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# Child Welfare Professionals On Kinship Caregivers: Attitudes And Implications

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**CHILD WELFARE PROFESSIONALS ON KINSHIP CAREGIVERS:  
ATTITUDES AND IMPLICATIONS**

by

**KIMBERLY ANN BRISEBOIS**

**DISSERTATION**

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

**DOCTOR OF PHILOSOPHY**

2012

MAJOR: SOCIAL WORK

Approved by:

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Advisor

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Date

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## Chapter 1

Historically when child welfare agencies assessed the need to remove children from their parents for issues of maltreatment, caseworkers sought to place children in non-relative foster homes (Berrick, Needell, & Barth, 1999; Geen, 2003; Scannapieco & Hegar, 1999) and it was not uncommon for children to grow up in foster homes or institutions (Mass & Engler, 1951 as cited in Takas & Hegar, 1999). However, child welfare policies that mandate the exploration and assessment of kinship caregivers have necessitated the placement of many children in family-based care (Albert, Iaci, & Catlin, 2006; Gough, 2006; Hegar & Scannapieco, 1999). Since the 1980's, child welfare systems across the nation have seen a dramatic rise in the number of children living with relatives (Ehrle, Geen, & Clark, 2001; Geen, 2003; Scannapieco & Hegar, 1999). Despite this growth or perhaps because of it (Scannapieco & Hegar, 1999), controversy continues to surround child welfare policies that mandate the exploration of kin (Geen, 2003; Shlonsky & Berrick, 2001). For reasons discussed later in this paper, proponents of family-based care argue that kinship placements have significant advantages over traditional foster homes. Others are less optimistic about the practice of placing children with relatives (Dubowitz, Zuravin, Starr, Fielgelman & Harrington, 1994). Nevertheless, kinship policies have required shifts in child placement practices and have necessitated changes in the beliefs, attitudes and norms of child welfare professionals. Family-based care presents a new way of conceptualizing child welfare practice. It challenges professionals to abandon traditional child placement models and think differently when considering placement of children with relatives (Jackson, 1999).

Although there is an abundance of research on kinship caregivers and child outcomes for youth placed in kin situations (for example (Beeman, Kim, & Bullerdick, 2000; Berrick, Barth, & Needell, 1994; Courtney, 1994; Koh, 2010; Koh & Testa, 2008; Testa, 2001; Testa & Rolock,

1999), there is minimal research on whether or not the employees, usually child welfare caseworkers, who facilitate these arrangements have embraced this paradigm shift. It is also unknown whether the pendulum has swung so far that children are being placed in sub-standard kinship homes (Brisebois, in press). Information on caseworkers' attitudes toward family-based care may help facilitate successful implementation of kinship policies and promote better understanding of the issues that contribute to the well-being of children in government care.

### **Key Definitions**

Broadly defined, kinship care refers to “any living arrangement in which children do not live with either of their parents and are instead cared for by a relative or someone with whom they have had a prior relationship” (Geen, 2004, p. 132). This may include persons other than blood relatives (Geen, 2003). Kinship care includes those situations whereby a child has to live apart from the familial home, and is cared for by an individual in the child's community (Broad, Hayes, & Rushforth, 2001). The practice of relatives caring for children can be more informal and act as a diversion from the child welfare foster care system or it can include more formal foster care placements (Jantz, Geen, Andrews, & Russel, 2002). Due to the large amount of kinship-based research in the United States, it is important to note that American and Canadian terminology differ in the literature. Whereas the United States refers to “formal” and “informal” kinship care, Canadian literature uses the terms “kinship care” and “kinship services.” For the purposes of this paper, and because this research is based in Ontario, the latter terms will be used. Furthermore, the term “family based care” will encompass both of the situations outlined below. The Ontario child welfare system distinguishes between two types of family-based care, kinship care and kinship service. Kinship care as defined by the Ministry of Children and Youth Services (MCYS) is the “full time care and nurturing of a child or youth by a relative,

community member, or other adult with whom there is a relationship significant to the child or youth” (p. 10). These types of placements include those arrangements where a child is in the custodial care of the Children’s Aid Society but is cared for by relatives under the same licensing requirement as traditional non-kin foster care. Child welfare agencies support these placements by providing payments, training and respite care for kinship caregivers (Gough, 2006). Kinship service is defined by Human Resources and Social Development Canada (2006) as full-time care by extended family or community members and the child is not in custody of the Children’s Aid Society. Kinship service may or may not include court ordered conditions that mandate the agency to supervise the placement. Kinship service includes those situations that occur with child welfare contact but do not require licensing requirement in the same way as traditional non-kin foster care.

This research examines the potential relationship between professional attitudes and behaviour. The term attitude as defined by Ajzen (2005) is a “disposition to respond favourably or unfavourably to an object, person, institution or event” (p. 3). It has also been defined as “a complex mental state involving beliefs and feelings and values and dispositions to act in certain ways” (Princeton University Wordnet 3.1, 2011). As these definitions suggest, attitudes are believed to influence behaviour. This research will test if professional attitudes about kinship caregivers are consistent with their behaviour. One of the behaviours under examination in this research will be professional decisions on kinship home study outcomes. More specifically, two possible home study outcomes will be reviewed. These outcomes include an approved home study or an unapproved home study. An approved home study occurs after all clinical assessments and evaluation components of the home study or home assessment process are completed. An approved kinship home is determined to possess the strengths and resources to

provide a safe, stable and loving home for the child and any potential areas of concern can be mitigated with intervention. To the contrary, an unapproved home study or home assessment occurs when there are outstanding concerns. When kinship homes are not approved, the assessor determines that any identified risks cannot be mitigated with intervention. Lack of approval can occur at various stages of the home study or home assessment process. For example, if there are concerns regarding the kinship family early in the process, the caseworker may decide to terminate evaluation prior to completion.

### **Ontario Kinship Policy**

This research will focus specifically on the Ontario child welfare system. For child welfare in Ontario, the systematic use of relatives to care for children is a relatively new phenomenon. In fact, it was not until 2006, that agencies became mandated to explore potential placements with a relative, an extended family member or a member of the child's community upon removal of a child from his/her home (O.Reg206/00, Part 2.3). The philosophical basis driving Ontario policy is the belief that family-based care is better for children. It values family connections and supports kin in their effort to maintain children within the family system. Specifically, this new legislation, known as "Bill 210", aims to expand permanency-planning options for children at risk of removal from their families, specifically around the use of kin and other community members to care for children. Current Ontario child welfare policy and practice supports kinship caregivers as the first option of placement for children and a news release from the Ontario Association of Children's Aid Societies (2011) indicates that since policy implementation, kinship placements are on the rise.

## **Cultural Shift in Child Welfare Policy**

Child welfare policy has been compared to a pendulum that swings between extremes (Dumbrill, 2006; Trocme & Chamberland, 2003). “At one extreme, the pendulum focuses practice around family preservation at the expense of child safety and at the other, it focuses practice at the expense of support to families” (Dumbrill, 2006, p. 5). Along with the implementation of Bill 210 and the child welfare transformation agenda came extensive training and attempts to create a “cultural shift” in the attitudes about kinship placements (MacPhee & Roblin, 2006). In an effort to support the revised policy framework, agency leaders attended kinship symposiums and listened to lectures on the ways to promote “buy in” and acceptance from employees about the benefits of family-based care (MacPhee & Roblin, 2006). Such “buy in” was believed to translate into a work force that supported kinship policies and believed in the value of kinship placements.

The belief in the need for a cultural shift came from the premise that the development of policies would be futile if negative biases exist within the field of child welfare. According to Duerr Berrick (1998) in order for policies and standards of practice to be successful, a philosophical shift that values family-based care is needed and professionals will need to practice from a position of strength rather than deficit. Positive attitudes are believed to predispose professionals to look at how things can be done, rather than why they cannot be done (Healy, 2005; Saleebey, 2008). Proponents of family-based care also assert that professionals who look positively upon the practice of using kin may endeavour to eliminate barriers for kin and be more creative with their problem-solving efforts. This strength-based perspective calls for professionals to recognize the strengths, assets, and resources of families and have an open mind

about the practice of family-based care. Workers are asked to believe in the value of family-based care, deny deficit-based thinking and assist kinship networks in being successful.

Unfortunately, such promotion and the attempt at “buy in” may have created some unintended consequences to the Ontario child welfare system. In a qualitative study by Brisebois (in press), workers stated that because of the shift in policy, caseworkers and judges sometimes place children in kinship homes that are unsafe or neglectful. Workers felt that professionals who hold strongly to the need to maintain family ties regardless of the “red flags” may place children in substandard homes. Such situations are indicative of professionals concentrating on a family preservation model and operating under a “rule of optimism” (Dingwall, Eekelaar & Murray, 1983 as cited in Dumbrill, 2006). While a shift toward more positive attitudes about kinship caregivers was viewed as optimal, when casework revolves around family strengths, professionals run the risk of minimizing the family’s limitations (Dumbrill, 2006). The need for neutrality when making case assessments may be necessary.

### **Statement of Relevance**

The primary goal in child welfare is to provide nurturing and safe environments for children when their parents are unable to do so (Goerge, Wulczyn, & Fanshel, 1994). Once caseworkers make the difficult decision to remove children from their home, they are then faced with the decision of *where* to place the child (Courtney, 1998). Placement decisions have enormous consequences for children, and the goal is to minimize disruption and trauma to children, while ensuring their health and well-being. For these reasons, it is imperative that placement decisions are based on objective assessments that are free of bias and judgment (National Association of Social Workers [NASW], 2008).



## Purpose/Aims

Kinship policies are relatively new to Ontario child welfare, and as a result, little is known about the beliefs and attitudes of those professionals who were most strongly impacted by this revised policy framework. Therefore, the primary goal of this study is to provide information on the attitudes of child welfare professionals about kinship homes. More specifically, this research aims to:

1. Determine if self-reported employee attitudes toward the practice of family-based care are predictors of home study outcomes and decision-making.
2. This research will also explore whether other personal aspects (job satisfaction, levels of stress) and contextual factors (workload demand) influence attitudes toward the practice of family-based care.
3. This research will test the theory of planned behaviour in relation to practice decisions about family-based care.

To stay true to Ajzen's theory, the term 'Behavioural Attitudes' will be used when discussing professional attitudes as defined by the Theory of Planned Behaviour.

## Research Questions and Hypotheses

**Question #1:** What is the relation between attitudes about family-based care and practice decisions?

**Hypotheses:**  $H_1$  : There is a relation between attitudes about family-based care and practice decisions. The approximation between attitudes about family-based care and practice decisions is not zero (0). Positive attitudes toward family-based care will be related to a higher percentage of approved home studies

**Question #2:** Do Behavioural Attitudes predict behavioural intentions?

**Hypothesis:**  $H_1$  : There is a relation between Behavioural Attitudes and intentions. The approximation between Behavioural Attitudes and intentions is not zero (0). Professionals who

indicate that they would not place the child with kin will have more negative Behavioural Attitudes about family-based care.

**Question #3:** Does the theory of planned behaviour predict intention and behaviour?

**Hypothesis:** H : There is a relation between perceived behavioural control and practice  
1  
decisions. The approximation between perceived behavioural control and practice decision is not zero (0). Professionals who indicate lower levels of perceived behavioural control will have lower percentages of approved home studies. Professionals who indicate a higher level of subjective norms will have more positive Behavioural Attitudes toward kinship placements.

**Question #4:** What is the relation between attitudes about family-based care and employment aspects of stress, workload and job satisfaction?

**Hypothesis:** H : There is a relation between attitudes about family-based care and employment  
1  
aspects. The approximation between attitudes and employment aspects is not zero (0). Professionals who indicate lower levels of stress will have more positive attitudes toward family-based care. Professionals who indicate a lower workload will have more positive attitudes toward family-based care. Professionals who indicate higher job satisfaction will have more positive attitudes toward family-based care.

## **Chapter 2: Literature Review**

### **An overview of family-based care**

For the purposes of this paper family-based care includes “any living arrangement in which children live with neither of their parents but instead are cared for by a relative or someone with whom they have had a prior relationship” (Geen, 2003, p. 2). This is in contrast to traditional foster care that includes the placement of children with non-relatives (Winokur, Holton, & Valentine, 2009). Kinship arrangements can occur with or without child welfare involvement (Broad et al, 2011; Hegar & Scannapieco, 1995; Timberlake & Chipungu, 1992), but for the purposes of this paper, they include those situations where there is an identified protection concern and the need for the involvement of child welfare authorities. It is not uncommon for the term “kin” to be used interchangeably with “relative” (Geen, 2003), however in Ontario, kinship includes persons beyond blood relatives (ie: neighbours, family friends, godparents) (Ontario Association of Children’s Aid Societies, [OACAS], October, 2006) and the meaning of the term “kinship” or “family-based care” in this paper will be consistent with this definition.

Family-based care has been described as a new solution to an old problem (Brown, Cohon, & Wheeler, 2002). Across several countries and during the past two decades, there has been a steady increase of children living in family-based care (Cuddeback, 2004). Two of the main reasons for this increase result from the shift in kinship policies (Leos-Urbel, Bess, & Geen, 2002) and a shortage of traditional foster homes (Duerr Berrick, 1998). The trend in Ontario is much the same. The increasing numbers of children in care, the declining consortium of traditional foster parents, and the passing of Bill 210 are three influential factors that have led to the rising use of family-based care in Ontario. Recent research suggests that when compared

to 2003 (pre-Bill 210) children are spending significantly more time in family-based care (OACAS, 2011). According to statistics compiled by the Ontario Association of Children's Aid Societies, as of March 31, 2008, the province of Ontario maintained 17, 945 children in their care. Of that total, 5.6% were located within kinship care arrangements. In 2007, there were 3, 750 kinship placements (Centre for Excellence in Child Welfare, retrieved September 18, 2011 from <http://cecw-cepb.ca>). In addition, statistics obtained from the Ontario Incidence Study of Reported Child Abuse and Neglect (2003) suggests that kinship services are being used in the same proportion as traditional foster parent services.

Seeking out kin can happen throughout the life of a case; however the amount of perseverance can vary depending on the caseworker (Malm & Bess, 2003). Potential kinship caregivers can come to the attention of child welfare professionals in various ways. First, all caseworkers are mandated to ask parents about potential kinship resources when a child is removed from the home (OACAS, October, 2006). This practice can be fraught with difficulties as parents may feel hostile or alienated from their family of origin or often they do not want others to know about their situation. Further, some kin feel pressured into caring for relatives and their decision are often made based on emotion (Malm & Bess, 2003). Kinship placements can be initiated by kin who contact their local child welfare office when they hear of the child's removal. Caseworkers may also check case records for family members who have had prior involvement with the agency. More recently, some agencies are hiring individuals whose sole job is to seek out possible kin through more untraditional means such as genealogical websites, Facebook or by placing advertisements in the newspaper (Windsor-Essex Children's Aid Society [WECAS], 2011).

## **History of Policy and Practice**

The term “kinship care” was coined by Stack (1974) in his work with extended kinship networks and the African American community, and since that time it has become a significant part of child welfare’s array of services. Prior to the 1980’s, placement of maltreated children was typically with individuals unrelated to the child (Hegar & Scannepieco, 1995; Pecora, Le Prohn, & Nasuti, 1998). When the care of children by relatives did occur, it was typically viewed as a temporary solution to a crisis situation (Hegar & Scannepieco, 1995; Timberlake & Chipungu, 1992). Since that time, numerous policies have given rise to the growing popularity of kinship placements. Kinship placements have been described as catapulting from “last resort to first choice” among child welfare professionals (Ingram, 1996, p. 1).

Research in the United States reveals an overwhelming support of kinship placements at a political level. According to a 2001 Urban Institute survey of American state kinship care policies, all but two states require caseworkers to seek out kin when a child is removed from the home (Jantz, Geen, Andrews, & Russel, 2002). These policies may have influenced the number of children in state care living with relatives. Based on data from 25 states, kinship foster care placements increased greatly during the latter part of the 1980’s and early 90’s; growing from 18 percent to 31 percent in just 4 years (Geen, 2003). A review of the literature reveals minimal Canadian research on the topic of Canadian kinship policy. According to Gough (2006) policies on kinship practices vary widely across provincial, territorial and local jurisdictions. Some have policies formulated, while others are in the early stages of development (Gough, 2006). According to Dill (2010) the development of Canadian research and its policy framework still requires a vast amount of work to develop.

The incredible growth in kinship policies creates the need for child welfare professionals to understand the factors that facilitate the successful implementation of these policies. According to Dubowitz (1994) instead of asking whether kinship policies are good or bad, we should determine what factors influence the success or failure of these placements. This research aims to explore if professional attitudes about the practice of kinship homes is one of those influential factors.

### **Ontario History**

In child welfare, philosophy, policy and practice are interrelated concepts that work in tandem in regards to outcomes for children in out-of-home care (Lorkovich, Piccola, Groza, Brindo, & Marks, 2004). The development of Ontario kinship policies resulted from a combination of the rising demand for foster care placements and out of concern for the safety of children living with inadequate relatives. Over the past decade, the child welfare system in Ontario has undergone significant changes in policy and standards of practice. Child welfare reform in the late 1990's saw a considerable increase in the number of children entering the foster care system with the numbers of children in foster care rising from approximately 10,000 in 1998 to over 18,000 by 2003 Ministry of Child and Youth Services [MCYS], 2005). (Ministry of Child and Youth Services [MCYS], 2005). This staggering growth in foster care placements found the Ontario child welfare system in a financial state of crisis and created the need for a comprehensive evaluation of a system that was no longer fiscally sustainable. This evaluation resulted in a series of recommendations that aimed to improve child outcomes, child welfare accountability, and sustainability (MCYS, 2005).

A vital piece of this transformation agenda aimed to expand permanency planning options for youth at risk of removal from their homes, especially in relation to the use of kinship

caregivers. By mandating the exploration of kin and expanding placement options to include the use of kinship caregivers, the Ontario government aimed to decrease spending in foster care while also asserting that these revisions would improve continuity of care and permanency options for children. This policy referred to as “Bill 210” mandated the exploration of potential placements with a relative, an extended family member or a member of the child’s community upon removal of a child from his/her home (O.Reg206/00, Part 2.3).

While Bill 210 ensured the exploration of kinship caregivers, it also recognized that the revised policy framework needed to ensure the safety of children living with relatives. Public outcry for stricter policies and procedures around the approval of kin ensued after the tragic death of Jeffrey Baldwin in 2002. At the age of five, Jeffrey died of starvation in his grandparent’s care. At the time of his death, Jeffrey weighed only 21 pounds and was the height of a 2 year old (Nguyen, 2011). Evidence at trial indicated extremely inhumane circumstances that eventually lead to the child’s death. In this case, the Children’s Aid Society gave custody of Jeffrey and his siblings to grandparents who dramatically failed as caregivers. As a result, Ontario child welfare transformation included specific standards when assessing kinship placements, including the need for criminal record checks on all persons over the age of 18 residing in the home, the review of all child welfare history and the need for police clearances from all potential caregivers (OACAS, 2006).

However; the implementation of Bill 210 was not without its challenges. Typically, the removal of a child is not a planned event and the need for a placement is immediate. These expected standards take time, and in some situations, waiving these requirements for kin may be based on the belief that family ties supersede these standards (Shlonsky & Berrick, 2001). Furthermore, these standards were put into place with no accompanying guidelines on what to do

with the information once it was found. This has resulted in great subjectivity and variance in home study outcomes. While some caseworkers may feel that a criminal record or previous child welfare history should preclude kin from caring for children, others may feel very differently and be willing to place children with kin regardless of the presence of these records.

### **An Overview of Challenges and Advantages**

Kinship caregivers differ from foster parents in several ways (Geen, 2003). Many of these differences highlight that kinship homes face many challenges that most traditional foster parents do not experience. While research suggests that the impact of separation from a parent can be mediated by external factors such as the quality of the child's environment (Fein & Maluccio, 1991); kinship homes may not be able to provide the type of environment needed by children who have already experienced maltreatment in their young lives. Several studies have underscored the challenges of kinship care. Kin families experience higher rates of poverty (Berrick, Barth, & Needell, 1994; Cuddeback, 2004; Ehrle & Geen, 2002; LeProhn, 1994; Shlonsky & Berrick, 2001; Zimmerman, Daykin, Moore, Wu, & Li, 1998), social isolation (Geen, 2003) and lower rates of education (Berrick et al., 1994; Dubowitz, Feigelman, & Zuravin, 1993; Iglehart, 1994; LeProhn, 1994; Zimmerman et al., 1998) than non-relative foster parents. Kinship caregivers are more likely to be single (Barth, Courtney, Duerr-Berrick, & Albert, 1994; Cuddeback, 2004; LeProhn, 1994; Scannapieco, Hegar, & McAlpine, 1997), unemployed (Cuddeback, 2004) and in a lower socioeconomic class (Brooks & Barth, 1998; Cuddeback, 2004). Kinship caregivers tend to be older than traditional foster parents, and a large number of them are over 60 years of age (Barth et al, 1994; Berrick et al., 1994, LeProhn, 1994). Many suffer from chronic illnesses and disabilities (Barth et al, 1994; Berrick et al., 1994; LeProhn, 1994; Wilson Sinclair, Taylor, Pithouse, & Sellick, 2004) and live in overcrowded



housing (Wilson et al, 2004). These challenges suggest that many children living in kinship situations are faced with various socioeconomic risks to their healthy development (Ehrle, Geen, & Clark, 2001) and cause concern for the quality of placements in which children are being placed.

Despite the challenges of family-based care, kinship homes allow for added resources at a time when foster homes are scarce (OACAS, 2006). Proponents of family based care argue that “blood is thicker than water” and suggest that blood ties are stronger than those relationships established in foster care (Terling-Watt, 2001). This allegiance is believed to translate into kinship caregivers who have a greater interest in the success of their own family members when compared to non-relative foster homes (Ehrle & Geen, 2002) and they are believed to have a special commitment to the child due to their already established bond (Terling-Watt, 2001). True to this belief, Gebel (1996) found kinship caregivers to have more positive perceptions of the children in their care when compared to non-relative foster homes. In addition, children living in kinship homes have reported feeling closer to their caregiver than children in foster homes and are more content than children living in other types of placements (Chapman, Wall, & Barth, 2004). Kinship homes are also believed to minimize stigma and trauma for children (Goerge et. al 1994). Placement in foster care is believed to disrupt children’s connections from entire family systems and has potentially traumatic effects on their overall well-being (Donaldson, 2006). Additionally, the loss of a parent can cause significant trauma for a child. This loss can be exacerbated when the child is placed in an unfamiliar environment and with an individual whom the child does not trust (Shlonsky & Berrick, 2001).

## **Quality of Care**

There is a wide range of quality indicators that may vary between family-based and non-relative foster care. The purpose of the following discussion is to understand some of the issues that contribute to the quality of care that a child receives once he/she is removed from the birth parent. A review of the literature was conducted to assess quality of care in alternative placements, based on the domains identified in the Structured Analysis Family Evaluation (SAFE). The Structured Analysis Family Evaluation is used in home studies across Ontario. This tool is believed to improve focus on key assessment issues and helps identify the strongest fit between the child and family (OACAS, 2006). The overarching domains include safety, compatibility, and psychosocial stability.

### ***Safety***

Three areas of safety that are predominant in the literature include child maltreatment, home safety and neighbourhood safety:

#### ***Child maltreatment***

When children are removed from their parents for issues of maltreatment it is the primary aim of child welfare to ensure their protection and safety (Duerr Berrick, 1998). One of the most obvious standards for a quality placement is the ability to mitigate any further abuse or neglect. The literature is inconclusive on the precedence of maltreatment when comparing kinship and foster homes. Courtney, Pilivan, Grogan-Kaylar, & Nesmith (2001) examined youth perspectives after their discharge from foster care and found that one-third of former foster children reported one or more forms of maltreatment at the hands of their foster parent. In an evaluation of former foster children in the Casey Family Program, 25% of children reported receiving severe punishment in their foster homes. Further, there is evidence that suggests that maltreatment is

more likely in non-relative foster care. In a study by Zuravin, Benedict, & Somerfield (1993) kinship homes were associated with decreased risk of maltreatment compared to non-relative foster homes. In this study, non-relative foster parents were found to be twice as likely as kin to have a confirmed case of child abuse against them, with about half of them involving child sexual abuse. Conversely studies by Dubowitz et al. (1993) found higher rates of maltreatment reports on children in kinship care when compared to foster care; however, less than one-quarter of these were substantiated. In a qualitative study, the responses of children living with kin were compared to children living in foster homes. In this study, both groups were equally likely to report feeling “safe” in their placement (Wilson, 1995 as cited in Duerr Berrick, 1998).

There may be circumstances that explain the increased likelihood of maltreatment in foster care. An argument can be made that non-relative foster homes are more closely monitored by child welfare authorities than kinship homes, making their difficulties more easily discovered (Duerr Berrick, 1998). There is debate about the required amount of supervision of kinship caregivers (Cohen, 1999); with research showing that kin are supervised less than non-relative foster homes (Beeman & Bullerdick, 2000; Berrick et al., 1994). Kin may also choose to care for children with fewer disturbances than foster parents, thus increasing the amount of stress in foster homes and contributing to the higher likelihood of subsequent maltreatment (Zuravin et al, 1993).

When considering safety in placement, one must also consider the child’s access to the abusive parent. While increased parental contact is noted to be a benefit of family-based care (Berrick et al., 1994; Johnson, Yoken, & Voss, 1995; LeProhn, 1994), unrestricted access to parents can lead to continued abuse of the child (Dubowitz et al., 1993). Unsupervised access to abusive parents is more of a concern when children are placed with kin (Shlonsky & Berrick,

2001). A study by Rodning, Beckwith, & Howard, (1991), found that over half of the children placed with kinship caregivers were being secretly cared for by their birth mothers. Such unauthorized access could expose the child to further risk. In focus groups with child welfare caseworkers, participants expressed concerns with those kinship caregivers who failed to comprehend the magnitude of protection concerns regarding the parent. In these cases, workers identified that kin providers may be less prone to follow restrictions regarding access and place children at risk by allowing unauthorized access (Brisebois, in press).

### ***Home safety***

The SAFE home study requires an assessment of the applicant's physical and social environment. Home safety is a fundamental domain of quality caregiving. Placement decisions include the assessment of objects or structures in the home that can harm a child. The research on the physical safety of foster homes is lacking, most likely because foster homes must meet basic criteria for licensing (Shlonsky & Berrick, 2001). While there was no comparison to foster homes, Meyer & Link (1990) (as cited in Shlonsky & Berrick, 2001) found that most kin provided a safer home environment than the birth parent. Child protective workers have reported that the majority of kinship caregivers (71 per cent) met the same safety standards as foster homes. In a study by Duerr Berrick (1997) differences were found between the physical safety of kinship and foster homes with non-kin caregivers being more likely to know Cardio Pulmonary Resuscitation (CPR) and own a first aid kit and a fire extinguisher.

### ***Neighbourhood***

There is a growing body of literature that demonstrates the influences of neighbourhood characteristics on child well-being (Chapman et al., 2004). Family-based care helps children maintain a connection with their community, with research showing that children in kinship

homes are frequently placed close to the same neighbourhood from which they were removed (Testa & Rolock, 1999). As mentioned earlier, many kinship caregivers live in poverty (Berrick et al, 1994; Berrick, 2001; Cuddeback, 2004; Ehrle & Geen, 2002; LeProhn, 1994; Shlonsky & Berrick, 2001; Zimmerman et al., 1998), and as a result they often live in economically deprived and high crime neighbourhoods (Shlonsky & Berrick, 2001). Duerr Berrick (1997) found kin to be less optimistic about the quality of their neighbourhoods and indicated a higher level of violence connected to drug use than non-relative foster parents. While living in poor neighbourhoods may not always translate into poor outcomes for children, consideration should be given to the potential effects of living in these neighbourhoods.

### *Compatibility*

When a child is removed from a parent, an important task of placement is finding another adult who can provide steady care to mediate the trauma of separation. Among other things, the new caregiver must be physically prepared to care for the child (Ehrle & Geen, 2002). Financial information is one of the factors considered in a home study process. Higher caregiver income is related to more positive child outcomes and studies show that poverty impacts children's cognitive development (Fein, Maluccio, Hamilton, & Ward, 1983; Haveman & Wolfe, 1995). For this reason, assessing the caregiver's degree of financial stability is an important avenue to explore. There is overwhelming evidence that kinship homes experience greater hardship than non-relative foster homes. Research shows that children living with relatives experience significant economic hardship (Ehrle, Geen, & Clark, 2001). Relative caregivers tend to be retired and live on fixed incomes. They are more likely to be single and have less formal education (Ehrle & Geen, 2002). Children placed with relatives are also more likely to experience food insecurity than children living in non-relative foster homes (Ehrle & Geen,

2002). Despite the knowledge that placement outcomes for children living with kin are better when kin are provided with financial support (Farmer, 2010), research shows that economic resources are more available to foster families than to kinship caregivers (Berrick et al., 1994).

Compatibility also includes the need to interpret the child's behaviour and match that to an environment that can best suit his/her needs (Strijker, Zandberg, & van der Meulen, 2003). Professional judgement is needed to gauge the individual needs of children and the ability of caregivers to meet those needs (Winokur, Holton, & Valentine, 2009). Outcomes of longitudinal studies dealing with long-term foster care suggest that if children are well matched to their foster homes and they feel wanted and supported, long-term placements can be successful (McAuley & Trew, 2000). Children coming from neglectful and abusive homes have a higher number of health, mental health and behavioural problems than those from the general population (Berrick, Barth & Needell, 1994; Dubowitz, Feigelman, Harrington, Starr, Zuravin & Sawyer, 1994; Fein, Maluccio & Kluger, 1990). Therefore, placement decisions should include an examination of the child's developmental needs, and challenging child characteristics or behaviours. This examination must be measured and consideration needs to be given to the level of stimulation that the child will attain from a specific caregiver and the caregiver's ability to handle any special needs or developmental issues. There is some evidence to suggest that kin may not possess the skills or resources to care for children with special needs and the fact that kin receive less training and fewer services (Berrick et al., 1994; Brooks & Barth, 1998; Cuddeback & Orme, 2002) does not help. Caseworkers have expressed concern with relatives who are ill-equipped with meeting the complex needs of the children in their care (Terling-Watt, 2001). Brooks and Barth (1998) found that the kinship caregivers of drug-exposed children could not always meet their multifaceted medical, emotional, educational, or behavioural needs.

Proponents of family-based care argue that kin promote better attachment to children than foster homes because of their pre-existing relationship (Berrick et al., 1994; Scannapieco & Hegar, 1996). However Strijker et al. (2003) found no differences in attachment between children living in kinship foster care and non-relative foster care. According to Chang & Liles (2007), placements have a higher likelihood of success when decisions by child welfare workers are based on caregivers' levels of attachment and the quality of the relationships between relatives and the children that may be placed in their care. Since the quality of the attachment relationship has been associated with children's adjustment across several domains including social, psychological, behavioural and cognitive domains (Mennen & O'Keefe, 2005), placement decisions need to consider attachment relationships between children and their kin. Kinship placements are believed to preserve family ties, and offer children a sense of family identity, belonging, needed continuity, cultural affiliations and family support.

### ***Psychosocial Assessment***

An assessment of the psychological preparedness of the proposed caregiver to care for a child is also included in the SAFE home study process. The caregiver's characteristics can provide understanding on the type of environment in which the child will be raised (Ehrle & Geen, 2002). Arguments against family-based care center on the belief that kinship homes have many of the same characteristics as the homes from which children were removed. According to Carbino (1988) certain foster home characteristics increase the likelihood of child maltreatment. These include chronic illness, economic difficulties, marital problems, and emotional/psychological problems. According to various studies, kin suffer from chronic illnesses and disabilities (Barth & Barth, 1994; Berrick et al., 1994; LeProhn, 1994; Wilson Sinclair, Taylor, Pithouse, & Sellick, 2004) and they can suffer from depression (Kelley, 1992;

Cuddeback, 2004). Cuddeback (2004) also found that kinship caregivers report lower levels of marital satisfaction. Kinship families have been found to suffer from a number of challenges associated with poverty, drug addiction, homelessness, mental illness and incarceration (Brown, Cohon, & Wheeler, 2002). Duerr Berrick (1997) determined that non-kin homes have less incidence of drug or alcohol use than non-relative foster homes.

In a study by Brown et al. (2002), kinship homes were found to be made up of more generations and include multiple adults who hold multiple roles. While such arrangements can seem chaotic and less stable than conventional nuclear families, the authors argue that intergenerational households are more flexible and adaptable and can be a protective factor for children living in poverty and dealing with social adversity.

### **Child Well-Being**

Child outcome measures are what drive the policy and practice of family-based care (Winokur, Holton, & Valentine, 2009). The following outcomes of child-being are found in the literature: permanency, placement stability, mental health and behavioural development.

#### ***Permanency***

One of the primary goals in child welfare is to ensure that children who are removed from their parents care are reunified with their parents or placed in a permanent home as quickly as possible (Wulczyn, n.d.). Permanency is associated with a safe, stable and nurturing home environment that includes a set of supportive relationships that are consistent over time (Freundlich, Avery, Munson, & Gertenjang, 2006). The importance of permanency is supported in the literature and is underscored by a number of studies that examine the negative outcomes for children who languish in the system (for example Katz, 1990; Landsverk, Davis, Ganger, Newton, & Johnson, 1996).



Permanency is defined with three outcomes: 1) reunification with a biological parent 2) adoption in which parenthood is given to an alternate adult other than the biological parent and 3) legal custody in which authority for the child is given to an alternate adult other than the biological parent. The literature is divided on whether or not the shift towards kinship care arrangements facilitates the achievement of legal permanence for children. While some research shows evidence that kinship care can provide children with greater opportunities for permanency (Albert et al., 2006; Berrick, 1997; Berrick, Barth, & Needell, 1994) others have found that children living with kin may be less likely than children in foster care to achieve legal permanence (Connell, Katz, Saunders, & Tebes, 2006; Geen, 2004; Thornton, 1991; Testa, 2001). In studies focusing on reunification with the parents, children living with kin experienced higher rates of reunification with their biological parents (del Valle, Lopez, Montserrat, & Bravo, 2009; Winokur et al., 2008), whereas other studies have found no significant differences in reunification rates between children in kinship care versus standard foster care (Frame, 2002; Koh & Testa, 2008; Koh, 2010, Zimmerman, Daykin, Moore, Wu, & Li, 1998). Still others have determined that children in kinship care tended to remain out of the parental home longer than those children in foster homes (Courtney, 1994; Scannapieco, Hegar, & McAlpine, 1997). Examination of the combined rates of adoption and custody arrangements found no differences among children in kinship arrangements or foster care (Koh & Testa, 2008), but kin were more likely to obtain custody than pursue adoption (Koh & Testa, 2008; Winokur et al, 2008). According to Barth (1994) initial placement in a kinship home decreased the odds of adoption by 50 percent. However, the existing research on permanency outcomes of children in kinship and non-relative foster care is limited by selection bias (Koh, 2010). When one considers the different degrees of control that kin and non-kin have over who enters their care, the differences

in permanency outcomes between children in kinship and non-relative foster care may be due to limitations in the inability to adjust for pre-existing group differences.

### ***Placement stability***

Frequent placement changes are associated with significant emotional turmoil for children (Fanshel, Finch & Grudy, 1990). Lack of placement stability has been associated with both externalizing and internalizing behaviour problems (Newton, Litrownik & Landsverk, 2000) and it increases the risk for delinquency in males (Ryan & Testa, 2005). The research evidence on placement stability and family-based care is compelling. Studies have found that children in kinship homes have more stability in placement, compared to children in non-relative foster homes (Berrick, Barth, & Needell, 1994; Beeman & Boisen., 2000; Testa & Rolock, 1999). They are less likely to experience multiple moves and are less likely to experience placement disruption than children living in non-relative foster homes (Beeman & Bullerdick, 2000; Berrick et al, 1994; Chamberlain, Reid, Landsverk, Fisher, & Stoolminer, 2006; Iglehart, 1994; Koh, 2010; Testa, 2001; Winokur, Crawford, Longobardi, & Valentine, 2008; del Valle et al., 2009). Conversely Connell et al. (2006) found that children placed in non-relative care experience significantly higher rates of change in placement than children in family-based care. Children are also more likely to reside with their siblings when placed with kin (Shlonsky et al., 2001; Wulczyn & Zimmerman, 2005).

### ***Mental Health***

Studies indicate that children in foster care are more likely than children in kinship care to experience mental illness (Harris & Hackett, 2008; Iglehart, 1994; McMillen et al., 2005). However, there are some limitations to these findings. The presence or absence of mental illness in children is typically measured during placement and the lack of a baseline measurement of

children's mental health functioning prior to removal from their homes, makes it difficult to attribute it to placement type. Children in family-based care have also been found to have significantly higher rates of mental health utilization (Clyman, 1998; McMillen et al, 2004). In a meta-analysis, Winokur et al. (2009) found that children living in foster homes were 2.2 times more likely than children in kinship care to have a mental illness and children in family-based care were 1.9 times more likely to report positive mental health than children in non-relative foster care. There may be several explanations for why foster children receive more mental health services than children living with relatives. First, there may simply be a greater chance that children living in foster care have greater need for such services (Winokur et al., 2009). Perhaps the increased amount of training for foster parents and supervision by professionals may contribute to their likelihood to seek services for children. It is also possible that caseworkers are more reluctant to place children with mental health issues with kin because of their lack of training.

### ***Behavioural Development***

Overall, children in family-based care have lower reported levels of behaviour problems than children in foster care (Winokur et al., 2009). Studies show that children in kinship care have lower reported levels of internalizing and externalizing behaviour problems than children in foster care (Belanger, 2002; Berrick, 1994; Holtan et al, 2005; Tarren-Sweeney, 2006) and they have greater adaptive behaviours than children in foster care (Belanger, 2002; Bennett, 2000). When compared to kinship placements, foster placements have been significantly associated with increased behaviour problems (Holtan, 2005). Brooks & Barth (1998) also found that children living in kinship care were more likely to demonstrate pro-social behaviours. However, studies by Landsverk (1996) and Sripathy (2004) found no difference between kinship and foster care on

behaviour problems or adaptive functioning. Again, these findings are limited as behavioural issues are typically measured during placement and the lack of a baseline measurement of children's behavioural functioning prior to removal from their homes, makes it difficult to attribute it to placement type.

Also, studies on child behaviour in placement are often limited by the use of only caregiver or self-report to measure outcomes (Holtan et al., 2005). Some of these reports may be biased as foster parents may have more incentive to report problems because children with increased difficulties often translate into higher per diem payments for licensed foster parents. In addition, relatives may be less likely to view children's behaviour as problematic (Winokur et al., 2009).

### **Professional Attitudes**

This literature review outlines the importance of professional attitudes in the success or failure of kinship placements. This information is relevant to the current study in two ways. First, the historical review of kinship practice provides a back drop for this study by developing an understanding of how current attitudes may echo the voices of previous generations. Second, with the literature demonstrating the potential opportunities and benefits for children placed with kin, the possible influence of subjective factors on worker decisions is an important area to explore as it directly relates to the current examination of how professional attitudes may influence case decisions.

There is a paucity of research in the area of worker attitudes toward placing children with kin, and Canadian research on this topic is even more limited. Traditionally, child welfare professionals have expressed ambivalence about the placement of children with relatives out of fear of dysfunctional, intergenerational parenting practices (Duerr Berrick, 1998). Early

practitioners tended to pathologize kinship networks and worked from the belief that children required rescuing from abusive family systems (Jefferson-Smith, Rudolph, & Swords, 2002). Consistent with this notion was the work by Gray & Nybell (1990) that found that workers attributed parental failure to the extended family network resulting in workers who decidedly chose to remove children entirely from the family system.

These sentiments may still hold true today. According to Dill (2010) the Ontario child welfare system continues to view kinship “as a second rate option” despite attempts to shift our thinking toward a more inclusive approach (p. 54). There may be several factors that influence a caseworker’s willingness to enter into kinship arrangements when removing children from their parent’s care. Opponents of family-based care question the suitability of kinship homes citing that kinship caregivers are likely to have deficiencies similar to the parents (Terling-Watt, 2001). The attitude that kinship caregivers are usually inadequate is largely rooted in the beliefs of social learning and “the apple doesn’t fall far from the tree” mentality. Child welfare professionals may question the decision to place children in environments that may role model further dysfunction (Altstein & McRoy, 2000). When families are considered to be dysfunctional, professionals may prefer to remove children entirely from their family system in an effort to promote healthier patterns of interaction. These beliefs are believed to be a common barrier to family-based care as workers may struggle with critically assessing potential caregivers while avoiding bias that is often inherent in evaluating individuals who have close relationships with a parent who has been abusive or neglectful (Lorkovich et al., 2004). Further, child welfare professionals may struggle with understanding the degree to which relatives may have contributed to issues of maltreatment by the birth parents.

However, the practice of placing children with kinship caregivers may be more readily accepted by child welfare professionals today than in the past. There is more recent research that shows an overall support of the practice of family-based care (Beeman & Boisen, 1999; Brisebois, in press; Burke & Schmidt, 2009; Peters, 2005). Recent research suggests that professionals feel that children are better off with kin and they support the idea of placing children with kin rather than non-relative foster homes (Beeman & Boisen, 1999; Brisebois, 2011; Burke & Schmidt, 2009; Peters, 2005). Beeman & Boisen (1999) found that professionals had a general positive attitude toward kinship caregivers, their motivation and competence. Peters (2005) found that workers had a general feeling that kinship foster care decreased stigma and increased the child's sense of a family connection. A recent study in Ontario, found that caseworkers recognized the importance of promoting kin and believed that family based care is a preferred placement over non-relative foster homes (Brisebois, in press).

Despite these general positive attitudes, recent research also indicates that kinship placements create some anxiety and difficulties for workers (Brisebois, in press; Peters, 2005). The use of kin homes can be riddled with complex issues, and complicated family dynamics that can challenge and frustrate workers (Brisebois, in press). Workers articulate issues of decreased working power and problems with triangulation when working with kinship families (Brisebois, in press; Peters, 2005). Peters (2005) defines triangulation as situations in which caseworkers feel the need to constantly negotiate matters and investigate allegations between biological parents and kinship caregivers. Kinship homes are also described as being more difficult to supervise (Beeman & Boisen, 1999; Brisebois, in press). In a substantive synthesis of research on kinship foster care, Cuddeback (2004) summarizes that "child welfare professionals have reported that kinship foster families are often more difficult to supervise, require more time to

assess, make case plans harder to enforce and are more likely to delay reunification with the birth parents...” (p. 633). Existence of these problems may reinforce general negative attitudes about this practice.

In a recent exploration of caseworker attitudes about kinship care in Ontario, Brisebois (in press), found caseworkers who worried that Ontario has lowered the standards too far in order to accept kin as placements. Several approved homes were noted to be substandard and workers felt that child welfare had moved too far in accepting kinship caregivers, many of whom share the same struggles as the parent from whom the child was removed. Numerous kinship caregivers were noted to have their own history with the agency and many have criminal records. Workers struggled with the double standard, and stated that foster parents with similar households as kinship caregivers would rarely be considered suitable. In addition, workers noted frustration with court-ordered home assessments. Caseworkers stated that judges often order home assessments and supervisors expect exploration of kin even when the workers felt that the kin’s history of child maltreatment was too extensive. Workers felt that the exploration of kin who are believed to be inadequate is a waste of precious time and resources. Further, judges were seen as ordering children into sub-standard, problematic homes that workers are left to manage. Such circumstances can reinforce general negative attitudes about the practice of using kinship caregivers.

### **Impact of Attitudes on Practice and Outcomes**

A critical task within the field of child welfare involves making decisions that may have long-term, serious consequences in the life of a child. Therefore, social workers have a professional responsibility to understand the factors that may influence those decisions (Mosek, 1998). There is evidence to suggest that professional attitudes regarding family-based care can

influence decision-making processes (Harris & Hackett, 2008). Professional beliefs about the use of kinship caregivers can influence worker decisions and the way services are provided, especially when caseworkers have already admitted experiencing difficulty in separating their concerns and attitudes about the biological family from kinship caregivers (Lorkovich et al., 2004). Challenges in working with kinship homes may impede worker's willingness to encourage or support kinship placements.

Professionals who hold unfavourable attitudes and/or lack professional awareness of their own biases may be less likely to approve placements with kin (Hasenfeld, 1983). The exploration of potential kinship caregivers, the actual approval of these families and the way services are provided to families may hinge on various subjective factors and worker assumptions about families. In his research on human service organizations, Hasenfeld (1983) found that workers exercise considerable discretion when making decisions and that workers who lacked professional awareness of their own biases, may be less likely to approve placements with kin (Hasenfeld, 1983). Feelings may create barriers and have an effect on a caseworker's willingness to enter into a kinship arrangement when removing children from parental care.

Not only may attitudes influence placement decisions, but caseworker attitudes toward kin caregivers could also influence the services provided to kin after placement. For example, Harris & Hackett (2008) discovered that worker attitudes and bias can play a significant role in the quality and quantity of services provided to clients. In their work with 11 focus groups that included 66 respondents, many of whom were child welfare caseworkers; Harris & Hackett (2008) found a significant relationship between worker biases on race and class and inequitable treatment of clients.



Attitudes that hold strong in the belief of intergenerational maltreatment and the “apple doesn’t fall far from the tree” mentality may influence the success of kinship placements. Once children are placed with kinship caregivers, worker attitudes can influence the services provided to kin after placement. Through their advocacy work or ability to manoeuvre through the child welfare system, caseworkers can influence the benefits and sanctions provided by an agency (Ryan, Garnier, Zyphur, & Zhai, 2006). Positive worker attitudes may be important for successful placements for children. A study by Coakley, Gary, Buehler, & Cox (2007), found that the inability of kin caregivers to deal with the child welfare system inhibited successful fostering of the child in their custody. Successful kin placements may be contingent on agency attention (Iglehart, 1994) and caseworkers’ willingness to tailor services specifically for kinship caregivers (Coakley et al., 2007). The success of such services may depend upon how the caseworker approaches the caregiver. Programs designed specifically for kinship caregivers are more likely to be successful if caseworkers are family-focused and strengths-based (Jackson, 1996; Whitley, White, Kelley, & Yorke, 1999). Brisebois (in press) found that some Ontario workers believed foster parents were more respected in their agencies when compared to kinship caregivers, and their organizations were more likely to put services in place to ensure that foster placements are successful.

Strength-based practice is a suggested mode of intervention when working with kinship caregivers. Argent (2009) posits that for kinship placements to be successful, professionals “need to believe that it should be done and that it is worth doing it well” (p. 7). Professional attitudes that embrace kinship care from a philosophical sense and as a family preservation model may predispose caseworkers to work harder in supporting their success.

## **Potential Moderating Variables**

A number of factors could influence current caseworker attitudes. Determining current job attitudes and those factors that contribute to those attitudes are critical in shaping the required strategies to change or promote such attitudes (Salancik & Pfeffer, 1977). A number of moderator variables have been linked to behaviour and attitudes (Aiken, 2002) and for this reason it is important to explore other potential conditions that may influence them. Three aspects relevant to child welfare practice that have been linked to professional attitudes include job satisfaction, stress and quantitative workload (Fielding, Li, & Tang, 1995; Netemeyer, Burton, & Johnston, 1995; Podsakoff, LePine, & LePine, 2007). These aspects are closely intermingled in the literature. For example work related stress is consistently reported to be associated with low job satisfaction (Fielding et. al, 1995) and stressful high workload demands have been found to be related to low job satisfaction (Netemeyer et. al, 1995).

### ***Job Satisfaction***

Job satisfaction is defined as “the extent to which an employee likes his or her job” (Landsman, 2001, p. 390). The field of child welfare is noted to be one of the most demanding and difficult jobs in human services (Drake & Yadama, 1996). Caseworkers work in high stress environments with low rewards (Landsman, 2001). They deal with chronic stress (Jayarante & Chess, 1984) and high workloads (Regehr et al., 2000). They show high levels of burn-out, depersonalization and role ambiguity and conflict (Jayarante & Chess, 1984) and they often fear for their personal safety (Newhill & Wexler, 1997). Issues of child death due to abuse or neglect, the resulting perceived failure of the child welfare system, the high level of accountability and the subsequent mandatory coroner’s inquests create further burden on child welfare staff (Buck, 1998; Munro, 1996). These issues impact overall job satisfaction and create issues of low staff

retention (Regehr et al., 2000). Although the reasons for low staff retention are complex and they differ between individuals and workplaces (Tham, 2006), low job satisfaction is consistently cited in the literature as a factor influencing the high turnover rate inherent in child welfare work (Jones & Okamura, 2000).

### ***Stress***

Stress refers to “any event in which external or internal demands or both exceed the adaptive resources of the individual” (Barrett & McKelvey, 1980, p. 278). Stress has been related to cynical and negative attitudes about one’s clients (Barrett & McKelvey, 1980; Maslach, Schaufeli, & Leiter, 2001). It influences cognitions and intentions (Boswell, Olson-Buchanan, & LePine, 2004) and behaviours (Cavanaugh, Boswell, Roehling, & Boudreau, 2000; LePine, Podsakoff, & LePine, 2005), making it an important aspect to explore in this research. Child protection workers experience higher rates of stress than social workers in other settings (Jayarante & Chess, 1984) and it is noted to be inherent in the Ontario child welfare system. According to Regehr et al. (2000) Ontario child welfare agencies have been confronted with a changing political and social landscape in child protection. At the same time, there are increased expectations of protecting children with minimal resources to do so (Regehr et al., 2000). According to Adams (1978) the need to continually adjust to policy revisions is a significant stressor for child welfare workers (as cited in Barrett & McKelvey, 1980). Kinship policies were implemented at a time when the Ontario child welfare system was fiscally unsustainable and workload was increasing (OACAS, 2006). These conditions may have contributed to increased levels of stress and lower job satisfaction as professionals were left to manage these new standards of practice.

### ***Workload Issues***

Managing too much with not enough time to do it is another significant stressor for workers (Adams, 1978 as cited in Barrett & McKelvey, 1980). Heavy work demands and high caseloads can have an influence on employee attitudes (Schaubroeck, Cotton, & Jennings, 1989) and it has been related to negative attitudes about clients (Gann, 1979 as cited in Maslach & Jackson, 1981). Child welfare work has been cited as one of the most demanding jobs among social workers (Regehr et al., 2000). In fact, an Ontario workload study found that the actual time taken by workers to complete required tasks was greater than the allotted staffing allowed for in the funding framework (OACAS, 2001). Of further concern is that this workload study was completed prior to the implementation of Ontario kinship policies. Child welfare workers indicate that work with kinship caregivers takes more of their time, on average, when compared to foster parents. Professionals note that their work with kin is more intensive and additional time is required in monitoring and case planning (Berrick et al., 1999). Case decisions surrounding kinship placements have also been described by caseworkers as laden with time consuming procedural steps (Mason & Gleeson, 1999). Bill 210 increased the expectations on workers with minimal funding to support it (Richardson, 2009). It proscribes specific time-consuming standards and mandates timelines for completion of these tasks. It also requires professionals to be much more diligent in their work. For example, before placement with kin can be considered, the caseworker must interview all caregivers and children, assess the home environment, and complete child welfare and criminal record checks on all individuals in the home over the age of 18. Since family must be considered first, often times this work is being completed on the same day that the child is removed from the parents care, creating tremendous pressure on workers. Further, as noted earlier, kinship homes can be fraught with conflict and frustrating family

dynamics that are frustrating and time consuming for workers to manage (Brisebois, in press; Peters, 2005).

### **Summary and Gaps in Research**

Research in the area of family based care has increased over the past decade. However, there are some challenges to this research. More experimental research on the safety and well-being of children placed with kin is needed (Gibbs & Ulrich, 2000; Winokur et al., 2009). According to Winokur et al (2009), much of the research supporting kinship placements are “anecdotal and conjectural”, and do not allow child welfare professionals to make evidence-based decisions (p. 10). As a result, professionals are often left to subjective decisions that are based on “gut instinct” and may be influenced by their attitudes.

While a number of studies have compared children in kinship homes and foster care, they are lacking in rigor. In a meta-analysis, Holtan et al., (2009) found that forty-three out of sixty-five studies on kinship homes did not completely specify the instrumentation used to collect data. Consequently, several studies were assessed to lack reliability and/or validity. In addition, attrition bias has created difficulty for several kinship studies (Winokur et al., 2009). When subjects cannot be accounted for, study results may be affected.

The varying definitions of kinship care also limit research findings (Ehrle & Geen, 2002). As mentioned earlier, there are several variations of kinship care, licensed, non-licensed and private placements. These differences create difficulties in the comparability of the research. In a meta-analysis on kinship research, Winokur et al. (2009) found that only eight out of sixty-two studies actually reported information on whether kinship caregivers were licensed or unlicensed. Kinship arrangements and policies also vary widely across regions. There are core differences in child welfare policy in the various countries involved in kinship research. For this reason,

discrepancies in the literature may result from this lack of consistency in policy and practice. Research studies across the United States and abroad do not always consider whether differences in standards and practice may impact the success or failure of kinship care placements (Geen, 2003). For example, while certain states approve kinship caregivers based on the same licensing standards as foster homes, other states follow a more lenient approval process for kin (Duerr Berrick, 1998). Kinship families receive less services, training, and financial support than do foster families (Cuddeback, 2004). Supportive services such as respite care, caregiver training or transportation available to kinship caregivers vary between jurisdictions and may influence the success of placements. Differences in the level of support to kinship homes vary from state to state and from county to county, making research on the benefits and shortcomings of family-based care unclear (Gough, 2006).

In addition, many of the studies focussing on kinship placements have relied on small or unrepresentative samples and many have collected cross-sectional data (Ehrle & Geen, 2002). Few have controlled for baseline differences or covariates in non-randomized studies. Also, many studies do not provide evidence on the comparability of the groups settings (ie: urban or rural), placement characteristics (ie: age of placement, reason for removal, placement history, visits with parents) or child demographics (ie: gender, ethnicity). Such study characteristics seriously limit their findings (Winokur et al., 2009). Further, because of ethical issues, researchers cannot randomly assign children to kinship or foster care creating difficulties in the conclusions that can be drawn. Differences among the types of children placed in either setting complicate inferences about the effects of different types of placement. For this reason, more recently, some studies have utilized propensity score matching as a way to simulate random assignment of placement type (Barth, Guo, & McCrae, 2008).

As evident in this literature review, research on caseworker attitudes tends to focus on the threat of negative attitudes on the likelihood of placements with kin and the subsequent failures of these placements if professionals do not fully believe in the benefits of family-based care. This research also considers the possibility that professionals who indicate full buy-in to this practice may run the risk of minimizing the family's limitations and place children in unsafe homes.

Furthermore, the lack of quantitative designs and the preponderance of studies that merely explore professional attitudes about kinship care limit the findings of the existing research. While results from previous studies indicate that professional beliefs about the use of kinship caregivers can influence worker decisions and the way services are provided, there are minimal studies that examine this phenomenon. While we know that there are several factors that may influence a caseworker's willingness to enter into kinship arrangements, what is not known is the relationship between these factors and professional attitudes. Furthermore, little is known about the manner in which these attitudes influence professional decision-making and service provision. The research to date reports trends of professionals who understand the value of kinship care but who are also frustrated with various dynamics that surround kinship placements. This study will continue to explore these findings and examine them in greater depth. In addition, because Ontario kinship policies are relatively new, there are few evidence-based studies on family-based care in Canada (Gough, 2006). This proposed study aims to fill this gap in the literature.

### **Chapter 3: Theoretical Framework**

In formulation of a theoretical perspective for studying the relationship between professional attitudes and behaviour with kinship caregivers, the theory of planned behaviour provides a useful framework. The theory of planned behaviour has become an influential conceptual model for the study of human behaviour (Ajzen, 2005) and has been applied to the prediction of a number of different human behaviours (Byrne & Arias, 2004; Chu & Chui, 2003; Conner, Warren, & Close, 1999; Norman & Conner, 1996; Reinecke & Schmidt, Ajzen, 1996). Such studies have found a link between individual attitudes and their implications on behaviour, while managing to deal with the complexities of human social behaviour (Ajzen, 1991). The application of this model provides a nice fit for this research by providing useful information about professional behaviour and can assist in the implementation of required interventions (Ajzen, 1991).

#### **The Link between Attitudes and Behaviour**

According to Ajzen (2005), Behavioural Attitudes are not traits that can be directly observed; they are said to be inferred from external observable cues such as an individual's behaviour. According to the theory of planned behaviour, Behavioural Attitudes are more than mere abstractions, but rather they are latent variables that guide, influence and explain a person's behaviour (Ajzen, 2005). Behavioural Attitudes are said to flow from the beliefs people hold, and these Behavioural Attitudes associate the object with certain attributes (Ajzen, 1993). When individuals form favourable or unfavourable Behavioural Attitudes toward the object, they associate the object and/or event with desirable or undesirable characteristics

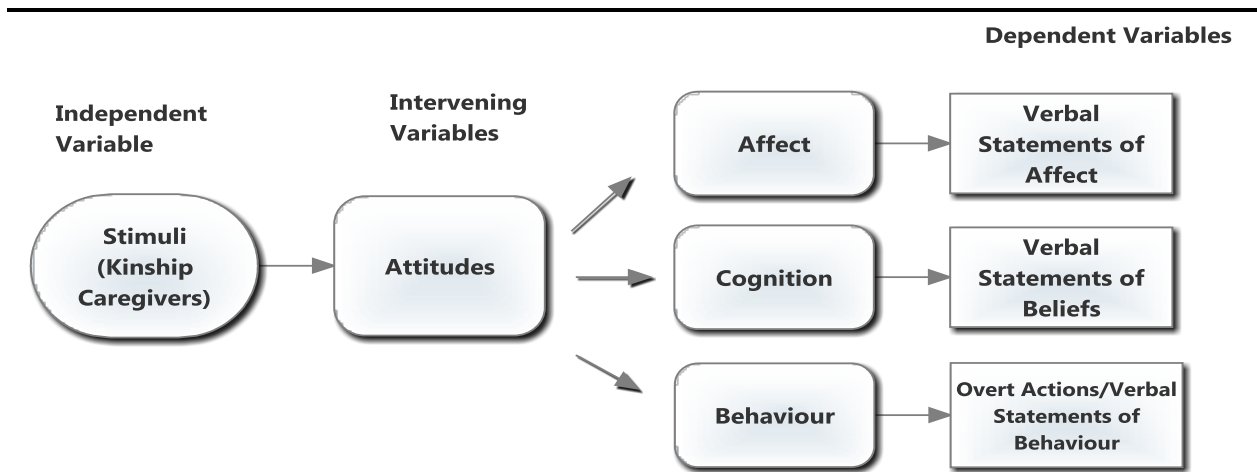


accordingly (Ajzen, 2005). In turn, individuals perform certain behaviours that are consistent with their Behavioural Attitudes toward those objects and/or events.

### The Rosenberg and Hovland Model

The work by Rosenberg & Hovland (1960) acted as a springboard in understanding the relationship between attitudes and behaviours (Eagley & Chaiken, 1993). It has been argued that one's feelings toward an object will result in consistent and action-directed orientations toward that object (Roseberg, 1965). In addition, an individuals' positive or negative perceived outcomes contribute to their overall attitude about performing a particular behaviour (Melvin, 2011). According to Rosenberg & Hovland (1960), attitudes are predispositions to respond to stimuli or objects with three types of responses: cognitive, affective, and behavioural. Each of these components is independent, but they are said to compromise the single construct of attitude (Rosenberg & Hovland, 1960). This theory is schematically represented in Figure 1.

**Figure 1. Schematic Conception of Attitudes** (Rosenberg & Hovland, 1960, p.6)



### Behavioural Responses

Various studies have used overt behaviour as an index of attitude (for example, Byrne & Arias, 2004; Chu & Chui, 2003; Conner, Warren, & Close, 1999). In these studies, overt actions

toward an object or event have been shown to reflect Behavioural Attitudes elicited by that object or event. Behavioural responses, also known as conative responses, include overt behaviour toward the object and personal acts when faced with the object (Ajzen, 2005). They include behavioural intentions and commitments to do what they plan to do (Ajzen, 2005). People express values and Behavioural Attitudes consistent with their actions, and favourable and unfavourable Behavioural Attitudes can predispose an individual's overt behaviour (Ajzen, 2005). For example, if professionals have negative Behavioural Attitudes toward the practice of kinship care, they might indicate that they would refuse to consider kin if they have a criminal record. Positive Behavioural Attitudes on the other hand, might include a worker's willingness to consider a kinship caregiver regardless of the criminal record. The number of kinship home study approvals may also demonstrate behaviour that is indicative of a caseworker's Behavioural Attitudes about kin.

### **Cognitive Responses**

The cognitive component is comprised of those beliefs that surround the potentiality of the object either attaining or blocking one's values (Ajzen, 2005). The assumption is that the more an object is considered as instrumental in achieving positively valued goals, and hindering negatively valued events, the more favourable the individual will be toward the object (Ajzen, 2005). For example, if a caseworker believes that kinship homes contribute to children's overall well-being, caseworkers will have positive Behavioural Attitudes about using kin as caregivers.

Cognitive responses reflect perceptions of thoughts and Behavioural Attitudes about the object, and they also consider the potential implications of those values (Ajzen, 2005; Melvin, 2011). Cognitive responses contemplate the potential for positive or negative outcomes, and these assessments contribute to the overall attitude about performing a particular behaviour

(Melvin, 2011). Responses to the object may be verbal in nature, such as someone expressing beliefs and perceptions about certain groups, including their characteristics and attributes (Rosenberg, 1956).

### **Affective Responses**

“In Rosenberg’s theory, the affective component of attitude is the overall positive or negative response to an object...” (Ajzen, 2005, p. 27). Affective responses reflect the person’s evaluations and feelings about the object. These responses may include physiological reactions or facial expressions that represent one’s feelings about the object (Rosenberg & Hovaland, 1960). Affective responses may also include verbal statements about the object or event. Scales on Behavioural Attitudes are often intended to evaluate the respondent’s feelings about the object or issue of concern, and they often aim to elicit information about the positive or negative affect as the primary measure of Behavioural Attitudes and opinions (Eagley & Chaiken, 1993).

Table 1 summarizes the above-mentioned components and highlights the potentiality of the Rosenberg model when examining attitudes on kinship care.

**Table 1. Rosenberg model adapted to attitudes on kinship**

Response mode	Response category		
	Cognition	Affect	Conation
Verbal	Expressions of beliefs about kinship	Expressions of feelings about kinship	Expressions of behavioural intent
Nonverbal	Perceptual reactions to kinship	Physiological reactions to kinship	Overt behaviours when faced with kin

\*Adapted from Ajzen (2004)

While the above components are classified into categories with different labels, each concept exhibits the same underlying attitude, and the concepts typically correlate to one (Ajzen,

2005). Because of the close relationships among these hypothesized components, empirically separating these attitudinal components can be problematic and there is much disagreement on the appropriate means for separating them (Norman, 1977; Breckler, 1984). Measures of affect and cognition are noted to be so highly correlated that researchers have struggled with treating each component in isolation from the others and studies have been unable to support the distinction between the affective and cognitive components (Breckler, 1984; Ostrum, 1989). Some argue that affect and cognition are redundant concepts and do not require separate examination (MacGuire, 1985 as cited in Breckler & Wiggins, 1989). For these reasons, the literature is divided on the manner in which these components are handled in research.

### **The Theory of Planned Behaviour**

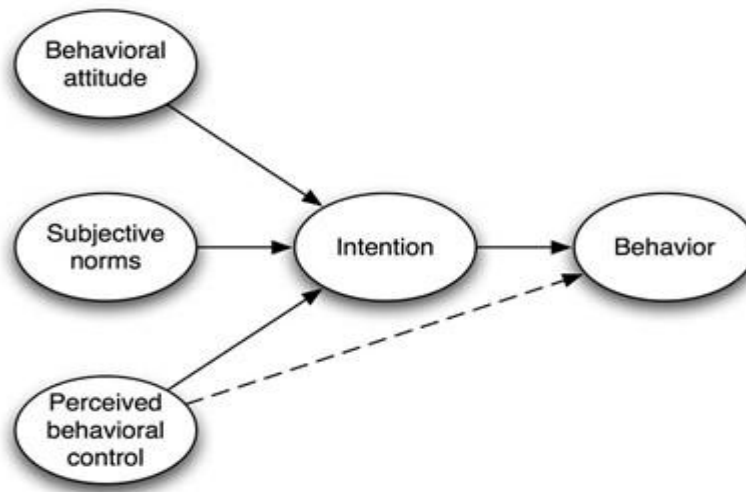
The theory of planned behaviour is an extension of the original theory of reasoned action (Fishbein & Ajzen, 1974) made necessary by limitations of the original model. The theory of reasoned action was designed to understand those behaviours over which an individual has sufficient control, making this theory seriously limited in its ability to predict behaviour (Ajzen, 1991). The theory of planned behaviour addresses the possibility that not all behaviour is completely under an individual's volitional control (Ajzen, 1993). The predictive validity of Behavioural Attitudes alone has proven to be poor, but rather it is the aggregation of various factors and specific behaviors across situations that make each circumstance unique (Ajzen, 1991). Therefore, the theory of planned behaviour is interested in understanding human behaviour by predicting it and identifying the determinants of behavioural intention (Ajzen, 2005).

According to Ajzen (2002), human behaviour is guided by three types of factors that may help or hinder actions. These factors are believed to be determinants of intention:

1. Behavioural beliefs (personal influence) - includes those Behavioural Attitudes and beliefs about the likely consequences of the behaviour. This includes the individual's positive or negative evaluation of performing the behaviour. They may be beliefs that produce a favourable or unfavourable attitude toward the object, event, or behaviour.
2. Normative beliefs (social influence) – includes those beliefs about the subjective norms and expectations of other people and considers social pressure from others.
3. Control beliefs – includes those beliefs about the presence of factors that may hinder performance of the behaviour. They include the notion of self-efficacy or ability to perform the behaviours of interest. These factors are referred to as perceived behavioral control.

In combination, attitudes toward the behaviour, subjective norms and perceived behavioural control lead to the formation of intention (Ajzen, 2002). Intentions are the immediate precursors of behaviour. In sum, people intend to perform behaviour when they evaluate it positively, when they encounter social pressure to perform it, and they believe the environment provides opportunities to do so (Ajzen, 2005). Figure 2 represents the model consistent with this theory.

**Figure 2.** Ajzen's (1991) Theory of Planned Behaviour (p. 182)



## Relating the Theory of Planned Behaviour to the Current Study

### Behavioural Attitudes

The theory of planned behaviour examines how individuals evaluate the object or event under study and form certain Behavioural Attitudes that are then believed to shape behaviour (Ajzen, 2005). Subsequently, individuals perform certain behaviours based on their assessment of the potential outcomes of those behaviours. If an individual believes that performing certain behaviour will lead to positive outcomes, he/she will hold a positive attitude toward that behaviour; while a person who believes that the behaviour will lead to mostly negative consequences will hold a negative attitude about that behaviour (Ajzen, 2005). The literature is split when it comes to professional attitudes toward family-based care. We know that generally speaking, research shows overall support and general positive attitudes toward kinship caregivers, their motivation and competence (Beeman & Boisen, 1999; Brisebois, in press; Burke & Schmidt, 2009; Peters, 2005). However, we also know that professionals have expressed ambivalence, frustration and general anxiety about the practice (Beeman & Bosien, 1999; Brisebois, in press Gray & Nybell; Peters, 2005). This study will examine the current

Behavioural Attitudes of child professionals in an attempt to better understand this concept as it relates to kinship care.

### **Subjective Norms**

Subjective norms are another major determinant of intentions in the theory of planned behaviour (Ajzen, 2005). They are said to be a function of beliefs that result from perceived social pressure from the referent group (Melvin, 2011). Subjective norms result from normative beliefs, which correspond to perceptions of significant others about behaviour (Eagley & Chaiken, 1993). The subjective norm is the individual's perception that most people who are important to him/her think that he/she should perform the behaviour in question. According to this theory, the subjective norm is determined by the individual's perceived expectations of the referent group, and the individual's desire to comply with those expectations (Fishbein & Ajzen, 1975). In general, the more favourable the subjective norm, the stronger the person's intention will be to perform a certain behaviour (Melvin, 2011).

The passing of Ontario kinship policies was part of a larger movement known as "child welfare transformation" or the "differential response model." This model was launched across Ontario with vigour. Extensive training occurred over several months, including ongoing opportunities to educate child welfare employees about the importance of kinship networks (OACAS, 2006). These efforts aimed to create a cultural shift in Ontario child placement practices and may have influenced the normative beliefs of child welfare professionals.

On the other hand, Dill (2010) describes how the social construction of reality frames the operations of child welfare practice, and it can often be grounded in antiquity (Berger & Luckman, 1966). Historical beliefs that tended to pathologize kinship networks may continue to influence worker philosophies today. We do not know if the Ontario transformation model has

had any influence on agency Behavioural Attitudes and subjective norms, nor will we have the ability to make such comparisons. However, questions that capture the perceived subjective norms of workers' colleagues can shed some light on the current normative beliefs about the practice of kinship care.

### **Perceived Behavioural Control**

A major predictor in the theory of planned behaviour is perceived behavioural control (Ajzen, 1991). According to Ajzen (1991) behaviour may differ from attitudes when those behaviours are not completely under an individual's complete volitional control and may explain why intentions do not always predict behaviour. Perceived behavioural control is also a function of beliefs, but these beliefs consider the absence or presence of factors that could potentially constrain or facilitate actions (Ajzen, 2005). Perceived control is a reflection of the individual's past experiences as well as the obstacles to performing the behaviour. It could also be influenced by observing or hearing about the experiences of others (Aiken, 2002; Ajzen, 2005).

In general, perceived behavioural control considers the required resources and opportunities to perform the behaviour, as well as any anticipated obstacles. Increased opportunities and lower numbers of obstacles translate into greater perceived control over the behaviour (Ajzen, 2005). The role of perceived behavioural control is represented in Figure 2. The table depicts how perceived control affects behaviour in two ways. First, it influences intention to perform the behaviour, and it may directly impact behaviour. When explaining a relation between control and intention, the theory of planned behaviour posits that people intend to engage in behaviours over which they believe they have control (Ajzen, 2005).

Perceived behavioural control components are often treated as a unidimensional construct and are measured as a sum of a mix of perceived behavioural control items (Kraft, Rise, Sutton,



& Roysamb, 2005). The following perceived behavioural control components will be of specific relevance to this study: perceived difficulty, perceived control, internal and external locus of control, and facilitating conditions.

### **Perceived difficulty**

Perceived difficulty deals with the ease or difficulty of performing certain behaviours (Kraft et al., 2005). While caseworkers may prefer to place a child with a non-relative rather than a grandmother who has significant history with child welfare authorities, the knowledge that the courts may supersede that decision could influence decision-making processes. Conversely, decisions that minimize safety concerns in an effort to place a child with kin could be overruled by a supervisor, again influencing decisions.

### **Perceived control**

Many studies have examined the relation between perceived control and behaviour with encouraging results (Armitage & Conner, 2001). According to Ajzen (2002), perceived control involves beliefs that one has control over his/her behaviour, and whether or not he/she has the power to facilitate or impede certain behaviours. Increased feelings of control will increase the likelihood of a particular behaviour. In other words, people are more likely to engage in behaviours that are believed to be achievable (Armitage & Conner, 2001). The successful achievement of the intended behaviour is dependent on the individual's control over various factors that may impede the performance of certain behaviours. These factors may include personal deficiencies or external obstacles; known as internal and external locus of control respectively (Rotter, 1966 as cited in Ajzen 2005).

Internal locus of control refers to those personal attributes that gives one perceived control over a given behaviour (Ajzen & Madden, 1986). Some examples include self -efficacy

beliefs (Bandura, 1977) or confidence. Even though an individual may think that certain behaviours will produce favourable outcomes, they will only be motivated to try the behaviour if they feel confident in their ability to perform it successfully (Kraft et al., 2005). Confidence involves a self-efficacy component and is related to perceived difficulty. The participant's feeling that he/she can confidently perform the behaviour will influence the likelihood of that behaviour to occur (Kraft et al., 2005). When a caseworker is confident in his/her ability to convince a supervisor about his/her decision, he/she will be more likely to follow through with the intended behaviour.

External locus of control refers to those circumstances that are under the control of powerful external forces (Ajzen, 2005). For child welfare in Ontario this may include the hierarchical structure of decision-making. Ontario standards mandate caseworkers to consult with supervisors at specific points in the case management process, minimizing their overall ability to control case decisions. Government policies that mandate the exploration of kin and possible employment implications if these standards are not followed could change an employee's behaviour regardless of their attitude toward the practice. The denial of a home study without enough evidence to support that decision may not be achievable when that home study requires supervisory approval. These decisions are much less structured for supervisors and directors. For this reason, differences in perceived control may be significantly different depending on the respondent's position in the agency. Prior to Bill 210, Ontario child welfare professionals had more volitional control over their home study decisions. At that time, one would expect that Behavioural Attitudes would have had a stronger relationship with home study outcomes.

### **Facilitating conditions**

However strongly Behavioural Attitudes are held, action is at least partially determined by environmental barriers (Armitage & Conner, 2001). Facilitating conditions include the presence or absence of available resources that can help individuals carry out certain actions (Chang, 1998). Behaviour and intent augment when there are increased opportunities and few anticipated barriers (Armitage & Conner, 2001). While kinship policies may increase the likelihood of home study approvals, other control factors should also be considered that may have the opposite effect on behaviour. When considering perceived behavioural control, other factors such as skill level, abilities, time and cooperation from others should also be considered (Ajzen, 1993). We know that child welfare professionals have reported that kinship foster families are often “more difficult to supervise, require more time to assess and make case plans harder to enforce” (Cuddeback, 2004, p. 632). Further, the use of kin homes can be riddled with complex issues, and complicated family dynamics that can challenge and frustrate workers (Brisebois, 2011, Peters, 2005). These factors may inhibit employees from encouraging kinship placements.

### **Intentions**

Attitudes impact behaviour by influencing conscious intentions to engage in certain behaviours (Aiken, 2002; Eagley & Chaiken, 1993). In other words, actions flow directly from intentions which are consistent with Behavioural Attitudes that derive from beliefs about the behaviour (Ajzen, 2005). Intentions are said to capture those motivational factors that influence a behaviour and they are indications of how much effort an individual is willing to put forth in order to perform the behaviour (Ajzen, 1991). In general, the stronger the intention, the more likely one will be to engage in a behaviour (Ajzen, 2005). For example, if a caseworker believes

that children are safer in foster homes instead of with kin, their intent will be to place children in foster homes rather than kinship homes, and in turn they will be more likely to dismiss kinship caregivers who propose a care plan for a child. One's beliefs and feelings toward the practice of family-based care will make for consistent intentions and actions toward kinship caregivers. However, as noted above, intentions can only directly translate into actual behaviour if the behaviour under question is under the individual's complete volitional control. In other words, facilitating circumstances are required for the actual execution of the behaviour. For example, if caseworkers have supervisors who consistently re-examine or over turn workers' home study decisions, the likelihood of workers' attitudes influencing their behaviour is minimized.

According to Ajzen (2005) behavioural intentions are a function of the sum of three variables. The first is the attitude toward the behaviour in question. As noted earlier, a person's attitude toward a behaviour is believed to be a function of their values, perceived consequences or outcomes of that behaviour and the person's evaluation of those consequences. These consequences or outcomes include any belief about the behaviour including the perceived consequences, effort to perform the behaviour or potential costs.

Behavioural intentions are also influenced by subjective norms. As noted above in greater detail, subjective norms include the influence of the social environment on behaviour (Fishbein & Ajzen, 1975). As noted earlier, the final major predictor in this theory is perceived behavioural control. Perceived behavioural control is concerned about the presence or absence of factors that facilitate or impede performance of a behaviour (Ajzen, 2005). In their entirety, control beliefs lead to the perception that one has or does not have the ability to execute certain behaviours (Ajzen, 2005).

To sum, the three major determinants of behavioural intentions are the attitude toward the behaviour, the subjective norm and the perceived behavioural control. The empirical weights of these determinants in the prediction of intention vary with the kind of behaviour that is being predicted, with the condition under which the behaviour is to be performed, as well as any contextual variables that may be present (Fishbein & Ajzen, 1975).

### **Summary**

The theory of planned behaviour asserts that behaviour is the result of conscious decisions to act in a certain manner (Aiken, 2002). According to this theory, when faced with behavioural choices, individuals must engage in the deliberation of information (Aiken, 2002). According to Ajzen (2001), factors known as perceived behavioural control, can have a large influence on one's decision to act in a certain manner. It is recognized that not all behaviour is a consequence of deliberate cognitive processing (Aiken, 2002). Decisions regarding kinship caregivers involve more than behaviours that are automatic or not under volitional control. For this reason, this research must consider factors other than attitudes that could influence home study decisions. In sum, the theory of planned behaviour offers a useful model to explain the relationship between professional decisions and Behavioural Attitudes about kinship care and those factors that may play a part in influencing behaviour. Figure 3 represents the theoretical model to be tested. The reader is reminded of the following hypotheses:

**Hypotheses:**  $H_1$  : Positive Behavioural Attitudes toward family-based care will be related to a higher percentage of approved home studies.

**Hypothesis:**  $H_1$  : Professionals who indicate that they would not place the child with kin will have more negative Behavioural Attitudes toward family-based care.

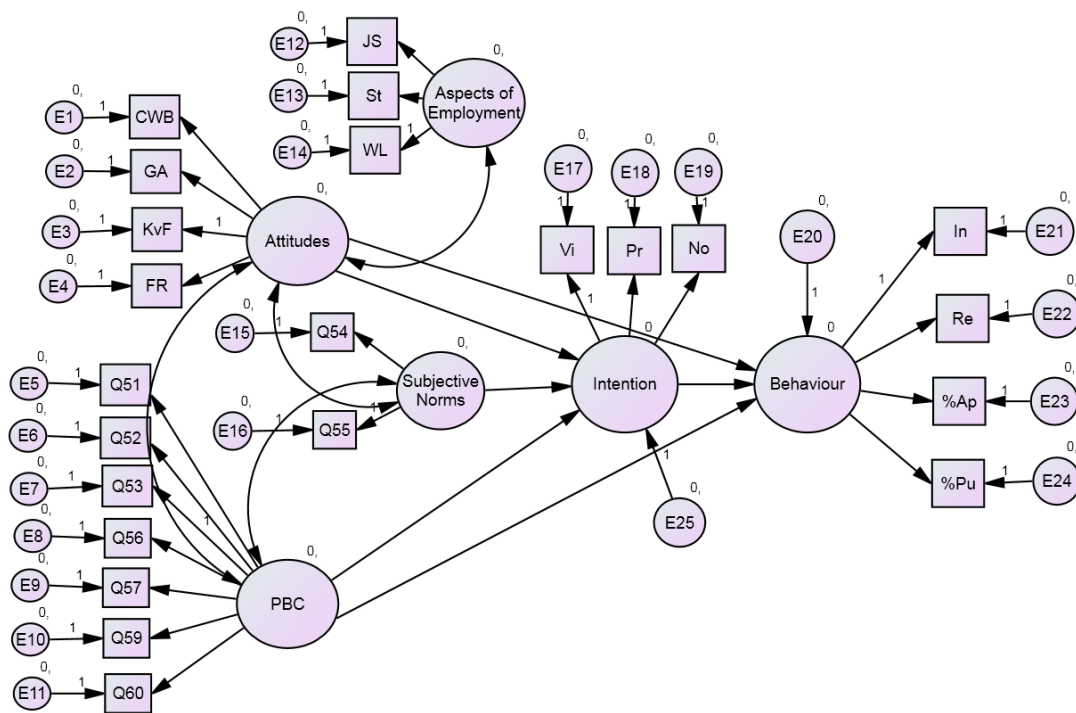
**Hypothesis:**  $H_1$  : Professionals who indicate more favourable subjective norms will have more positive Behavioural Attitudes toward family-based care.

**Hypothesis:**  $H_1$  : Professionals who indicate a lower level of job-related stress will have more positive Behavioural Attitudes toward family-based care.

**Hypothesis:**  $H_2$  : Professionals who indicate lower workloads will have more positive Behavioural Attitudes toward family-based care.

**Hypothesis:**  $H_3$  : Professionals who indicate higher levels of job satisfaction will have more positive Behavioural Attitudes toward family-based care.

**Figure 3. Theoretical Model**



## **Chapter 4: Research Methods**

### **Participants**

Recruitment procedures commenced with phone calls and emails to various Quality Assurance Directors employed at 10 different agencies across Ontario to explore their interest in participating in this study. Some emails and phone calls to certain agencies were not answered, and others declined to participate. The research director of the Ontario Association of Children's Aid Societies (OACAS) was also contacted in an effort to explore other avenues to increase the sample size. This attempt was unsuccessful and did not elicit any new ideas for recruitment. Further, a proposal was submitted to OACAS requesting to recruit attendees from a child welfare conference held in Toronto, Ontario; however, this request was subsequently denied by OACAS. In the end, participants were recruited from the Windsor-Essex Children's Aid Society, Chatham-Kent Integrated Children's Services, Waterloo Family and Child Services and The Sarnia Lambton Children Aid Society. All front-line caseworkers, supervisors and directors at participating agencies who have had involvement with kinship cases were invited to participate, including employees from departments of Family Services, Children Services, Kinship Services, Resources, Adoption and Family Preservation workers. It is estimated that these agencies invited approximately 570 staff to participate in this research. In an effort not to coerce individuals to participate, other than the invitation emails, no other attempts to recruit staff were done.

### **Sampling Strategy**

This study used nonprobability sampling procedures with purposive and convenience sampling. Due to the busy nature of child welfare work, this researcher found it difficult to find agencies agreeable to participate in this study. Despite attempts to recruit other agencies (see recruitment procedures); agencies with which this researcher has connections were eventually

recruited. I aimed to gather information from all child protection workers, supervisors and directors employed by the above-mentioned agencies. These organizations focus on improving the well-being and safety of children and youth. In Ontario, while many agencies may work to improve child and family well-being, only child welfare agencies are legally mandated by the Ontario government to protect children from harm. For this reason, only child protection workers can make decisions on the placement of children either in foster care or with kinship caregivers.

Due to limits in time and money, gathering information from all child protection workers in Ontario is not possible, therefore, this sample is considered a subset of that population. In an effort to lessen the impact of a homogenous sample, the diversity of this sample has been considered. The geographical areas included in this study consisted of urban, rural and suburban settings and for this reason may be more representative of the population.

### **Data Collection**

Procedures for this study were approved by Wayne State University Institutional Review Board (IRB) and by the appropriate review panels at the involved agencies. Data from the Windsor-Essex Children's Aid Society, Chatham-Kent Integrated Children's Services, Waterloo Family and Child Services and the Sarnia Lambton Children Aid Society were collected using a cross sectional design via an online confidential and anonymous survey. Emails inviting all caseworkers, supervisors and directors at the above-mentioned agencies to participate in an online Zoomerang survey were sent. This email included a link to the questionnaire. All participants were prompted to read an introduction at the beginning of the survey, which provided information regarding the purpose and procedures of the study (See Appendix A). Informed consent was obtained prior to respondents' accessing the survey. Respondents were prompted to review information regarding informed consent and were asked to click "yes" at the



end of the informed consent document. Zoomerang randomly ordered the questions for each participant in an attempt to decrease any potential influence that the order of the questions themselves could have caused.

Three subsequent reminder emails were sent throughout data collection at one week intervals in an effort to improve response rate. Other than the agencies' commitment to allow employees to complete this survey during work time, no other incentives were offered to participants. The survey took approximately 10-15 minutes of respondents' time. Due to the high volume and busy nature of the child welfare profession, it was important that the survey be short enough so that workers were more likely to participate. One-hundred and ninety-two child welfare professionals responded to the survey. The response rate was 33.7%.

## **Measures**

### **Demographic and Work Experience Questionnaire**

Respondents completed a demographic questionnaire (See Appendix B) that asked about participants' year of birth, gender, and race, department in which they are currently working, social work employment history, child welfare employment history and level of education. The categories for race (i.e: White, Black, Latin American, Arab/West Indian, Aboriginal, South Asian, South East Asian) have been drawn from the Canadian Incidence Study of Reported Child Abuse and Neglect, 2008.

Further, respondents were asked a series of questions that relate to their involvement with kinship homes. For example, caseworkers were asked to retrospectively approximate how many kinship families requested that they consider them as potential placements; how many of those families they pursued; how many home studies they completed and how many families they approved for placement of a child.

The demographic questionnaire was assessed for face validity with three long-term employees working in child welfare, including one service director and two supervisors. These three individuals were asked to read the survey and provide any comments or suggestions on the clarity of the questions. Once the demographic questions were solidified with these three individuals, it was pilot tested with 120 child welfare employees at 3 other agencies in Southwestern Ontario.

### **Measuring Professional Attitudes on Kinship**

The Measuring Professional Attitudes on Kinship (MPAK) measure (see Appendix C) was used to assess professional attitudes on kinship care to capture the cognitive and affective components of the Rosenberg model as highlighted in the theory section of this prospectus (Roseberg et al., 1960). This scale also explored the strength of the behavioural attitudes and the resulting behavioural outcomes. Since there were no available validated scales to assist in the measurement of attitudes toward kinship care, steps were taken to develop one. Content analysis was based on focus groups held at the Windsor-Essex Children's Aid Society to determine themes that should be explored. Content validity occurred with three long-term employees working in child welfare, including one service director and two supervisors. Exploratory factor analysis was conducted using the SPSS program and 24 questions regarding attitudes toward kinship care were retained. All questions are based on a 5-point Likert scales where 1= strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, and 5 = strongly agree. Internal consistency for the M-PAK was .71.

Specifically the following subscales are included. The first scale includes *general attitudes about* family-based care. This scale has an internal consistency of .81. This scale includes 8 questions that explore the way a person thinks or feels about kinship caregivers.

Various aspects pertaining to kinship care, including motivation to care, workload issues and working relationships with kinship caregivers, are included in this scale. The second scale includes professional feelings on *family-based care compared to non-relative foster care*. This scale has an internal consistency of .85. It includes 5 items that explore professional attitudes about kinship care when compared to foster care and taps into the potential consequences of professional decisions. The third scale includes questions on professional attitudes about *child well-being* (internal consistency .73). This scale includes 4 items that explore professional attitudes about the impact of kinship homes on a child's condition of being content, healthy and happy. The final scale explores attitudes about the agency's *financial obligation* to kinship families (internal consistency .72). This is a 4 item scale that explores professional attitudes about financial assistance to kinship homes.

### **Measuring the Theory of Planned Behaviour**

Studies grounded in the theory of planned behaviour have measured *perceived behavioural control* through exploration of the following labels: perceived difficulty, perceived control, confidence, and locus of control (Kraft et. al, 2005). Two other constructs relevant to this theory were also explored in this study. First, facilitating conditions, such as time constraints and cooperation from others seem especially relevant to the child welfare work force. In a qualitative study by Brisebois (in press), caseworkers expressed frustration with the added workload created from kinship care policies. They also expressed dismay with strained relationships with kinship caregivers. The final construct that was explored was subjective norms. The recent push for a cultural shift toward kinship care may influence professional attitudes about this practice.

A total of 10 questions were used to measure perceived behavioural control and can be found at Appendix D. These items made reference to how easy or difficult it would be to perform certain behaviours. Ajzen (2002) recommends that all items be measured on a 7-point Likert scale and that the various concepts of this theory be interspersed with one another upon administration to participants. Examples of the types of questions that explore the elements of perceived difficulty, perceived control, and locus of control include questions such as “How easy or difficult would it be for you to apprehend a child and place in foster care, without contacting kin first?” and “It is completely up to me whether or not I pursue kin who call me to care for a child.”

When considering perceived behavioural control, other factors such as skill level, abilities, time and cooperation from others should also be considered (Ajzen, 1993). All of these questions were measured on a 7-point Likert scale anchored from strongly disagree to strongly agree, where 1= strongly disagree; 2= disagree; 3= disagree somewhat; 4= undecided; 5= agree somewhat; 6= agree; 7= strongly agree. The following questions assessed the component of facilitating conditions: “My organization has enough supports in place for me to explore all potential kin if I wanted.” “I have time to thoroughly assess potential kinship placements before a child is placed in foster care.”

Normative beliefs that result in perceived social pressure were measured by two questions that aimed to assess *subjective norms*. All of these questions were measured on a 7-point Likert scale, where 1= strongly disagree; 2= disagree; 3= disagree somewhat; 4= undecided; 5= agree somewhat; 6= agree; 7= strongly agree. Questions that capture this concept include: “I feel under social pressure to actively explore kin when a child comes into care.”

“Most people who are important to me at work think that I should explore all kin who come forward, regardless of their history with child welfare.”

Intentions are influenced by an individual’s behavioural beliefs about the likely *consequences* of the behaviour, including the individual’s positive or negative evaluation of performing the behaviour. The kinship versus foster care sub-scale of the MPAK questionnaire evaluated respondents’ feelings about the positive outcomes of kinship care. The following questions tapped into the possible negative outcomes of kinship work: “Kinship homes are more difficult to monitor than regular foster homes”; “Children are safer when placed in regular foster homes rather than with kin”; “Children placed in regular foster homes fare better than children placed with kin”; “The standard of care children receive in foster care is higher than the standard of care children receive in kinship homes” and “When children are placed with kinship caregivers, they are exposed to more unhealthy situations than children in foster care.”

Instead of relying just on expressed Behavioural Attitudes, this study provides insight into *professional intentions* to perform certain behaviours. Intentions are predictive of future behaviour (Ajzen, Gilbert Cote, 2008); therefore, a measure was built into this research design that examines more than just past behaviour. To measure the construct of intention, participants were presented with a vignette involving placement of a child in either kinship care or foster care. Participants were asked about their intended behaviour in response to a hypothetical situation. A key assumption of vignette studies is that reported behaviour is an accurate predictor for the behaviour that would be observed if respondents actually encountered the situation (Pager & Quillian, 2005). Participants were asked about their preferred placement type, the suitability of the kinship placement, and services they would put into place for the child (See Appendix E). All agencies involved in this study were presented with the same vignette. The order in which the

vignette was presented during the survey was randomly assigned. Other measures of intention occurred with the use of 2 questions that tapped into this concept: “I enter into my assessments free of any preconceived notions about the family member who is proposing to be a kinship caregiver” and “I prefer to place children with kinship caregivers instead of in regular foster care.”

### **Social Desirability Scale-17 (SDS-17)**

Socially desirable responding is defined as “the tendency for people to present a favourable image of themselves” (van de Mortel, 2008, p. 40). The integrity of these data may be flawed if the respondents attempt to answer the questions by “faking good” or answering in ways that conform to socially acceptable values. Since kinship policies aimed to create a cultural shift and obtain “buy-in” from employees about the benefits of kinship care (MacPhee & Roblin, 2006), respondents may depict themselves as similar to the norms and standards of others (Crowne & Marlowe, 1960). This study was cognizant of the fact that negative attitudes toward family-based care may not be socially desirable. For respondents who have negative feelings toward kinship caregivers, answering the questions honestly may be difficult. In an effort to form meaningful conclusions, this research used select questions from the Social Desirability Scale-17 questionnaire to detect or control for social desirability bias. While the administration of this tool was done through a computer based program to allow for the anonymity and confidentiality of respondents, there is always a chance that respondents did not answer the questions frankly and honestly. For this reason, a measure of social desirability provided information about the willingness of respondents to be honest about their beliefs.

The Marlowe-Crowne Social Desirability Scale (MCSDS) is commonly used to measure social desirability bias assessment (Leite & Betravas, 2005) and is often used to control whether

surveys are influenced by desirable responses (Stoeber, 2001). This research utilized questions from a shortened version of the MCSDS known as the SDS-17 for two reasons: 1) the MCSDS has been found to reflect standards of the 1950's when it was initially in development (Stoeber, 2001) and 2) the SDS-17 is less time consuming having retained only 17 of the 33 items from the MCSDS. The SDS-17 is a validated tool consisting of 17 true false items, including some reverse scored items (see Appendix F).

### **Stress in General Scale (SIG)**

Child protection workers experience higher rates of stress than social workers in other settings (Jayarante & Chess, 1984). Workplace stress may influence a respondent's attitudes toward kinship care. The tool utilized to measure participant's stress levels was adapted from the Stress in General scale, which is a validated tool that measures employee's general level of workplace stress (retrieved from [www.bgsu.edu/departments/psych/io/jdi/index.html](http://www.bgsu.edu/departments/psych/io/jdi/index.html) on November 17, 2011). Respondents were asked how strongly they agreed or disagreed with various statements pertaining to job stress. Questions were measured on a 5-point Likert scale. The reader is directed to Appendix G for a copy of this scale.

### **General Job Satisfaction Scale (GJS)**

This is a short 5-item measure of overall job satisfaction. Job satisfaction is defined as an overall measure of the degree to which the employee is happy and satisfied with the job (Hackman & Oldman, 1975). One's feelings about work may influence their attitudes about various aspects of the job. It is based on a 7-point Likert scale, where 1= strongly disagree; 2= disagree; 3= disagree somewhat; 4= undecided; 5= agree somewhat; 6= agree; 7= strongly agree. Higher scores indicate higher job satisfaction. The following questions constitute this scale: "Generally speaking, I am very satisfied with this job." "I frequently think of quitting this job"

(reverse coded). “I am generally satisfied with the kind of work I do in this job.” “Most people on this job are very satisfied with the job.” “People on this job often think of quitting” (reverse coded).

### **The Quantitative Workload Scale**

In a time when government resources to Ontario child welfare are being cut, child welfare professionals are being asked to do more (CUPE, 2010). We know that workers have reported that kinship foster families are often more difficult to supervise, require more time to assess and make case plans harder to enforce (Cuddeback, 2004). Further, the use of kin homes can be riddled with complex issues, and complicated family dynamics that can challenge and frustrate workers (Brisebois, 2011). When workers have high workloads in general, the added workload created from kinship situations may influence their behaviour or willingness to enter into family-based placements. This scale aims to determine workload and its relationship to attitudes. Participants will be asked how often certain aspects appear in their job. The questions were measured on a 5-point scale, where 1=very rarely, 2=rarely, 3= sometimes, 4= often, 5= very often. Questions on this scale include: “How often does your job require you to work very fast?” “How often does your job require you to work very hard?” “How often does your job leave you with little time to get things done?” “How often is there a great deal to get done?”



## Chapter 5: Data Analyses

### Data Screening

Before proceeding with the data analysis, all variables were screened for possible code violations, missing values, outliers and normality (Mertler & Vanetta, 2010). This screening included univariate examination of the mean, standard deviations, skewness, and kurtosis. Because model fitting requires that analyses are performed on exactly the same groups of cases (Meyers, Gamst, & Guarino, 2006), mean substitution was specified for all missing values in these data. According to Meyers, Gamst, & Guarino (2006), mean substitution is the best estimate of the population mean. Multicollinearity was assessed by examining tolerance and the variance inflation factors (VIF) in the regression model. All diagnostics were within the acceptable range. Tolerances were no less than .5 and VIF's were all less than 2. Multivariate normality was also explored. The reader is directed to Table 2 which summarizes the variable properties.

**Table 2**  
*Properties of the Variables Under Examination*

Instrument*	N	M	SD	Range		Skewness	Kurtosis	Outliers
				Potential	Actual			
M-PAK								
GA	192	22.86	3.84	8-40	12-33	.297	.083	No
KvsF	192	9.91	2.62	5-25	5-17	.333	-.225	No
CWB	192	10.24	2.77	4-20	4-20	.453	.560	No
FR	192	9.39	2.47	4-20	4-16	.340	-.119	No
TPB	167	45.08	6.25	10-70	24-63	-.395	.583	No
GJS	190	16.01	4.93	7-35	9-35	.341	-.176	No
SIG	192	26.5	5.55	8-40	10-40	-.058	-.160	No
QWS	192	17.01	2.38	4-20	10-20	-.280	-.871	No
PFP	138	82.14	21.72	0-100	0-100	-.811	-.690	Yes
PFA	128	54.35	40.25	0-100	0-100	-.276	-.783	No
INVEST	171	1.12	2.45	-	0-23	38.79	5.20	Yes

\*Note: M-PAK= Measuring Attitudes of Child Welfare Professionals on Kinship, GA-General Attitudes, KvsF = Kin versus Foster Care, CWB= Child Well-Being, FR= Financial

Responsibility, TPB=Theory of Planned Behaviour, JGS=General Job Satisfaction, SIG= Stress in General Scale, QWS=Quantitative Workload Scale, PFP=Percent of families pursued; PFA=Percent of families approved, INVEST=Number of verified protection investigations

### **Measuring Professional Attitudes on Kinship (MPAK)**

All respondents answered the MPAK (N=192). The MPAK is divided into the following 4 subscales, all measured on a 5-point scale:

#### **1) General Attitudes**

This scale is comprised of 8 questions that explored the general attitudes of child welfare professionals about family-based care. One question was reverse coded so that all higher values indicated more negative attitudes. There were no missing values on this scale. Responses ranged from 12 to 33 in comparison to a potential range of 8 to 40, with a score of 8 representing the most positive attitudes toward family-based care. The mean score was 22.86 ( $SD = 3.84$ ), indicating a sample that has some moderate general negative attitudes about kinship foster homes. For this scale, such negative attitudes would include concerns surrounding the motivation of kinship caregivers to care for a child, frustrations revolving around workload due to kinship policies, and the inability of kinship caregivers to understand the agency's concerns about the natural parent. Normality assumptions of this scale were supported by the skewness (.297) and kurtosis (.083).

#### **2) Kinship versus Foster Care**

This scale consisted of 5 questions that explored the attitudes of child welfare professionals about kinship care compared to non-relative foster care. The highest possible score on this scale was 25, with lower values indicating more positive attitudes. More positive attitudes on this scale would indicate respondents who feel that placing children with kin results in more positive consequences. There were no missing values on this scale. The mean score was 9.91 ( $SD$

= 2.62) which indicates a sample that has more positive attitudes about the consequences of placing children in kinship homes when compared to foster care. Responses ranged from 5 to 17 in comparison to a potential range of 5 to 25. Normality assumptions were supported by the skewness (.333) and kurtosis (-.225).

### **3) Child Well-Being**

The child well-being scale included 4 questions that explored the attitudes of child welfare professionals regarding the children's condition of being healthy, content and happy in their placement. Because, higher scores on this scale indicated more positive attitudes toward family-based care, this scale was reverse coded for consistency with the other MPAK scales. Therefore, the following information is based on lower values indicating more positive attitudes about kinship placements. Negative attitudes on this scale would represent respondents who feel that the well-being of children is compromised when placed in kinship homes. Responses ranged from 4 to 20, consistent with the possible range of scores. There were no missing values on this scale. The mean score was of 10.24 ( $SD = 2.77$ ) shows a sample that feels generally positive about the well-being of children living with kin. Skewness (.453) and kurtosis (.560) supported normality assumptions.

### **4) Financial Responsibility**

This scale consists of 4 questions that explore the attitudes of child welfare professionals on financial support for kinship care. Two questions were reverse coded. Lower scores indicate more positive attitudes. Negative attitudes about the financial responsibility scale would include those respondents who feel that kinship caregivers should be fiscally responsible for their relatives, rather than the agency. Those respondents who scored higher on this scale would be less likely to endorse items that would suggest the need for kin to be provided with financial

assistance. There were no missing values on this scale. Responses ranged between 4 and 16 out of a possible range of 4 to 20. The mean score was 9.39 ( $SD = 2.47$ ) indicating a sample that feels that the child welfare system should not hold financial responsibility for kinship homes. Normality assumptions were supported by the skewness (.340) and kurtosis (-.119).

### **Theory of Planned Behaviour**

Consistent with the theory of planned behaviour model, these questions consisted of two scales that measured the assumptions of theory. The first scale explored respondents' perceived behavioural control. This scale consisted of 7 questions that explored how much control an employee possesses over their behaviour. Four questions were reverse coded, with higher numbers indicating lower levels of perceived control. There was missing data on a total of 46 questions, with 22 respondents missing at least one question on this scale. No respondent missed the entire scale and there were no identifiable specific skip patterns for any particular question. Responses ranged from 16 to 43 in comparison to a potential range of 7 to 49. The mean score was 32.05( $SD = 4.99$ ) indicating that the majority of respondents felt that they had limited control over their actions with kinship homes. Normality assumptions were supported by the skewness (-.424) and kurtosis (.444).

The second scale consisted of 2 questions that explored subjective norms or perceptions of others' opinions about their behaviour regarding kinship homes, with higher values indicating that respondents feel under social pressure. Four respondents chose not to answer these questions. Eight other respondents answered only one question on the scale. Responses ranged from 2 to 14 which are consistent with the potential range for this scale. The mean score was 7.92 ( $SD = 2.58$ ) indicating that respondents feel some social pressure pertaining to their

decisions regarding kin. Normality assumptions were supported for this scale with skewness (.140) and kurtosis (-.036).

## **Measures of Intention**

### ***Vignette***

The vignette offered respondents 5 possible responses. The percentage of participants who opted for each answer is in brackets below:

1. I would not place with the grandmother today because I need more time to assess her plan (53%).
2. I would not place with the grandmother. I do not feel that she is an appropriate placement (4%).
3. I would place with the grandmother. I feel that I can mitigate any concerns (35%).
4. I would place with the grandmother. I have no concerns (0%).
5. Other (open ended) (8%).

Upon further examination, it was discovered that each of the open-ended responses fit into the answers that were already provided as a choice. Those respondents who chose to answer with an open-ended response used this section to explain their decision. For example, one respondent wrote “I would place with Virginia in the short term, pending successful home study and a strong safety plan in place.” This comment was coded a 3 (see above). Another respondent wrote “I would not exclude the possibility of foster care or other kin placement in the future, but given her history, I would not place child with her immediately. I would assess to determine if she can become a kinship caregiver.” This response was coded a 1. Appendix H shows the responses that were re-coded for this question. Fifty-six percent of respondents decided that they would not place with the grandmother, at least not initially. Forty-four respondents decided to

place with the grandmother. Four individuals did not respond to this question, and so those cases were excluded from the SEM analysis. Responses ranged from 1 to 5 which are consistent with the potential range for this scale. Normality assumptions were supported for this scale with skewness (.478) and kurtosis (-.944).

### ***Preference***

Respondents were asked to answer whether they preferred to place children with kinship caregivers instead of in foster care. Choices of responses were on a 7-point Likert scale, ranging from strongly disagree to strongly agree. Six individuals missed this question. Seventy-two percent of participants answered positively, 17% were undecided, and 11% disagreed. The mean for this questions was 5.13 ( $SD = 1.27$ ). The skewness (-.697) and kurtosis (.267) were normally distributed.

### ***Preconceived Notions***

This question asked whether or not participants entered into their assessments free of any preconceived notions about kinship families. The answer was on a 5-point Likert scale, ranging from strongly disagree to strongly agree. Fifty percent of respondents felt that they entered into assessments void of assumptions, 31% answered that they did not agree nor disagree. Twenty percent of respondents disagreed with this statement. Six people did not answer this question. The mean score was 5.13( $SD = .898$ ). Normality assumptions were supported for this scale with the skewness (-.201) and kurtosis (-.729).

### **General Job Satisfaction**

This scale is comprised of 5 questions on a 7-point Likert scale. Therefore, the highest possible score on this scale is 35. To be consistent with the scales on stress and workload, this scale was reverse scored so that higher numbers indicated a lower level of job satisfaction. One

individual did not respond to this scale and one respondent missed 2 questions on the scale. This respondent was removed from analysis. Responses ranged from 9 to 31. The mean score was 16.01 ( $SD = 4.93$ ), indicating a field that is split in level of job satisfaction. Normality assumptions were supported by the skewness (.341) and kurtosis (-.176).

### **Stress in General Scale**

The Stress in General scale consists of 8 questions that explored respondent's perceived levels of work stress. Questions were on a 5 point Likert scale from strongly disagree to strongly agree. One item was reverse scored, with higher numbers indicating higher levels of stress. There were no missing data on this scale. Scores ranged from 10 to 40. The mean score was 26.5 ( $SD = 5.55$ ), indicating a field of employees who feel some level of stress in their job. Normality assumptions were supported by the skewness (-.058) and kurtosis (-.160).

### **Quantitative Workload Scale**

This scale consisted of four questions based on a 5-point Likert scale from very rarely to very often. A total of nine questions were not answered on this scale. No respondent missed the entire scale. Responses ranged from 10 to 20 in comparison to a potential range of 4 to 20. A higher score indicates a high workload. The mean score was 17.01 ( $SD = 2.38$ ), indicating a sample of employees who feel over worked. Normality assumptions were supported by the skewness (-.280) and kurtosis (-.871).

### **Social Desirability**

In an effort to decrease the time required to complete the survey, a decision was made to administer a sub-set of questions from the SDS-17. Three questions were chosen for their reverse coding, and the remaining questions were randomly chosen. Nine questions from the SDS-17 were administered to respondents. Respondents were asked to answer true or false to a variety of

statements in order to determine their tendency to respond in a socially desirable manner. Three items were reverse scored. Missing values on these items ranges from 65 to 69 which represented up to 36% of the data. Three individuals missed this entire scale. The high number of missing data is not surprising to this researcher. Throughout data collection, several respondents contacted this researcher to express their level of discomfort with the social desirability questions.

The nine items for this scale were collapsed into a variable coined “social desirability.” Due to the amount of missing data, comparisons of the mean were examined for this scale. The mean score ranges between 1 and 2, with scores closer to 2 representing individuals who did not answer truthfully. The mean score on this scale was 1.44 ( $SD = .285$ ). True answers were given a code of 1 and false answers were given a code of 2. Items answered as false would be considered a socially desirable response. For example, respondents were asked “I take out my bad moods on others now and then.” In reality, it is fair to assume that everyone could answer “true” to this question. However; individuals who responded “false” were believed to be answering in a manner that would place them in a positive light. A mean score of 1.44 represents a sample that tended to answer in a socially desirable manner, at least some of the time.

### **Percentage of Families Pursued**

The percentage of kinship families pursued was calculated based on reports of requested home assessments from kin and the number of actual families assessed. The following formula resulted in a new variable that explored the percentage of families pursued by workers and supervisors:

$$\text{Percentage of Families Pursued} = \frac{A+B}{C+D} \times 100$$



Where A= “In the past year, how many families requested that you consider them as a potential placement?”

B= “In the past year, approximately how many prospective kinship caregivers did your workers consult with you about?”

C= “Out of those kinship families asking to be considered, how many did you pursue?”

D= “Out of those prospective kinship caregivers, approximately how many did you tell the workers to pursue?”

For those respondents for which this questions was applicable, nine caseworkers and 2 supervisors did not answer questions A through D. The mean score was 82.15% ( $SD = 21.72$ ) and responses ranged from 0% to 100%. Two outliers were identified when examining the boxplot and stem-and-leaf. These two outliers were removed prior to analyses. There is some minor negative skewness ( $-.811$ ) and negative kurtosis ( $-.690$ ). The Kolmogorov-Smirnov Test is significant ( $p < .000$ ) indicating a violation of normality. Two z-scores were above 3, representing a minimal 1.4% of the distribution. The Normal Q-Q plot shows slight variation from the line. The detrended Q-Q plot shows no real clustering of points.

### **Percentage of Families Approved**

The percentage of families approved was calculated based on the number of families pursued and eventually approved to care for a child. The following formula resulted in a new variable that explores the percentage of families approved by workers and supervisors:

$$\text{Percentage of Families Approved} = \frac{B+D}{A+C} \times 100$$

Where A= “Out of those prospective kinship caregivers that were pursued (by your worker), approximately how many were ultimately approved to care for the child?”

B= “Out of those kinship families asking to be considered, how many did you pursue?”

C= “Out of those assessments/studies, how many of them were ultimately approved?”

D= “Out of those prospective kinship caregivers, approximately how many did you tell the workers to pursue?”

For those respondents for which this question was applicable, 4 supervisors and 19 caseworkers did not answer questions A and B. The mean score was 54.35 ( $SD = 40.25$ ) and responses ranged from 0% to 100%. These data were replaced with the mean. Upon examination of the stem-and-leaf and boxplot, no outliers were identified. There is some skewness (-.276) and kurtosis (-.783). The Kolmogorov-Smirnov Test is significant ( $p < .001$ ) indicating a violation of normality. The Normal Q-Q plot shows slight variation from the line. The detrended Q-Q plot shows some minor clustering of points at the higher end of the plot. No z-scores were over 3.

### **Number of Protection Investigations Verified**

Child protection investigations occur when the immediate safety of a child is reported to child welfare authorities. A verified protection investigation includes those situations when the information obtained throughout the investigation determines that a child’s safety is at risk. This question explored whether respondents had ever verified a child protection investigation on a kinship home. Twenty-one participants did not answer this question, representing 11.5% of the data. These items were estimated using mean substitution prior to analysis. This variable has severe skewness (5.51) and kurtosis (43.76). Examinations of the stem-and-leaf and box plot and z-scores , show 3 extreme cases. Once outliers were removed, skewness (.611) and kurtosis (1.21) were closer to a normal distribution. The mean score was .684 ( $SD = .806$ ) and responses ranged from 0 to 1. The Kolmogorov-Smirnov Test remained significant ( $p < .001$ ) indicating a violation of normality. Transformations were attempted; however were less successful than the removal of the outliers.

## Demographics

The survey link was sent to approximately 570 professionals from four different offices in Southern Ontario. The geographical areas of the organizations included in this study provided a sample that includes urban, rural and suburban settings allowing for a more diverse and representative sample. The inclusion of one agency with a large Native population aimed to tap into this community; however, only one respondent indicated they were of Aboriginal heritage. Respondents were not asked for their agency of employment in order to ensure anonymity. One-hundred and ninety-two child welfare professionals responded to the survey. The response rate was 33.7%. Table 4 presents the entire demographic profile of respondents. Participants were mostly White (87%,  $N = 165$ ), Black (2%,  $N = 2$ ), Latin American (1%,  $N = 2$ ) and 5% ( $N = 9$ ) preferred not to answer. A large majority of respondents were female (90%,  $N = 169$ ). Ages range from 24 to 66 years of age with a mean of 39.51 ( $SD = 9.29$ ). Twenty-one individuals did not provide a response on age. Years of child welfare experience ranged from 0 to 36 with an average of 10.10 years experience ( $SD = 7.30$ ). While age and years of experience were open-ended questions, these variables have been broken into categories for ease of reporting. Thirty-six per cent of respondents possessed a Bachelor of Social Work ( $N = 68$ ), 34% ( $N = 65$ ) possessed a Masters of Social Work, 19% ( $N = 37$ ) possessed a Bachelor degree not in social work and 5% ( $N = 10$ ) possessed a Masters degree not in social work. Caseworkers worked in a variety of departments including Family Services (41%,  $N = 76$ ), Children's Services (9%,  $N = 16$ ), Intake (10%,  $N = 18$ ), Kinship (5%,  $N = 9$ ), and Resources (5%,  $N = 10$ ). While there are no collected demographics for the population of child welfare workers at these agencies, this writer was able to contact two representatives out of the four involved agencies. These individuals confirmed that this sample appears representative of the employees at their agencies.

**Table 3***Descriptive Statistics of Respondents (N=192)*

	<i>Percentage</i>
Age	
21-25 years	4.7
26-30	12.8
31-35	18.7
36-40	21.6
41-45	17.0
46-50	10.5
51-55	8.2
56-60	4.2
61-65	1.8
65+	.6
Race	
Caucasian	88.4
African	1.6
Latin American	1.1
Aboriginal	.5
South-Asian	1.1
Chinese	1.0
South-east Asian	.5
Other	1.6
Prefer not to answer	4.8
Education	
BSW	35.6
MSW	34.0
Bachelor (not social work)	19.4
Masters (not in social work)	5.2
Child & Youth worker	2.1
Other	3.7
1-3 times per week	25.7
Role	
Family Service Worker	41.2
Supervisor	23.0

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Intake Worker	10.2
Children Service Worker	8.6
Resource Worker	5.3
Kinship Worker	4.8
Service Director	2.1
In home support worker	1.6
Other	3.2
Years Child Welfare Experience	
0-5 years	27.7
6-10 years	27.9
11-15	26.8
16-20	5.9
21-25	7.5
26-30	2.1
31-35	0.1
36+	0.5

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### **Multivariate Analyses**

Multivariate outliers were screened by computing Malhalanobis distance for each case of the three continuous variables. No cases exceeded the chi square cut off of 16.27. An inspection of the scatterplot matrix demonstrated non-elliptical shapes which are indicative of a deviation from linearity and normality assumptions. Research has shown that with minor violations of normality, especially when one is interested in parameter estimates, some deviation from normality is acceptable (Raycov & Marcoulides, 2006). According to (Muthen & Kaplan, 1985) in structural equation modeling “if most variables have univariate skewness and kurtosis in the range of -1.0 to +1.0, not much distortion is to be expected” (p. 187).

### **Results**

Data analyses began with an examination of the correlations between study variables that were not included in the model.

### Bivariate examination of attitudes and demographic variables

A bivariate examination was completed, exploring employee attitudes about family-based care and various demographic variables.

#### Race

Due to the low numbers of non-white respondents, a decision was made to group other races together. An independent group t-test compared the mean score on the general attitudes of White respondents ( $M = 23.0$ ,  $SD = 3.94$ ) with those of other races ( $M = 21.77$ ,  $SD = 3.16$ ); attitudes about foster care versus kinship of White respondents ( $M = 10.04$ ,  $SD = 2.62$ ) with those of other races ( $M = 9.22$ ,  $SD = 2.41$ ); attitudes about child well-being of White respondents ( $M = 10.18$ ,  $SD = 2.79$ ) and other races ( $M = 10.5$ ,  $SD = 2.43$ ) and White attitudes about financial responsibility ( $M = 9.45$ ,  $SD = 2.52$ ) with the attitudes of respondents from other races ( $M = 8.91$ ,  $SD = 2.09$ ). These tests were not found to be statistically significant at .05. Table 4 outlines the results.

**Table 4**  
*T-test Results on Attitudes and Race*

	Race		<i>T</i>	<i>Df</i>
	White	Other Races		
General Attitudes	23.0 (3.94)	21.77 (3.16)	1.38	187
Kinship versus Foster Care	10.04 (2.62)	9.23 (2.41)	1.24	187
Child Well-being	10.18 (2.79)	10.50 (2.43)	-.513	187
Financial Responsibility	9.45 (2.52)	8.91 (2.09)	.963	187

\*Standard Deviations appear in parentheses below means

## Gender

An independent group t-test compared the mean score on the general attitudes of male respondents ( $M = 21.79$ ,  $SD = 3.01$ ) with female respondents ( $M = 22.99$ ,  $SD = 3.95$ ); attitudes about foster care versus kinship of male respondents ( $M = 8.90$ ,  $SD = 1.85$ ) with females ( $M = 10.0$ ,  $SD = 2.69$ ); attitudes about child well-being of males ( $M = 9.26$ ,  $SD = 2.92$ ) and female respondents ( $M = 10.38$ ,  $SD = 2.76$ ) and male attitudes about financial responsibility ( $M = 9.42$ ,  $SD = 2.27$ ) with the attitudes of female respondents ( $M = 9.38$ ,  $SD = 2.50$ ). These tests were not found to be statistically significant at .05. Table 5 outlines these results.

**Table 5**  
*T-test Results on Attitudes and Gender*

	Gender		<i>T</i>	<i>Df</i>
	Male	Female		
General Attitudes	21.79 (3.01)	22.99 (3.95)	-1.28	186
Kinship versus Foster Care	8.90 (1.85)	10.0 (2.69)	-1.74	186
Child Well-being	9.26 (2.92)	10.38 (2.76)	-1.67	186
Financial Responsibility	9.42 (2.27)	9.38 (2.50)	.061	186

\*Standard Deviations appear in parentheses below means

## Years of experience

A one way analysis of variance compared the mean in attitudes about kinship by years of experience in child welfare. The categories included five year increments beginning at 0-5 years and ending with 31+ years. The categories of 31-35 years and 35+ plus years were combined due to the low number of individuals who indicated having more than 35 years of experience. The specific categories are outlined in Table 6. These tests were found to be statistically insignificant

and did not indicate that the mean in attitudes when compared to years of experience was significantly different among the groups. Table 6 highlights these findings.

**Table 6**  
*Analysis of Variance of Attitudes by Years Experience*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
General Attitudes	22.84	3.88	1.99	.07
0-5	23.26	3.40		
6-10	23.92	4.37		
11-15	22.04	3.75		
16-20	22.82	5.44		
21-25	21.43	1.95		
26-30	19.67	1.15		
31+	20.33	2.52		
Kin versus Foster	9.88	2.62	.88	.51
0-5	10.17			
6-10	10.08			
11-15	9.46			
16-20	10.82			
21-25	9.21			
26-30	8.67			
31+	9.33			
Child Well-being	10.27	2.79	1.37	.23
0-5	10.64	2.70		
6-10	10.47	3.02		
11-15	9.69	2.27		
16-20	10.45	2.91		
21-25	9.50	3.01		
26-30	13.33	5.86		
31+	9.67	2.52		
Financial Responsibility	9.34	2.46	1.05	.40
0-5	9.79	2.50		
6-10	9.08	2.64		
11-15	9.21	2.23		
16-20	9.45	2.46		
21-25	9.36	2.53		
26-30	6.67	2.31		
31+	10.0	1.00		

**Age of respondent**



A one way analysis of variance compared the mean in attitudes according to respondent age. Child well-being and respondent age was found to be statistically significant at an alpha level of .05,  $F(4, 166) = 3.05, p = .02$ . A Tukey HSD test indicated that the mean for respondents aged 21-30 ( $M = 11.49, SD = 1.56$ ) was significantly greater than the mean for respondents aged 40-49 ( $M = 9.47, SD = 2.57$ ), indicating that older respondents had a more positive outlook about children's well-being when placed with kin. A one way analysis of variance compared the mean in attitudes about financial responsibility and age. While this test was found to be statistically significant at .05,  $F(4, 166) = 2.79, p = .03$ , the Tukey did not indicate any significant mean differences among the groups. Because the Tukey test is a more conservative test (retrieved from [www.p.mean.com/05/TukeyTest.html](http://www.p.mean.com/05/TukeyTest.html)), it is less likely to find significance. The Tukey test did not indicate that the mean in attitudes about financial responsibility was significantly different from other groups. Table 7 highlights the borderline pairwise comparisons that likely resulted in this finding.

**Table 7**  
*Analysis of Variance of Attitudes by Respondent Age*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
General Attitudes	22.82	3.93	1.95	.10
20-29	24.13	3.04		
30-39	23.38	3.76		
40-49	22.08	4.59		
50-59	21.15	3.03		
60+	21.0	2.44		
Kin versus Foster	9.88	2.64	.63	.64
20-29	10.33	2.28		
30-39	9.79	2.40		
40-49	10.05	3.13		
50-59	9.15	2.25		
60+	9.80	2.68		
Child Well-being	10.25	2.71	3.05	.02*
20-29	11.46	1.56		

30-39	10.32	2.94		
40-49	9.47*	2.57		
50-59	11.05	3.10		
60+	9.60	1.52		
Financial Responsibility	9.39	2.50	2.79	.03*
20-29	10.42	2.48		
30-39	9.24	2.53		
40-49	8.97	2.27		
50-59	9.25	2.53		
60+	11.80	2.95		

\* $p < .05$ .

### Job position

A one way analysis of variance compared the mean of attitudes about kinship according to position within the organization. The relationship between general attitudes and position was found to be statistically significant at an alpha level of .05,  $F(8, 178) = 2.25$ ,  $p = .03$ . A Tukey HSD test did not indicate that the mean for directors ( $M = 19.50$ ,  $SD = 1.29$ ) was significantly smaller than the mean for other positions. Attitudes regarding kinship versus foster care were found to be statistically significant  $F(8, 178) = 2.49$ ,  $p = .01$ . A Tukey HSD test indicated that the mean for directors ( $M = 6.0$ ,  $SD = 1.41$ ) was significantly smaller than the mean for supervisors ( $M = 10.51$ ,  $SD = 2.99$ ) and family service workers ( $M = 10.21$ ,  $SD = 2.99$ ). These findings indicate that directors have significantly more positive attitudes about kinship homes in comparison to non-relative foster homes than supervisors and family service workers. A one way analysis of variance was completed on position and child well-being. While these tests were found to be statistically significant at .05,  $F(8, 178) = 2.25$ ,  $p = .05$ . Due to the fact that a Tukey HSD test is a more conservative test, it did not indicate that the mean of these attitudes differed according to position. Table 8 summarizes these findings.

**Table 8**  
*Analysis of Variance of Attitudes by Position*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
General Attitudes	22.87	3.89	2.25	.03*
Service Director	19.5	1.29		
Supervisor	23.23	4.20		
Family Service Worker	23.25	3.60		
Children Service Worker	23.38	3.48		
Intake Worker	21.21	3.71		
Kinship Worker	19.44	4.53		
Resource Worker	24.10	3.48		
In home support worker	23.0	5.0		
	24.67	3.72		
Kin versus Foster	9.88	2.64	2.49	.01**
Service Director	6.00*	1.41		
Supervisor	10.51	2.99		
Family Service Worker	10.21	2.58		
Children Service Worker	9.50	2.34		
Intake Worker	9.32	1.86		
Kinship Worker	8.00	2.60		
Resource Worker	10.0	1.70		
In home support worker	8.67	3.51		
	9.83	2.32		
Child Well-being	10.25	2.80	2.02	.05*
Service Director	7.0	2.58		
Supervisor	10.28	2.71		
Family Service Worker	10.81	2.80		
Children Service Worker	9.56	2.39		
Intake Worker	10.05	2.84		
Kinship Worker	8.44	2.51		
Resource Worker	11.10	2.64		
In home support worker	9.0	3.46		
	9.33	2.80		
Financial Responsibility	9.40	2.48	.90	.52
Service Director	8.25	3.50		
Supervisor	9.42	2.56		
Family Service Worker	9.38	2.37		
Children Service Worker	9.75	2.84		
Intake Worker	9.95	2.71		
Kinship Worker	9.11	2.57		
Resource Worker	9.40	1.84		
In home support worker	10.67	2.31		
	7.33	1.37		

\* $p < .05$ ; \*\* $p < .01$ .

### Education

A one way analysis of variance compared the mean of attitudes about kinship by level of education. There were no significant differences found on general attitudes at a  $p$  value of .05,  $F(5, 185) = .52$ ,  $p = .77$ ; kinship versus foster care,  $F(5, 185) = 5.87$ ,  $p = .71$ ; and child well-being,  $F(5, 185) = .91$ ,  $p = .47$ . While a significant difference was found on financial responsibility  $F(8, 178) = 2.35$ ,  $p = .04$ , a Tukey HSD test did not indicate any differences.

Table 9 outlines these findings.

**Table 9**

*Analysis of Variance of Attitudes by Education*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
General Attitudes	22.88	3.84	.52	.77
BSW	23.26	3.90		
MSW	22.72	3.62		
Bachelor degree	22.30	4.12		
Master degree	22.70	4.19		
Child and youth worker	24.75	4.03		
Other	22.86	3.85		
Kin versus Foster	9.92	2.62	.59	.71
BSW	10.28	2.64		
MSW	9.86	2.63		
Bachelor degree	9.43	2.56		
Master degree	9.70	3.33		
Child and youth worker	9.25	2.06		
Other	10.14	2.34		
Child Well-being	10.25	2.78	.91	.47
BSW	10.44	2.42		
MSW	10.08	3.16		
Bachelor degree	10.38	3.03		
Master degree	9.10	1.85		
Child and youth worker	12.25	1.50		
Other	9.86	2.19		
Financial Responsibility	9.39	2.47	2.35	.04*
BSW	9.50	2.52		

MSW	8.71	2.21
Bachelor degree	9.98	2.55
Master degree	9.30	2.11
Child and youth worker	10.75	2.22
Other	11.0	3.21

\* $p < .05$ .

### **Bivariate relationships between demographic variables and aspects of employment**

Tables 10 to 15 highlight the results of the bivariate relationships between demographic variables and aspects of employment.

#### **Race**

Table 10 highlights the results of the t-test results on race and aspects of employment. The possible range on the stress measure was 8 - 40, with higher scores indicating higher levels of stress. The mean score of the stress measure for White respondents was 27.86 ( $SD = 5.31$ ), whereas other races scored average of 23.50 ( $SD = 6.51$ ). This was a significant difference between Whites and other races on levels of stress ( $t(2.72) = .750, p = .01$ ), with White respondents indicating higher levels of stress than other races.

The possible range on the workload measure was 4 – 20, with higher scores indicating higher levels of workload. The mean score of the workload measure was 17.05 ( $SD = 2.41$ ) for White respondents, whereas other races scored a mean of 16.52 ( $SD = 2.23$ ). There was no significant difference on the workload measure between the two groups ( $t(.95) = 186, p = .34$ ).

The possible range on the job satisfaction scale was 5 – 35, with higher numbers indicating more job satisfaction. The mean score on the job satisfaction scale was 15.88 ( $SD = 4.80$ ) for Whites and 16.67 ( $SD = 5.53$ ) for other races. There was no significant difference between races in terms of job satisfaction between the two groups ( $t(-.70) = 185, p = .49$ ).

**Table 10**  
*T-test Results on Race and Aspects of Employment*

	Race		<i>T</i>	<i>Df</i>
	White	Other		
Stress	26.86 (5.31)	23.50 (6.51)	2.72**	187
Workload	17.05 (2.41)	16.52 (2.23)	.95	186
Job Satisfaction	15.88 (4.80)	16.67 (5.53)	-.70	186

\*Standard Deviations appear in parentheses below means

\*\* $p < .01$ .

### Gender

Table 11 highlights the results of the t-test results on gender and aspects of employment. The possible range on the stress measure was 8 - 40, with higher scores indicating higher levels of stress. The mean score of the stress measure for female respondents was 26.38 ( $SD = 5.31$ ), whereas males scored an average of 28.37 ( $SD = 6.49$ ). There was no significant difference between men and women in terms of stress ( $t(186) = 1.50, p = .14$ ).

The possible range on the workload measure was 4 – 20, with higher scores indicating higher levels of workload. The mean score of the workload measure was 17.60 ( $SD = 2.36$ ) for female respondents, whereas male respondents scored a mean of 16.95 ( $SD = 2.50$ ). There was no significant difference on the workload measure between the two groups ( $t(-20) = 186, p = .85$ ).

The possible range on the job satisfaction scale was 5 – 35, with higher numbers indicating more job satisfaction. The mean score on the job satisfaction scale was 15.66 ( $SD = 4.82$ ) for females and 18.95 ( $SD = 5.24$ ) for males. There was a significant difference between

gender in terms of job satisfaction between the two groups ( $t(2.80) = 185, p = .006$ ) indicating that men are more satisfied in their jobs when compared to women.

**Table 11**  
*T test Results on Gender and Employment Aspects*

	Gender		<i>T</i>	<i>df</i>
	Male	Female		
Stress	28.37 (6.49)	26.38 (5.31)	1.50	186
Workload	16.95 (2.50)	17.60 (2.36)	-.195	186
Job Satisfaction	18.95 (5.24)	15.66 (4.82)	2.80**	186

Note: \*Standard Deviations appear in parentheses below means

\*\* $p < .01$ .

### **Respondent Age**

A one way analysis of variance compared the mean in aspects of employment by respondent age. Levels of stress and workload were not found to be statistically significant at an alpha level of .05,  $F(4, 166) = .74, p = .57$  and  $F(4, 166) = .33, p = .86$  respectively. Job satisfaction was found to be significant at an alpha level of .05,  $F(4, 166) = 2.82, p = .05$ . A Because the Tukey HSD test is a more conservative test it did not detect any differences among the groups. Examination of the mean differences indicate that job satisfaction for respondents aged 21-30 ( $M = 17.54, SD = 3.75$ ) was lower than the mean for respondents aged 50-59 ( $M = 13.65, SD = 5.27$ ) and it likely the reason for the significant F value. Table 12 outlines these findings.

**Table 12**  
*Analysis of Variance of Respondent Age by Aspects of Employment*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Stress	25.56	5.51	.74	.57
20-29	27.58	4.69		

30-39	26.99	5.19		
40-49	25.35	6.02		
50-59	24.60	5.36		
60+		7.73		
Workload	17.08	2.36	.33	.86
20-29	17.0	2.06		
30-39	17.31	2.44		
40-49	16.97	2.57		
50-59	16.90	1.94		
60+	16.40	2.19		
Job Satisfaction	15.94	4.81	2.82	.05*
20-29	17.54	3.75		
30-39	16.81	4.83		
40-49	15.17	5.0		
50-59	13.65	4.27		
60+	15.60	5.27		

\* $p < .05$

### Years Experience

A one way analysis of variance compared the mean in aspects of employment and years of child welfare experience. Job satisfaction was found to be statistically significant  $F(3, 177) = 7.80, p < .001$  respectively when compared to years of child welfare experience. There was no significant relationship between stress  $F(3, 177) = .16, p = .13$  and years of experience nor workload and years of experience  $F(3, 177) = .13, p = .24$ . A Tukey HSD found significant differences in job satisfaction between respondents with 0 to 5 years of experience ( $M = 17.61, SD = 4.61$ ) in comparison to employees with 6 to 10 years of experience ( $M = 16.98, SD = 5.07$ ). Job satisfaction between employees with 0 to 5 years of experience was also found to be significantly lower than respondents with 21 to 25 years seniority ( $M = 12.21, SD = 4.59$ ). These findings indicate that employees with fewer years of seniority have lower levels of job satisfaction than their more senior colleagues. Table 13 highlights these findings.

**Table 13**

*Analysis of Variance of Years of Experience by Aspects of Employment*



Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Stress	26.68	5.58	1.66	.13
0-5	28.10	5.16		
6-10	27.08	4.96		
11-15	25.71	6.23		
16-20	27.36	4.84		
21-25	24.0	5.86		
26-30	23.3	9.45		
31+	25.0	4.58		
Workload	17.03	2.37	1.34	.24
0-5	17.49	2.14		
6-10	17.06	2.63		
11-15	17.10	2.13		
16-20	15.45	3.11		
21-25	16.57	1.99		
26-30	16.67	3.51		
31+	16.0	2.64		
Job Satisfaction	16.07	4.91	3.80	.001***
0-5	17.61*	4.61		
6-10	16.98*	5.07		
11-15	15.23	4.37		
16-20	15.55	5.57		
21-25	12.21	4.59		
26-30	13.0	1.0		
31+	11.33	1.53		

\*\*\* $p < .001$

### Position

A one way analysis of variance compared the mean in aspects of employment and position within the organization. All aspects of employment were found to be significantly related to position at an alpha level of .05. Statistical analyses indicated that levels of stress were significant at  $F(8, 178) = 3.53, p = .001$ , workload  $F(3, 177) = 2.83, p = .01$  and job satisfaction  $F(8, 178) = 6.74, p < .001$ . A Tukey HSD found significant differences in levels of stress between family service workers ( $M = 28.32, SD = 5.10$ ) and kinship workers ( $M = 21.33, SD = 3.50$ ), levels of workload for family service workers ( $M = 17.65, SD = 2.16$ ) and kinship workers ( $M = 14.78, SD = 1.86$ ) and job satisfaction between family service workers ( $M = 18.48, SD = 4.48$ ) in comparison to kinship workers ( $M = 11.89, SD = 4.70$ ), indicating that family service

workers are more stressed, feel that they have a higher workload and have lower levels of job satisfaction than kinship workers. Resource workers were also found to feel more stressed ( $M = 18.48$ ,  $SD = 4.06$ ) than kinship workers. A Tukey post hoc also found family service workers ( $M = 28.4$ ,  $SD = 4.48$ ) less satisfied with their jobs when compared to supervisors ( $M = 13.70$ ,  $SD = 4.34$ ). Table 14 shows the results from these analyses.

**Table 14***Analysis of Variance of Position by Aspects of Employment*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Stress	26.64	5.51	3.53	.001***
Service Director	21.0	7.87		
Supervisor	26.16	5.72		
Family Service Worker	28.32*	5.10		
Children Service Worker	26.75	5.74		
Intake Worker	24.68	4.89		
Kinship Worker	21.33	3.50		
Resource Worker	28.4*	4.06		
In home support worker	26.0	3.46		
Other	23.5	5.32		
Workload	17.03	2.36	2.83	.01**
Service Director	16.0	2.83		
Supervisor	16.9	2.39		
Family Service Worker	17.65*	2.16		
Children Service Worker	17.44	2.22		
Intake Worker	16.98	2.12		
Kinship Worker	14.78	1.86		
Resource Worker	16.5	1.90		
In home support worker	14.67	1.15		
	15.5	3.99		
Job Satisfaction	16.01	4.95	6.74	.000***
Service Director	11.75	6.70		
Supervisor	13.70	4.34		
Family Service Worker	18.48*	4.48		
Children Service Worker	17.25	4.99		
Intake Worker	15.16	4.17		
Kinship Worker	11.89	4.70		
Resource Worker	14.40	3.41		
In home support worker	12.0	2.65		
	14.17	3.54		

\*\* $p < .01$ ; \*\*\* $p < .001$

### ***Education***

A one way analysis of variance compared the mean of aspects of employment on level of education. There were no significant differences found on stress,  $F(5, 184) = .39, p = .86$ ; workload,  $F(5, 185) = .74, p = .59$ ; and job satisfaction,  $F(5, 184) = .1040, p = .40$ . Table 15 presents the findings from these analyses.

**Table 15**

*Analysis of Variance of Education by Aspects of Employment*

Source	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
Stress	26.56	5.52	.39	.86
BSW	26.69	5.29		
MSW	27.02	5.82		
Bachelor degree	26.03	5.59		
Master degree	25.4	6.92		
Child and youth worker	24.25	3.30		
Other	26.71	4.03		
Workload	17.03	2.37	.74	.59
BSW	17.06	2.34		
MSW	17.0	2.44		
Bachelor degree	17.27	2.40		
Master degree	17.3	2.67		
Child and youth worker	15.0	1.41		
Other	16.57	1.81		
Job Satisfaction	16.03	4.93	.10	.40
BSW	16.79	4.71		
MSW	15.70	5.24		
Bachelor degree	15.30	5.22		
Master degree	15.9	4.70		
Child and youth worker	12.75	3.10		
Other	17.57	2.57		

### **Correlations between Attitudes and Intention Variables**

A Pearson product-moment correlation coefficient was computed to assess the relationship between Behavioural Attitudes and three different measures of intentions: vignette, preference, and preconceived notions. Table 16 highlights the descriptive data for the intention

variables. Table 17 shows the correlations between Behavioural Attitudes and the intention variables.

### **Vignette**

Behavioural Attitudes were correlated with respondents' answers on the vignette. Individuals with more negative Behavioural Attitudes about kin were more likely to place in foster care rather than with the grandmother after reading the case scenario ( $r = -.17, p = .02$ ). When the subscales of the MPAK scale were broken down further, child well-being ( $r = -.17, p = .02$ ) and financial responsibility ( $r = .24, p = .001$ ) were significantly correlated with the placement type selected on the vignette whereas general attitudes ( $r = -.14, p = .06$ ) and kinship versus foster care ( $r = -.09, p = .23$ ) were not significantly correlated.

### **Preference**

One's preference to place in foster care over kinship care was also significantly correlated with Behavioural Attitudes ( $-.38, p < .001$ ), indicating that respondents who preferred foster care had more negative Behavioural Attitudes about kin.

### **Preconceived Notions**

Respondents were asked whether they felt that they could enter into their assessments of kin free of any preconceived notions about kin. This variable was not significantly correlated with their reported Behavioural Attitudes ( $r = -.04, p = .17$ ).

**Table 16**  
*Means and Standard Deviations on Intention Variables*

<i>Intention Variable</i>	<i>N</i>	<i>M</i>	<i>SD</i>
Vignette	188	1.44	.49
Preference	191	.25	.81
Notions	186	3.37	.90

**Table 17**  
*Correlations between Behavioural Attitudes and Intention Variables*

Measure	Vignette	Notions	Preference
MPAK	-.17*	-.04	-.38**

*Note:* \* $p < .05$ , \*\*  $p < .001$

### **Correlations between Attitudes and Behaviour Variables**

A Pearson product-moment correlation coefficient was computed to assess the relationship between attitudes and behaviours. Table 18 highlights the descriptive data for the behaviour variables. Table 19 shows the correlations between Behavioural Attitudes and the behaviour variables.

### **Removal**

An examination of whether a respondent had ever removed a child from a kinship home for protection reasons and their overall attitudes about family-based care revealed a direct correlation between removal and the MPAK scale. An analysis using Pearson's correlation coefficient support this observation. There is a strong positive correlation between the MPAK questionnaire and whether or not the worker has ever removed a child from a kinship home for protection concerns ( $r = -.15$ ,  $p = .03$ ). This finding indicates that workers with more negative Behavioural Attitudes about kinship caregivers were more likely to remove a child from a kinship home or conversely that negative Behavioural Attitudes resulted from the need to remove a child from a kinship home.

### ***Percent Pursued***

The possible range on the percent pursued scale was 0-100, where higher scores indicated a higher number of kinship homes being assessed to care for a child. There was a significant

positive correlation between attitudes and the percent of pursued kinship homes ( $r = -.21$ ,  $p = .01$ ). This finding indicates that caseworkers who endorsed more negative attitudes about kin were less likely to pursue kinship homes for children.

### ***Verified Investigations***

A Pearson product-moment correlation coefficient was computed to assess the relationship between attitudes and the number of verified investigations. This relationship was also significant ( $r = -.15$ ,  $p = .03$ ) indicating that an individual with more negative attitudes has verified a higher number of investigations. While it is difficult to determine whether negative attitudes result in more verified investigations or whether an increased number of verified investigations inclines someone to think more negatively about kin, this finding raises questions about the ability of caseworkers to investigate allegations of maltreatment without bias. Substantiated investigations can have serious consequences for families and children, and the need for impartial assessments cannot be overstated.

### ***Percent Approved***

The possible range on the percent approved scale was 0-100, where higher scores indicated a higher number of kinship homes being approved to care for a child. The correlation between the MPAK and the percent of approved homes was non-significant ( $r = .02$ ,  $p = .77$ ). This finding indicates that there is no relationship between professional attitudes and the percent of approved kinship homes.

**Table 18**  
*Means and Standard Deviations on Behaviour Variables*

<i>Behaviour Variable</i>	<i>N</i>	<i>M</i>	<i>SD</i>
Verified Investigations	171	1.12	2.45

Percent Pursued	138	82.15	21.72
Percent Approved	128	54.35	40.25

**Table 19***Correlations between Attitudes and Behaviour Variables*

Measure	Removal	Pursued	Approved	Number of investigations
MPAK	.15*	.18*	.02	.21**

*Note:* \*p <.05, \*\* p <.01

### **Correlations with Social Desirability and Attitudes about Kinship Care**

The SDS was correlated with those variables determined to be more susceptible to a respondent's likelihood to "fake good." Each scale of the MPAK was examined in relation to the SDS. A Pearson product-moment correlation coefficient was computed to assess the relationship between general attitudes and social desirability responses. Overall, there is a strong positive correlation between general attitudes about kinship and social desirability ( $r = .14$ ,  $p = .05$ ), indicating that respondents who tended to answer in a socially desirable manner tended to report more positive attitudes about kinship caregivers. An examination of respondents' scores on the SDS and their attitudes about the difference between kinship and foster care revealed a non-significant correlation between their tendency to answer in a socially desirable manner and this attitude scale. An analysis using Pearson's correlation coefficient supported this observation ( $r = .13$ ,  $p = .08$ ). Next, a Pearson product-moment correlation coefficient was computed to assess the relationship between attitudes about child well-being and social desirability responses. This relationship was non-significant ( $r = .003$ ,  $p = .99$ ). Finally, an examination of respondents' scores on the SDS and their attitudes about the organization's level of financial responsibility

revealed a non-significant correlation. An analysis using Pearson's correlation coefficient supported this observation ( $r = -.12, p = .10$ ).

### **Correlations with Social Desirability and Employment Aspects**

A Pearson product-moment correlation coefficient was computed to assess the relationship between employment aspects and social desirability responses. Table 20 highlights the findings. First, an examination of respondents' scores on the SDS and stress scale revealed no significant differences. There was a non-significant correlation between scores on the SDS scale and levels of stress ( $r = .13, p = .10$ ). A Pearson product-moment correlation coefficient was computed to assess the relationship between workload and social desirability responses. There were no significant relationships between a respondent's likelihood to "fake good" and reported workload ( $r = -.003, p = .97$ ). Last, an examination of respondents' scores on the SDS and job satisfaction scale revealed no significant differences. There was a non-significant correlation between scores on the SDS scale and job satisfaction ( $r = .09, p = .20$ ).

**Table 20**

*Correlations between Attitudes and the Social Desirability Scale*

Measure	General Attitudes	Kinship versus Foster Care	Financial Responsibility	Child Well-Being	Stress	Workload	Job Satisfaction
Social Desirability Scale	.14*	.15	-.12	-.003	.12	-.003	.09

*Note:* \*,  $p < .05$

### **Correlations between Intention Indicators and Social Desirability**

A Pearson product-moment correlation coefficient was computed to assess the relationship between the measured variables of intention and social desirability responses. These findings are presented in Table 21.

### **Preference**



Overall, there was a significant positive relationship between Social Desirability and whether an individual prefers to place with kinship caregivers rather than foster parents, meaning that if individuals answered in a socially desirable manner they were more likely to prefer to place children with kin ( $r = .18, p = .01$ ). This finding makes sense given the ongoing push for kinship placements, new standards of expectations and ongoing training that has reinforced the importance of kinship placements for children.

### **Preconceived Notions**

There is also a strong negative correlation between SDS and whether or not people endorse that they have the ability to enter into their home assessments free of preconceived notions ( $r = -.37, p < .001$ ). In other words, respondents who indicated that they entered into their home assessments holding assumptions about kin were more likely to answer in a socially desirable manner. This finding is counter-intuitive since a social worker's ability to assess others free of judgment and bias would be preferable.

### **Vignette**

A respondent's tendency to place the child in the vignette with the grandmother was not related to their responses on the social desirability scale. A non-significant relationship was found between SDS and vignette ( $r = -.09, p = .22$ ) and lends support to the use of the vignette.

**Table 21**  
*Correlations between SDS and Intention Indicators*

Measure	Notions	Preference	Vignette
Social Desirability	-.37**	.18*	-.09

*Note:* \* $p < .01$ , \*\* $p < .05$

### **Correlations between Behavioural Indicators and Social Desirability**

A Pearson product-moment correlation coefficient was computed to assess the relationship between the measured variables of behaviour and social desirability responses. Table 22 outlines these results.

### **Verified Protection Investigations**

An examination of the scores on the SDS and the number of verified protection investigations of kinship homes revealed a significant positive correlation ( $r = .16$ ,  $p = .03$ ). These findings indicate that participants who were more likely to answer in a socially desirable manner were more likely to indicate a higher number of verified protection investigations in kinship homes.

### **Child Removal**

A Pearson product-moment correlation coefficient was computed to assess the relationship between the SDS and whether a respondent had ever removed a child from a kinship home for safety reasons. A significant negative correlation was found. This test found that respondents who indicated that they never removed a child from a kinship home were more likely to answer in a socially desirable manner ( $r = -.15$ ,  $p = .04$ ).

### **Percent Pursued**

An examination of the scores on the SDS and the percent of pursued home studies revealed a non-significant correlation ( $r = .002$ ,  $p = .92$ ). These findings indicate that participants did not tend to answer this question in a socially desirable manner.

### **Percent Approved**

A Pearson product-moment correlation coefficient was computed to assess the relationship between the SDS and reported percent of home studies approved. The results were not significant ( $r = .12$ ,  $p = .13$ ).

**Table 22***Correlations between SDS and Behavioural Indicators*

Measure	Verified Investigations	Removal	Percentage of homes pursued	Percentage of homes approved
Social Desirability	.16*	-.15*	.007	.11

*Note: \*p < .05***Regressions on Aspects of Workload**

Standard multiple regression was conducted with the collapsed variable MPAK as the dependent variable and stress, workload and job satisfaction as independent variables. As can be seen in Table 23 professional attitudes were highly correlated with stress. A moderate correlation was noted between attitudes and job satisfaction. Attitudes achieved a low positive correlation with workload. Regression results are summarized in Table 24. Linear regression demonstrated a significant positive relationship between professional attitudes and stress  $F(3, 187) = 1.85, p < .001$ . One of the three independent variables (stress) contributed significantly to the prediction of overall attitudes. Participants who indicated higher levels of stress, endorsed more negative attitudes toward kinship. Job satisfaction  $F(3, 187) = 13.85, p = .39$  and workload  $F(3, 187) = 1.84, p = .10$  did not make a statistically significant contribution

**Table 23***Means, Standard Deviations, and Intercorrelations for Professional Attitudes and Employment Aspects*

Variable	<i>M</i>	<i>SD</i>	<i>Correlation</i>
MPAK	49.81	7.18	
Stress	25.53	5.55	.413***
Workload	17.01	2.38	.098
Job Satisfaction	16.01	4.93	.275

*Note: \*\*\*p < .001*

**Table 24***Regression Analysis Summary for Employment Aspects Predicting Professional Attitudes*

Variable	<i>B</i>	<i>SEB</i>	<i>B</i>
Stress	.418	.111	.418***
Workload	-.097	.221	-.097
Job Satisfaction	.068	.115	.068

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Note:  $R^2 = .17$   $N = 192$ , \*\*\* $p < .001$

### Logistic Regression

Participants were asked whether or not they had ever removed a child from a kinship placement due to protection concerns. They were provided with two possible responses – “yes” or “no.” There is much controversy surrounding the use of SEM with dichotomous variables. Estimation is considerably more complex for these models than for conventional modeling that includes continuous type variables (Skron dal & Rabe-Hesketh, 2005). Further, there is a lack of consensus on the use of fit measures in these types of models, and some shun their use all together (Byrne, 2010). For these reasons, logistic regression was utilized to explore this variable.

A simultaneous logistic regression was performed to assess the impact of employee attitudes about the likelihood that respondents reported that they had removed a child from a kinship home for protection reasons. The results are shown in Table 25. The model contained five independent variables (MPAK, general attitudes, kinship versus foster care, child well-being and financial responsibility). The full model containing all predictors was statistically significant,  $\chi^2 (6, N = 192) = 10.97$ ,  $p = .05$ , indicating that the model was able to distinguish between respondents who indicated that they removed a child from a kinship caregiver and those who had not. The model as a whole explained between 5.6 % (Cox and Snell R square) and 7.4%

(Nagelkerke R squared) of the variance in child removal, and correctly classified 58.9% of the cases. As shown in Table 25, only one of the independent variables (financial responsibility) made a unique statistically significant contribution to the model with an odds ratio of .23, indicating respondents were .23 times less likely to report removing a child from a kinship home if they felt that the agency should not assist kin financially.

**Table 25**

*Logistic Regression Predicting Likelihood of Reporting Child Removal*

	B	S.E.	Wald	df	p	Exp (B)	95% CI for for Odds Ratio	
							Lower	Upper
MPAK	.32	.40	.61	1	.43	1.37	.62	3.02
Financial Responsibility	-1.46	.56	6.86	1	.01	.23	.08	.70
General	-.28	.40	.50	1	.48	.76	.35	1.65
Kin vs. Foster	.06	.41	.02	1	.88	1.07	.47	2.39
Child Well-being	.07	.41	.000	1	.99	1.01	.45	2.24
Constant	.43	.29	2.14	1	.14	1.54		

### Power Analyses

In an effort to determine if the model is good in terms of its level of fit in the population, a power analysis is required in order to avoid a Type II decision error. Such an error can occur when the sample is not a precise indicator of the population. The sample size must be sufficiently large enough to provide a precise estimate of goodness of fit (MacCallum, Browne, & Sugawara, 1996). In structural equation modelling, power allows one to detect and reject a poor model (Dattalo, 2008). A common approach of calculating power is offered by MacCallum, Browne, & Sugawara (1996). This approach provides procedures for determining the minimum sample size to achieve a desired level of power. MacCallum et al (1996) utilize the root mean square of approximation (RMSEA) to calculate power. Model fitting with RMSEA >.05 is considered a “close fit”; between .05 to .08 are “fair fits”; and fits < .10 are “poor.”

According to Rigdon (1994) degrees of freedom (*df*) calculation is imperative for accurate model specification. In structural equation modelling, *df* is equal to  $v(v+1)/2 -$  (the number of parameters); where  $v$  = the number of variables in the model (Raycov & Marcoulides, 2006). For the initial proposed theoretical model for this research, the *df* are:  $23(23+1)/2 = 276 - 88 = 188$ .

Power for this project was calculated using NIESEM, which is a DOS based program that performs power analyses according to the methods of MacCallum et al. (1996). The chosen alpha level was .05. NIESEM determined that a sample size of 100 could provide a mediocre fit of the model. The N for this project is 192 and is sufficient to proceed with model fitting.

### **Structural Equation Modeling**

Structural equation modeling (SEM) analysis was undertaken using the Analysis of Moment structures (AMOS) version 6.0. SEM is appropriate for this research in several ways: 1) SEM can be used to quantify and test the theory of planned behaviour; 2) SEM models are characteristic of constructs that are not easily defined, such as attitudes; 3) SEM can examine interrelationships among several latent constructs and; 4) SEM can account for measurement error in the observed variables (Raycov & Marcoulides, 2006).

Structural equation modeling includes two components, a measurement model and a structural model. The measurement model represents the degree to which the indicator variables capture the essence of the latent factors. In this case, the measurement model will aim to determine if the measured variables (behaviour) are an indication of the latent factors (Behavioural Attitudes). Part of this process will include examination of the factor loadings, unique variances, and modification indexes to be estimated to derive the best indicators of latent variables, prior to testing the structural model. These processes are known as confirmatory factor

analyses (CFA). In addition, the structural model will examine the correlations between the latent variables of interest in the theory (Meyers et al., 2006). An indirect effect will also be explored through examination of the effect of the independent variables (Behavioural Attitudes, subjective norms, perceived behavioural control) on a dependent variable (behaviour) through a mediating variable (intention).

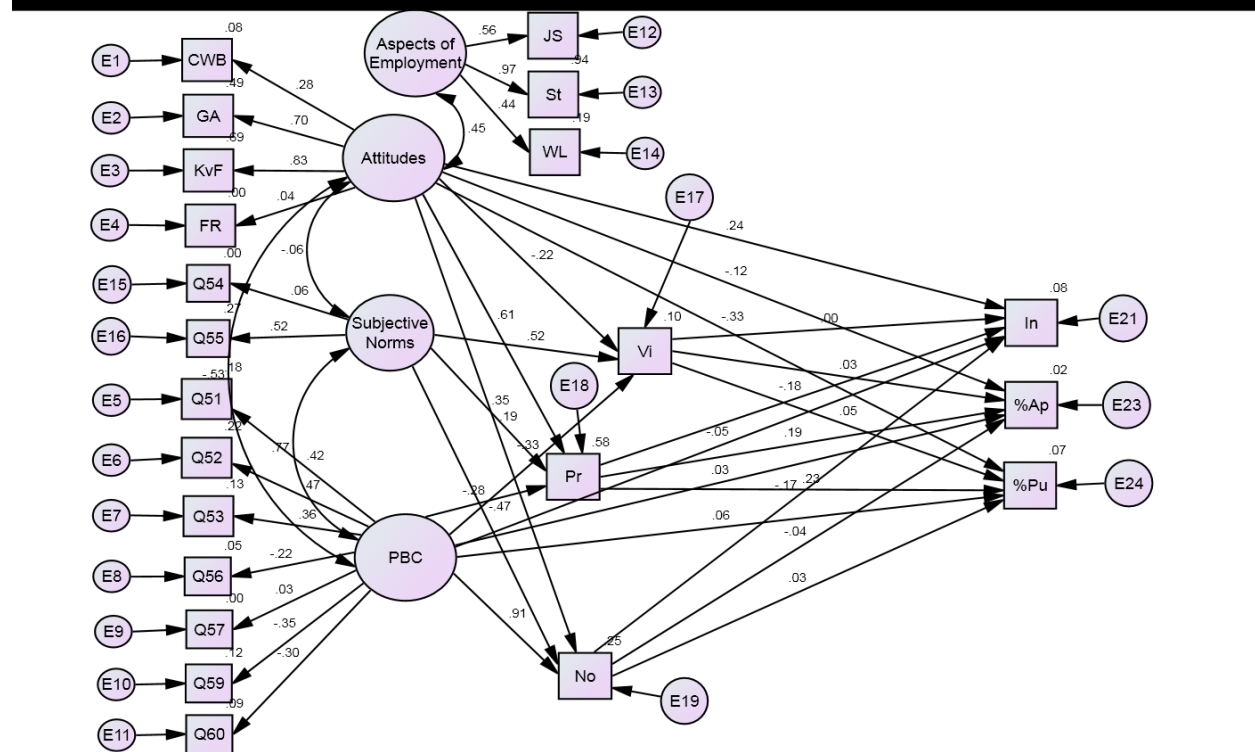
### **Model fit**

In addition to theory-testing, fit indices are useful guides to determine model fit. There are several measures of fit for CFA and modeling. The reported measures for the models in this paper will include the chi-square ( $\chi^2$ ), the comparative fit index (CFI), and the root mean square of approximation (RMSEA). These measures have been chosen for their adequate sensitivity to model specification (Hu & Bentler, 1998) and their common use in the literature. According to Hu and Bentler (1999), the chi square value ( $\chi^2$ ) is the traditional method of determining overall model fit. It determines the difference between the predicted and the observed relationships and should be insignificant at  $p > .05$  (Meyers et al., 2006). Another recommended fit index is the root mean square of approximation (RMSEA). The RMSEA examines the average of the residuals between the observed covariances of the sample and the expected model (Meyers et al., 2006). A value below .08 is considered a good fit (MacCallum, Browne, & Sugawara, 1996). The comparative fit index (CFI) is another measurement under consideration when examining model fit. The CFI assesses the fit of the model when compared to the independence model and assumes that there are no relationships in the data (Meyers et al., 2006). For a good model fit, the CFI should be close to 1 and preferably greater than .95 (Hu & Bentler, 1999).

### **Theoretical Model**

The first application examined a first-order confirmatory factor analysis model to test the theoretical construct. The use of confirmatory factor analysis helps to reduce measurement error in the model (Garson, 2012). A major component of CFA is to test the reliability of the measured variables (Schreiber, Stage, King, Nora, & Barlow, 2006). Reliability was examined by examining the Cronbach's alpha and correlations of the proposed latent variables. The Cronbach's alpha ( $\alpha$ ) is a common measurement of internal consistency and provides an overall reliability coefficient for a set of variables. This measurement generally increases when items are measuring the same construct (Kline, 1999). Indicators will need a Cronbach's alpha of .7 to judge the set reliable (Garson, 2012; Kline, 1999). In addition, correlations examined the item responses to determine which answers were not in line with the others. The correlations amongst indicators needed to be significant at the alpha level of  $p < .05$ . Figure 4 displays the results of the theoretical model. Fit indices indicate that the fit of the model was poor ( $\chi^2 = 374.9$ ;  $df = 187$ ;  $p < .001$ ; CFI= .70; RMSEA=.073). The retained questions for SEM analysis can be seen in Appendix I.



**Figure 4: Confirmatory factor analyses: Theoretical model**

### Confirmatory Factor Analysis of Attitudes/Consequences Scale

Specifically, this application tested the hypotheses that attitudes and potential consequences on family based care are a multi-dimensional construct composed of four factors:

1. General attitudes (GA)
2. Kinship versus foster care (KvsF)
3. Child well-being (CWB)
4. Financial responsibility (FR)

The original hypothesis that attitudes and consequences are a four-factor structure and can be explained by the above four factors was examined. The Cronbach's alpha for the four scales was .58. Removal of the financial responsibility scale increased the value to .65. Removal of the child well-being scale increased the Cronbach's to .75. According to Kline (1999) internal consistencies between .7 and .8 are acceptable.

The correlations for the 4 subscales were examined and can be seen in Table 14. The scale of general attitudes and kinship foster care significantly correlated with 2 other scales. The child well-being scale correlated significantly with all other scales, and the scale of financial responsibility significantly correlated with one other scale. The failure of the model can be understood by the very nature of the questions in each subscale. Because the 4 subscales are measuring different attitudes and consequences, it is not surprising that all subscales could not be included in the model. For example, while the scale of child well-being explored respondent attitudes about the health, welfare and level of content of children in kinship homes, the scale of kinship versus foster care and general attitudes asked more questions about the ability of kinship caregivers to fulfill their purpose as caregivers. While respondents may feel that family-based care is conducive to child well-being, their frustration in working with kinship homes may manifest in their general attitudes and comparison of kinship homes versus foster homes. Furthermore, the scale of financial responsibility explores a different dimension than the other scales. Attitudes about organizational fiscal obligation to kinship caregivers can be very different than the scales that explored kinship behaviour and ability to caregive. Respondents who endorsed supportive statements about the need for kinship caregivers to be financially supported by their organization were considered to have positive attitudes about family-based care. However; it is possible that respondents who feel as though agencies should play a role in financially supporting kinship homes, may still feel that foster homes are better placements for children. This negative correlation would not support these scales as one latent variable.

**Table 26**  
*Correlations of Attitudes Scale*

Measure	Kinship versus Foster Care	Child Well-being	Financial Responsibility
General Attitudes	.61**	.30**	.03

Kin vs FC	—	.20**	.08
Child Well-being	—	—	.16*

Note: \*  $p < .05$ , \*\*  $p < .01$

Examination of the factor loadings on the 4 subscales of attitudes did not support the hypothesis of one latent construct for attitudes about family-based care. In order to support this conclusion, the paths between each indicator should have a standardized regression weight greater than or equal to .3 and be statistically significant. General attitudes (.70) and kinship versus foster care (.83) loaded onto the attitude construct, whereas child well-being (.28) and financial responsibility did not (.04). Given the failure of the measurement component of attitudes, an alternate construct for attitudes was required. Based on the analysis, a decision was made to include only 2 subscales on the latent construct of attitudes (general attitudes and kinship versus foster care).

### **Confirmatory Factor Analysis of the Remaining Components of Theory of Planned Behaviour**

The theoretical underpinning of this hypothesis is derived from the theory of planned Behaviour, which is a construct consisting of the latent variables of subjective norms, perceived behavioural control and intention.

#### **Subjective norms**

Subjective Norms were broken into 2 different questions that explored the construct:

1. I feel under social pressure to actively explore kin when a child comes into care (Q54).
2. Most people who are important to me at work think that I should explore all kin who come forward, regardless of their history with child welfare (Q55).

The Cronbach's alpha of the above questions was low at .19, and the questions were not significantly correlated ( $r=.10$ ,  $p = .16$ ). The factor loading for question 54 was .06. The factor loading for question 55 was .52. Further, a 2 indicator latent variable is problematic in that it is under identified (Schreiber et al., 2006). For these reasons, a decision was made to maintain question 55 as a measured variable. Question 54 was not used for analysis. According to (Ullman, 2007) variables in SEM can be either factors or measured variables. This question was selected since it is more closely related to the suggested terminology for questions examining subjective norms (Ajzen, 2002).

### **Perceived Behavioural Control**

Perceived behavioural control consisted of 7 different questions that explored the various concepts of this construct:

1. If a grandmother with extensive child welfare history called me to care for her grandchild, for me to simply say no to her without speaking with my supervisor first would be... (Q51).
2. How easy or difficult would it be for you to apprehend a child and place in foster care, without contacting kin first? (Q52).
3. It is completely up to me whether or not I actively explore kin when a child comes into care (Q53).
4. I have time to thoroughly assess potential kinship placements before a child is placed in foster care (Q56).
5. People who influence my decisions strongly support my decision to close the home study process after a concerning record check (Q57).
6. My organization has enough supports in place for me to explore all potential kin if I wanted (Q59).
7. Kinship homes are more difficult to monitor than regular foster homes (Q60).

The original hypothesis that perceived behavioural control is a seven-factor structure and that PBC can be explained by the above 7 factors was examined. The Cronbach's alpha for the 7 questions was .30. Further examination discovered an acceptable Cronbach's of .75 among questions 51, 52, and 53. Correlations supported this finding and can be seen in Table 27.

**Table 27**  
*Correlations between PBC Questions*

Measure	Question 52	Question 53	Question 56	Question 57	Question 59	Question 60
Question 51	.31**	.35**	.08	.03	.01	.05
Question 52	—	—	-.25**	-.01	-.14	-.09
Question 53	.16*	—	.08	.14	-.05	-.04
Question 56	-.25**	—	—	.07	.29**	.23**
Question 57	-.001	—	—	—	.03	-.12
Question 59	—	—	.24**	—	—	.12

Note: \*  $p < .05$ , \*\*  $p < .01$

Examination of the factor loadings on the questions for PBC did not support the hypothesis of one latent construct for perceived behavioural control. In order to support this conclusion, the paths between each indicator should have a standardized regression weight greater than or equal to .3 and be statistically significant. Given the failure of the measurement component of PBC, an alternate construct for Behavioural Attitudes was required. Based on the analysis, a decision was made to include only questions 51 (.77), 52 (.47) and 53 (.36) in the model. These questions are more closely related to Ajzen's (2005) description of PBC and remain true to his theory.

### **Intention**

Intention was measured by 3 indicators:

1. I prefer to place children with kinship caregivers instead of in foster care (Pr).
2. I enter into my assessments free of any preconceived notions about the family member who is proposing to be a kin caregiver (No).
3. Vignette (Vi)

While each variable was included to measure a participant's intention, due to their differences, an initial decision was made to assess these variables separately rather than as one latent variable. These differences were inherent in the very nature of the questions and the way the intentions were measured. Whether individuals feel that they have the ability to be non-judgmental in their assessments, may have little correlation with where they prefer to place children after removal. Furthermore, the variables of intention measured this concept very differently and for this reason it was hypothesized that these variables would result in low correlations and poor reliability tests. While the vignette explored the variable of intention by providing respondents with a concrete case example, the questions that explored one's ability to enter into their assessments free of bias and their preference of placement type did not provide respondents the same type of tangible example.

The decision to treat the intention variables separately in the models was validated by the Cronbach's alpha for the three measures which noted that when considered together, they violated reliability assumptions. The variables preference and preconceived notions were significantly negatively correlated ( $r = -.21, p = .003$ ). This negative correlation was unexpected and likely the reason for the issues with the Cronbach's alpha. There was a non-significant correlation between the vignette and preference ( $r = .02, p = .77$ ) and vignette and preconceived notions ( $r = .02, p = .47$ ). Further, no two measures generated a satisfactory reliability statistic. According to Tavakol & Dennick (2011) reliability assumes that unidimensionality exists among test items.

## Behaviour

Behaviour was measured by three measured variables:

1. Percent of home studies pursued (%Pu)
2. Percent of home studies approved (%Ap)
3. Number of verified investigations in a kinship home (In)

While each variable was included to measure a participant's behaviour, due to their differences an initial decision was made to assess these variables separately rather than as one latent variable. This decision was validated by the Cronbach's alpha which was .02 and indicated that these indicators violate reliability model assumptions. No combination of behaviour variables brought the Cronbach's to an acceptable level. A Pearson product-moment correlation coefficient found a significant relationship between the number of verified investigations of maltreatment on kinship homes within the past year and the number of approved home studies made by that worker ( $r = .26, p < .001$ ). This finding could indicate that workers who have investigated maltreatment in kinship homes may be less likely to approve kinship homes in the future.

A significant negative correlation was found between removal of a child from a kinship home and the percentage of approved home studies made by that worker ( $r = -.17, p = .02$ ). Again, this finding indicates that if a worker has removed a child from a kinship home, they are less likely to approve kinship homes. The relationship between child removal from kinship homes and verified investigations was also significant ( $r = -.36, p < .001$ ). This finding makes intuitive sense since verified maltreatment investigations could increase the likelihood that the child would be removed from the home. The variable of child removal was not included in the models due to its dichotomous nature, but rather was explored through logistic regression.

**Table 28**  
*Correlations between Behaviour Variables*

Measure	Pursued	Approved	Number of investigations (reverse coded)
Removal	.10	-.17*	-.36**
Pursued	—	-.06	-.09
Approved	—	—	.26**

Note: \*  $p < .05$ , \*\*  $p < .01$

### **Confirmatory Factor Analysis of Aspects of Employment**

The latent construct of aspects of employment consists of 3 indicators

1. Job Stress (JS)
2. Workload (WL)
3. Job Satisfaction (JS)

The original hypothesis that aspects of employment is a three-factor structure and that they can be explained by the above 3 aspects was examined. The Cronbach's alpha of all 3 factors was .65. Consistent with current literature, all indicators were significantly correlated with one another. Stress was significantly correlated with workload ( $r = .43$ ,  $p < .001$ ) and job satisfaction ( $r = .55$ ,  $p < .001$ ). Stress and workload were also significantly correlated ( $r = .22$ ,  $p < .001$ ). Factor loading for stress was .97, workload was .44 and job satisfaction was .56. All factors of employment remained in the model.

### **Alternative Model**



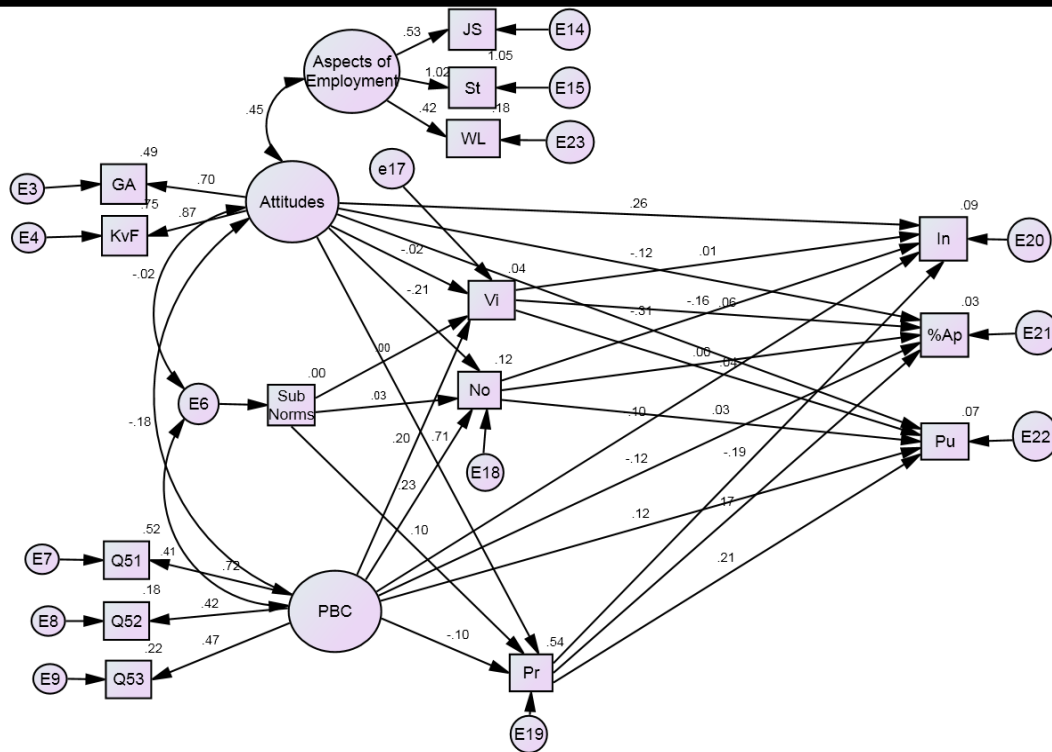
**Figure 5: Alternative Model**

Figure 5 displays the results of the alternative model subsequent to the CFA. While fit indices improved from the first model, the fit of the model continued to be poor ( $\chi^2 = 111.6$ ;  $df = 69$ ;  $p = .001$ ; CFI = .91; RMSEA = .06). The factor loadings on the latent construct of attitudes, employment aspects and PBC were supportive of one latent construct. Table 29 shows the factor loadings and p values for the alternative model. Although the RMSEA demonstrated a good fit, because the other measures were poor, the following interpretations are made with some caution. Poor fit can bias parameters (K. Preacher, personal communication, August, 17, 2012).

Significant paths that supported study hypotheses included Behavioural Attitudes and preference (.71,  $p < .001$ ) and Behavioural Attitudes and percent of pursued home studies ( $-.31$ ,  $p = .02$ ). These findings indicate that a respondent's negative Behavioural Attitudes about kin predicted their preference in placing in foster care. Negative Behavioural Attitudes also predicted the number of kinship homes that a respondent actually pursued in their practice. The path

between the latent construct of Behavioural Attitudes and number of investigations was significant (.26,  $p = .04$ ). These findings indicate that respondents with more negative Behavioural Attitudes about kin are more likely to verify maltreatment investigations in kinship homes. There was also a significant path from PBC to the variable preconceived “notions” (.23,  $p = .04$ ). In other words, workers who found an increased sense of control in their decisions felt that they were able to enter into their assessments free of assumptions about families. Preconceived notions also significantly predicted the number of verified investigations on kinship homes (-.16,  $p = .03$ ). This finding suggests that participants who felt that they could not enter into their assessments free of preconceived notions about families, had a higher number of verified investigations in kinship homes. Employment aspects of stress, workload and job satisfaction significantly correlated with Behavioural Attitudes (.45,  $p < .001$ ) indicating that individuals with higher levels of stress and lower job satisfaction were more likely to endorse negative attitudes about kin. The correlation between Behavioural Attitudes and PBC (-.14,  $p = -.18$ ) did not support a theoretical underpinning of the theory of planned behaviour; nor did the correlation between subjective norms and Behavioural Attitudes (-.02,  $p = .81$ ). However, there was a significant correlation between PBC and subjective norms (.41,  $p < .001$ ).

**Table 29**

*Unstandardized, standardized, and significance levels for the Alternative Hypothesized Model (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Vignette	-.01 (.04)	-.02	.78
Attitudes → Notions	-.08 (.03)	.21	.01**
Attitudes → Preference	.25 (.03)	.71	***
PBC → Preference	-.13 (.11)	-.10	.24
PBC → Notions	.33 (.16)	.30	.04*
PBC → Vignette	.35 (.20)	.23	.07
Norms → Vignette	.000 (.05)	.00	.99
Norms → Notions	.02 (.04)	.03	.67
Norms → Preference	.05 (.03)	.10	.13

Attitudes → Investigations	.20 (.10)	.26	.04*
Attitudes → Approved	-1.80 (1.88)	-.12	.34
Attitudes → Pursued	-2.52 (1.07)	-.31	.02*
PBC → Investigations	-2.82 (.27)	-.10	.27
PBC → Approved	-6.34 (5.39)	-.12	.24
PBC → Pursued	3.63 (2.98)	.12	.21
Preference → Pursued	4.72 (2.67)	.21	.07
Preference → Approved	6.93 (4.77)	.17	.15
Preference → Investigations	-.40 (.24)	-.19	.10
Notions → Pursued	.64 (1.61)	.03	.69
Notions → Approved	.05 (2.91)	.02	.99
Notions → Investigations	-.31 (.15)	-.20	.03*
Vignette → Pursued	.77 (1.26)	.05	.54
Vignette → Approved	1.79 (2.28)	.06	.43
Vignette → Investigations	.01 (.11)	.000	.92
Aspects of Employment ↔ Attitudes	.45 (.72)	.47	***
Attitudes ↔ Subjective Norms	-.02 (.28)	.05	.81
Subjective Norms ↔ PBC	.41 (.12)	.41	***
Attitudes ↔ PBC	-.18 (.14)	-.14	.07

Note:  $\chi^2 = 111.6$ ;  $p = .001$ ; CFI = .91; RMSEA = .06

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

In order to create a more parsimonious model, a decision was made to break up the model. Parsimonious models are desirable as they prevent over-fitting of the data and will increase its explanatory power (Gabaix & Laibson, n.d).

### Final Models

All final structural models include 3 latent constructs (Behavioural Attitudes, perceived behavioural control and employment aspects). Social norms and intentions are included as measured variables. The variables were fit to the variance or covariance matrix using maximum likelihood estimation unless otherwise noted. The final models are justified theoretically and include all components of the theory of planned behaviour. As per SEM convention, each endogenous variable has an associated error term and the exogenous variables are assumed to be measured without error. Examination of the standardized estimates and associated error terms on

the variable “stress” in all models is slightly greater than 1. This could indicate problems with the estimation of the model or model specification (Hoyle & Panter, 1995).

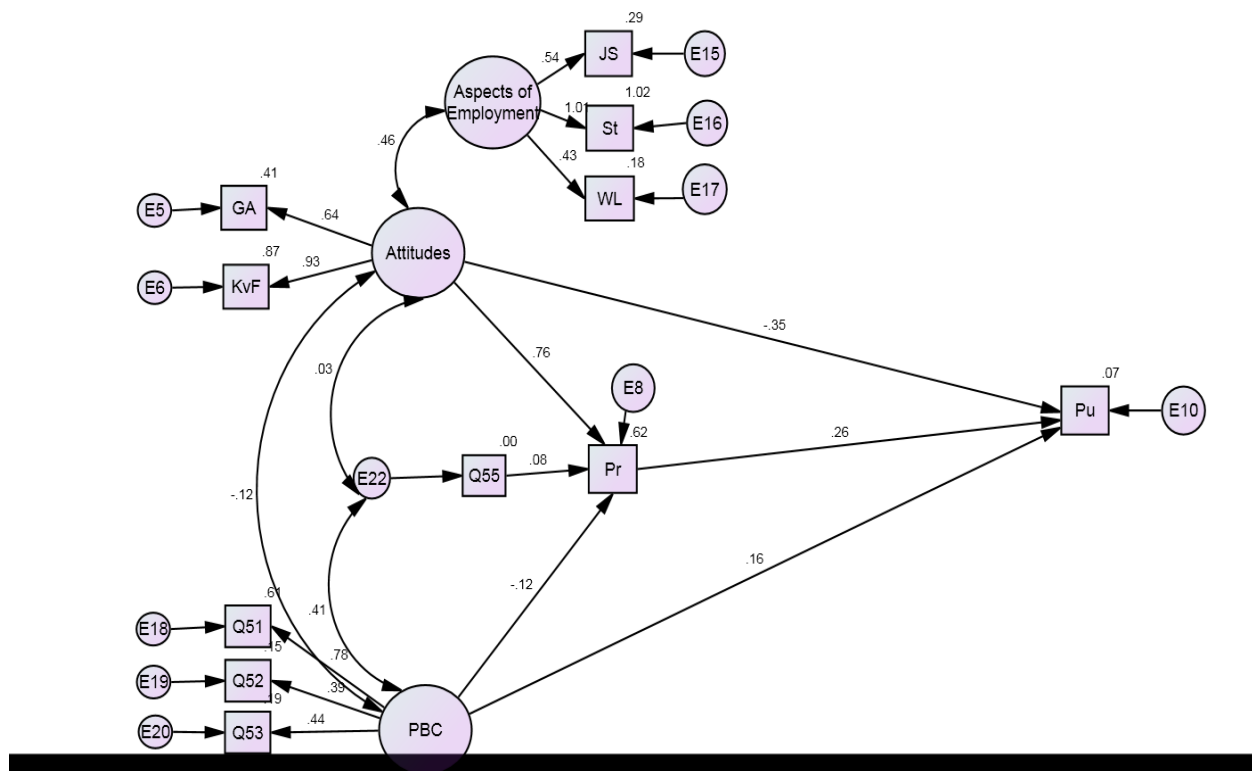
### **Model One: Preference and Pursued**

The first model includes 3 exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of percent of kinship homes pursued. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is the worker’s preference to place in foster care. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate good fit,  $\chi^2 (37, N= 192) = 54, p = .04$ ; Comparative Fit Index (CFI) = .96; root mean square of approximation (RMSEA) = .049. Indicator factor loadings were all statistically significant. Figure 6 represents these results and the findings are outlined in Table 17.

Behavioural Attitudes regarding kinship caregivers were significantly related to a caseworker’s preference of placement type (.76,  $p < .001$ ). Workers who preferred to place children in foster care had more negative Behavioural Attitudes about kinship arrangements. Attitudes were also significantly related to the percent of home studies pursued by an employee (-.35,  $p = .01$ ). In other words, workers who held more negative Behavioural Attitudes about kin were less likely to follow through with phone calls of interest from potential kin or more likely not to move forward on potential kin if they had a history with the agency. A caseworker’s preference to place in foster homes was also significantly related to their likelihood to pursue kinship placements for children (.26,  $p = .05$ ). In this model, perceived behavioural control was not significantly related to the intention variable of preference (-.12,  $p = .10$ ) nor was it related to the behaviour variable of the percentage of pursued home studies (.16,  $p = .09$ ). This signifies

that the amount of control employees feel over their decision has no relationship with their preferred placement type or their tendency to pursue kinship homes. In addition, respondents did not feel socially influenced to prefer kinship over non-relative foster homes ( $.08, p = .18$ ). There was a significant relation between subjective norms and PBC ( $.41, p < .001$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC was non-significant ( $-.12, p = .19$ ). The employment aspects of job satisfaction, workload and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels of stress and workload felt by a respondent, the more likely they were to have a positive attitude about kinship placements ( $.46, p < .001$ ).

**Figure 6: Model One**



**Table 30**

*Unstandardized, standardized, and significance levels for Model One (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Preference	.19 (.017)	.76	***
Attitudes → Pursued	-1.94 (.77)	-.35	.01**
Preference → Pursued	5.80 (3.0)	.26	.05*
PBC → Pursued	5.03 (2.99)	.16	.09
PBC → Preference	.17 (.11)	-.12	.10
Subjective Norms → Preference	.04 (.03)	.08	.18
Aspects of Employment ↔ Attitudes	4.06 (1.05)	.46	***
Attitudes ↔ Subjective Norms	.14 (.38)	.03	.53
Subjective Norms ↔ PBC	.38 (.12)	.41	.001***
Attitudes ↔ PBC	-.22 (.17)	-.12	.19

Note:  $\chi^2 = 54.0$ ;  $p = .04$ ; CFI = .96; RMSEA = .049

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

### **Model Two: Vignette & Pursued**

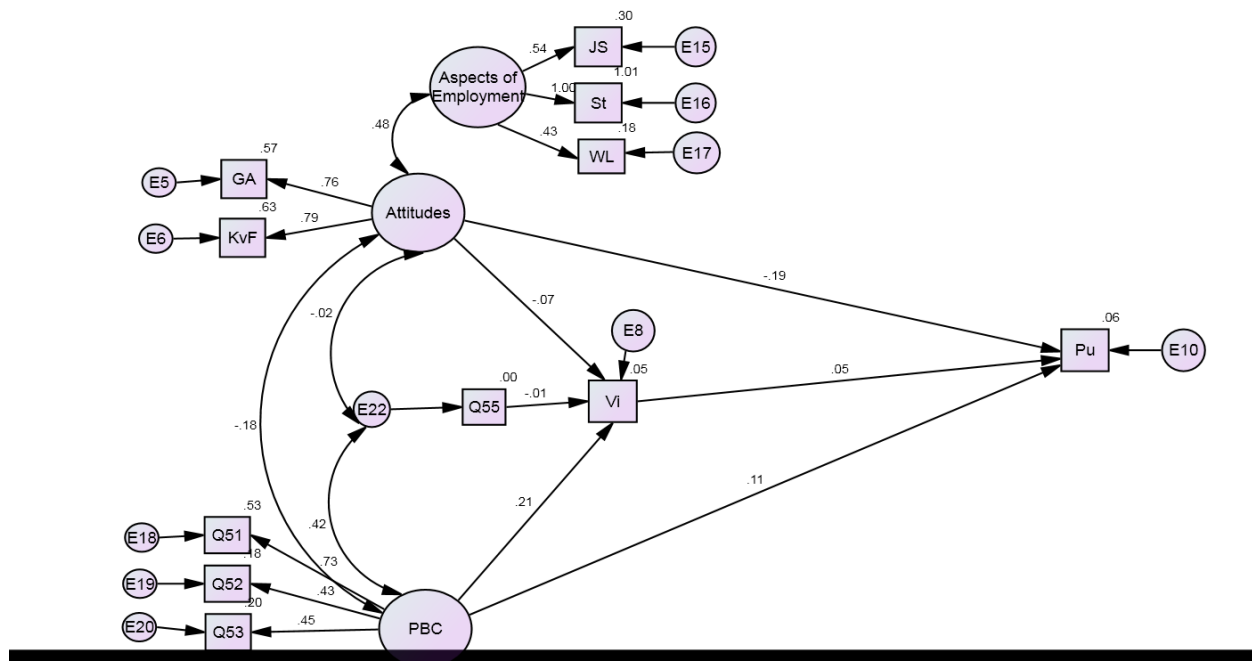
The second model includes 3 exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of percent of kinship homes pursued. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is the vignette. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate good fit,  $\chi^2 (37, N = 192) = 53.3$ ,  $p = .04$ ; Comparative Fit Index (CFI) = .95; root mean square of approximation (RMSEA) = .048. Indicator factor loadings were all statistically significant.

Again, Behavioural Attitudes were significantly related to the percent of pursued home (- .19,  $p < .02$ ). In this model, the vignette served as the intention variable. Behavioural Attitudes were not significantly related to a worker's decision in the vignette (.07,  $p = .42$ ). While, perceived behavioural control was not significantly related to the vignette at the standard alpha cut off of .05, it was closely related (.21,  $p = .06$ ). PBC was not significantly related to the

behaviour variable of the percentage of pursued home studies (.11,  $p = .24$ ). This signifies that the amount of control an employees feel over their decision have no relationship with their decision on the vignette had no relationship with their tendency to pursue kinship homes. In addition, respondents did not feel socially influenced in their decision in the vignette (-.01,  $p > .94$ ). There was a significant relation between subjective norms and PBC (.42,  $p < .001$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC was non-significant (-.18,  $p = .08$ ). The employment aspects of job satisfaction, workload and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels of stress and workload felt by a respondent, the more likely they were to have a positive attitude about kinship placements (.48,  $p < .001$ ).

Figure 7 represents these results and the findings are outlined in Table 31.

**Figure 7: Model Two**



**Table 31**

*Unstandardized, standardized, and significance levels for Model Two (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Vignette	-.04 (.04)	-.07	.42
Attitudes → Pursued	-1.72 (.75)	-.19	.02*
Vignette→ Pursued	.81(1.27)	.05	.52
PBC → Pursued	3.50 (2.99)	.11	.24
PBC → Vignette	.39(.21)	.21	.06
Subjective Norms → Vignette	-.01 (.06)	-.01	.93
Aspects of Employment↔ Attitudes	2.64 (.721)	.48	***
Attitudes ↔ Subjective Norms	-.06 (.26)	-.02	.83
Subjective Norms ↔ PBC	.40 (.12)	.42	.001***
Attitudes ↔ PBC	-.22 (.26)	-.18	.08

Note:  $\chi^2 = 40.137$ ;  $p = .064$ ; CFI= .956; RMSEA=.048

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

### **Model Three: Preconceived Notions & Pursued**

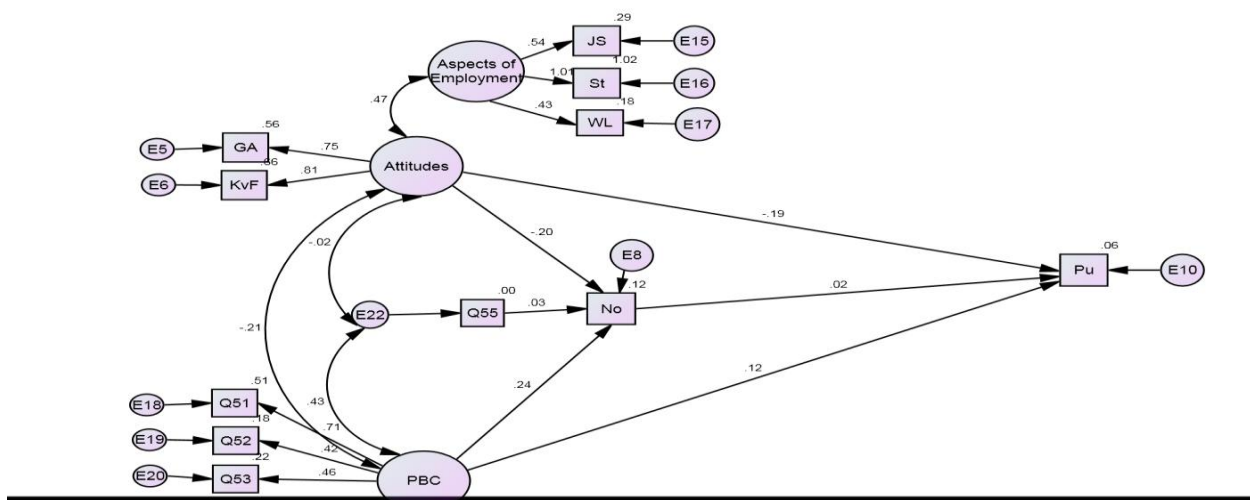
The third model includes 3 exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of percent of kinship homes pursued. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is “notions” or whether a respondent felt that they entered into their assessments free of assumptions about kin. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate poor fit,  $\chi^2$  (37, N= 192) = 68.7,  $p = .001$ ; Comparative Fit Index (CFI) = .91; although the root mean square of approximation (RMSEA) was acceptable = .049. Indicator factor loadings were all statistically significant.

Again, Behavioural Attitudes were significantly related to the percent of home studies pursued by an employee (-.19,  $p = .02$ ). There was also a significant relationship between Behavioural Attitudes and whether or not respondents felt that they could enter into their assessment free of assumptions about kin (-.20,  $p = .02$ ). This finding suggests that respondents with more positive Behavioural Attitudes about kin did not feel that they could assess kinship



homes in an objective manner. The intention variable of preconceived notions was not significantly related to the percent of kinship homes pursued ( $.02, p = .81$ ). However, one's PBC was related to whether or not a caseworker felt that they could assess a home in an unbiased manner ( $.24, p = .04$ ). Respondents did not feel socially influenced in their ability to complete unbiased assessments ( $.03, p = .73$ ). There was a significant relation between subjective norms and PBC ( $.43, p < .001$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC was significant ( $-.21, p = .05$ ), indicating that the control one feels over their decisions regarding kin is related to their Behavioural Attitudes about the practice. In other words, respondents with higher feelings of control over their decisions possess more positive Behavioural Attitudes. The employment aspects of job satisfaction, workload and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels of stress and workload felt by a respondent, the more likely they were to have a positive attitude about kinship placements ( $.47, p < .001$ ). Figure 8 represents these results and the findings are outlined in Table 32.

**Figure 8: Model 3**



**Table 32**

*Unstandardized, standardized, and significance levels for Model Three (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Notions	-.08 (.04)	-.20	.02*
Attitudes → Pursued	-1.62(.75)	-.19	.03*
Notions→ Pursued	.39 (1.62)	.02	.81
PBC → Pursued	3.59 (3.00)	.12	.23
PBC → Notions	.35 (.17)	.24	.04*
Subjective Norms → Notions	.02 (.05)	.03	.73
Aspects of Employment↔ Attitudes	2.61 (.72)	.47	***
Attitudes ↔ Subjective Norms	-.06 (.26)	.03	.82
Subjective Norms ↔ PBC	.42 (.12)	.43	***
Attitudes ↔ PBC	-.26 (.13)	-.21	.05*

Note:  $\chi^2 = 68.7$ ;  $p = .001$ ; CFI= .91; RMSEA=.049

\*  $p < .05$ , \*\* $p < .01$ , \*\*\*  $p < .001$

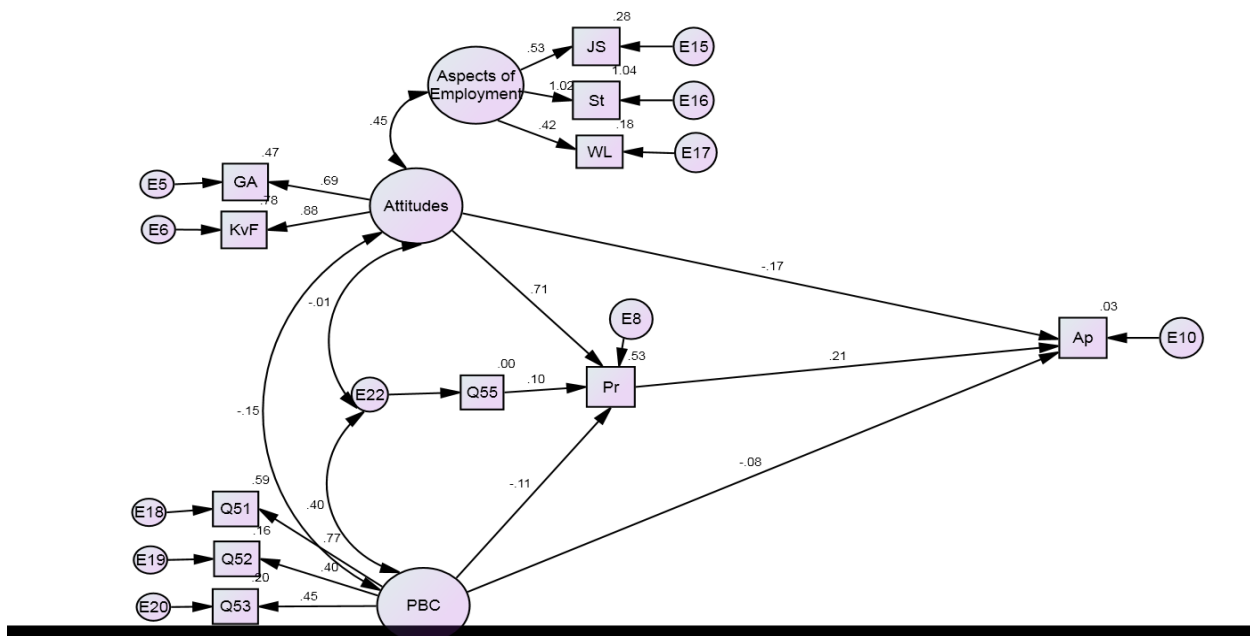
#### **Model Four: Preference & Approved**

Model four includes 3 exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of percent of kinship homes approved. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is preference. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate good fit,  $\chi^2$  (37, N= 192) = 50.5,  $p = .07$ ; Comparative Fit Index (CFI) = .97; root mean square of approximation (RMSEA) = .044. Indicator factor loadings were all statistically significant.

Behavioural Attitudes were not significantly related to their percentage of approved home studies (-.17,  $p = .17$ ). However, the Behavioural Attitudes of professionals were significantly related to their preference to place with kin (.71,  $p < .001$ ). A caseworker's preference to place in foster homes was not significantly related to their likelihood to approve kinship placements for children (.21,  $p = .07$ ). Perceived behavioural control was not significantly related to the

intention variable of preference ( $-.11, p = .16$ ) nor was it related to the behaviour variable of the percentage of approved home studies ( $-.08, p = .37$ ). This signifies that the amount of control employees feel over their decision have no relationship with their preferred placement type or their tendency to approve kinship homes. In addition, respondents did not feel socially influenced to prefer kinship over non-relative foster homes ( $.10, p = .12$ ). There was a significant relation between subjective norms and PBC ( $.40, p = .002$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC was non-significant ( $-.15, p = .11$ ). The employment aspects of job satisfaction, workload and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels of stress and workload felt by a respondent, the more likely they were to have a positive attitude about kinship placements ( $.45, p < .001$ ). Figure 9 represents these results and the findings are outlined in Table 32.

**Figure 9: Model Four**



**Table 33**

*Unstandardized, standardized, and significance levels for Model Four (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Preference	.25 (.03)	.71	***
Attitudes → Approved	-2.42 (1.80)	-.17	.17
Preference → Approved	8.62 (4.71)	.21	.07
PBC → Approved	-4.56 (5.13)	-.08	.37
PBC → Preference	-.16 (.11)	-.11	.16
Subjective Norms → Preference	.05 (.03)	.10	.12
Aspects of Employment ↔ Attitudes	2.68 (.73)	.45	***
Attitudes ↔ Subjective Norms	-.05 (.27)	-.01	.86
Subjective Norms ↔ PBC	.38 (.12)	.40	.002**
Attitudes ↔ PBC	-.20 (.13)	-.15	.11

Note:  $\chi^2 = 50.5$ ;  $p = .07$ ; CFI = .97; RMSEA = .044

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

### **Model 5: Vignette & Approved**

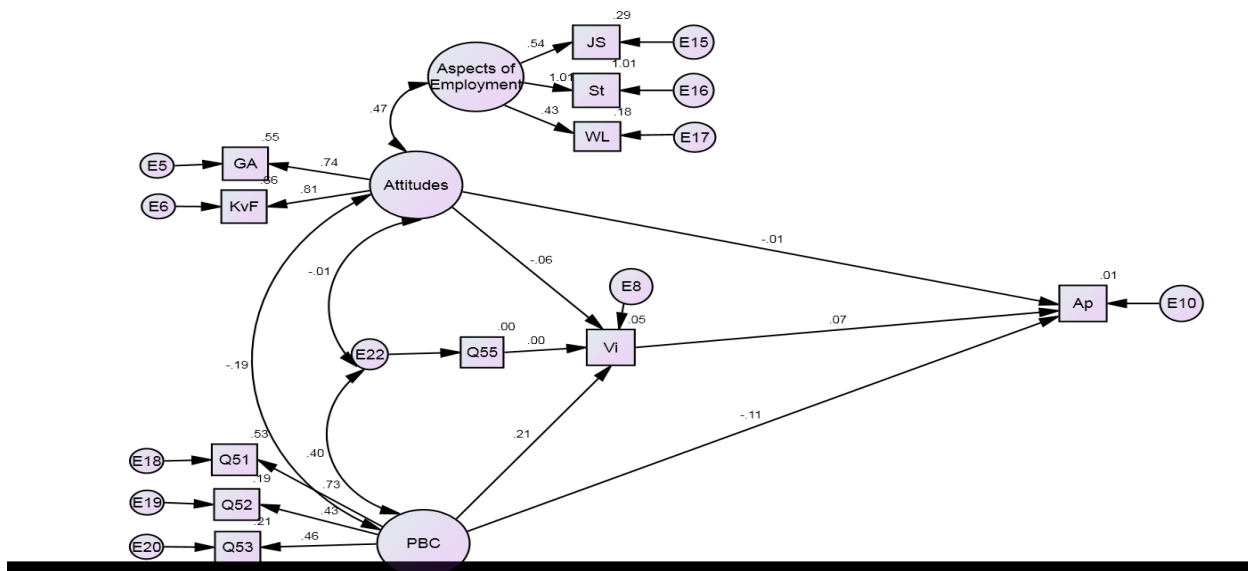
Model five includes 3 exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of percent of kinship homes approved. The behaviour variable for this model is the percent of approved home studies. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is the vignette. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate good fit,  $\chi^2$  (37, N= 192) = 51.8,  $p = .05$ ; Comparative Fit Index (CFI) = .95; root mean square of approximation (RMSEA) = .046. Indicator factor loadings were all statistically significant.

Behavioural Attitudes regarding kinship caregivers were not significantly related to the percent of approved home studies (.01,  $p = .87$ ) signifying that the Behavioural Attitudes workers held had no bearing on their percentage of approved home studies. There was no significant relationship between a caseworker's decision on the vignette and the percentage of approved home studies (.07,  $p = .37$ ). The relation between perceived behavioural control was

not significantly related to the vignette ( $.21, p = .06$ ) indicating that a respondent's answer on the vignette was not closely related to their feelings of control over their decisions regarding kinship placements. A respondent's PBC was not related to the behaviour variable of the percentage of approved home studies ( $-.11, p = .27$ ). This signifies that the control employees feel over their decision has no relationship with their tendency to approve kinship homes. In addition, respondents did not feel socially influenced on the vignette ( $.00, p = .98$ ). There was a significant relationship between subjective norms and PBC ( $.40, p < .001$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC was non-significant ( $-.19, p = .07$ ). As in the other models, the employment aspects of job satisfaction, workload and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels of workload stress felt by a respondent, the more likely they were to have a positive attitude about kinship placements ( $.47, p < .001$ ).

Figure 10 represents these results and the findings are outlined in Table 34.

**Figure 10: Model Five**



**Table 34**

*Unstandardized, standardized, and significance levels for Model 5 (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Vignette	-.03 (.04)	-.06	.45
Attitudes → Approved	-.21(1.30)	.01	.87
Vignette→ Approved	2.08 (2.32)	.07	.37
PBC → Approved	-5.95 (5.35)	-.11	.27
PBC → Vignette	.37 (.20)	.21	.06
Subjective Norms → Vignette	-.001 (.05)	.00	.98
Aspects of Employment↔ Attitudes	2.63 (.73)	.47	***
Attitudes ↔ Subjective Norms	-.04 (.26)	-.01	.89
Subjective Norms ↔ PBC	.39 (.12)	.40	.001***
Attitudes ↔ PBC	-.24 (.13)	-.19	.07

Note:  $\chi^2 = 51.8$ ;  $p = .05$ ; CFI= .95; RMSEA=.046

\*  $p < .05$ , \*\* $p < .01$ , \*\*\*  $p < .001$

### **Model Six: Preconceived Notions & Approved**

This model includes three exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of percent of kinship homes approved. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is notions. An association relationship between Behavioural Attitudes and employment aspects is also modeled. All fit indices of the model demonstrate poor fit,  $\chi^2 (28, N= 192) = 103.2$ ,  $p = .000$ ; Comparative Fit Index (CFI) = .80; root mean square of approximation (RMSEA) = .095. Although this model did not support the data, because these models aim to test the theory of planned behaviour, it was not re-specified in order to find a better fit. According to K. Preacher (personal communication, August 16, 2012) a good-fitting measurement model is needed before one can interpret the causal paths. Constraints causing a poor fitting model can bias model parameters. For this reason, there was no further interpretation of this model.

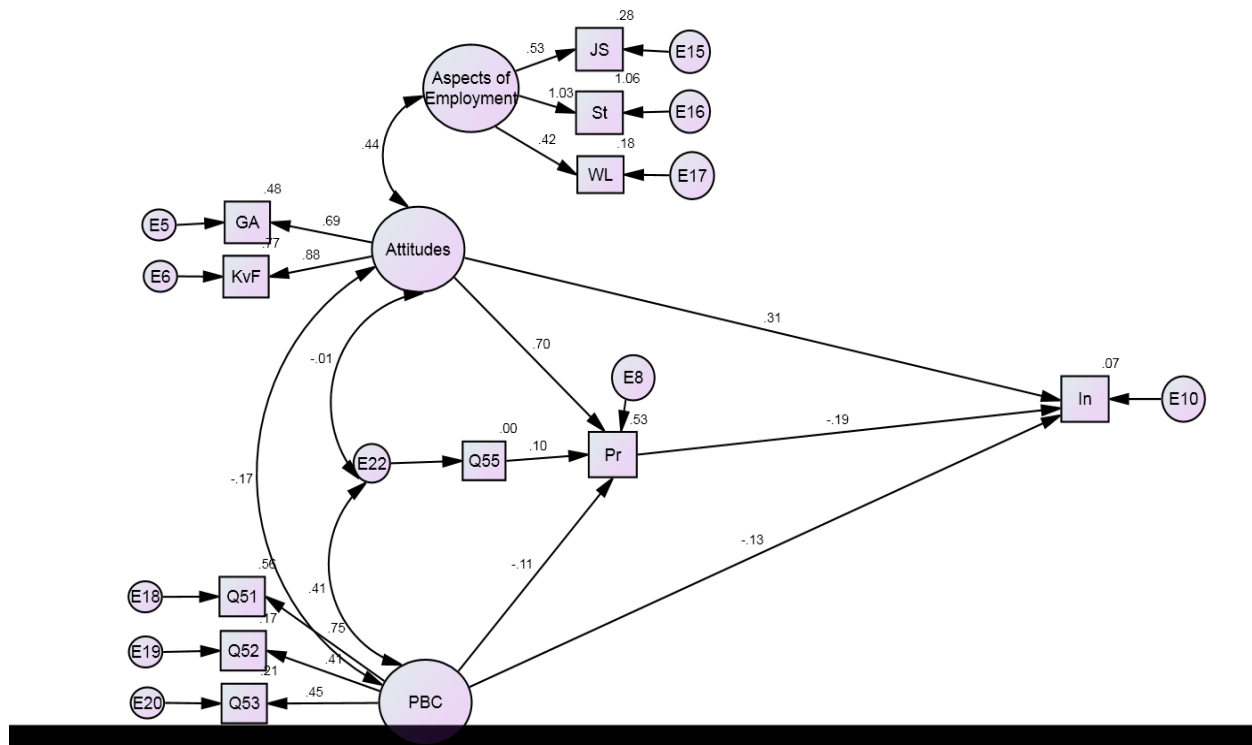
### **Model Six: Preference & Investigations**

Model six includes three exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of number of verified investigations on kinship homes. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is preference. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate good fit,  $\chi^2$  (37, N= 192) = 50.9,  $p = .06$ ; Comparative Fit Index (CFI) = .97; root mean square of approximation (RMSEA) = .044. Indicator factor loadings were all statistically significant.

Behavioural Attitudes regarding kinship caregivers were significantly related to a caseworker's preference of placement type (.70,  $p < .001$ ). Workers who preferred to place children in foster care had more negative Behavioural Attitudes about kinship arrangements. Behavioural Attitudes were also significantly related to the behaviour variable of number of verified investigations (.31,  $p = .02$ ), indicating that respondents were influenced by their attitudes when investigating allegations of abuse or neglect. Perceived behavioural control was not significantly related to the intention variable of preference (-.11,  $p = .18$ ) nor was it related to the behaviour variable of the percentage of verified investigations (-.13,  $p = .17$ ). This signifies that the control employees feel over their decisions have no relationship with their preferred placement type or their tendency to verify allegations of maltreatment in kinship homes. In addition, respondents did not feel socially influenced to prefer kinship over non-relative foster homes (.10,  $p = .13$ ). There was a significant relation between subjective norms and PBC (.41,  $p < .001$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC

was non-significant ( $-.13, p = .09$ ). Again, the employment aspects of job satisfaction, workload and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels of workload and stress felt by a respondent, the more likely they were to have a positive attitude about kinship placements ( $.44, p < .001$ ). Figure 11 represents these results and the findings are outlined in Table 35.

**Figure 11: Model Six**





Aspects of Employment ↔ Attitudes	2.62 (.72)	.44	***
Attitudes ↔ Subjective Norms	-.04 (.28)	-.01	.89
Subjective Norms ↔ PBC	.39 (.12)	.41	.001***
Attitudes ↔ PBC	-.22 (.13)	-.17	.09

Note:  $\chi^2 = 50.9$ ;  $p = .06$ ; CFI = .97; RMSEA = .044

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

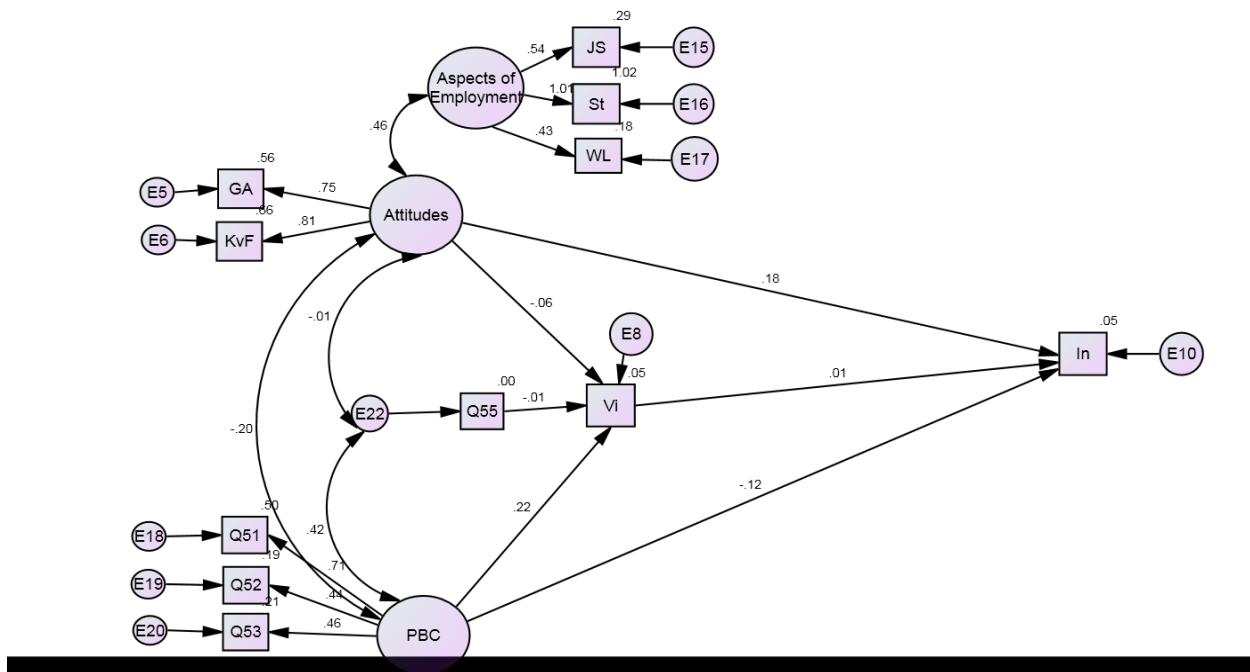
### Model Seven: Vignette & Investigations

Model seven includes three exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of number of verified investigations on kinship homes. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is the vignette. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate good fit,  $\chi^2$  (28, N= 192) = 51.9,  $p = .05$ ; Comparative Fit Index (CFI) = .95; root mean square of approximation (RMSEA) = .046. Indicator factor loadings were all statistically significant.

Again, Behavioural Attitudes regarding kinship caregivers were significantly related to the number of verified protection investigations (.18,  $p = .04$ ) signifying that individuals holding more negative Behavioural Attitudes about kin are more likely to verify allegations of maltreatment in kinship homes. There was no significant relationship between a caseworker's decision on the vignette and the number of verified investigations (.01,  $p = .88$ ). Perceived behavioural control was not significantly related to the vignette (.22,  $p = .06$ ) indicating that a respondents answer on the vignette was not closely related to their feelings of control over their decisions regarding kinship placements. A respondent's PBC was not related to the behaviour variable of investigations (-.12,  $p = .20$ ). This signifies that the amount of control employees feel over their decisions have no relationship with their tendency to verify investigations. In addition, respondents did not feel socially influenced on the vignette (-.01,  $p = .93$ ). There was a

significant relationship between subjective norms and PBC (.42,  $p < .001$ ), demonstrating a correlation between social influence and how much control respondents feel that they have over their decisions. The correlation between Behavioural Attitudes and PBC was non-significant (-.20,  $p = .06$ ). As in the other models, the employment aspects of job satisfaction and stress were correlated with a respondent's Behavioural Attitudes. The higher the level of job satisfaction and the lower levels workload and stress felt by a respondent, the more likely they were to have a positive attitude about kinship placements (.46,  $p < .001$ ). Figure 12 represents these results and the findings are outlined in Table 36.

**Figure 12: Model Seven**



**Table 36**

*Unstandardized, standardized, and significance levels for Model Seven (Standard Errors in Parentheses; N= 192)*

Parameter Estimate	Unstandardized	Standardized	P
Attitudes → Vignette	-.30 (.04)	-.06	.48
Attitudes → Investigations	.14 (.07)	.18	.04*

Vignette → Investigations	.02 (.12)	.01	.88
PBC → Investigations	-.35 (.28)	-.12	.20
PBC → Vignette	.39 (.21)	.22	.06
Subjective Norms → Vignette	-.01 (.06)	-.01	.93
Aspects of Employment ↔ Attitudes	2.58 (.72)	.46	***
Attitudes ↔ Subjective Norms	-.04 (.26)	-.01	.88
Subjective Norms ↔ PBC	.40 (.12)	.42	***
Attitudes ↔ PBC	-.25 (.13)	-.20	.06

Note:  $\chi^2 = 51.8$ ;  $p = .05$ ; CFI = .95; RMSEA = .046

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

### Preconceived Notions & Investigations

This model includes three exogenous variables (Behavioural Attitudes, subjective norms, perceived behavioural control, intention) predicting the endogenous variable of number of verified investigations on kinship homes. Intention also serves as a mediating variable in the middle of a causal chain of behaviour. The intention variable for this model is notions. An association relationship between Behavioural Attitudes and employment aspects is also modeled. Fit indices of the model demonstrate poor fit,  $\chi^2 (37, N = 192) = 66.1, p = .002$ ; Comparative Fit Index (CFI) = .92. The root mean square of approximation (RMSEA) was acceptable at .06. For this reason, other fit indices were examined to determine if model parameters should be interpreted. The Tucker-Lewis Index (TLI) was .87 and the normed fit index (NFI) was .83; both of which indicate poor fit. Due to the poor model fit, parameters for this model were not interpreted.

## **Chapter 6 Discussion**

In this chapter the findings of this research will be discussed, implications for the social work profession, limitations of the study, and future directions for research will be explored.

### **Findings**

The overarching goal of this research was to explore the attitudes of child welfare professionals toward family-based care. While literature highlights a number of challenges for kinship caregivers that threatens their ability to provide quality placements (Brown et al., 2002), when compared to traditional foster homes, respondents in this study do not feel that children are necessarily safer in foster homes nor do they feel that children in foster care generally fare better than children living with kin. Despite research that indicates that caseworkers feel that Ontario has lowered the expectations for kinship homes too far (Brisebois, in press), this research suggests that professionals do not feel that there are differences in the standard of care for children in kinship homes when compared to traditional foster homes. This finding may signify that negative perceptions among child welfare workers are changing and that family-based care is no longer a “second rate option” (Dill, 2010, p. 54). Perhaps the “apple doesn’t fall far from the tree” mentality is changing.

Respondents are positive about the well-being of children placed in kinship homes. Respondents indicate that children are generally happier living with relatives, have a stronger sense of belonging, experience fewer moves with kin and experience less attachment difficulties than if they are placed in non-relative foster homes. These findings are consistent with a large body of literature that highlights the benefits of kinship placements on child well-being. The attitudes from the respondents in this study are that children living with kin experience better placement stability. Multiple moves between homes can be unsettling for children (Johnson,

Yoken, & Voss, 1995; Shlonsky & Berrick, 2003). When compared to non-relative foster homes, research shows that children in kinship homes are more stable in placement and they are less likely to experience multiple moves (Beeman et al., 2000; Berrick et al, 1994; Chamberlain, Reid, Landsverk, Fisher, & Stoolminer, 2006; Iglehart, 1994; Koh, 2010; Testa, 2001; Winokur et al., 2008; del Valle et al., 2009). Placement instability does not provide a child with a sense of belonging or the ability to experience being part of a family. If caseworkers are accurate in their belief that children living with kin move less often, this is a significant benefit of family-based care.

Examination of the general attitudes scale, demonstrates a field that feels mostly neutral when considering the level of cooperation of kinship caregivers with the agency. They also neither agree nor disagree with the statement that kinship caregivers fail to understand the protection concerns about the parent. This neutral stance may indicate wide variation among the ability of kin to understand risk concerns. Concerns about cooperation and kin allowing unauthorized access parents are common themes in the literature (Dubowitz et al., 1993; Rodning et al., 1991). Workers are in strong agreement with the statement that kinship homes are more difficult to monitor. These findings support other studies that also found a large number of caseworkers who indicated struggles with monitoring kin (Beeman & Boisen, 1999; Brisebois, in press). Similar to another study in Ontario (Brisebois, in press), caseworkers in this study also express frustration with the increased workload that resulted from kinship policies. Kin are typically unprepared for their new role as caregivers (Geen, 2003), and for this reason, workloads can increase for front-line workers. Research shows that work with kinship caregivers is more time intensive, with additional hours being spent case planning and monitoring kin (Berrick et al., 1999). Issues of triangulation and the frequent negotiation between kin and their

relatives can also increase workload and frustration for workers (Peters, 2005; Brisebois, in press).

The professionals in this study showed slight preference to the idea that kinship homes should be financially independent. Respondents in this study do not feel that the child welfare system should hold financial responsibility for kinship homes. The payment of kinship caregivers is a controversial political issue (Broad, 2001). While some argue that caring for kin is a familial responsibility, others feel that these children come with significant emotional and financial need (Boada, 2007; Cuddeback & Orme, 2002; Strozier, McGrew, & Krisman, 2005) and require assistance from the government. It is known that kinship families experience large resource inequities when compared to non-relative foster homes and the implementation of kinship policies came with little support or financial allocation (Richardson, 2009). With the recent cuts to the Ontario child welfare sector, additional funding to kin is unlikely at this time (Ontario Ministry of Finance, February 15, 2012).

### **Findings on Research Hypotheses**

This study commenced with 4 research questions and hypotheses. The findings from this study have answered these research questions and partially supported the research hypotheses. The findings of each hypotheses and research question are outlined below:

**Question #1** “What is the relation between attitudes about family-based care and practice decisions?”

This study explored the relation between employee attitudes about family-based care and four different practice decisions. The examined practice decisions included the number of verified investigations in kinship homes, child removal from kinship homes, the percentage of pursued kinship home studies and the percentage of approved kinship home studies.

### *Number of verified investigations*

When the self-reported number of verified investigations on kinship homes was correlated with respondents' attitudes about family-based care, a significant positive correlation was found. A relationship between Behavioural Attitudes and investigations was also found in the models. These findings could be interpreted in several ways. First, it is possible that these findings suggest that negative attitudes about kin may influence professional decision-making when investigating allegations of maltreatment. Existing literature demonstrates inconsistencies in caseworker decision-making and an overall lack of consensus on risk decisions (Dorsey, Mustillo, Farmer, & Elbogen, 2008). Caseworker decisions can be based on personal characteristics, preconceptions, bias and "selective perception" (Gambrill & Shlonsky, 2000, p. 815). This research may lend credibility to the findings of past research that underscore the influence that attitudes can have on casework decisions. Decision-making in child welfare can be highly subjective (Dorsey, Mustillo, Farmer, & Elbogen, 2008) and influenced by bias (Gambrill & Shlonsky, 2000). Negative attitudes could increase the number of "false positives" whereby investigations are verified when the alleged maltreatment did not actually occur. The verification of child maltreatment can have an important effect on intervention decisions and service delivery (Cross & Casanueva, 2009). For this reason, the need for accurate conclusions is central to appropriate decision making (Pence, 2012).

Second, it is also possible that workers who hold negative attitudes decide to investigate kinship families more often. Where one worker may decide to handle specific concerns in regular casework, a worker who holds more negative attitudes may be predisposed to formally investigate matters. Negative attitudes may cause a worker to focus more on deficits and risk, rather than on the strengths and resources of kinship families (Duerr Berrick, 1998).

Investigations do not necessarily endeavour to eliminate barriers for kin but can tend to focus on a more adversarial process. Research studies discuss the negative effects on families that result from child protection investigations (Pence, 2012; Thoburn, Lewis, & Hemmings, 1995). They cause issues of power imbalances (Davies, 2011) and are described as “impersonal and highly invasive” (Richardson, 2003, p. 123). Therefore, it is important that investigations are only completed when absolutely required, and not merely as a result of the attitudes that one holds.

Lastly, it is possible that when caseworkers are exposed to increased numbers of verified investigations on kinship homes, they hold more negative attitudes as a result. When workers determine allegations of abuse and neglect in kinship homes to be true, they may begin to hold more negative attitudes about family-based care. The ability for child welfare professionals to enter into investigations of maltreatment free of preconceived notions is pertinent to the accuracy of the investigation finding and subsequent case decisions. As this study discovered, there is a higher likelihood that children will be removed from kinship homes when there are increased numbers of verified maltreatment investigations. Frequent placement changes are associated with significant trauma for children (Fanshel, Finch, & Grudy, 1990). For this reason, the importance of accurate, unbiased verification decisions cannot be overstated.

### ***Child removal from home***

Respondents were asked whether or not they had ever removed a child from a kinship home due to protection reasons. Removal of children from any type of placement, whether it is foster care or kinship care, represents an unfortunate failure of the system. One of the fundamental values in child welfare is that all children have an absolute right to a safe, permanent, and stable home (Rycus & Hughes, 1998). An alarming 48% of respondents indicated that they had removed a child from a kinship home for protection reasons. The number



of children removed from foster homes due to maltreatment is unknown; however studies show that children are typically removed from foster homes for behavioural problems (Landsverk et al., 1996; Newton, Litrownick, & Landsverk, 2000) or policy-related changes (James, 2004). This finding may support past research on the intergenerational cycle of abuse whereby caregivers who were abused themselves as children are more likely to maltreat their own children (Ertem, Leventhal, & Dobbs, 2000). For this reason, there may be a higher likelihood that kinship caregivers utilize the same disciplinary or parenting practices as the parent from whom the child was initially removed. This finding should lead professionals to enter into kinship placements after careful consideration of the caregivers own upbringing and history of child physical maltreatment.

Examination of professional attitudes as predictors of child removal was a significant finding; however only the independent variables of financial responsibility made a unique contribution to the model. The need for adequate financial support for kinship families was a common theme in a qualitative study of Ontario caseworkers (Brisebois, in press). Workers who reported removing a child from a kinship home were less likely to feel that kinship homes should be financially supported by the agency. This finding could be explained by those workers who removed a child for issues of poverty and inability to provide the necessities of life. When workers believe in the importance of family connections, they may be more likely to eliminate barriers for kin and be more creative with their problem-solving efforts (Duerr Berrick, 1998). As a result, they may be less likely to remove a child for financial reasons by recognizing the strengths, assets and resources of kinship families.

This variable was significantly related to social desirable responses, meaning that participants who tended to answer in a socially desirable manner were less likely to indicate that

they had ever removed a child from a kinship home. With such a push for kin, it is possible that a significant correlation with social desirable responses may mean that the percent of workers who removed a child from a kinship home is higher than actually indicated.

Examination of the correlation between professional attitudes and child removal was significant. This finding could be interpreted in two ways. First, negative attitudes lead to higher incidence of removal or alternately, professionals who have removed children from a kinship home, hold more negative attitudes as a result. In addition, the logistic regression model containing five independent variables of attitudes could statistically distinguish between respondents who indicated that they removed a child from a kinship caregiver and those who had not. This finding suggests that respondents who hold more negative attitudes about kin are more likely to remove a child from a kinship home. When professionals hold more negative attitudes about kin, they may be more likely to remove children as the first form of intervention rather than work to eliminate barriers in order to maintain children in the home. Again, placement changes cause significant trauma for children (Fanshel et al., 1990) and removal should only occur as a last resort.

### ***Percentage of pursued home studies***

The behavioural outcome of percentage of pursued home studies was found to be significantly predicted by Behavioural Attitudes in the models. More negative Behavioural Attitudes related to a lower self-reported percentage of pursued homes studies, and positive Behavioural Attitudes were related to a higher percentage of pursued home studies. Simply because a kin comes forward does not necessarily mean that they will undergo a more comprehensive assessment. A range of factors may influence a worker's decision to pursue or not pursue kin. Negative attitudes about family-based care could influence the extent to which

caseworkers actively pursue placements with extended family. While caseworkers are expected to make efforts to locate kin, their primary responsibility remains the safety of the child (Malm & Bess, 2003). If workers hold less than favourable attitudes about kinship care, they may be more likely to quickly determine that a certain kinship placement is not a safe environment for a child. As a result, they may be less inclined to pursue potential kin caregivers.

This finding reinforces the notion that positive Behavioural Attitudes are believed to predispose professionals to look at how things can be done, rather than why they cannot be done (Healy, 2005; Saleebey, 2008). When kin are not pursued, they are not given the chance to be thoroughly assessed for placement, and this decision can be very subjective. While one caseworker may decide to explore a potential caregiver who has child welfare history or criminal occurrences, another may decide not to consider that individual in any formal manner. Ontario standards are not clear in this respect; leaving these decisions open to much subjectivity.

Workers who hold negative attitudes about kinship placements may be less likely to explore and pursue potential kin. On the other hand, workers who have more positive attitudes are more apt to explore them further. Some consideration should be given to tightening up Ontario's guidelines and introducing standards that can eliminate the level of subjectivity related to the decision on whether to pursue potential kin or not.

More recently, some agencies in Ontario have begun to add positions known as "kin finders." The primary task for this position is to seek out kin when children are taken into foster care. However, the position of kin finder may not mitigate the concern that attitudes influence the likelihood of pursued kinship homes. First, because kin who come forward on their own are directed to the primary caseworker, decisions about whether or not to pursue them will remain with the primary worker. Second, literature demonstrates that kinship placements are more

successful when kin come forward on their own, rather than sought out by the worker (Malm & Bess, 2003).

*Percentage of approved homes studies*

The first hypothesis that stated that positive attitudes toward family-based care will be related to a higher percentage of approved home studies was not supported in this research. The behavioural outcome of self-reported percentage of approved home studies was not significantly related to respondent attitudes in any of the models. Home study approvals typically involve various individuals among different departments (Malm & Bess, 2003; WE CAS, 2011). The influence of multiple decision-makers could be an explanation for the lack of finding on this variable.

In addition, when compared to the finding of home studies pursued, this result may indicate that individuals who hold negative attitudes toward family-based care may only pursue those families who they believe will be successful in the home study process. Some of the professionals in this study indicated that they preferred not to pursue families who they knew would not pass the home study process. This may indicate a field of caseworkers who decide to make early and less comprehensive assessments in an effort to circumvent the process of a complete home study approval process. Workers who hold more negative attitudes may be less likely to refer those families who are struggling. To the contrary, caseworkers who hold more positive attitudes about family-based care may be more inclined to refer potential kinship families for assessment despite conditions that may be less than favourable.

Although the correlation between workload and the percentage of pursued home studies was non-significant in this study ( $r = .07$ ,  $p = .19$ ). This finding could result from issues of workload. Research shows that child welfare workers indicate that work with kinship caregivers

is more time intensive, with additional hours being spent case planning and monitoring kin (Berrick et al., 1999). Caseworkers have also described case decisions surrounding kin as fraught with time consuming procedural steps (Mason & Gleeson, 1999). With the increased Ministry standards from Bill 210, research indicates that Ontario kinship policies have increased workload (Brisebois, in press). For this reason, workers may choose not to spend time assessing families who they do not believe will be successful. As a result, only those families who the worker deems “worthy” of assessment will make it to the approval process.

**Question #2:** Do Behavioural Attitudes predict behavioural intentions? There were three indicators of intention examined in this study, preference, notions and the vignette.

### *Preference*

Whether an individual indicates a preference for placing children in foster homes was found to be significantly predicted by their Behavioural Attitudes about kinship placements. While current legislation mandates that workers prefer kinship placements over foster care, those who hold negative attitudes about the practice may only place with kin because of their legal mandate to do so. Overall, 13% of respondents preferred foster homes over kinship, and 17% were undecided. This finding could be similar to the findings in a previous Ontario study that found many professionals who stated “it depends” when questioned if they preferred kinship care over foster care (Brisebois, in press). A worker’s preference to place with kin significantly correlated with the social desirability scale. With such a preference for kinship homes at a macro level, it is possible that more than 13% of respondents actually prefer foster placements over family-based care but decided not to admit this feeling. The workers in this study indicate that they see the value of family-based care on child well-being, but they also admit to feelings of frustration with the practice. While, workers may feel that family-based care is better for

children, they may actually prefer working with non-relative foster homes for more personal, self-serving reasons. For this reason, it is possible that the significant correlation between social desirability scale and worker preference shows the internal struggle workers may have over thinking what is best for children but not wanting to deal with the frustrations involved with family placements.

Research shows that kinship placements are more successful when they have the support of their worker (Iglehart, 1994). Workers who do not prefer kinship placements may be less likely to advocate for services provided by the agency, and they may not work to make kinship placements successful. With 13% of caseworkers preferring foster homes over kinship and 17% of caseworkers unable to take a stance on whether or not they prefer family-based care, the number of respondents who may be willing to manoeuvre the system or do more than is required to ensure the success of kinship placements is tentative.

### ***Preconceived Notions***

Whether respondents feel that they can enter into their assessments free of bias was not related to their attitudes about family-based placements. Close to half of respondents (49%) stated that they entered into their home studies with assumptions about kin, and 30% were undecided. Past experiences with kinship placements may influence a worker's ability to complete home studies without preconceived notions. On one hand, such self-awareness is pertinent to the social work profession (Cournoyer, 2005); however, it also speaks to the number of social workers who admit their struggles with unbiased assessments.

The variable coined preconceived "notions" did not perform well in the models. Two out of the three models including this question could not be interpreted due to issues with poor fit. One possible explanation could be its counter-intuitive significant correlation with social

desirability. The fact that the variable of preconceived notions was susceptible to social desirability could have occurred due to the inherent values within the question. Individuals who state that they enter into assessments on kin with bias, are more likely to answer in a socially desirable manner. It would be expected that respondents trying to make a favourable impression would indicate that their assessments were free of judgment. It is also possible that respondents who are unaware of their own biases are more influenced by them. This finding could influence the validity of the responses to the question on preconceived notions.

### *Vignette*

Choice of placement on the vignette was almost evenly split, with 54% of respondents choosing to place in foster care. For those individuals who chose to place in foster care, most (93%) indicate that they would not place with the grandmother immediately, as they needed more time to assess the her plan. Only 4% indicate that they would not place with grandmother, nor pursue her any further. Respondents who indicate that they would place with the grandmother that they feel they could mitigate any concerns about her in their ongoing casework. These findings represent a field that is split on willingness to take a chance on kin. It is not to say that one choice is better than the other, only that such decisions are extremely subjective and influenced by professional attitudes about the well-being of children placed with kin. Worker's decisions surrounding kinship placements have been noted to have little agency guidance. This lack of direction results in diverse decision-making practices (Malm & Bess, 2003).

The vignette was not found to be related to professional Behavioural Attitudes in any of the models. However, it was found to be correlated with the entire MPAK scale, meaning that individuals who endorsed more negative attitudes about kin were more likely to place the child in foster care than with the grandmother in the vignette. Due to the unexpected lack of finding in

the models, further analyses were completed on the sub-scales of the MPAK. These analyses found significant correlations between placement type on the vignette and the sub-scales of child-being and financial responsibility. The sub-scales of child-well-being and financial responsibility were removed from the latent variable of “attitudes” due to low factor loadings. The inclusion of these scales translated in poor model fit, and therefore could not be included in the models. Since these sub-scales were removed from the models it would explain the lack of findings on the vignette in the models.

In sum, the second hypothesis, which asserted that professionals who indicated that they would not place the child with kin will have more negative attitudes about family-based care, was partially supported by the findings.

**Question #3:** Does the theory of planned behaviour predict intention and behaviour? Appendix I outlines the final questions that examined the various components of the TPB.

The theory of planned behaviour includes 4 major components: Behavioural Attitudes, subjective norms, perceived behavioural control and behaviour. While the hypothesized latent variable of PBC included 7 questions aimed to capture all components of PBC as proposed by Kraft et al. (2005), the final latent variable remained true to Ajzen’s (2005) construct of PBC. According to Kraft et al. (2005), PBC should not be treated as a unidimensional construct. However; SEM latent constructs must measure the same concept. As a result, the CFA retained those items that involved beliefs about the control that one has over his/her behaviour.

Overall, as the TPB is designed, the theory provides some answers to professional behaviour toward family-based care. Certain models found significance as predicted by the theory, while others did not. The latent variable of PBC and the measured variable of subjective norms performed poorly overall in predicting behaviour. Behavioural attitudes related to some of



the behavioural outcomes in the model. PBC and subjective norms were correlated as predicted by Ajzen's theory (1991, 2002, 2005).

While the theory suggests that there is a correlation between Behavioural Attitudes, subjective norms and PBC, not all correlations were significant in these models. The variable of social norms and PBC were consistently significantly related. In other words, respondents endorsed similar answers regarding social pressure and how much control they felt that they have over their decisions. Perceived behavioural control correlated with Behavioural Attitudes in only one of the models. While meta-analyses of the contribution of PBC for a variety of behaviours shows a significant increase in the variance in behaviour (Armitage & Conner, 2001), the contribution of PBC in these models did not prove to make a significant prediction of caseworker behaviour. Due to the significant finding between PBC and attitudes and attitudes and pursued home studies, a closer examination of the question related to the pursuit of kinship homes was completed. According to Ajzen (2005), the theory is likely to predict performance of behaviour only to the extent that it is under an individual's volitional control. Therefore, one would expect respondents to indicate high perceived control over their decisions to pursue kinship caregivers. The finding lends some credibility to the theory. Sixty percent of respondents answered either "agreed somewhat", "agreed", or "strongly agreed" to the question "If a grandmother with significant history came forward, it would be easy for me to say no to her without speaking to my supervisor first." Twenty-six percent either "strongly disagreed", "disagreed", or "disagreed somewhat" with this statement. The remaining respondents were neutral on this statement. Eight respondents didn't answer the question.

The variables of intention varied in their performance. While the intention variable of preference and notions were significantly predicted by Behavioural Attitudes, the vignette was

not. Upon examination of the intention variables and PBC, one of the measures of intention was significantly related to the control respondents felt over their decisions. According to the theory of planned behaviour, PBC is expected to moderate the intention-behaviour relationship. This part of the theory held true for one of the three measures of intention.

Contrary to the theoretical assumption that subjective norms relate to intention, social norms did not significantly relate to any of the measures of intention in this study. According to meta-analyses of TPB (see Godin & Kok, 1996) subjective norms is the weakest predictor of intentions, with some authors choosing to eliminate them entirely from analysis (Sparks, Shepherd, Wieringa & Zimmerman, 1995). This research reinforces the idea that subjective norms may not be the strongest predictor of intention.

Consistent with the TPB, Behavioural Attitudes was found to be related to two out of the three measures of intention. Attitudes were not related to subjective norms as predicted by the theory. In other words, the attitudes of respondents were not reportedly influenced by the attitudes of their colleagues. Again, attitudes and PBC were correlated in only one of the models. Behavioural attitudes were related to the behavioural indicator of pursued home studies and verified investigations. Therefore, hypothesis 3 was not supported by these findings. Professionals who indicate lower levels of perceived behavioural control did not have a lower percentage of approved home studies and professionals who indicated a higher level of subjective norms did not have more positive Behavioural Attitudes about kinship placements.

While, some of Ajzen's theory was supported in this research, some of the models did not perform well in this study. It is possible that the influence of multiple decision-makers on some of the behavioural variables resulted in the lack of significance for these models. Multiple decision makers could minimize the effect of professional bias and intention on outcomes. This

hypothesis is supported by the significant finding on home studies pursued since the decision to pursue kinship homes is based more on individualized decisions.

**Question #4:** What is the relation between attitudes about family-based care and employment aspects of stress, workload and job satisfaction?

While a number of issues could influence current caseworker attitudes, knowledge about one's level of stress, job satisfaction and workload could be critical in shaping the required strategies to change or promote such attitudes. These conditions were chosen for their prevalence in child welfare research (Drake & Yadama, 1996; Jayarante & Chess, 1984; Regehr et al., 2000). Professional attitudes highly correlate with the amount of stress workers feel in their jobs, and a moderate correlation is noted between attitudes and level of job satisfaction. Linear regression demonstrated a significant positive relationship between professional attitudes and stress, but not job satisfaction or workload. While workload was found to be closely correlated with stress and job satisfaction in the literature (Fielding et al., 1995; Netemeyer et. al, 1995), workload does correlate with stress or job satisfaction in this research. In addition, when examined separately, workload does not correlate with attitudes about kinship. To stay true to this research, the workload scale remained in the model; however, some exploratory analysis discovered that when models were run without the variable of workload, fit indices improved. Removal of the workload scale also brought the standardized estimates and associated error terms on the variable "stress" to acceptable levels.

Given the multitude of factors that are known to influence job satisfaction and levels of stress, it is possible that other work factors were influential in this study. For example, quality supervision (Rycraft, 1994), organizational culture (Bradley & Sutherland, 1995) and social support (Johnson, 1989) can be significant moderating factors in the work place. When

caseworkers feel valued and supported in their work, a high workload may make less of an impact on job satisfaction and stress. Workers may be willing to work hard, if they feel appreciated and rewarded in their work.

Nevertheless, the conditions of stress, workload and job satisfaction significantly correlate with attitudes in all of the models. These findings suggest that when workers are under stress, unhappy in their jobs and feeling overworked, they are more likely to feel negatively about kinship placements. In sum, hypothesis 4 was supported by these findings. This is of significant concern when related to attitudes about kin and subsequent decision making. As discussed in more detail below, family service workers have higher levels of stress and workload and lower levels of job satisfaction than respondents in other departments. Family service workers are typically the first contact for prospective kinship caregivers. Because these employment conditions correlate with attitudes in this study, it is possible that family service workers are at higher risk of possessing negative attitudes.

### **Further Discussion on Findings**

Service directors have significantly more positive attitudes about kinship placements than supervisors and family service workers. This finding could be a result of their lack of direct involvement with kinship caregivers. According to Peters (2005) and Brisebois (in press) complex family dynamics that often surface when working directly with kin can challenge and frustrate workers and can influence their attitudes about family-based placements. The respondents in this study also express frustration with the difficulty in monitoring kinship placements and the increased workload created from kinship policies – both issues that would not necessarily influence directors in the same manner as front-line staff. Directors would have less direct contact with these dynamics and this could explain the tendency for directors to be

more positive about kin. While it was originally hypothesized that the differences in attitudes between directors and front line staff may have also manifested in the significant correlation between age and attitudes, the difference in the mean age for front-line workers ( $M = 39.09$ ;  $SD = 10.22$ ) and service directors ( $M = 43.9$ ,  $SD = 3.18$ ) was minimal. Therefore, age differences between front-line workers and service directors may not have influenced the finding on attitudes. Directors may also be more positive about kin as a result of their involvement in symposiums and workshops about kinship care at the time that Bill 210 was introduced. As noted earlier, in an effort to support the revised policy framework, agency leaders attended kinship symposiums and listened to lectures on the ways to promote “buy in” and acceptance from employees about the benefits of family-based care (MacPhee & Roblin, 2006). Directors were then expected to train front-line staff about the value of kinship placements. The work of directors at the inception of kinship policies could explain their likelihood to be more positive in their attitudes about kin. According to Birdwell Wilson (1999), in-service training is a necessary component of promoting understanding of the uniqueness of family-based placements.

Examination of job satisfaction found that employees with fewer years of experience are less satisfied in their job. From this writer’s personal experience, there is a tendency in child welfare where employees who struggle with the emotional demands of the job tend to move into another field early in their careers. Employees who tend to stay in child protection long-term and retire from the field note their satisfaction with the unique dynamics of working in child welfare. The ability to handle the defining elements of child welfare may vary from one individual to another (Landsman, 2001) and may explain why some individuals thrive in the child welfare environment, while others do not. Further, it is also possible that lower levels of job knowledge and the need for new workers to adjust to the job influence their degree of job satisfaction.

Research shows that stress is decreased when caseworkers have increased skill and job knowledge (Barrett & McKinley, 1980), and they have a higher commitment to child welfare when they are confident in their professional skills (Fryer & Miyoshi, 1989). Junior workers may struggle with self-confidence when they are new to the field of child welfare. Lack of certainty in their work, may result in lower job satisfaction for new, inexperienced workers.

Levels of stress, job satisfaction and workload are significantly related to position. Family service workers who work with cases of an ongoing nature endorsed elevated levels of stress, higher workloads and lower levels of job satisfaction. Family service workers are the only group whose answers differ significantly from other departments in all aspects of employment explored in this study. The mean for family service workers on job satisfaction and workload is higher than all other departments and second to resource workers on levels of stress. Ongoing casework can take a toll on caseworkers, and the daily workload and regular investigations can be especially difficult both emotionally and physically. In their work, Barrett & McKinley (1980) developed a list of work conditions believed to cause additional stress and strain on child welfare workers. An alarming number of events on this list are unique to the family service worker. Of particular note is the stress and strain inherent in court work, including court hearings; testifying and being cross-examined; terminating parental rights, and making decisions that permanently alter people's lives. Court work takes up a considerable amount of the family service worker's time and could be part of the reason for their elevated levels of stress and lower satisfaction in the job. In addition, Barrett & McKinley (1980) note the stress involved when workers must reveal information in court, that the client may have thought was safeguarded through the social worker-client relationship. Balancing the dual role of investigator and helper

with clients can be especially difficult, especially for family service workers who have long-term, ongoing working relationships with families (Cyrus & Hughes, 1998).

Typically, family service workers are an integral part of any kinship placement. They are often the workers who receive the first request from potential kin, and are most likely to make recommendations to the court. Because this group is different from other departments, and their roles are so influential to the process, these differences should be given special consideration in any type of training or follow up to this research. These workers show a general dissatisfaction with their position, yet continue to serve vulnerable families. Based on this finding, it seems pertinent that efforts be made to address levels of stress and dissatisfaction of this group of workers. Anytime workers are unhappy in their work, they are less likely to provide a quality service to clients (Fryer et al., 1989).

An additional note is the elevated stress levels of resource workers in this study. Resource workers have the highest numbers on the Stress in General Scale, just slightly higher than family service workers. Resource workers typically have the responsibility of completing kinship home studies, and often make the final decision on whether or not to approve kinship homes (WECAS, 2011). As this research indicates, levels of stress are related to worker attitudes about kin. When it comes to decisions about kin, the stress felt by the resource department, may influence the number of kinship homes being approved.

## **Study Limitations**

### **Sample**

Although the sample size (N= 192) was adequate for structural equation modelling, a larger sample size could have increased the power of this study to predict the hypothesized relationships. Further, this study included convenience sampling and, therefore, cannot be

generalized to the broader population. All of the agencies involved in this study are situated in a specific geographical area in Ontario, so this research may not be generalizable to the general population. In addition, the sample was predominately Caucasian. Future studies should consider a more diverse sample.

### **Self-Report**

The data collected for this research was based on self-report surveys. Self-reporting is problematic in that workers may have responded in a socially desirable manner. Social desirability occurs when respondents misrepresent their true feelings because they know their responses are being recorded (Crowne & Marlowe, 1960). The nine items for this scale were collapsed into a variable coined “social desirability.” The mean score ranged between 1 and 2, with scores closer to 2 representing individuals who did not answer truthfully. The mean score on this scale was 1.44 ( $SD = .285$ ), signifying a higher likelihood that respondents did not always answer truthfully. There were also some significant correlations between social desirability and responses on certain questions.

There was a large amount of data missing on the SDS (36%). This finding was not surprising to this researcher. Throughout data collection, this researcher was questioned various times about the need for the questions included in this scale. Respondents conveyed some concern with some of the more sensitive questions. This hesitancy speaks to the lack of trust respondents had in the anonymous nature of this survey. Due to amount of missing data, and the concern regarding the validity of the answers, a decision was made not to include this scale as a control variable in the models.

Further, self-reports are difficult, as respondents must depend on memory. Respondents were asked to remember their activities over the last year. Memories during that time may have



faded, and the accuracy of their answers may be flawed. Additional sources of information might have provided a richer understanding of the processes studied.

### **Cross-sectional data**

This study is limited by its cross-sectional nature. Due to the research design, only correlations can be determined. Cross-sectional data does not allow for the examination of causal processes. For this reason, the directionality of the relationship between attitudes and behaviour is based on theory, rather than confirmed by the methodology in this study. Consequently, the internal validity of this research is compromised (Rubin & Babbie, 2005). Further, these conclusions are limited by the temporal nature of this research. The relationships in this study are based on observations made at one point in time, and obtaining information on processes that occur over time is not possible (Rubin & Babbie, 2005). Cross-sectional studies are also limited by the potential for selection bias (de Vaus, 2001). It is possible that only those child welfare professionals who have particularly strong attitudes or a vested interest in family-based care answered the survey for this study. Those individuals who chose not to participate in this study may have different attitudes and/or experiences than those professionals who decided to respond to the survey, therefore distorting the results of this study

### **Survey Instrument**

The tool utilized for this study was a self-administered questionnaire. While it was descriptive and self-explanatory, part of the tool used in this study has not been utilized in prior research, nor have its validity and internal consistency been established. Some questions were tested for face validity only and may have been misinterpreted by respondents. While efforts were made to validate the attitude scale, factor loading did not prove to be as strong with this

sample when compared to the original factor analysis. As a result, the scales of child well-being and financial responsibility were dropped from the models.

## **Social Work Implications**

### **Practical Implications**

Understanding current job attitudes and the aspects that contribute to those attitudes is critical in determining the required strategies to change or promote such attitudes (Salancik & Pfeffer, 1977). The current study has provided some preliminary answers on caseworker attitudes about family-based placements and highlights some professional behaviours that may be linked to how professionals feel about this practice.

In addition, other potential aspects that may influence attitudes and decision-making have been explored. The survey utilized in this study possibly caused some reflection for professionals regarding their assumptions about kinship families and may have practical implications in their future work with families. Self-awareness and reflection is pertinent to the social work profession (Cournoyer, 2005). If attitudes can set the direction for practice, professionals should explore the potential for those attitudes to influence their thoughts and decisions. Professionalism includes a high level of self-understanding. As difficult as it may be to examine our own attitudes, we all have a professional and ethical obligation to do so. The importance of our attitudes when working with troubled families cannot be overstated. Social work practice involves the ongoing use of self, and is the medium through which attitudes are conveyed (Cournoyer, 2005). Attitudes drive practice, and they should be constantly examined during practice (Morales & Sheafor, 1980). This reflection should aim to understand personal beliefs and avoid the likelihood that professional attitudes will affect professional judgment and behaviour.

According to Sheafor & Horejsi (2006) activities to improve self-awareness can include journaling, seeking feedback from others, and using role play techniques. Through these activities, professionals can think about past experiences with kinship caregivers and assess their thoughts and feelings about those experiences. Constructive feedback from trusted colleagues about one's work with kinship families can also help to assess their working relationships and levels of effectiveness. Finally role-playing can help individuals practice their performance in simulated sessions that may be especially difficult.

Further, this research has found a link between stress, workload and job satisfaction and professional attitudes about kinship placements. Such stressors may hinder an employee's ability to provide a quality service to families and children (Fryer et al., 1989). It could also translate into lower employee motivation to pursue kinship caregivers. When caseworker attitudes are influenced by the aspects of employment as explored in this study, their ability to remain child focused could be compromised. While, not all workers are affected to the same degree by the same conditions (Horejsi, 1982), this research suggests that professional attitudes are influenced by employment conditions. Workers who are unhappy in their job and feeling stressed may hold different attitudes about kin. These attitudes may translate into different behaviours and decisions when compared to those individuals who are not feeling stressed or unsatisfied in their work.

The measure of social desirability provides some information about the willingness of professionals to be honest about their beliefs. Since the implementation of Bill 210 in Ontario, there has been a consistent push for kinship placements when a child is removed from the home. The SDS scale demonstrates a tendency for some respondents to answer in a socially desirable manner, meaning that respondents who answer more positively about kin, are more likely to

answer in a socially desirable manner. In other words, respondents who endorse positive attitudes about kinship caregivers also demonstrate a tendency to answer the survey questions in a manner in which they felt would be more accepted by others. Although kinship policies mandate that kin are given preference over traditional foster care, it remains the caseworkers primary responsibility to ensure the safety of the child (Malm & Bess, 2003). Workers need to feel comfortable in recommending against a family placement when they doubt the ability of the proposed kin to safely care for the child. With literature demonstrating a field that feels that Ontario may have gone too far in accepting kin as placements, thereby placing children at risk (Brisebois, in press), professionals need to feel comfortable in expressing their beliefs. When caseworkers do not feel comfortable in expressing their dissatisfaction with kinship placements, they may be more likely to place children in inadequate kinship homes. If kinship placements are not always the best options in certain circumstances, workers need to be able to speak openly about the challenges of the current practice rather than expressing thoughts that they feel are more socially desirable. The placement of children in unsafe or inadequate homes could result in further maltreatment and increase the likelihood of another move for the child.

### **Theoretical Implications**

The theory of planned behaviour (TPB) was used as a framework for investigating the Behavioural Attitudes of child welfare professionals in Ontario. This theory posits that actions flow directly from intentions which are consistent with attitudes that derive from those beliefs (Ajzen, 2005). According to the TPB, Behavioural Attitudes influence conscious intentions to engage in certain behaviours (Aiken, 2002; Eagley & Chaiken, 1993). This research explored the various components of the TPB in an effort to determine if they play a part in influencing caseworker behaviour and practice decisions. Overall, as the TPB is designed, the theory

provides some answers to professional behaviour toward family-based care, although there are some limitations. While, some of Ajzen's theory was supported in this research, some of the models did not perform well in this study

### **Policy Implications**

Despite the dramatic rise in the numbers of kinship homes, controversy continues to surround child welfare policies that mandate the exploration of kin (Brisebois, in press; Dill, (2010; Geen, 2003). These policies have required shifts in child placement practices. These findings indicate that some professionals continue to have some reservations regarding this practice. It also shows a divide among professionals in their practice decisions. Similar to the findings of Malm & Bess (2003) who determined that workers had little guidance in their decisions about kin, these findings also indicate a large amount of subjectivity among child welfare employees in their work with kinship families. When workers are left to their best judgment, it is not surprising that they differ in their decision-making. These results represent a need to for future kinship policies and standards that guide practice with less room for subjectivity.

### **Future Research**

While there is literature on the overall attitudes of child welfare professionals about family-based care (Beeman & Boisen, 1999; Brisebois, in press; Peters, 2005), there is a paucity of research on the influence of those attitudes on practice decisions. This research adds to the current body of knowledge and highlights the important role of caseworker attitudes on case decisions. With professional attitudes influencing the likelihood that prospective kin placements are pursued, these findings underscore the need for researchers to continue to examine the connection between professional attitudes and important decisions for families. This research is a

springboard for further work is this area. While this research examines the relationship between attitudes and early decisions about kin, future research is needed to determine how caseworker attitudes influence the success or failure of kinship placements. With studies indicating that positive worker attitudes may be important for successful placements for children (Iglehart, 1994; Ryan et al., 2006; Coakley et al., 2007), longitudinal studies that examine the relationship between professional attitudes and the outcomes for children already placed with kin could shed more light on the relationship between professional attitudes and longer term consequences for children.

This research also explored employment aspects that could influence one's attitudes about family-based care. Family service departments were found to be unique compared to other departments. Family service workers were found to have higher levels of stress and workload and lower levels of job satisfaction than respondents in other departments. Ongoing casework can be significantly difficult. Workers in ongoing services struggle with balancing the dual role of investigator and helper (Barrett & McKelvey, 1980; Poirier, 1986) and their court involvement is particularly stressful (Barrett & McKelvey, 1980). Because these workers are central to the selection and pursuit of kinship homes (WECAS, 2011), more research on the reasons for their high stress levels, workload and low job satisfaction may be vital to understanding their attitudes, intentions and practice decisions especially pertaining to their percentage of pursued home studies, the number of verified investigations and the number of children removed from kinship homes for protection reasons.

The high number of workers who indicated removing children from kinship homes for safety reasons is concerning. This finding should be explored further for two reasons. First, we know that frequent placement changes are associated with emotional turmoil for children

(Fanshel, Finch & Grudy, 1990), and kinship homes are believed to provide more stability in placement when compared to foster homes (Berrick, Barth, & Needell, 1994; Beeman & Boisen., 2000; Testa & Rolock, 1999). While the current findings have not been compared to the number of children removed from foster homes, the number of workers who indicated removal was high. This is an area that requires further exploration. Second, the fact that several workers indicated that they have moved a child from a kinship home due to protection issues leads one to question not only the stability of kinship homes, but their safety as well. Consistent with the qualitative research by Brisebois (in press), this finding suggests that some of our Ontario children are being placed in substandard homes. Further research that examines if positive attitudes about kinship care are related to the placement of children in higher risk kinship homes is needed. Current research on caseworker attitudes tends to focus on the threat of negative attitudes about the likelihood of placements with kin and the subsequent failures of these placements if professionals do not fully believe in the benefits of family-based care (Iglehart, 1994; Peters, 2005; Harris & Hackett, 2008). While this research considered the possibility that professionals who indicate full support of this practice may run the risk of minimizing the family's limitations and place children in unsafe homes, further more in-depth research is needed to explore this possibility further.

## APPENDIX A: RESEARCH INFORMATION SHEET

Title of Study: Child Welfare Professionals on Kinship Caregivers: Attitudes and Implications

Principal Investigator (PI): Kimberly Brisebois  
(519) 252-1171 ext 2693

### Purpose:

You are invited to participate in a research study on the attitudes of child welfare professionals on kinship care and the potential influences of these attitudes about decision-making and service provision because you work with kinship homes at the Windsor-Essex Children's Aid Society or Chatham-Kent Integrated Children's Services, Waterloo Family and Children Services or Sarnia-Lambton Children Aid Society. This study is being conducted at Wayne State University and the Windsor-Essex Children's Aid Society.

### Study Procedures:

If you take part in the study, you will be asked to:

- *Complete a survey tool aimed to measure caseworker and organizational attitudes about kinship care.*
- *You may choose not to answer any portion of the instrument*
- *The instrument results will be analyzed using statistical procedures to test the relationship between professional attitudes, service provision and decision making*
- *The survey tool will take you approximately 15-20 minutes to complete*

### Benefits

- As a participant in this research study, there may be no direct benefit for you, however information from this study may benefit other people now or in the future

### Risks

- There are no known risks at this time to participate in this study.

### Costs

- There will be no costs to you for participation in this research study. The agency is allowing you to take time out of your work to complete this survey.

### Compensation

- You will not be paid for taking part in this study.

### Confidentiality:

- All information collected during the course of this study will be kept without any identifiers. Your comments can not be linked to your name.

### Voluntary Participation /Withdrawal:

Taking part in this study is voluntary. You may choose not to take part in this study. You are free to not answer some or all of the questions. Your decision will not change any present or future relationships with Wayne State University, the Windsor-Essex Children's Aid Society or its affiliates



**Questions:**

If you have any questions about this study now or in the future, you may contact Kimberly Brisebois at (519) 252-1171 or by email at [kbrisebois@wecas.on.ca](mailto:kbrisebois@wecas.on.ca). If you have questions or concerns about your rights as a research participant, the Chair of the Human Investigation Committee can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call (313) 577-1628 to ask questions or voice concerns or complaints.

**Participation:**

By completing the survey online, you are agreeing to be part of this study.

## APPENDIX B: DEMOGRAPHIC AND WORK EXPERIENCE QUESTIONNAIRE

*Please answer the following questions about your work experience.*

1. What is your current position with the agency?

- A. Service Director
- B. Supervisor
- C. Family Service Worker
- D. Children Service Worker
- E. Intake Worker
- F. Kinship Worker
- G. Resource Worker
- H. In home support worker
- F. Other (please specify) \_\_\_\_\_

2. How many years have you worked in:

- A. Your current position \_\_\_\_\_
  - B. Child welfare (CAS or child protection out of country) \_\_\_\_\_
  - C Any social work position (Jobs that required a minimum of a BA or BSW)
- 

3. Have you had any involvement with kinship cases?

- A. YES (**go to 4**)
- B. NO (**screen out**)

4. If YES, how many years have you worked with kinship cases? \_\_\_\_\_

5. If YES, which of the following describes your experience in working with kinship homes or the children in their care (circle one answer for each item)?

6. HAVE YOU EVER HAD DIRECT CASE MANAGEMENT RESPONSIBILITY FOR KINSHIP SERVICE HOMES?

(When children are NOT in care of the Society ie: Supervision Order, informal arrangements or kinship protection files)

YES NO

7. HAVE YOU EVER HAD DIRECT CASE MANAGEMENT RESPONSIBILITY FOR KINSHIP IN CARE HOMES?

(When children ARE in care of the Society ie: Interim Ward, Society Ward, Crown Ward, TCA)

YES NO

8. HAVE YOU EVER WORKED WITH CHILDREN PLACED IN KINSHIP HOMES (in or out of care)?

YES NO

9. HAVE YOU EVER CONDUCTED INITIAL ASSESSMENTS (ie: record checks, initial home safety, first interview with the proposed kinship caregiver) ON KINSHIP HOMES (in or out of care)?  
 YES NO
10. HAVE YOU EVER CONDUCTED COMPREHENSIVE ASSESSMENTS/HOME STUDIES (ie: completed police checks, reference checks, in-depth interviews with proposed kinship caregiver) ON KINSHIP HOMES (in or out of care)?  
 YES NO
11. HAVE YOU EVER SUPERVISED WORKERS WITH KINSHIP HOMES ASSIGNED TO THEIR CASELOADS (in care, out of care, kin protection files)?  
 YES NO
12. HAVE YOU EVER SUPERVISED WORKERS DIRECTLY WORKING WITH CHILDREN IN KINSHIP HOMES ON THEIR CASELOADS (in care, out of care, kin protection files)?  
 YES NO
13. HAVE YOU EVER PROVIDED IN HOME SUPPORT TO KINSHIP HOMES (in care, out of care, kin protection files)?  
 YES NO
14. IF YOUR WORK WITH KIN HOMES IS NOT REFLECTED IN THE ABOVE QUESTIONS, PLEASE SPECIFY YOUR INVOLVEMENT WITH THEM:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Did you work in child welfare in 2006 or earlier? (if yes go to question 11, if no go to question 13)  
 YES NO
16. If yes, since the passing of Bill 210 and child welfare transformation, do you feel that your attitudes about the use of kinship homes have changed? (if yes, go to question 17, if no skip to next section) YES NO
17. If yes, how have they changed?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please only answer the questions 18-22 if you are a caseworker (not a supervisor, director):**

18. IN THE PAST YEAR, APPROXIMATELY HOW MANY KINSHIP FAMILIES REQUESTED THAT YOU CONSIDER THEM AS A POTENTIAL PLACEMENT? (please provide a number) \_\_\_\_\_

19. OUT OF THOSE KINSHIP FAMILIES ASKING TO BE CONSIDERED, HOW MANY DID YOU PURSUE? (please provide a number) \_\_\_\_\_
20. OUT OF THOSE KINSHIP FAMILIES ASKING TO BE CONSIDERED, HOW MANY DID YOU CLOSE AFTER AN INITIAL RECORD CHECK AND/OR INITIAL ASSESSMENT? (please provide a number) \_\_\_\_\_
21. IN THE PAST YEAR, APPROXIMATELY HOW MANY COMPREHENSIVE ASSESSMENTS/STUDIES HAVE YOU COMPLETED ON KINSHIP FAMILIES? (please provide a number) \_\_\_\_\_
22. OUT OF THOSE ASSESSMENTS/STUDIES, HOW MANY OF THEM DID YOU APPROVE? (please provide a number) \_\_\_\_\_

**Please only answer questions 23-25, if you are a supervisor or director (not a caseworker):**

23. IN THE PAST YEAR, APPROXIMATELY HOW MANY PROSPECTIVE KINSHIP CAREGIVERS DID YOUR WORKERS CONSULT WITH YOU ABOUT? (please provide a number)\_\_\_\_\_
24. OUT OF THOSE PROSPECTIVE KINSHIP CAREGIVERS, APPROXIMATELY HOW MANY DID YOU TELL THE WORKER TO PURSUE? (please provide a number)\_\_\_\_\_
25. OUT OF THOSE PROSPECTIVE KINSHIP CAREGIVERS THAT WERE PURSUED, APPROXIMATELY HOW MANY DID YOU APPROVE TO CARE FOR THE CHILD? (please provide a number)\_\_\_\_\_
26. HAVE YOU EVER PLACED A CHILD WITH KIN, ONLY TO REMOVE THEM LATER DUE TO SAFETY OR PROTECTION CONCERNS?  
YES NO
27. HAVE YOU EVER PLACED A CHILD WITH KIN, EVEN THOUGH YOU FELT THAT THE HOME MAY NOT BE IN THE CHILD'S BEST INTEREST?  
YES NO
28. IF YES, WHY DID YOU PLACE WITH KIN INSTEAD OF FOSTER CARE?

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29. HAVE YOU EVER VERIFIED A CHILD PROTECTION INVESTIGATION ON A KINSHIP HOME?  
YES NO

30. IF YES, IN THE PAST YEAR, APPROXIMATELY HOW MANY CHILD PROTECTION INVESTIGATIONS HAVE YOU VERFIED ON KINSHIP HOMES?
- \_\_\_\_\_

### **Demographic Information**

*Please answer the following questions about yourself*

26. What is your gender
1. Female
  2. Male
27. In what year were you born? \_\_\_\_\_
28. What race do you consider yourself?
1. White
  2. Black
  3. Latin American
  4. Arab/West Indian (Armenian, Egyptian, Lebanese, Moroccan)\_\_\_\_\_
  5. Aboriginal
  6. South Asian (East Indian, Pakistani, Punjabi, Sri Lankan)
  7. Chinese
  8. South-east Asian other than Chinese (Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
  9. Other (specify): \_\_\_\_\_
  10. Prefer not to answer
29. What is your highest level of education?
1. BSW
  2. MSW
  3. Bachelor degree not in social work
  4. Master degree not in social work
  5. CYW
  6. Other (specify) \_\_\_\_\_

# APPENDIX C: MEASURING PROFESSIONAL ATTITUDES ON KINSHIP (MPAK)

**Please do not include your name on this survey. All individual responses will be kept confidential.**

**Please answer the following questions about kinship care in Ontario.**

**To be sure we are thinking about the same thing, I'd like to describe to you what I mean by kinship caregivers. I define kinship caregivers as any kinship service or kinship care arrangement. This may include children placed with relatives or other close family ties by way of a Supervision Order, more informal arrangements, or kin files that did not pass the assessment process but are monitored by the agency as protection files. It can also include children placed with relatives or other close family ties by way of an in care order (Society Wardship, TCA, Crown Wardship, Interim Care). This survey examines kinship caregivers in general and does not distinguish between kinship service and kinship care homes.**

**This survey assesses attitudes toward placing children in kinship homes. I recognize that not everyone shares similar attitudes toward kinship placements and not all kinship placements are equal. Please answer the following questions, using the following scale:**

**1= Strongly Disagree**

**2= Disagree**

**3= Neither Agree nor Disagree**

**4= Agree**

**5= Strongly Agree**

1. Kinship caregivers are motivated to provide care by their desire for money

☐

Strongly  
Disagree

☐

Disagree

☐

Neither Agree  
nor Disagree

☐

Agree

☐

Strongly Agree

2. Kinship caregivers are open and honest about their relationship with the biological parent

☐

Strongly  
Disagree

☐

Disagree

☐

Neither Agree  
nor Disagree

☐

Agree

☐

Strongly Agree

3. Caseworkers spend a lot of time assessing kinship homes that are not appropriate placements for children

☐

Strongly  
Disagree

☐

Disagree

☐

Neither Agree  
nor Disagree

☐

Agree

☐

Strongly Agree

4. Kinship caregivers feel that other family members expect them to provide care for the child

☐

Strongly  
Disagree

☐

Disagree

☐

Neither Agree  
nor Disagree

☐

Agree

☐

Strongly Agree

- |     |  |                          |                            |                          |                          |
|-----|--|--------------------------|----------------------------|--------------------------|--------------------------|
| 5.  | I wish I could decide not to explore kin when I know they will not pass the assessment, it takes up too much of my time  |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 6.  | The broad definition of kinship requires me to do a lot of assessments on people who have little connection to the child |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 7.  | I do not advocate for finances for kinship caregivers  |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 8.  | Kinship caregivers are resistant to supervision by the Society   |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 9.  | Children are happier living with kinship caregivers rather than children in foster care                                  |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 10. | Children placed in kinship homes are at less risk of attachment difficulties   |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 11. | Children experience fewer moves when placed with kin rather than regular foster homes                                    |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |
| 12. | Kin caregivers should financially provide for their own kin child on their own   |                          |                            |                          |                          |
|     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Strongly Disagree  | Disagree                 | Neither Agree nor Disagree | Agree                    | Strongly Agree           |

13. I enter into my assessments free of any preconceived notions about the family member who is proposing to be a kin caregiver

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree

14. Kinship caregivers fail to understand the protection concerns regarding the birth parent

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree

15. Kinship caregivers could be more successful if my organization provided them with financial assistance

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree

16. Children placed in kinship homes demonstrate a stronger sense of belonging than children in foster care

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree

17. When children are placed with kinship caregivers, they are exposed to more unhealthy situations than children in foster care

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree

18. The standard of care children receive in foster homes is higher than the standard of care children receive in kinship homes

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree

19. Children placed in regular foster homes fare better than children placed with kin

☐ ☐ ☐ ☐ ☐

Strongly  
Disagree

Disagree

Neither Agree  
nor Disagree

Agree

Strongly Agree



20. I can get frustrated with kinship caregivers and it may show in my work with them
- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly<br>Disagree     | Disagree                 | Neither Agree<br>nor Disagree | Agree                    | Strongly Agree           |
21. I am more likely to respond promptly to a message from a foster parent than a message from a kinship caregiver
- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly<br>Disagree     | Disagree                 | Neither Agree<br>nor Disagree | Agree                    | Strongly Agree           |
22. Kinship caregivers should receive regular per diem payments from the Society
- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly<br>Disagree     | Disagree                 | Neither Agree<br>nor Disagree | Agree                    | Strongly Agree           |
23. Based on ability to parent alone, I would prefer to place children with foster parents rather than their kin
- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly<br>Disagree     | Disagree                 | Neither Agree<br>nor Disagree | Agree                    | Strongly Agree           |
24. Children are safer when placed in regular foster homes rather than with kin
- |                          |                          |                               |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly<br>Disagree     | Disagree                 | Neither Agree<br>nor Disagree | Agree                    | Strongly Agree           |

## APPENDIX D: MEASURING THE THEORY OF PLANNED BEHAVIOUR

1. If a grandmother with extensive child welfare history called me to care for her grandchild, for me to simply say no to her without speaking with my supervisor first would be

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not at all hard to do</b>	<b>Not very hard to do</b>	<b>A bit hard to do</b>	<b>Fairly hard to do</b>	<b>Rather hard to do</b>	<b>Pretty hard to do</b>	<b>Very hard to do</b>

2. How easy or difficult would it be for you to apprehend a child and place in foster care, without contacting kin first?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not at all hard to do</b>	<b>Not very hard to do</b>	<b>A bit hard to do</b>	<b>Fairly hard to do</b>	<b>Rather hard to do</b>	<b>Pretty hard to do</b>	<b>Very hard to do</b>

3. I feel under social pressure to actively explore kin when a child comes into care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

4. It is completely up to me whether or not I actively explore kin when a child comes into care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

5. Most people who are important to me at work think that I should explore all kin who come forward, regardless of their history with child welfare

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

6. I have time to thoroughly assess potential kinship placements before a child is placed in foster care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

7. People who influence my decisions strongly support my decision to close the home study process after a concerning record check.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

8. My organization has enough supports in place for me to explore all potential kin if I wanted

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

9. I prefer to place children with kinship caregivers instead of in foster care.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

10. Kinship homes are more difficult to monitor than regular foster homes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Disagree somewhat</b>	<b>Undecided</b>	<b>Agree somewhat</b>	<b>Agree</b>	<b>Strongly agree</b>

## APPENDIX E: Vignette

Household Members:

Mary Smith (age, 35), mother

Kayla Smith (age 8), child

Virginia Smith (age 62), Kayla's maternal grandmother

At the time of this intervention, Mary Smith is being taken to the hospital by ambulance after an accidental overdose of methamphetamine. Kayla (age 8) is sitting on the porch, crying and obviously distraught. You have worked with this family in the past and know the maternal grandmother, Virginia quite well. You were Virginia's caseworker when Mary was a teenager.

Virginia had an open file to your agency for several years. She has a significant history of alcohol abuse and you know that she was in and out of treatment several times when Mary was a child. Mary came into foster care at the age of 11 when Virginia didn't return home for an extended period of time. Two of Virginia's former partners were abusive toward Virginia, and Mary was witness to much of this abuse. The home environment was always marginal. Virginia struggled with her finances and lived in housing units that were often poorly maintained.

Virginia shows up on the scene. Kayla approaches her grandmother and hugs her. Virginia requests that you allow her to take Kayla into her care until Mary is better. She advises that she is single, living on welfare and has been sober for 6 months. She advises that she has been attending AA. Virginia has a history of being cooperative with the agency.

Answer the following questions based on your initial reaction to this information:

1. Based on only the above information - is your initial reaction to place Kayla in foster care or with Virginia today? Why did you make that decision?
2. Do you feel that Virginia should be assessed further as a potential kinship placement? Yes or no, and why or why not?
3. Assuming that Virginia is approved to care for Kayla, what services would you put in place for Virginia, if any?

## APPENDIX F: THE SOCIAL DESIRABILITY SCALE-17 (SDS-17)

## Instruction

Below you will find a list of statements. Please read each statement carefully and decide if that statement describes you or not. If it describes you, check the word “true”; if not, check the word “false.”

## Items

1. I always admit my mistakes openly and face the potential negative consequences.
2. In traffic I am always polite and considerate of others.
3. I have tried illegal drugs (for example, marijuana, cocaine etc.).
4. I always accept others’ opinions, even when they don’t agree with my own.
5. I take out my bad moods on others now and then.
6. In conversations I always listen attentively and let others finish their sentences.
7. I occasionally speak badly of others behind their back.
8. I always stay friendly and courteous with other people, even when I am stressed out.
9. During arguments I always stay objective and matter-of-fact.

## APPENDIX G: SIG

**Do you find your job stressful? Please indicate how strongly you agree or disagree with the statements below:**

1. I find my job demanding.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

2. I feel pressured in my job.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

3. I find many things stressful in my job.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

4. I feel hassled in my job.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

5. My job is nerve-wracking

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

6. My job is more stressful than I'd like.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

7. I find my job overwhelming.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

## APPENDIX H: RECODED VIGNETTE QUESTIONS

Response	Recoded (option provided as a choice)
“Kayla has an attachment to her grandmother. With the appropriate safety plan, the concerns could be mitigated.”	I would place with the grandmother. I feel that I can mitigate any concerns
“I would place with Virginia in the short term, pending successful home study and strong safety plan in place. I would not exclude the possibility of foster care or other kin placement in the future.”	I would place with the grandmother. I feel that I can mitigate any concerns
“It has been 24 yrs since Virginia was experiencing problems that caused her daughter to come into care. As her granddaughter appears to be very comfortable with her that would indicate that she has spent some time with her. As Kayla is upset and appears to have been present when mom was taken to the hospital by ambulance, it would seem appropriate to not increase her anxiety by taking her from her grandmother at this time. A quick visit could be done to Virginia's, or she could stay at her daughter's home (providing the environment was deemed safe) until a final decision could be made regarding where Kayla should stay. A review of available supports could also take place in the short term.”	I would place with the grandmother. I feel that I can mitigate any concerns
“I would place with Virginia. I feel that I can assess the placement for the night, ensure the home is appropriate and work towards assessing her plan as well as completing a more comprehensive assessment. I feel that I can mitigate any concerns should no initial concerns are observed during the initial kinship assessment.”	I would place with the grandmother. I feel that I can mitigate any concerns
“I would place her, but I would also need to verify that the Grandmother is sober, living alone and attending AA to ensure the child is not at risk. Given the grandma was co-operative in the past, this shouldn't be an issue.”	I would place with the grandmother. I feel that I can mitigate any concerns

“I would place with Virginia if not under 'altered' state, could attend her home and confirm that it is safe/no alcohol present, etc.”	I would place with the grandmother. I feel that I can mitigate any concerns
“I would place with Virginia. It may not be the best long-term option, but it’s too early to tell if that is what is needed.”	I would place with the grandmother. I feel that I can mitigate any concerns
“Given her history I would not place child with her immediately. I would have her assessed to determine if she can become a kinship caregiver.”	I would not place with Virginia today, I need more time to assess her plan
“I would seek my supervisor's input regarding my decision. I would take into consideration what is in the best interest of the child at the moment. The child is 8 years old and a safety plan can be put in place since the grandmother has a history of being cooperative. Ultimately I will follow through with my supervisor's advised.”	I would place with the grandmother. I feel that I can mitigate any concerns
“Place with grandmother with firm expectations in place, complete initial assessment, ensure that grandmother is seriousness about maintaining her sobriety and agrees to attending additional substance abuse treatment/ supports, g-mother agrees/needs to ensure that she uses good judgement with anyone that attends her home, and not expose the child to any adult conflict. Apart of this agreement for her to care for the child, the grandmother will need to agree to completing/following the terms in order for her to be approved. If she fails to follow the expectations, this would result in the child being removed from her care. While working with the grandmother and mother, KSW and FSW should try to seek information about other family, friend’s, community supports that would be there as a support to the family.”	I would place with the grandmother. I feel that I can mitigate any concerns
“I would choose to place with Virginia, but under the terms of a supervision order given her 'shaky' history.”	I would place with the grandmother. I feel that I can mitigate any concerns



<p>“I would interview the child to see if Virginia has been sober to the child's knowledge. Based on the info from the interview with the child, I would then place with Grandma because the child already resides with her, Virginia is historically cooperative with the Society, and Virginia has not had an open file with the Society in 20ish years.”</p>	<p>I would place with the grandmother. I feel that I can mitigate any concerns</p>
<p>“Place with Virginia, with a home check, safety plan, and mitigate any concerns.”</p>	<p>I would place with the grandmother. I feel that I can mitigate any concerns</p>
<p>“place of safety”</p>	<p>I would place with the grandmother. I feel that I can mitigate any concerns</p>
<p>I would not exclude the possibility of foster care or other kin placement in the future, but given her history, I would not place child with her immediately. I would assess to determine if she can become a kinship caregiver.”</p>	<p>I would not place with Virginia today, I need more time to assess her plan</p>

## APPENDIX I: RETAINED QUESTIONS FOR SEM ANALYSES

Components of the Theory of Planned Behaviour	Final Questions Utilized
Behavioural Attitudes	See Appendix D – MPAK
Consequences	<ul style="list-style-type: none"> <li>a) Kinship homes are more difficult to monitor than regular foster homes</li> <li>b) Children are safer when placed in regular foster homes rather than with kin</li> <li>c) Children placed in regular foster homes fare better than children placed with kin</li> <li>d) The standard of care children receive in foster care is higher than the standard of care children receive in kinship homes</li> <li>e) When children are placed with kinship caregivers, they are exposed to more unhealthy situations than children in foster care.</li> </ul>
Subjective Norms	<ul style="list-style-type: none"> <li>a) Most people who are important to me at work think that I should explore all kin who come forward, regardless of their history with child welfare</li> </ul>
Perceived Behavioural Control	<ul style="list-style-type: none"> <li>a) If a grandmother with extensive child welfare history called me to care for her grandchild, for me to simply say no to her without speaking with my supervisor first would be...</li> <li>b) How easy or difficult would it be for you to apprehend a child and place in foster care, without contacting kin first?</li> <li>c) It is completely up to me whether or not I actively explore kin when a child comes into care.</li> </ul>
Intentions	<ul style="list-style-type: none"> <li>a) I prefer to place children with kinship caregivers instead of in foster care</li> <li>b) I enter into my assessments free of any preconceived notions about the family member who is proposing to be a kin caregiver</li> <li>c) Vignette</li> </ul>

Behaviour	<p><b>a) Verified Investigations</b></p> <ul style="list-style-type: none"> <li>• Have you ever verified a child protection investigation on a kinship home?</li> <li>• If yes, in the past year, approximately how many children protection investigations have you verified on kinship homes?</li> </ul> <p><b>b) Removal</b></p> <ul style="list-style-type: none"> <li>• Have you ever placed a child with kin, only to remove him/her later due to safety or protection concerns?</li> </ul> <p><b>c) Percent Pursued</b></p> <ul style="list-style-type: none"> <li>• In the past year, approximately how many kinship families requested that you consider them as a potential placement? (please provide a number)</li> <li>• Out of those kinship families asking to be considered, how many did you pursue? (please provide a number) OR Out of those prospective kinship caregivers, approximately how many did you tell your workers to pursue? (please provide a number)</li> </ul> <p><b>d) Percent Approved</b></p> <ul style="list-style-type: none"> <li>• Out of those prospective kinship caregivers that were pursued approximately how many were ultimately approved to care for the child?" (please provide a number)</li> </ul>
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## APPENDIX J: INSTITUTIONAL REVIEW BOARD APPROVAL



IRB Administration Office  
87 East Canfield, Second Floor  
Detroit, Michigan 48201  
Phone: (313) 577-1628  
FAX: (313) 993-7122  
<http://irb.wayne.edu>

## CONCURRENCE OF EXEMPTION

To: Kimberly Brisebois  
Social Work Instruction Un

From: Dr. Scott Millis   
Chairperson, Behavioral Institutional Review Board (B3)

Date: December 08, 2011

RE: IRB #: 116011B3X

Protocol Title: Child Welfare Professionals on Kinship Caregivers: Attitudes and Implications

Sponsor:

Protocol #: 1111010341

The above-referenced protocol has been reviewed and found to qualify for **Exemption** according to paragraph #2 of the Department of Health and Human Services Code of Federal Regulations [45 CFR 46.101(b)].

- Revised Protocol Summary Form (received in the IRB Office 12/05/2011)
- Protocol (received in the IRB Office 11/12/2011)
- Receipt of Export Control Review (dated 12/01/2011) stating that there are no export control issues.
- Letter of support from Windsor-Essex Children's Aid Society (dated 10/28/2011)
- Letter of support from Chatham-Kent Children's Services (dated 10/20/2011)
- The request for a waiver of the requirement for written documentation of informed consent has been granted according to 45 CFR 46.117(1)(2). Justification for this request has been provided by the PI in the Protocol Summary Form. The waiver satisfies the following criteria: (i) The only record linking the participant and the research would be the consent document as this is a one-time internet survey, (ii) the principal risk would be potential harm resulting from a breach of confidentiality, (iii) each participant will be asked whether he or she wants documentation linking the participant with the research, and the participant's wishes will govern, (iv) the consent process is appropriate, (v) when used requested by the participants consent documentation will be appropriate, (vi) the research is not subject to FDA regulations, and (vii) an information sheet disclosing the required and appropriate additional elements of consent disclosure will be provided to participants not requesting documentation of consent.
- Research Information Sheet (dated 12/02/2011)
- Email Invitation to Potential Participants
- Data collection tools: Survey

This proposal has not been evaluated for scientific merit, except to weigh the risk to the human subjects in relation to the potential benefits.

- Exempt protocols do not require annual review by the IRB.
- All changes or amendments to the above-referenced protocol require review and approval by the IRB **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (ARIUE) must be submitted on the appropriate form within the timeframe specified in the IRB Administration Office Policy (<http://irb.wayne.edu/policies-human-research.php>).

NOTE: Forms should be downloaded from the IRB Administration Office website <http://irb.wayne.edu> at each use.

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## ABSTRACT

**CHILD WELFARE PROFESSIONALS ON KINSHIP CAREGIVERS: ATTITUDES  
AND IMPLICATIONS**

by

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In 2006, new policies mandated Ontario child welfare agencies to explore potential placements with kin when children are removed from their homes. The philosophical basis driving Ontario policy is the belief that family-based care is better for children. Despite the dramatic rise in the numbers of kinship homes, controversy continues to surround the mandated exploration of kin (Geen, 2003). Kinship policies have required shifts in child placement practices and have imposed changes in the beliefs, attitudes and norms of child welfare professionals. Early practitioners tended to pathologize kinship networks and worked from the belief that children required rescuing from abusive family systems (Jefferson-Smith et al., 2002). This study examines professional attitudes about family-based care and the influence of those attitudes about practice decisions. One-hundred and ninety two child welfare professionals answered an on-line, anonymous survey. The theory of planned behaviour guided the research questions. The effects of stress, workload and job satisfaction on attitudes are also explored. These findings indicate that a large majority of professionals continue to have some reservations regarding family-based care. It also shows a large amount of subjectivity and great divide among

professionals in their practice decisions. Negative attitudes toward family-based care are found to influence the number of kinship families pursued; increase the number of verified maltreatment investigations and increase the number of children removed from kinship homes. High levels of stress, workload and low job satisfaction are also found to negatively influence professional attitudes. Biased investigations and removal decisions should be examined further and addressed as they can result in concerning implications for families and children. Current Ontario standards should be tightened to avoid the subjectivity in decision-making. Workload, stress levels and job satisfaction should also be considered for professionals struggling with understanding the value of kin.



## **AUTOBIOGRAPHICAL STATEMENT**

Kimberly earned her Bachelor of Social degree from the University of Windsor in 1993 and her Masters of Social Work degree from Dalhousie University in 2005. Kimberly's graduate studies concentrated in the area of domestic violence, safety planning for women and high risk indicators of offenders. Kimberly has worked in the child welfare field in a variety of roles since 1993. She currently supervises the High Risk Infant team at the Windsor-Essex Children's Aid Society. In this role, she has developed specific policies; best practice procedures; and specialized training for social workers involved with high-risk infants. Kimberly is a certified trainer for the Ontario Association of Children's Aid Societies. This certification was achieved after several hours of classroom training on the principles of adult learning. Kimberly delivers training to child welfare professionals that provide a framework within which to identify and respond to the needs of families and children whose safety and development may be at risk. Kimberly's training curriculum aims to enhance understanding of physical, emotional and sexual abuse in children and expands participant's skill in critical analysis and decision making. Kimberly has also worked as a sessional instructor for the University of Windsor since 2005. Classes taught include a wide range of social work skills at every level of intervention.

Kimberly has been involved in several committees to improve child welfare service delivery and community initiatives, including addictions programming for mothers of young children and education of community partners on the mandate of child welfare. She was also involved in a provincial committee aimed at early help and admission prevention.

Kimberly commenced her doctoral studies in the fall of 2009. During her candidacy she developed a strong research agenda that focuses on child welfare policy and the elements that constitute the Ontario child welfare transformation agenda. She has been successful in publishing various articles in this area and currently has other manuscripts under review. This dissertation is a result of her doctoral training and education.