of the need to reform child welfare practice to provide every child with an opportunity to grow up in a safe and nurturing home, a home they could call their own. The findings of this study suggest the need to look more

carefully at the construction of models of support that can provide opportunities to support foster children who are apt to be long-term consumers of alternative care to access healthy, caring, and nurturing environments.

References

- Aase, J., Jones, K. & Clarren, S. (1995). "Do we need the term FAE"? *Journal of Pediatrics*, 95(3), 428-430.
- Aase, J., (1994). Clinical Recognition of FAS: Difficulties in Diagnosis. *Alcohol, Health and Research World*, 18(1), 5-8.
- Abel, E. & Sokol, R. (1990). Is occasional light drinking during pregnancy harmful? In Engs, R. (Ed). *Controversies in the Addictions Field: Volume One*. (pp. 158-165) Iowa:Kendell/Hunt Publishers.
- Abkarian, G. (1992). Communication effects of prenatal alcohol exposure. *Journal of Communication Disorders* 25, 221-240.
- Acker, S (2001). In/out/side: Positioning the researcher in feminist qualitative research. *Resources for Feminist Research (RFR/DRF)*, 28 (3/4), 153-172.
- Asante, K. & Nelms-Matzke, J. (1985). *Survey of children with chronic handicaps and fetal alcohol syndrome in the Yukon and Northwest B.C.* Ottawa/ National Native Advisory Council on Alcohol and Drug Abuse: Health and Welfare Canada.
- Ards, S. & Mincy, R. (1994). Neighbourhood ecology. In Besharov, D. (Ed.). *When Drug Addicts Have Children: Reorienting Child Welfare's Response* (pp. 33-48). Washington:Child Welfare League of America.
- Banach, M. (1998). The best interests of the child: Decision-making factors. *Families In Society: The Journal of Contemporary Human Services* 79(3), 331-339.
- Baring-Gould, M., Essick, D., Kleinkauf, C. & Miller, M. (1983). Why do foster homes close? *Arete*, 8, 49-63.

- Barth, R. (1991a). Adoption of drug exposed children. *Children and Youth Services Review* 13, 323-342.
- Barth, R. (1991b). Educational implications of prenatally drug-exposed children. *Social Work in Education* 13, 130-136.
- Barth, R. (2001). Research outcomes of prenatal substance exposure and the need to review policies and procedures regarding child abuse reporting. *Child Welfare* 80 (2), 275-297.
- Barth, R., Courtney, M., Bernick, J. & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services pathways and placements*. New York: Aldine de Gruyter Press.
- Barth, R. & Needell, B. (1995). Outcomes for drug exposed children four years post adoption. *Children and Youth Services Review* 18, 37-56.
- Barrett, M. & Trevitt, J. (1991). *Attachment Behaviour and the Schoolchild*. London: Tavistock/Roulette Press.
- Becker, H., Randell, C., Salo, A., Saulnier, J. & Weathersby, R. (1994). Animal research: Charting the course for FAS. *Alcohol, Health and Research World* 18 (1), 10-16.
- Behrman, R., Larson, C., Gomby, D., Lewitt, E. & Shiona, P. (1991). Analysis. *The Future of Children* 1(1), 9-16.
- Belisle-Leclerc, T. (2000, Spring), Focus 2000: Children and Youth in Care. *Canada's Children*-14-15.
- Bellefeuille, G., Garrioch, S., Ricks, F. (1997). *Breaking All The Rules: Transforming Governance in Social Services*. Manitoba: Awasis Agency of Northern Manitoba.

- Benoit, D. (2002), Parenting Infants: What really matters in the first years of life.
Imprint-Newsletter of the Infant Mental Health Promotion Project, The Attachment Collection. Toronto, Ontario: Hospital for Sick Children
- Berrick, J., Needell, B., Barth, R. & Jonson-Reid, M. (1998). *The Tender Years: Towards a Developmentally Sensitive Child Welfare Services for Very Young Children*. New York: Oxford University Press.
- Besharov, D. & Boechler, K. (1994). Introduction. In Besharov, D. (Ed.). *When Drug Addicts Have Children: Reorienting Child Welfare's Response* (pp. ix-xxvi). Washington: Child Welfare League of America.
- Bijor, P. (1992). Parental alcohol use, Problem drinking and children's injuries. *JAMA, Journal of the American Medical Association*, 267 (23), 3166-3171.
- Bingol, N., Schuster, C., Fuchs, M., Iosub, S., Turner, G., Stone, R. & Gromisch, D. (1987). The influence of socioeconomic factors on the occurrence of Fetal Alcohol Syndrome. *Advances in Alcohol and Substance Abuse*, 6(4), 105-118.
- Bogdan, R. & Bilken, S. (1992). *Qualitative Research for Education*. Mass: Allyn and Bacon.
- Boland, F., Burrill, R., Duwyn, M. & Karp, J. (1998). *Fetal Alcohol Syndrome: Implications for Correctional Service*. Retrieved September 9, 2002 from Corrections Services of Canada Website:<http://www.csc-scc.gc.ca>.
- Boyles, N. & Contadino, D. (1998). *The Learning Differences Sourcebook*. Los Angeles: Lowell House Press
- Bowlby, J. (1997). *Attachment and Loss. Volume One*. Sydney: Random House Press.

- Brawley, E. (1982). *Rural Social and Community Work in the U.S. and Britain*. New York: Praeger Publishers.
- Bray, D. Anderson, P. (1989). Appraisal of the Epidemiology of Fetal Alcohol Syndrome among Canadian native peoples. *Canadian Journal of Public Health* 80, 40-45.
- Bronfenbrenner, U. (1979). *The ecology of Human Development: Experiments by Nature and Design*. Cambridge: Harvard University Press.
- Brown, B., (1997). Indicators of Children's Well Being: A Review of Current Indicators based on Data from the Federal Statistical System. In Hauser, R., Brown, B., Prosser, W. (Eds.) *Indicators of Children's Well Being*. (pp. 3-35). New York :Russell Sage Publishing:
- Brown, J & Calder, P. (2000) Concept Mapping the Needs of Foster Parents. *Child Welfare*, 79(6), 729-746.
- Brown, L., Haddock, L & Kovach, M. (2002). Community Control of Child Welfare: Watching over our families:Lalun'utul' Smun'eem Child and Family Services. In Wharf, B. (Ed) *Community Work Approaches to Child Welfare*, (pp. 131-151). Ontario: Broadview Press.
- Brown, L. & Pollitt,E. (1996, Feb.). Malnutrition, poverty and intellectual development. *Scientific American*, 38-43.
- Burd, L. (1997). Is Maternal Alcohol Use During Pregnancy A Risk Factor for Sudden Infant Death Syndrome in Manitoba. Unpublished Ph.D. Dissertation, University of Manitoba, Canada.

- Burd, L. & Moffat, M. (1994). Epidemiology of fetal alcohol syndrome in American Indians, Alaska Natives and Canadian Aboriginal Peoples: A review of the literature. *Public Health Reports* 109 (5), 688-693.
- Burd, L. & Martsof, J. (1989). Fetal Alcohol Syndrome: Diagnosis and Syndromal Variability. *Physiology & Behavior*, 46, 39-43.
- Burgess, D. & Streissguth, A. (1992). Fetal Alcohol Syndrome and Fetal Alcohol Effects: Principles for educators. *Phil Delta Kappen* 74 (1), 24-30.
- Burnett, S. & Allen-Meares, P. (2000). Infants and toddlers with disabilities: Relationship based approaches. *Social Work* 45(4), 371-379.
- Carlton-LaNey, I., Edwards, R. & Reid, P.N. (1999). Small towns and rural communities: From romantic notions to harsh realities. In Carlton-LaNey, I., Edwards, R. & Reid, P.N. (Eds.) *Preserving and Strengthening Small Town and Rural Communities* (pp. 5-12). Washington: NASW Press.
- Carasco, E. (1986). Canadian native children: Have child welfare laws broken the circle?. *Canadian Journal of Family Law* 5(1), 110-138.
- Carmichael-Olson, C. (1994). The effects of prenatal alcohol exposure on child development. *Infants and Young Children*, 6(3), 10-25.
- Cautley, P. & Aldridge, M. (1975). Predicting Success for new foster parents. *Social Work* 20 (1), 48-53.
- Chasnoff, I. (1988). *Drugs, Alcohol, Pregnancy and Parenting*. Boston; Kluwer Academic Publishers.

- Csikai, E. & Belanger, K. (1999). Assessing the training needs and interests of rural foster parents. In Carlton-LaNey, I., Edwards, R., Reid, P.N. (Eds.). *Preserving and Strengthening Small Town and Rural Communities* (pp. 95-103). Washington: NASW Press.
- Child Welfare League of America (CWLA) (1992). *Children at the Front: A Different View of the War on Alcohol and Drugs*. Washington: CWLA Press.
- Childcare Resource and Research Unit (1995). *Child Care in Canada: Provinces and Territories*. Toronto: Centre for Urban and Community Studies, University of Toronto.
- Children and Youth Secretariat (1998). *Results from the Manitoba Survey of Service Needs Regarding Fetal Alcohol Syndrome/Fetal Alcohol Effects*. Unpublished Report: Government of Manitoba.
- Chudley, A. (1991). Fetal Alcohol Syndrome: A preventable cause of birth defect and mental retardation. *Manitoba Medicine* 61(2), 53-56.
- Clarren, S, & Smith, D. (1978). The Fetal Alcohol Syndrome. *New England Journal of Medicine* 298, 1063-1067.
- Coles, C. (1994). Critical periods for prenatal alcohol exposure. *Alcohol Health and Research World* 18 (1), 22-28
- Conners, P. & Streissguth, A. (1996). Effects of prenatal exposure to alcohol across the lifespan. *Alcohol, Health and Research World* 20 (3), 170-174.

- Conner, J. & Donnellan, A. (1998). Walk in beauty: Western perspectives on disability and Navajo family/cultural resilience. In McCubbin, H., Thompson, E., Thompson, A., Fromer, J. (Eds.), *Resiliency in Native American and Immigrant Families*, (pp. 159-182). California: Sage Publishers Ltd.
- Cordelo, J., Floyd, L., Martin, L., Davis, M. & Hymbaugh, K. (1994). Tracking the prevalence of FAS. *Alcohol, Health and Research World* 18 (1), 82-85.
- Cresswell, J. (1994). *Research Design: Qualitative and Quantitative Approaches*. Thousand Oaks: Sage Publishing.
- Cross, T. (1998). Understanding family resilience in a relational world view. In McCubbin, H., Thompson, E., Thompson, A. & Fromer, J. (Eds.) *Resiliency in Native American and Immigrant Families*, (pp. 143-158). California: Sage Publishers Ltd.
- Dando, I. & Minty, B. (1987). What makes good foster parents?. *British Journal of Social Work*, 17, 383-400.
- Davis, D. (1994). *Reaching Out To Children with FAS/FAE*. New York: The Centre for Applied Research in Education.
- Davis, I. & Ellis-MacLeod, E. (1994). Temporary foster care: Separating and reunifying families. In Blacher, J, (Ed.) *When There's No Place Like Home: Options For Children Living Apart from Their Natural Family*, (pp.123-161). Baltimore :Paul Brookes Ltd.
- Day, N. (1992). Effects of prenatal alcohol exposure. In Zagon, I. & Slotkin, T. (Eds), *Maternal Substance Abuse and the Developing Nervous System*. (pp. 27-43) New York: Academic Press.

- Dedmon, S. R. (1997). Attention Deficiency and Hyperactivity. In Kirby, L & Fraser, M. (Eds). *Risk and Resiliency in Childhood*. (pp. 73-94). Washington: NASW Press.
- Denby, R. Rindfleisch, N., Bean, G. (1999). Predictors of Foster Parent's Satisfaction and Intent to Foster. *Child Abuse and Neglect*, 23 (3), 287-303.
- Denzin, N. & Lincoln, Y. (1994). Introduction. In Denzin, N & Y. Lincoln (Eds.) *Handbook of Qualitative Research* (pp. 1-7). California: Sage Publishing.
- Drisko, J. (1997). Strengthening Qualitative Studies and Reports: Standards to promote integrity. *Journal of Social Work Evaluation* 33(1), 185-197.
- Durst, D., McDonald, J. & Rich, C. (1995). Aboriginal Government of Child Welfare Services: Hobson's Choice? In Hudson, J. & B. Galaway (Eds.) *Child Welfare in Canada: Research and Policy Implications* (p. 41-53). Toronto: Thompson Educational Press.
- Dunst, C., Trivette, C. & Deal, A. (1988). *Enabling and Empowering Families: Principles and Guidelines for Practice*. Cambridge: Brookline Books.
- Edelstein, S. (1995). *Children with Prenatal Alcohol and/or Drug Exposure: Weighing the Risks of Adoption*. Washington: Child Welfare League of America.
- Elfenbaum, M. & Ridd, D. (1999). *What Early Childhood Educators and Caregivers Need To Know About Fetal Alcohol Syndrome*. Healthy Child Initiative:
- Fine, M. (1992). *Disruptive Voices: The possibility of feminist research*. Ann Arbor: University of Michigan Press.
- Fischler, R. (1985). Child Abuse and Neglect in American Indian Communities. *Child Abuse and Neglect*, 9, 95-106.

- Fish, S. (1984). Casework to foster parents and children. In Maidman, E. (Ed.) *Child Welfare: A Sourcebook of Knowledge and Practice* (pp. 236-242). Children's Aid Society of Metropolitan Toronto: Child Welfare League of America
- Flette, E. (1995). *The Design and Delivery of a Program for Management Training in Aboriginal Social Service Organizations*. Unpublished MSW Practicum Report, University of Manitoba.
- Folaron, G., Wagner, M. (1998). Children in the Child Welfare System: An Ecological Approach. In Greene, R & Watkins, M (Eds). *Serving Diverse Constituencies: Applying an Ecological Perspective* (pp 113-133). New York: Aldine de Gruyter Press.
- Fraser, M. (1997). The ecology of childhood: A multisystems perspective. In Fraser, M., (Eds). *Risk and Resilience in Childhood, An Ecological Perspective*, (pp 1-9). Washington:NASW Press.
- Fuchs, D. (1995). Preserving and strengthening families and protecting children: Social network intervention, A balanced approach to the prevention of child maltreatment. In Hudson, J. & Galaway. B. (Eds.) *Child Welfare in Canada: Research and Policy Implications*. (pp. 113-122). Toronto: Thompson Educational Press.
- Garnezy, N. (1985). Stress-resistant children: The search for protective factors. In J.E. Stevenson (Ed.), *Recent Research in Developmental Psychopathology* (pp. 213-233). Tarrytown, NY:Pergamon Press.

- Garnezy, N., Masten, A., Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*, 55, 97-111.
- Gammon, H. (2000). *A Study of the Needs of Alternative Caregivers Who Provide Care for Adolescents and Young Adults Affected by Prenatal Exposure to Alcohol*. Unpublished MSW Thesis. University of Manitoba
- Gilgun, J. (1994). A case for case studies in social work research. *Social Work* 39(4), 371-380.
- Gilligan, R. (2000). Promoting resilience in children in foster care. In Kelly, G. & Gilligan, R. (Eds). *Issues in Foster Care: Policy, Practice and Research*. (pp. 107-126). London: Jessica Kingsley Ltd.
- Gillman, D. (1997). *Culturally Relevant Aboriginal Child Welfare: Principles, Practice, and Policy*. Unpublished Ph.D. thesis, Department of Psychology, University of Manitoba
- Gillham, B. (2000). *Case Study Research Methods*. London: Continuum Press
- Gitter, D., McPherson, M. (1990). Prenatal substance abuse. *Children Today* 19, 3-7.
- Giunta, C., Streissguth, A. (1988). Patients with fetal alcohol syndrome and their caregivers. *Social Casework: The Journal of Contemporary Social Work* 69(7), 453-459.
- Goetting, A. & Goetting, M. (1994). Motivations and satisfaction of foster parents caring for children with severe developmental disabilities: A profile. *Sociological Studies of Children*, 6. 181-196.

- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster-Touchstone Press.
- Goldberg, S. (2000). *Attachment and Development*. London: Oxford University Press.
- Griffith, D. (1992). Prenatal exposure to cocaine and other drugs: Developmental and educational prognoses. *Phi Delta Kappan*. 17 (1), 30-34.
- Griffith, D. (1995). Cognitive development of children prenatally exposed to alcohol, tobacco, and other drugs. In Lewis, K., (Ed.), *Infants and Young Children with Prenatal Alcohol and Drug Exposure: a Guide to Identification and Intervention*, (pp.169-186). Minnesota: Sunrise River Press.
- Habbick B., Nanson J., Snyder, R., Casey, R. & Schulman, A. (1996). Foetal Alcohol Syndrome in Saskatchewan: Unchanged incidence in a 20 year period. *Canadian Journal of Public Health* 87 (3), 204-207.
- Hart, M. (1999). Support for first nations to address Fetal Alcohol Syndrome and Effects. In Turpin, J. & G. Schmidt, (Eds.) *Fetal Alcohol Syndrome/Effect: Developing a Community Response* (pp. 73-79). Halifax: Fernwood Press.
- Hawkins, J.D., Catalano, R. & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in Adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin* 112 (1), 64-105.
- Health Canada (1999, Dec.). *Healthy Development of Children and Youth: The Role of the Determinants of Health*. Government of Canada: Health Promotions Branch.
- Hepworth, P. (1980). *Foster Care and Adoption in Canada*. Ottawa: The Canadian Council on Social Development.

- Henderson, N. & Milstein M. (1996). *Resiliency in Schools: Making it Happen For Students and Educators*. California:Corwin Press.
- Henry, D. (1999). Resilience in maltreated children: Implications for special needs adoptions. *Child Welfare* 78 (5), 519-541.
- Hiscock, M. & Nanson, J. (1990). Attention deficits in children exposed to alcohol prenatally. *Alcoholism: Clinical and Experimental Research* 14 (5), 656-661.
- Huebert, K. & Raftis, C. (1996). *Fetal Alcohol Syndrome and other alcohol related birth defects (2nd Edition)*. Government of Alberta:Alberta Alcohol and Drug Abuse Commission.
- Hunter, H. (2000). In the face of poverty: What a community school can do. In Silver, J. (Ed.). *Solutions that Work: Fighting Poverty in Winnipeg*. Halifax: Fernwood Press.
- Indian Affairs and Northern Development Canada (1999). *A Second Diagnosis on the Health of First Nations and Inuit People in Canada*. Government of Canada.
- Jacobson, J., Jacobson, S., (1999). Drinking Moderately and Pregnancy. *Alcohol, Research and Health*, 23 (1), 25-30.
- James, B. (1994). *Handbook for Treatment of Attachment-Trauma Problems in Children*. New York: Simon and Schuster Press.
- Johnston, P. (1983). *Native Children and Child Welfare System*. Toronto;The Canadian Council on Social Development
- Jones, B. (1994). The clients and their problems. In Besharov, D. (Ed.). *When Drug Addicts Have Children: Re-orientating Child Welfare's Response* (pp. 115-123). Washington: Child Welfare League of America.

- Jones, K. (1999). The ecology of FAS/E Developing an interdisciplinary approach to intervention with Alcohol-affected Children and their families. In *Turpin, J., Schmidt, G., (Eds.). Fetal Alcohol Syndrome/Effect: Developing a Community Response* (pp. 80-87). Halifax: Fernwood Press.
- Jones, K.L., Smith, D., Ulleland, C. & Streissguth, A. (1973). Pattern of malformation in offspring of chronic alcoholic mothers. *Lancet 1 (1)*, 267-271.
- Jones, R., McCullough, C. & Dewoody, M. (1992). The child welfare challenges in meeting developmental needs. In *Identifying the Needs of Drug-Affected Children: Public Policy Issues* (OSAP Monograph #11). Maryland: U.S. Department of Health and Human Services.
- Joseph, J. (1994). *The Resilient Child: Preparing Today's Youth for Tomorrow's World*. New York: Plenum Press Ltd.
- Kadushin, A. & Seidl, F. (1971). Adoption Failure: A Social Work Postmortem. *Social Work 21(3)*, 32-38.
- Kalland, M., Sinkkonen, J. (2000). Finish Children in Foster Care: Evaluating the Breakdown of Long Term Placements. *Child Welfare 80 (5)*, 513-527.
- Kanter, G. (1978, Sept./Oct.). Addicted mother, addicted baby- A challenge to health care providers. *Maternal Child Nursing*, 281-289.
- Karr-Morse, R. & Wiley, M. (1997). *Ghosts from the Nursery, Tracing the Roots of Violence*. NewYork: The Atlantic Monthly Press.
- Kelly, G. (2000). The Survival of Long Term Foster Care. In Kelly, G. & Gilligan, R. (Eds.). *Issues in Foster Care, Policy, Practice and Research*. (pp. 7-11) London: Jessica Kingsley Publisher Ltd.

- Kelly, G. & Gilligan, R. (2000). *Issues in Foster Care, Policy, Practice and Research*. London: Jessica Kingsley Publisher Ltd.
- Kenner, C., & D'Apolito, K. (1997). Outcomes for children exposed to drugs in utero. *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* 26(5), 595-602.
- Koren, G., (1997). *The Children of Neverland: The Silent Human Disaster*. Toronto: The Kids in Us Press.
- Kowlessar, D., (1997). *An Examination of the Effects of Prenatal Alcohol Exposure on School-Age Children in a Manitoba First Nations Community*. Unpublished Masters thesis, University of Manitoba, Winnipeg, Canada
- Kronstadt, D., (1991). Complex developmental issues of prenatal drug exposure. *The Future of Children* 1(1), 36-48.
- Lasser, P. (1999). *Challenges and Opportunities: A Handbook for Teachers of Students with Special Needs with a focus on Fetal Alcohol Syndrome (FAS) and partial Fetal Alcohol Syndrome (pFAS)*. Vancouver: Vancouver School Board.
- Lee, B. (1999). A community approach to urban child welfare in Canada. In Dominelli, L. (Ed.) *Community Approaches to Child Welfare: International Perspectives* (pp. 64-87). Hampshire: Ashgate Press.
- Lee, L & Bremner, L. (1998). *The Manitoba Special Education Review, Final Report*. Winnipeg: Proactive Information Services.
- Lewis, D & Woods, S. (1994). Fetal Alcohol Syndrome. *American Family Physician* 50 (5), 1025-1032.

- Little, B., Snell, L., Rosenfield, C., Gilstrap, L., & Gant, N. (1990). Failure to recognise Fetal Alcohol Syndrome in newborn infants. *American Journal of Disabled Children* 144, 1142-1146.
- Loebstein, R., Nulman, I. & Koren, G. (1997). Fetal Alcohol Syndrome: An ongoing paediatric challenge. *Paediatric Child Health* 2(2), 102-104.
- McCartt-Hess, P. (1993, July). Supporting Foster Families in their Support of Children. *Journal of Emotional and Behavioural Disorders*, 24-27.
- McCubbin, H., Thompson, E., Thompson, A. & Fromer, J. (1998). *Resiliency in Native American and Immigrant Families*, (pp. 159-182). California: Sage Publishers Ltd.
- McCullough, C. (1991). The child welfare response. *The Future of Children*. 1(1), 61-71.
- McGlone, K., Santos, L., Kazama, L., Fong, R. & Mueller, C. (2002). Psychological stress in adoptive parents of special needs children. *Child Welfare*, 82 (2) 151-171.
- McKenzie, B. (2002a). Community organizing in child welfare: Changing local environments and developing community capacity. In Wharf, B.(Ed.) *The Challenge of Child Welfare*, (pp. 83-92). British Columbia: University of British Columbia Press.
- McKenzie, B. (2002b). Building community in West Region Child and Family Services. In Wharf, B.(Ed.) *The Challenge of Child Welfare*, (pp. 152-162). British Columbia: University of British Columbia Press

- McKenzie, B. (1997). Connecting policy and practice in First Nations Child and Family Services: A Manitoba Case Study. In Pulkingham, J. & Ternowetsky, G.(Ed.) *Child and Family Policies: Struggles, Strategies and Options*, (pp. 100-114). Halifax; Fernwood Press Ltd.
- McKenzie, B. & Hudson, P. (1985). Native children and Child Welfare, and the colonization of Native people. In Wharf, B.(Ed.) *The Challenge of Child Welfare*, (pp.125-141). British Columbia: University of British Colombia Press.
- McKenzie, B. & Morrisette, V. (2002). Social Work Practice with Canadians of Aboriginal Background: Guidelines for Respectful Social Work. In In Al-Krenawi, A, &Graham, J (eds.). *Multi- Cultural Social Work in Canada: Working with Diverse Ethno Racial Communitie*. Don Mills:Oxford University Press.
- McKenzie, B., Seidl, E. & Bone, N. (1995). Child and Family service standards in First Nations: An action research project. *Child Welfare* 74 (3), 633-653.
- McNichol, T. & Tash, C. (2001). Parent substance abuse and the development of children in family foster care. *Child Welfare* 80 (2), 239-256.
- Malbin, D. (1993). *Fetal Alcohol Syndrome: Strategies for Professionals*. Minnesota:Hazeldon Educational Materials
- Massinga, R. (1994). Long term foster care. In Besharov, D., (Ed). *When Drug Addicts Have Children: Re-orientating Child Welfare's Response* (pp. 211-220). Washington: Child Welfare League of America.

- Mattson, S., Riley, E., Sowell, E., Jernigan, T., Sobel, D. & Jones, K. (1996). A decrease in the size of the basal ganglia in children with Fetal Alcohol Syndrome. *Alcoholism: Clinical and Experimental Research*, 20, 1088-1093.
- Maxwell, J (1996). *Qualitative Research Methods: An Interpretive Approach*. Thousand Oaks: Sage Publications.
- May, P. (1991). Fetal alcohol effects among North American Indians. *Alcohol, Health and Research World* 15 (3), 239-248.
- May, P. (1995). A multiple-level, comprehensive approach to the prevention of Fetal Alcohol Syndrome (FAS) and other Alcohol-Related Birth Defects (ARBD). *The International Journal of the Addictions*, 30(2),1549-1602.
- May, P. (1999). The epidemiology of alcohol abuse among American Indians: The mythical and real properties. From Champagne, D., (Ed). *Contemporary Native American Cultural Issues* (pp. 227-244) Walnut Creek:Altamira Press.
- Molin, R., (1994). Foster Families and Larger Systems: Image and Reality. *Community Alternatives: International Journal of Family Care* 6(1), 19-31.
- Monture, P. (1989). A Vicious Circle: Child Welfare and the First Nations. *Canadian Journal of Women and the Law* 3, 1-7.
- Moon, S. (1994). *Making School and Community Recreation Fun for Everyone: Places and Ways to Integrate*. Baltimore: Paul H. Brooks Publishing Inc.
- Nanson, J. & Hiscock, M.(1990). Attention deficits in children exposed to alcohol prenatally. *Alcoholism: Clinical and Experimental Research* 14 (5), 656-661.

- Nash, J. & Fraser, M. (1997). Methods in the analysis of risk and protective factors: Lessons from epidemiology. In Fraser, M., (Eds). *Risk and Resilience in Childhood, An Ecological Perspective*, (pp 34-49). Washington:NASW Press.
- Olson, H., (1994). The effects of prenatal alcohol exposure on child development. *Infants and Young Children* 6(3), 10-25.
- Osofsky, A. (1987). *Handbook of Infant Development*. New York:John Wiley & Sons.
- Palmer, S. & Cooke, W. (1996). Understanding and countering racism with First Nations children in out-of-home care. *Child Welfare* 75 (6), 709-725.
- Pardeck, J. (1988). Social Treatment Through an Ecological Approach. *Clinical Social Work Journal* 16 (1), 92-104.
- Pecora, P. & Maluccio, A. (2000). What works in family foster care. In Kluger, M., Alexander, G., Curtis, P. (Eds). *What Works in Child Welfare*. Washington:Child Welfare League of America.
- Poulsen, M. (1995). Vulnerability and resiliency factors of the at risk infant and young child with prenatal alcohol and drug exposure. In Lewis, K., (Eds.), *Infants and Young Children with Prenatal Alcohol and Drug Exposure: A Guide to Identification and Intervention* (pp. 189-202). Minnesota: Sunrise River Press.
- Red Horse, J. (1980). Family Structure and Value Orientation in American Indians. *Social Casework: The Journal of Contemporary Social Work*, 61(8). 462-467.

- Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Beauhring, T., Sieving, R., Shew, M., Ireland, M., Bearlinger, L. & Udry, R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal study on adolescent health. *Journal of the American Medical Association (JAMA)* 278 (10), 823-832.
- Richman, J. & Bowen, G. (1997). School failure: An ecological-interactional – developmental perspective. In Fraser, M., (Eds). *Risk and Resilience in Childhood, An Ecological Perspective* (pp. 95-116). Washington:NASW Press.
- Rimmerman, A. & Duvdevany, I. (1996). Foster Parents for persons with mental retardation in Isreal: Modivation, role perception and their view of the foster person. *International Social Work* 39, 329-338.
- Rindfleisch, N., Bean, G. & Denby, R. (1998). Why foster parents continue and cease to foster. *Journal of Sociology and Social Welfare* 25 (1), 5-24.
- Ristock, J. & Pennell, J. (1996). *Community Research as Empowerment*. Toronto: Oxford University Press.
- Robinson, G., Conry, R. & Conry, S. (1987). *The Camin Lake Survey of Special Needs Children*. Unpublished Report: University of British Columbia, Canada.
- Roebuck, T., Mattson, S. & Riley, E. (1999). Behavioural and psychosocial profiles of alcohol exposed children. *Alcoholism: clinical and Experimental Research* 23 (6), 1070-1076.
- Rosenthal, J. (1993). Outcomes of Adoption of Children with Special Needs. *The Future of Children*, 3 (1), 76-88.

- Rowe, J. & Lambert, L. (1973). *Children Who Wait*. London: Association of British Adoption Agencies.
- Sanchirico, A., Lau, W.J., Jablonka, K. & Russell, S. (1998). Foster parent involvement in service planning: Does it increase job satisfaction? *Child and Youth Service Review* 20 (4), 325-346.
- Sandefur, G., Mosley, S. (1997). Family Structure, Stability and the Well Being of Children. In Hauser, R., Brown, B., Prosser, W. (Eds.), *Indicators of Children's Well Being* (pp. 328-345). New York: Russell Sage Publishing.
- Schwartz, L. (1994). The Challenge of Raising One's Nonbiological children. *The American Journal of Family Therapy* 22 (3), 195-207.
- Seaberg, J., Harrigan, M. (1999). Foster Families, Functioning Experiences and Views: Variations by Race. *Children and Youth Service Review* 21 (1). 31-55.
- Seita, J. (2000). In our best interest: Three necessary shifts for child welfare workers and children. *Child Welfare*, 79 (1), 77-93.
- Semidei, J., Randel, & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare* 80 (2), 109-128.
- Sigman, M. (1982). Plasticity in development: Implications for intervention. In Bond, A., & Joffe, J. (Eds.), *Facilitating Infant and Early Childhood Development*, (pp. 98-120). Hanover: University of New England Press.
- Silva-Wayne, S. (1995). Contributions to resilience in children and youth: What successful Child Welfare graduates say. In Hudson, J. & B. Galaway (Eds.) *Child Welfare in Canada: Research and Policy Implications* (pp. 308-323). Toronto: Thompson Educational Press.

- Smith, H. (1993). Intervention strategies for children vulnerable for school failure due to exposure to drugs and alcohol. *The International Journal of the Addictions* 28 (1), 1435-1470.
- Smith, I. (2001). *Decolonizing Methodologies: Research and Indigenous Peoples*. London: University of Otago Press.
- Sparks, S. (1993). *Children of Prenatal Substance Abuse: School Aged Children Series*. California: Singular Publishing Ltd.
- Stake, R. (1994). *Case Studies*. In Denzin, N., Lincoln, Y., (Ed). *Handbook of Qualitative Research*. (pp. 236-247). California: Sage Publishing.
- Stokes, J. & Ternowetsky, G. (1997). *Child Welfare in Northern, Remote and Rural Communities: An Annotated bibliography*. Human Resources Development Canada: Government of Canada.
- Stratton, K., Howe, C. & Battaglia, F. (1996). *Fetal Alcohol Syndrome: Diagnosis, Epistemology, Prevention and Treatment*. Washington: Institute of Medicine, National Academy Press.
- Strong-Boag, V. (2002). Getting to now: Children in distress in Canada's past. In Warf, B. (Ed.) *Community Work Approaches to Child Welfare* (pp. 29-47) Ontario: Broadview Press.
- Steinhausen, H. & Spohr, H. (1998). Long term outcome of children with Fetal Alcohol Syndrome: Psychopathology, behavior, and intelligence. *Alcohol: Clinical and Experimental Research* 22 (2), 334-338.

- Streissguth, A. (1992). Fetal Alcohol Syndrome and Fetal Alcohol Effects: A clinical perspective of later developmental consequences. In I.S. Zagon & Slotkin, T.A. (Eds.) *Maternal Substance Abuse and the Developing Nervous System*. (pp. 5-25). California: Academic Press Inc.
- Streissguth, A. (1997). *Fetal Alcohol Syndrome: A Guide for Families and Communities*. Baltimore: Paul Brookes Publishing Ltd.
- Streissguth, A., Barr, H., Carmichael-Olson, H., Sampson, P., Bookstein, F. & Burgess, D. (1994). Drinking during pregnancy decreases word attack and arithmetic scores on standardized tests: Adolescent data from a population based prospective study. *Alcoholism: Clinical and Experimental Research* 18 (2), 248-254.
- Streissguth, A., Barr, H., Kogan, J. & Bookstein, F. (1997). Primary and secondary disabilities in fetal alcohol syndrome. In Streissguth, A. & Kanter, J. (Eds). *The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities*, (pp. 25-39). Seattle: University of Washington Press.
- Streissguth, A., Bookstein, F., Sampson, P. & Barr, H. (1993). *The Enduring Effects of Prenatal Alcohol Exposure on Child Development: Birth Through Seven Years*. Ann Arbor: The University of Michigan Press.
- Streissguth, A. & Dehaene, P. (1993). Fetal Alcohol Syndrome in twins of alcoholic mothers: Concordance of diagnosis and IQ. *American Journal of Medical Genetics* 47, 857-861.
- Streissguth, A. & Kanter, J. (1997). *The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities*. Seattle: University of Washington Press.

- Stump, J. (1992). *Our Best Hope: Early intervention with prenatally exposed infants and their families*. Washington: Child Welfare League of Canada.
- Stone, N. & Stone, S. (1983). The prediction of successful foster placement. *Social Casework: The Journal of Contemporary Social Work* 64(1), 11-17.
- Stosny, S. (1995). *Treating Attachment Disorder: A compassionate approach*. New York: Springer Publishing Ltd.
- Tanner-Halverson, P. (1997). A demonstration classroom for young children with FAS. In Streissguth, A. & Kanter, J. (Eds.) *The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities* (pp. 78-88). Washington: University of Washington Press.
- Timpson, J. (1995). Four decades of literature on Native Canadian child welfare: Changing themes. *Child Welfare* 74 (3), 525-545.
- Timpson, J. & Semple, D. (1997). Bringing Home Payahtakenemowin (Peace of Mind): Creating self governing community services. *Native Social Work Journal* 1, 87-101.
- Thoburn, J. (1990). *Success and Failure in Permanent Family Placements*. England: Gower Press.
- Torrence, C. & Horns, K. (1989). Appraisal and caregiving for the drug addicted infant. *Neonatal Network* 8 (3), 49-59.
- Trute, B, Adkins, E. & McDonald, G. (1994). *Coordinating Sexual Abuse Services in Rural Communities*. Toronto: University of Toronto Press.

- Tyler, R. & Howard, J. (1996). Predicting Outcomes for Infants and Young Children by Using Neuroimaging Technology. In Lyon, R. & Rumsey, J. (Eds) *Neuroimaging: A Window to the Neurological Foundations of Learning and Behaviour in Children*. (pp. 209-224) Baltimore: Paul Brooks Publishing Co.
- Van Bibber, M., (1997). *It Takes a Community: A resource manual for community-based prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects*. Government of Canada: Medical Services Branch.
- Vega, W. & Murphy, J. (1990). *Culture and the Restructuring of Community Mental Health*. New York:Greenwood Press.
- Waldock, T. (1996). Professionalizing Foster Care: The welfare of children. *The Social Worker*, 64 (3), 118-127.
- Weaver, H.& White, B. (1997). The Native Family Circle: Roots of Resiliency. *Journal of Family Social Work* 2(1), 67-79.
- Weiss, G., Hechtman, L. (1993). *Hyperactive Children Grow Up: ADHD in Children, Adolescents and Adults*. New York: Gillford Press.
- West Region Child and Family Services. (2002, Sept.) *Annual Report: Neyaab gidoodaapinaamin gaagii-Miinigooyang (We're taking back what was given to us)-Reclaiming Our Gifts*.
- Werner, E. & R. Smith (1992). *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Ithaca: Cornell University Press.
- Werner, E. & Smith, R. (1998). *Vulnerable but Invincible*. New York: Adams Baniser & Cox Ltd.

- Westhues, A. & Cohen, J. (1990). Preventing disruption of special-needs adoptions. *Child Welfare* 69 (1), 141-155.
- Wharf, B. (2002). Building a Case for Community Approaches to Child Welfare. In Wharf, B. (Ed), *Community Work Approaches to Child Welfare*. Toronto: Broadview Press Ltd.
- Williams, B., Howard, V., McLaughlin, T. (1994). Fetal Alcohol Syndrome: Developmental Characteristics and Directions for Further Research. *Education and Treatment of Children* 17 (1). 86-97.
- Winnipeg Child and Family Services, (2001, June). *Annual Report*.
- Yin, R., (1994). *Case Study Research: Design and Methods (Second Edition)*. Thousand Oaks: Applied Social Research Methods Volume 5, Sage Publishing
- York, G. (1990). *The Dispossessed: Life and Death in Native Canada*. London: Vintage Books.
- Young, M., Jones, K., Long, L., Malony, L. (1999). Transitioning youth with LD and ADHD in adulthood. *The National*. 36(1), 15-16.
- Young, N. & Gardner, S. & Dennis, L. (1998). *Responding to Alcohol and Other Drugs: Problems in Child Welfare: Weaving Together Practice and Policy*. Washington: Child Welfare League of America.
- Zipper, I., Simeonsson, R. (1997). Promoting the Development of Young Children with Disabilities. In Kirby, L & M. Fraser. (Eds). *Risk and Resiliency in Childhood*. (pp. 244-264). Washington: NASW Press.
- Zuckerman, B. (1991). Drug exposed infants: Understanding the medical risks. *The Future of Children*, 1(1), 26-35.

Zuckerman, B. (1994). Effects on parent and children. In Besharov, D., (Ed). *When Drug Addicts Have Children: Reorienting Child Welfare's Response* (pp. 49-63)

Washington: Child Welfare League of America.

Zuckerman, B & Frank, D. (1992). Prenatal cocaine and marijuana exposure: Research and clinical implications. In Zagon, I & Slotkin, T. (Eds), *Maternal Substance Abuse and the Developing Nervous System*, (pp. 27-43). New York: Academic Press.

Zylberberg, P. (1991). Who should make child protection decisions for the Native community? *Windsor Yearbook of Access to Justice* 11, 74-103.

Appendix A: Participant Consent Form

Participant Consent Form

I _____ agree to participate in the research study conducted by Kathy Jones, a Ph.D. student in the Faculty of Education at the University of Manitoba. The study is entitled:

Maintaining a Long Term Commitment to Children in Care:
Factors that Influence the Continued Capacity of Foster Parents Who Are Raising First
Nations Children with FAS/FAE.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this form carefully and to understand all of the information in this package.

This study is intended to look at some of the issues that help families to take care of foster children with FAS/FAE. You have been chosen for this study because you have had a foster child with FAS/FAE in your care for at least five years.

This study is being conducted as part of a thesis developed by Kathy Jones, a Ph. D. student in the Faculty of Education at the University of Manitoba and an employee of West Region Child and Family Services. The supervisor of the project is Dr. Rick Freeze of the Faculty of Education at the University of Manitoba. The project is being sponsored by West Region Child and Family Services.

The study will look at some of the reasons that foster parents are able to successfully foster children for over five years. The study will ask you about the kinds of supports at home, at school, in your community and within West Region Child and Family Services that you and your family have used to make parenting easier. It will ask about some of the issues that may have made it more difficult to keep this child. The goal of the study will be to develop a better understanding of the kinds of supports that foster parents need to ensure that they are able to provide a more stable home for foster children with FAS/FAE

If you agree to participate in this study you will be asked to participate in 2-3, one hour interviews in your home. The questions that you will be asked are attached to this consent form. Interviews will be tape recorded and the tapes will be stored in a locked storage container at the researcher's home (in Winnipeg). All data including the tapes and the written transcripts (with your name and any identifiable information erased) will be kept in their secure location for five years and then destroyed.

At the beginning of this study you will be asked which (adult) family members you would like to be your family's spokesperson. Any other adult in the home is also welcome to be part of the interviews. No other person in your family or elsewhere (e.g. your church, the school, the agency) will be interviewed without your express permission.

After your interviews you will be given all of the transcripts of the study and may have any part of the interview removed at that time. The researcher will then discuss with you ways in which your name and any identifiable information will be removed or concealed. The researcher will discuss with you all situations in which it may be difficult to fully conceal any identifiable information shared in the study and solicit your approval before the material is included.

Themes emerging from this study will be shared with the project elder, Stella Bone who is also an employee of the sponsoring agency (West Region Child and Family Services). Stella Bone will not be given copies of interviews nor will she be given any personal or family information that might identify you or your family. Stella will help interpret the information for the study from a First Nation perspective.

Interview material, with all identifying information removed may be shared with the project Supervisor, Dr. Rick Freeze, a Professor at the University of Manitoba. He will assist the researcher (Kathy Jones) in the development of the data.

You also have the right to refuse to answer any of the questions at any time or leave the study at any time without any consequence. You will not be denied services or supports from the sponsoring agency (West Region Child and Family Services) if you choose not to participate in this study.

At the end of the study you will be offered a copy of the report. The researcher (Kathy Jones) will also meet with all project participants to discuss the findings of the study. The results (with all identifiable material removed) will also be shared with the staff at West Region Child and Family Services who will use the study results to help provide better services to its Foster Parents.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights not release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any questions or concerns about this research or the researcher (Kathy Jones) you are welcome to call:

Kathy Jones, Researcher	(204) 788-4713
Dr. Rick Freeze, Supervisor	(204) 474-6904
Elsie Flette, Sponsoring Agency, (WRCFS)	(204) 985-4050

This research has been approved by the Education/Nursing Ethical Review Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant Signature

Date

Kathy Jones
Home: (204) 788-4713

Date

Please also read and initial the following:

_____ I am aware that Kathy Jones is conducting this study as a student and NOT an employee of the agency. Any and all information that you share as a participant in this study, will be kept confidential and will not be shared with staff at WRCFS. Involvement in this study will have no bearing on the level of service that I receive from this agency.

_____ I am aware that as a practicing professional, the researcher (Kathy Jones) is required by legal duty to immediately report to West Region Child and Family Services any situation in which she feels a child's safety is at risk. This might include situations in which a child is being neglected or abused or situations in which the researcher believes that the child is 'at risk' for being abused or neglected.

Appendix B: Telephone Script

Telephone Script

Good Evening _____. My name is Kathy Jones and I am calling tonight to ask if it might be possible to include your family in a study I am doing as part of my Ph.D. dissertation entitled:

**Maintaining a Long Term Commitment to Children in Care:
Factors that Influence the Continued Capacity of Foster Parents Who Are Raising
First Nations Children with FAS/FAE.**

I understand that you received a phone call from Karen Huntinghawk of West Region CFS asking if you would be interested in participating in this study. They have given me your name to contact as someone who would be interested in helping me. This is how I got your name.

Just to remind you again, this study is intended to look at some of the issues that help families to take care of foster children with FAS/FAE. You have been chosen for this study because you have had a foster child with FAS/FAE in your care for at least five years. Is that so?

The study will look at some of the reasons that you, as a foster parent have been able to successfully foster your child _____ for over five years. The study will ask you about the kinds of supports at home, at school, in your community and within West Region Child and Family Services that you and your family have used to make parenting easier. It will ask about some of the issues that may have made it more difficult to keep this child. The goal of the study will be to develop a better understanding of the kinds of supports that foster parents need to ensure that they are able to provide a more stable home for foster children with FAS/FAE

This study is being conducted as part of my thesis. Just to let you know, I am a Ph. D. student in the Faculty of Education at the University of Manitoba and an employee of West Region Child and Family Services. The supervisor of the project is Dr. Rick Freeze of the Faculty of Education at the University of Manitoba. I will leave his name and phone number for you when we sign the consent forms in case you want to talk directly with him. You should also know that the project is being supported by West Region Child and Family Services. You are also welcomed to phone Elsie Flette, the Executive Director of the agency if you have any concerns. Her phone number in Winnipeg is 985-4059.

If you agree to participate in this study you will be asked to participate in 2-3, one hour interviews in your home. The interviews will be at your convenience, likely in the evening. I will give you a copy of the questions I will ask before the interviews begin. The interviews will each be about an hour long and will be taped. I will ensure that all

taped interviews are kept in a locked box in my home in Winnipeg and any information you share will be confidential.

If you agree to help me in this study, you will have the right to refuse to answer any of the questions at any time or leave the study at any time without any consequence. You will not be denied services or supports from West Region Child and Family Services or myself if you choose not to participate in this study.

At the beginning of this study you will be asked which (adult) family members you would like to be your family's spokesperson. Any other adult in your home is also welcome to be part of the interviews. No other person in your family or elsewhere (e.g. your church, the school, the agency) will be interviewed without your express permission.

After your interviews you will be given all of the transcripts of the study and may have any part of the interview removed at that time. I will then discuss with you ways in which your name and any identifiable information will be removed or concealed. We will discuss any and all situations in which it may be difficult to fully conceal any identifiable information shared in the study and solicit your approval before the material is included.

You should also be aware that, themes emerging from this study will be shared with the project elder, Stella Bone who is also an employee of West Region Child and Family Services. Stella Bone will not be given copies of interviews nor will she be given any personal or family information that might identify you or your family. Stella will help interpret the information for the study from a First Nation perspective.

Interview material, with all identifying information removed may be shared with the project Supervisor, Dr. Rick Freeze, a Professor at the University of Manitoba. He will assist me in the development of the data.

At the end of the study I will visit and share with you the results of the study. I will also share the results of the study with the staff at West Region Child and Family Services who will use the study results to help provide better services to its Foster Parents. Your name or any personal information that you share with me will not be shared with any staff person at any time.

Do you have any questions about the study so far? Would you be interested in being one of the participants in the study?

When can I come to your home to sign the consent form and make a time to begin the interviews?

Thanks,

Kathy



UNIVERSITY
OF MANITOBA

Appendix C: Ethics Approval Certificate


OFFICE OF
RESEARCH SERVICES

ORS
244 Engineering Building
Winnipeg, Manitoba R3T 5V6
Telephone (204) 474-8418
Fax (204) 261-0325
www.umanitoba.ca/vpresearch/ors

APPROVAL CERTIFICATE

04 March 2002

TO: Kathleen Jones
Principal Investigator

FROM: Lorna Guse, Chair 
Education/Nursing Research Ethics Board (ENREB)

Re: Protocol #E2002:006
"Maintaining a Long Term Commitment to Children in Care: Factors
that Influence the Continued Capacity of Foster Parents who are
Raising First Nation Children"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

End Notes

¹ A 'transitional move' is defined as a move between any caring site including extended family settings, foster homes, group homes, receiving homes, hotel placements, institutions, or detention centres.

² It would be difficult to accurately determine incidence rates of FAS/FAE among the general population as to date, there have been no population based studies that have explored this fact. In contrast, a number of studies in First Nation communities in Canada (see Burd & Moffat, 1994) have looked at population based incidence rates in various First Nations reserve communities.

³ This study will use the designation of Aboriginal persons as defined by Section 35 of the Canadian Charter of Rights and Freedoms (1982). The act designates Aboriginal peoples of Canada as "the Indian, Inuit and Métis peoples of Canada". In this study, 'First Nations' individuals are those persons accorded treaty rights as set out by Section 35 (3) of the Charter of Rights and Freedoms.

⁴ Collectively the eight homes in the study had 20 children. Two children were removed from consideration at the onset of the study as they were not clients of the sponsoring agency. One of these children had been adopted in a private arrangement and, because she had no special needs, was not receiving services from the sponsoring agency. Another child was 19 and therefore considered an adult, despite the fact that she remained in the care of the foster home. Another four were removed from the study when it was determined that they were not alcohol affected.

⁵ No family was excluded from the study as a result of the file review.

⁶ Section 76(18) of the Child and Family Services Act (1985) requires written permission from the provincial Director of Child Welfare to gain access to files of children legally in the care of any mandated child welfare agency in Manitoba for the purposes of research. All First Nations agencies within Manitoba are required to adhere to the standards set out by the Provincial Child and Family Services Act (1985).

⁷ A treatment foster home implies that the foster parents have had specialized training and/or experience in living with children who require 'treatment' for particular concerns.

⁸ Custom adoptions are an Aboriginal tradition in which a family member agrees to take over the support of a child for another family or community member. Custom adoptions differ from legal adoptions in that the adopting parents have the support of the birth family, but not the formal sanctions of the court. Carasco offers a full discussion of the legal and cultural issues related to custom adoptions in Aboriginal communities in her 1986 article entitled: *Canadian Native Children: Have child welfare laws broken the circle?*

⁹ This is especially true in the province of Manitoba since the 1985 release of Judge Edwin Kimelman's report on the state adoption practices and Aboriginal children. Please refer to Johnston (1983) or Timpson (1995) for a fuller discussion on the historic and current legal issues related to this theme.

¹⁰ There was an attempt at the onset of this study to choose candidates from rural or non-town environments. Problems arose when agency staff involved in screening participants for the study were not informed of the change of address of two of the foster parents. As a result, two families who had recently moved into town were included as participants. This change in demographics allowed the project to consider potential distinctions between out-of-town and in-town supports for families.

¹¹ To protect the privacy of the participants and the foster children, all identifiable case related information about the children, families and staff of the sponsoring agency have been removed from this section of the study. Material bracketed represents information that may have been identifying in nature. It has been 'generalized' to protect confidentiality.

¹² Acker (2001) names the four categories of the 'insider/outsider' typology: a) Indigenous-Insider: a community member doing a research project that promotes the well being of the community that she lives in, b) External-outsider: an outsider with no connection to the community doing research on the community, c) Indigenous-outsider: a person who is a community member but has been socialized outside of the community and has come back to do research in the community and d) External-insider: an outsider who, through their own experiences, has come to understand and identify with the adopted community and is doing research to support the goals of the community.