

INTO THE PANOPTICON:  
THE EXPERIENCES OF FEMALE KIN CAREGIVERS

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By

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## ABSTRACT

Kinship Care is a relatively new, organized concept and increasingly popular alternative to foster care in the Ontario child welfare system. The field is currently developing policies and practices in terms of how kinship care can be standardized and implemented to provide more permanency to children identified to be in need of protection. . However, with the child welfare system operating within a larger system, there is a danger that the emergence of kinship care may re-produce the inequalities of women and their caring work. Similar to the foster care system, kin caregivers are mainly women yet the critical difference is these women are closely tied as kin to their external families who have reached out to them along with the child welfare agency with the expectation they provide care for kin children who cannot remain in the birth parent's home.

This study has attempted to accurately examine and depict the experiences of 4 female kin caregivers in order to listen to their voices and gain a better understanding of their struggles in maintaining the autonomy and integrity of their extended families. The participants offer poignant examples in their stories of their strong maternal duty and commitment to care and how quickly the organizational structure can take advantage of their socially constructed place in the larger society.

The interviews highlighted the fact that by way of societal expectations, the child welfare system in Ontario has inadvertently placed them in the centre of a panopticon, itself becoming the surveyor of these female kin caregivers. Due to the kin caregiver's gender and the social construction of maternal blame, the system intrudes to monitor how they parent their own kin. This in turn creates a perception or appearance that kin caregivers are less able to care and does not reflect a high social value.

The findings highlight several implications for social work policy and practice and raises questions about the need to change some of the current practices of how we view kin caregivers. Furthermore, if there is to be a gaze upon kin caregivers due to bureaucratic obligations, the gaze must be a reciprocal one---one that identifies and sees injustices to kin caregivers with intent for resolution without judgment.

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## CHAPTER 1

### Introduction

“The family is at once the most sensitive important and enduring element in the culture of any people. Whatever its structure, its most important function is the same everywhere---namely to insure the survival of its people.”

Andrew Billingsly, Sociologist

“It takes a village to raise a child.”

African Proverb

Extended family have cared for children on a full-time, live-in basis for thousands of years and the important role of kin in raising children has been recognized by anthropologists in cultures and communities around the world (Goody, 1978; Korbin, 1991). Yet this concept had not been recognized to any great degree in the child welfare system in Ontario. Children who have been abused or neglected often found themselves being removed from the family home and placed in the province’s traditional foster care system. Children are either placed in a family model foster home or group home. They also can be placed in staff modeled group homes or residential centres.

Child welfare in Ontario has been in the midst of reform from the mid 1990’s. During this period, as a child welfare supervisor and administrator, I have witnessed many changes that have occurred in the context of ensuring the protection of its children. In 2000, Ontario’s legislative changes in child welfare resulted in the broadening of what constitutes a child in need of protection. A significant impact with respect to this legislative change has been the exponential growth in the number of children placed in Society care. From 1998-2004, there has been a 63% increase in the number of children placed in care (Ontario Association of Children’s Aid Societies, 2005). As of March



2004, child welfare agencies in Ontario were the temporary guardians of 6, 496 children and youth, shared the parenting of 2,210 with the birth family (under a Temporary Care Agreement) and held permanent care responsibilities for over 8,000 children and youth (Ontario Association of Children's Aid Societies, 2004). At the Hamilton Children's Aid Society, there are approximately 670 children in Society care. This is the highest number since the 1970's.

The rapid growth has resulted in significant challenges in the Societies' ability to place all children and youth in environments adequate to meet their immediate and long term needs with one such critical need being permanency (Ontario Association of Children's Aid Societies, 2004). Across Ontario the need for children to be placed in Society care far exceeded the ability to recruit enough foster parents, the traditional place of safety of the child welfare system. An increase in the number of children needing out of home care has proven to be a costly one. The provincial budget for child welfare in Ontario crossed over into the one billion dollar mark in 2004 mainly due to legal costs and children placed in Society care (Ontario Association of Children's Aid Societies, 2004).

The United States child welfare system had similarly experienced this overwhelming problem in the early 1980's and 90's and as a result, the concept of kinship care was developed and utilized (Berrick, Barth and Needel, 1994; Crumbly and Little, 1997; Scannapieco and Hegar, 1999). Today kinship care is defined as "Any living arrangement in which a relative or someone else who has an emotional bond to the child/youth takes primary responsibility to rear the child/youth (Ontario Association of Children's Aid Societies, 2004). The relative or anyone with this emotional bond is

considered a kin caregiver. While the U.S. has started to embrace this concept as a panacea for child welfare, kinship care had at the same time been slow to be recognized in Ontario. However, currently there has been an evolving initiative occurring within the field to view kinship as one option in a continuum of options for children at risk. The Child Welfare Evaluation Report (November 2003) recommended refocusing on the issue of permanency for children and youth. The Ministry of Children and Youth has demonstrated a commitment to view other Models of Service Delivery in meeting the best interests of abused or neglected children including Kinship Care. Kinship placements are even being described as having catapulted “from last choice to first choice” (Ingram, 1996) and this philosophy has now been adopted by The Ontario Children’s Aid Societies and the Ministry of Children and Youth.

The impetus for this study developed out of my understanding that kinship care is beginning to becoming a regular part of the language in child welfare. However concern developed in that there was insufficient understanding about the kinship caregivers themselves, (mainly women), what role they play in caring for their kin and how the power structure works in the social processes that could illuminate the possible subordination of this particular group. In order to explore the interplay of these constructs, this study will examine the experiences of 4 female kin caregivers, in both formal and informal kinship care situations. Framing the kin caregivers’ experiences around their caring work by asking them about the rewards, tensions, challenges, and ambiguities might uncover ill-fitting practices or assumptions in child welfare, for example the ambiguity of being both a relative and a state-monitored caregiver.

Neysmith (1995) has conducted research on home care workers, also mainly women, and emphasize that they who live the effects of belonging to particular groups in our society are experts in what they experience (p. 113). Aronson and Neysmith (1996) stress the importance of recognizing that the origins of oppressive practices with home care workers lie in large part in the structuring of policies and practices that shift responsibility for meeting the elderly needs to unpaid or poorly paid women (p. 75). This is where I see some parallels with kin caregivers. The political structure sees kinship care as a cost saving measure. What does this mean? Traditional foster parents who were paid by the child welfare system to care for abused and neglected children may now be replaced by relatives, mainly women who will care for their kin with no or little pay. Therefore it begs the question: are kin caregivers in their caring work, on their way to becoming exploited by the system? The roles and expectations of kinship caregivers are ambiguous and unclear. In foster care, the role conception of foster parents refers to his or her understanding of what being a foster parent means (Berrick et al., 1994). Blurred and ambiguous roles of a kin caregiver can give way to obscure language of what being a kin caregiver really means in the broader structure of the system. This could lead to devalued work in caring for the most vulnerable children.

This research study, therefore, hopes to develop a more comprehensive interpretation of kinship caregivers and their caring work that takes into consideration the variety of pressures they face today. An analysis of the research findings will guide this interpretation and hopefully bring forth an analysis of their words, their meanings and their wishes in order to bring forth clarity for them.

This study is not meant to be a criticism of the child welfare system but a critical self (women's' self) reflection of the organizational structures surrounding female kin caregivers. The child welfare system operates within a larger system and one must always be sure that the emergence of kinship care in Ontario doesn't re-produce the inequalities of women and their caring work.

## CHAPTER 2

### Literature Review

This chapter provides an overview of the literature and research regarding kinship caregivers. In reviewing the literature, women's accounts of their experiences as kin caregivers is minimal. This led me to consider a critical fact; despite kin caregivers being mainly women, a feminist analysis was missing in the current research. Meyer, (1985) wrote a feminist perspective on foster family care and Hooper-Briar and Ryan (1986) included neglected children in their study of deinstitutionalization and women caregivers however the focus of the research was mainly on the disabled and mentally ill. The minimal amount of literature and research on kin caregiving from the perspective of women's caring work is in stark contrast to research relating to women's caring work in terms of the elderly and the sick.

It is vitally important to consider kin caregiving as another element of women's caring work. The lack of attention in the current literature is concerning as research on kinship care should include women's voices that are distinct and discernable (Edwards and Ribbens, 1995) with the need to transform private stories into public theories (Mauthner and Doucet, 1998). This study will attempt to bring out those voices by being faithful to the women's stories and seeing them through a feminist theoretical lens in order to invoke necessary change.

### **Assumptions of Kin and Kinship**

The concept of kinship carries several of its own assumptions embedded in a historical context. Since the late 18<sup>th</sup> century, European writers have generally assumed that the family of parents and children was a universal human institution that provides certain functions indispensable for the reproduction of all societies. According to this view, marriage and the formation of a new family provide the proper context for the birth of children who will have a legitimate place in society (Smith, 1984, p. 5).

Another assumption speaks to the definition of kinship itself. The Oxford dictionary definition of kin is “one’s relative or family.” Family is defined by Oxford as “set of relations, esp. parents and children; person’s children; all the descendants of common ancestor.” (Oxford, 1995). This certainly fits with the assumed concept of kinship in that it is based ultimately upon relationships of consanguinity and affinity (blood and marriage) Smith, 1984, p. 5). It has been a taken for granted assumption that family, that “basic cell of society” refers to a couple and their children i.e. nuclear family (Jelin, 1991, p. 9).

### **Kinship Care---Historical and Cultural Roots**

Kinship care arrangements are not a new concept. Extended families have been raising children in cultures and communities around the world ( Korbin, 1991). Extended family have cared for children on a full-time live-in basis for thousands of years and the important role in raising children has been recognized by anthropologists (Goody, 1978).

Kinship care was also seen as a way for family bloodlines to survive. The ancient obligation that men marry the widow of a deceased brother ensured that many children

grew up in the home of an uncle/step-father (Hegar, 1999 p. 18). More contemporary examples of kinship fostering comes from tribal cultures where family is surrounded and re-enforced by extended family and tribal structures as in the Maori culture of New Zealand (Ernst, 1999, p. 112).

Today kin caregivers aren't necessarily blood relations. The Child Welfare League of America defines kinship care as the full time care of children by relatives, members of their clans, godparents, stepparents or any other adult who has a kinship bond with a child (1994). Even in the long ago past, Moses as stated in the Bible, was reared by Pharaoh's daughter, a non-blood relative.

Extended family members and other persons with a bond to the family have been particularly important in African-American families dating back to the time of slavery where parents and children were often separated (Geen, 2003, p. 2). In fact, kinship care was coined by Stack (1974) in work documenting the importance of kinship networks in the African-American community. In many parts of Africa, as in regions of the Pacific, fostering of children within extended kinship networks is an established cultural practice (Hegar, 1999, p. 20).

Kinship care however, was not embedded as strongly in its roots and culture in America. In Colonial America, under the Poor Law, grandparents became responsible for the grandchildren whose parents died or became unable to care for them (Trattner, 1994). However many children instead were subjected to the Poor Law solutions of workhouses, and orphanages. The earliest interventions included "binding out", which was a system whereby poor children and children of colour were contracted as labourers, and the containment of poor children in orphan asylums (Bremner, 1970; Hollaran,

1989'Sutton, 1990). In Native America, kinship care is a central aspect of their culture (Shomaker, 1989), yet many Native American children were placed in institutions, rather than being left to the care of family, kinship network or ethnic community (Hegar, 1999).

### **Kinship Care and Child Welfare**

The child welfare field has seen many philosophical, cultural and practical shifts over the last 30 to 40 years. From a focus on best interests and paramount protection of children in the 1970's, to the focus on the autonomy and integrity of the family in the 1980's and back to the child being the primary client of the Children's Aid Society in the 1990's and present. Yet what had remained stable were the assumptions that foster care was the optimal place of safety for children at immediate risk. Kadushin, (1980) and Belsky (1980) saw child maltreatment as being transmitted from one generation to the next. This view of the etiology of child maltreatment ("the apple doesn't fall far from the tree") discouraged the use of relatives as caregivers of abused or maltreated kin. Traditionally, child welfare workers and judges have harboured significant ambivalence about placement with relatives, concerned that the maltreating parent's parenting practices were learned through interactions with members of a dysfunctional immediate or extended family (Gray, and Nybell, 1990; Sheindlin, 1994).

Yet the number of children needing a place of safety far exceeded the number of foster homes. One study found that the number of available foster homes decreased from 147,000 across the US in 1987 to approximately 100,000 in 1990 (Chamberlin, Moreland and Reid, 1992). As well, with the increasingly significant costs of a declining foster care system and research studies such as Barth, Courtney, Berrick & Albert, that states



children in kinship placements are less likely to re-enter the child welfare system than those coming from non-family/non kin foster care (1994) kinship care has become a central critical policy issue in the United States (Gleeson & Craig, 1994; Goerge, Wulczyn & Harden 1995). The National Survey of America's families conducted in 2002 found that 1.76 million children were in private kinship care arrangements without state involvement. An additional 400,000 children were in kinship foster care, a formal licensed arrangement approved by the state. In total, the survey found that 2.3 million children were in some type of kinship care. This figure was an increase from 1.8 million in 1997 (Urban Institute, 2003). Kinship care was now being praised as an extended form of family preservation services, as a culturally congruent form of care and as a potentially beneficial placement alternative for children who cannot remain with their parents (Berrick et al., 1994; Child Welfare League of America, 1994; Takas, 1993).

### **Kinship Care in Ontario**

There are two types of kinship care situations in child welfare in Ontario: Kinship Services—Out of Care or Kinship Foster Care. Kinship Services—Out of Care occurs when the family and in some cases the agency decide due to circumstances of abuse, neglect, dependency, abandonment or special medical circumstances that the child(ren) will live with relatives or other kin. In this kinship arrangement, a child welfare worker may be involved in helping family members plan for the child, but a child welfare agency does not assume legal custody of or responsibility for the child. Kin caregivers are not approved as foster home providers. There may be a custody order, supervision order and/or voluntary protection services agreement with kin. These children do not have 'in care' status" (Hamilton/Niagara Regional Kinship Care Initiative, 2004).

Kinship Foster Care involved the parenting by kin as a result of a determination by the court and the child welfare agency. The court rules that the child/youth must be separated from his or her parents because of abuse, neglect, dependency, abandonment or special medical circumstances. The child/youth is placed in the legal custody of the child welfare agency, and the kin provides the full-time care, protection and nurturing that the child/youth needs. To provide this care, kin must be approved kin foster home providers. These homes will only have the “related” child/youth placed there. These children/youth would have ‘in care’ status” (Hamilton/Niagara Regional Kinship Care Initiative, 2004).

### **Kinship Caregivers**

There has been a variety of studies to explore and identify the characteristics of kin caregivers. Women are the most frequent kinship caregivers (Benedict et al., 1996; Berrick et al., 1994; Dubowitz et al., 1992; Gebel, 1996; Scannapieco et al., 1997; Thornton, 1991). Kin caregivers in the United States are more likely to be headed by older single women, have less family income and are more likely to be African – American, Native American and Hispanic or members of another ethnic minority group (Pecora, Le Prohn and Nasuti, 1994). The relatives who most frequently provide kinship care are maternal grandmothers (more than 50 %), followed by aunts (33%) (Dubowitz et al., 1994; Le Prohn, 1994; Scannapieco et al., 1996; Thornton, 1991). Relative kin caregivers were more likely to be single parents than were non-relative caregivers (Berrick et al., 1994; Dubowitz et al., 1993; Le Prohn, 1994; Scannapieco et al., 1997), although Gebel (1996) found no significant difference on this variable.

### **Framing the Context: Social Constructionism**

Although the research on kinship care has increased over the years (Beeman, 1999), what is missing from the literature is the understanding of kinship care through a theoretical lens. This study utilized a social constructionist and feminist framework to examine the dominant discourse that female members of a family (including kin caregivers) are largely responsible for the emotional and physical health of the family.

There is no one definition for social constructionism, but social constructionists insist we take a critical stance towards our taken for granted ways of understanding the world, including ourselves and the ways we do commonly understand the world is historically and culturally specific. It cautions us to be ever suspicious of our assumptions about how the world appears to be (Burr, 1995, pp. 3-4). According to Kenneth Gergen, (1985), it emphasizes the power of social interactions in generating meaning for people.

From a social constructionist perspective, not only are we unable to perceive an objective reality, the realities we do construct are anchored in language systems in which we exist. Its key implication is that we are profoundly shaped by cultural beliefs we have taken for granted and don't examine (pp. 266-275). Using this theoretical and philosophical approach, we can say that the attitudes towards women's caring work are socially constructed. For any given social phenomenon various opinion leaders called claimsmakers offer explanations that reflect the social structure of society, its cultural values and beliefs (Best, 1987). These claimsmakers may compete for the right to explain a phenomenon in a certain way and seek to influence policy making and clinical practice in a given direction.

The feminist perspective, used as a lens for viewing the human condition, that is men and women in their life situations, calls attention to the code words, stereotyped attitudes and discriminatory practices heretofore accepted as truth, or tolerated as inevitable consequences of a society in which women have been dominated by men's rules (Meyer, 1985). It has the potential for analyzing problems and changing categories. It rests on a critical analysis of what is knowledge, how we recognize it, who are seen as experts in our society, by what means someone acquires this status, and by what means competing knowledge claims are adjudicated so that some are legitimated while others are dismissed (Stanley & Wise, 1993, p. 188). Feminist research is assessed in terms of its potential for improving the lives of women, for developing knowledge that can contribute to the elimination of gender based oppression (Neysmith, 1995). Thus the "givens", the "facts" are always suspect---our accepted explanations, theories and common sense understandings of the world around us are shaped by persons who are in positions to get their voices heard...and reflects the social understandings of elite groups (p. 114).

A feminist perspective, rooted in an analysis of women's caring, recognizes what is involved in caring for others and underlines the importance of increasing the autonomy and choices of caregivers and those who are cared for (Baines et al, 1992). Fisher and Tronto (1990) claims that the necessary time, skill, knowledge, and the material resources that are required in caring for others need to be considered important dimensions in working with women.

### **The Social Construction of Women's Caring Work**

Representation of the world, like the world itself, is the work of men; they describe it from their own view, which they confuse with the absolute truth.

Simone de Beauvoir

Caring is defined as the feelings of close connection with and concern for another person and the actions associated with those feelings (Scheyett, 1990). In our patriarchal society caring is the duty and obligation of women. It is also the central experience of women (Scheyett, 1990). Historically and today, it has been value based on current community standards of a presumed majority (Freud, 1999, p. 335). According to Finch and Groves (1983), women are faced with a perceived need to care and feel that they have absolutely no choice whatsoever but to carry on caring. Gilligan (1982) identified an ethic of care as the key element of women's moral development and stated that in contrast to the male worldview of hierarchy, distance and competition, caring from a women's worldview is the activities of care and the activities makes the social world safe, by avoiding isolation and preventing aggression. That the concepts of care and responsibility are primary women's construction of the moral domain is demonstrated by the fact that women are the primary caregivers in the home caring for the children and other family members. Hooyman (1990) stated caregiving is an expected duty of women but an unexpected expression by men.

Miller (1976) examined the primacy of caring to women's sense of self-worth, stating "women have traditionally built a sense of self worth on activities that they can manage to define as taking care of and giving to others (p. 57). Ruddick (1989) proposed that the construct of maternal thought, a thought structure based on the caring concepts of

preservation, growth, acceptance, and attentive love, is central to the understanding of women's culture, tradition, and way of being.

In the feminist framework, Baines, Evans and Neysmith (1991) suggests that women's work is best understood not as a result of biology or psychology but as a product of the social and material conditions in which women live—conditions that include the intersecting influence of capitalism and patriarchy. Sancier and Mapp (1992) pointed out that this patriarchal society officially recognizes the social need to care about children by assigning women to care for them. The patriarchal social structure, rights and opportunities for men, restriction and subordination for women have not vanished.

### **Caring and Caregiving**

“Caring” is work that must be carried out by someone (Dinerman, 1992). It is also assumed to be the women's job, her proper gender role. In its current construction, caring is frequently invisible, usually devalued and generally assigned to women (Baines et al, 1992). The language of caring and caregiving/caretaking is significant in the social construction of women's caring work. Caring and caregiving has been used interchangeably and this has serious implications of how women are perceived in their caring work. Finch and Groves (1983) suggested it reflects both love and labour and so incorporates an affective dimension, often referred to as caring *about*, as well as an instrumented, or task oriented aspect, the work of caring *for*. It invokes a mutual role in that if one cares, one should care for. It also invokes images of love and affection but may obscure the image of the hard work it involves, the way caring is organized and the costs it imposes (Baines et al, 1992). Baines also claims that women themselves, along

with the human service professionals they encounter accept the love and labour that accompany caring work as the norm and pay little attention to the factors that facilitate caring or impel women with limited time and resources to do this work.

We must address the ways in which women and men are socialized to believe that it is a woman relative's role to be the caretaker and if she does not assume this role, she is a bad mother, daughter, grandmother or even daughter-in-law (Dinerman, 1992). Caring in the sense of loving, must be separated from caretaking, which is attending to the needs and safety of another person. Women have been socialized to view caring and caretaking as inseparable and are reluctant to give up either. Men have been socialized to see them as separate: the former belonging to both sexes, the latter to women (p. 88).

### **Women's Caring Work as Oppression**

The idea that women are the nurturing sex may be viewed by some as a compliment and of ultimate value in a world of equal opportunity and sexual equality. However, defining and even regarding women as primarily nurturing and caring has personal, social, economic and political consequences for women. Code has been written that assigning nurturance and caring to women in effect restricts her to the private realm (Meyer, 1985, p. 250).

Since the patriarchal societal culture expects and demands women care for as well as care about others without the acknowledgement of the value of caregiving work, it is also a form of oppression. One of the key elements in the oppression of caring is the lack of choice for women. Firstly there is usually not a choice between a man and women on who mainly cares for others. Women alone bear the burden of caring and this result in

their oppression (Scheyett, 1990). Women have no choice but to care; that has already been socially constructed and accepted as truth.

Caring has two aspects, the emotional “to care about someone” and the social—a resultant action that involves work. It is the latter that is virtually unrecognized, non-optional and unrewarded labour that limits women’s choices and opportunities and restricts self-exploration and self-determination. (Scheyett, 1990). In Canadian child welfare, the use of women as low or unpaid care providers has been central to serviced delivery (Swift, 1995). Virtually all in-home supports, teaching home-makers, parent aides, who are key to the current child welfare structure, are “the most disadvantaged members of the female labour force---immigrants and visible minorities (Neysmith, 1991, p. 280). Their pay is abysmally low (Evans, 1991, p. 178).

The family foster care model was adapted for reasons including its low cost option. These foster mothers, through the media, became icons of womanhood, representing the heights of self-less caregiving to which all women can aspire (Swift, 1995). Swift continues by claiming that the everyday reality is one of ongoing and usually invisible caregiving labour provided at low cost and mostly done by women (p. 493).

### **The Kin Caregiver as an Oppressed Population**

Given the literature on women’s caring work, one can look at the kin caregiver as being at risk to becoming an oppressive group doing de-valued work. Looking at the general profile of the kin caregiver and assume they are already an oppressed population.



“..Usually single, female, lower socio-economic background and from an ethnic minority population.” The power imbalances are evident before they even start caring for their kin.

With respect to the aspect of choice, the literature supports that kin caregivers were very often not given much of a choice on whether or not they wanted to care for their kin. One study (Thornton, 1987) found that relatives often said they felt “obligated” to become caregivers for a related child” (p. 108). In Berrick et al’s study (1994) it was determined that many kin caregivers stepped into the role out of their personal commitment to the child and family (p. 187). Beeman and Boisen’s study (1999) on child welfare professionals’ attitudes toward kinship care found that most respondents (83.4%) believed that kin caregivers were motivated by familial obligations and expectations (p. 321).

Along with this apparent lack of choice or sense of familial duty, kin caregivers are also ripe for exploitation because a vast majority occupies the oppressed statuses associated with gender, class and ethnicity and is apt to regard themselves as they are regarded by the society at large (Meyer, 1985, p. 253). The kin caregiver no less than the foster mother or middle class suburban housewife may over time adjust to the role assigned.

There has been an ongoing debate in the child welfare field about whether or not kin caregivers should be paid a per diem rate similar to foster parents (Regional Kinship Care Committee, 2003). Many Societies claim that relatives of children should not be paid or at least paid less than non relative foster parents because of the very status they have: being related to the children who are in need of protection. This invokes a disturbing message that kin caregivers, mainly women, have a certain obligation to care

and be a caregiver and this equates with unpaid work. The language used is important when one looks at how kinship care is perceived. While “social work is seen as work (albeit lower-paid work in this mostly female occupation), “kinship care” implies it is not valued paid work but a caregiving role that is seen as a natural duty and expectation.

The literature is very clear that kinship care did not develop as a result of a grass roots outcry by potential kin caregivers that they need to be considered as a placement option for abused or maltreated kin children. The emergence on kinship care instead, was mainly due to the bureaucratic system’s inability to manage rising caseloads with a decreasing supply of non-relative foster homes. The US federal government, in 1996, passed the Personal Responsibility and Work Opportunity Reconciliation Act that focused explicitly on requiring states to consider preference to adult relatives over non-related caregivers when considering placements for children ( P.L. 1996). In Ontario, there is a proposal to incorporate Kinship Care as an amendment to the Child and Family Services Act that allows kin to obtain status of kin adoption, kin foster care and kin guardianship (Ontario Association of Children’s Aid Societies, 2004).

Yet legislative changes will also cement the notion that kin caregiving will need to be “state-monitored caring”. Kin caregivers, mainly women, will be subject to surveillance and monitoring of how they care for their own kin. This is indicative of the power imbalance between women’s caring work and the bureaucratic state. If and when kin caregivers chose on their own to care for kin, they are not given the choice to care for kin without state monitoring. Enforcing compliance with standards is often perceived as intrusive, culturally insensitive and offensive to kin caregivers (Cohen and Cooper, 1999, p. 331).

### **Woman/Mother Blaming, Discipline and Surveillance**

Oppression can often include “blaming one for their misfortunes”. Claims makers have explained the concept of motherhood, for example, to include blaming her for the entire family’s difficulties and dysfunction. Polansky et al, in their research and 1981 study “Damaged Parents” is a good example of the quest for influential policy making. Polansky et al (1981) in their study presented a Maternal Characteristic Scale, which demonstrated a correlation between child abuse and neglect with a personality characteristic of neglecting mothers. They reported that these personality features of the mothers over poverty and social deprivation were the primal causal factors of neglect. There have been studies that refute this research (Horowitz and Wolock, 1981), as they found that poverty was the primal factor of neglect. However it is research such as Polansky’s with its insights and language that have social workers learning to blame the actual victims of their circumstances by locating the cause of neglect, abuse and family dysfunction in a character disorder.

These influences and the language involved create and sustain our inherent bias and assumptions about motherhood. As a result the dominant discourse is that women and mothers are largely responsible for the emotional and physical health of the family and that family dysfunction or maltreatment of children is considered a failure of the individual woman in her role as mother.

Realities we do construct are anchored in language. The following language used in child welfare is indicative of our perceived realities of what a “normal” mother should and should not do. “She places her needs over the needs of the children” “She makes

poor choices in partners” “The mother chose to use an inappropriate babysitter.” The language used and found in case files across the child welfare field implies what a mother should be doing...protecting her young, sacrificing herself for the sake of her children and even being responsible for others who hurt her children. Language is used in a case by case approach; hence the case file that instructs us to see the problem as individual failure. It is not seen as a broader problem such as poverty or oppression. As Karen Swift (1991) states:

An issue such as poverty is not made actionable in such a system; data about its existence and effects are not gathered and workers have no organizational or legal mandate to act on poverty as a problem (p. 248).

Kinship care had not been originally embraced by child welfare workers as they believed the dysfunction and the protection concerns of the parents, usually the mother went beyond the nuclear family and extended into the kin network itself. That the blaming went beyond the mother required the kin caregiver poised to care for their kin to undergo an examination in order to determine if they were suitable and appropriate to care and even when deemed suitable, continued to be under state monitoring and surveillance. This is another form of oppression and power imbalance for woman caring for their kin.

According to Foucault (1998), power is simply a certain type of relation between individuals (p. 83). Every relationship is also a relationship of power. Within the economy of power, technologies of discipline develop and expand the various techniques and procedures that are useful for the coercion of people's bodies (Foucault, 1979). The techniques of power are continuous and uninterrupted but at the same time adaptable and individualized (Foucault, 1980). The procedures enhance atomization and docility at the

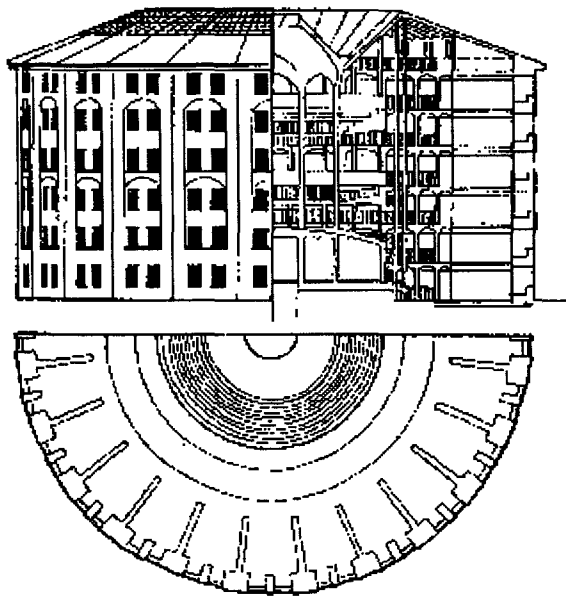
personal level; and contribute to the development of meticulous methods for ensuring the inmate or client fits within the social machinery (1979).

Discipline operates as an economy of power. According to Foucault; discipline is a means of distinguishing, separating out and sorting individual bodies from the mass of humanity. Discipline operates through minor procedures and modest technologies that in total function as a calculated economy of power (1979). The kinship home study conducted by child welfare workers in their determination of whether kin can care is an example of a technology that is an instrument of disciplining power. It combines hierarchal observation with normalizing judgment. This normalizing gaze is a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them (Foucault, 1979).

During the home study, observations are made; data collected and within this examination lays a profound interrelationship of knowledge and power. This is due to the potential kin caregivers being subjected to the questioning of child welfare workers. When kin are approved by the state to care for their relative children, the surveillance continues in the licensing and regular monitoring of caring for one's family. Similar to an open protection case in child welfare, the family is seen regularly with standardized paperwork completed on the outcome of their care. Therefore, kin caregivers continue to be subjected to a "principle of compulsory visibility" (Foucault, 1979).

## The Panopticon

The panopticon of Jeremy Bentham (1791) is an architectural figure, which incorporates a tower central to an annular building that is divided into cells, each cell extending the entire thickness of the building to allow inner and outer windows. The occupants of the cells are isolated from one another by walls and subject to scrutiny both collectively and individually by an observer in the tower who remains unseen. The panopticon thus allows seeing without being seen. Below is an illustration:



**The Panopticon Blueprint by Jeremy Bentham, 1791**

Foucault drew on the concept of the panopticon as a mode of surveillance and monitoring. “Such asymmetry of seeing-without-being-seen is, in fact, the very essence of power because ultimately the power to dominate rests of the differential possession of knowledge” (Foucault, 1983, p. 204). Foucault stated that in social control there is no

need for material constraints, just a gaze. An inspecting gaze, a gaze whom each individual under its weight will end by interiorizing to a point that he is his own overseer, each individual exercising this surveillance over and against himself. A superb formula; power exercised continuously and for what turns out to be a minimal cost (Foucault, 1980).

The panopticon imposes on the subjects a continuous and compulsory visibility, which makes them visible to the guardian of authority without possibility of returning the gaze. Self-discipline can replace coercion as the method of social control, and having internalized the gaze, individuals come to monitor themselves (Chambon, 1999, p. 276).

The existing literature and research on kin caregivers do not focus on kin care as women's caring work as the literature does abundantly in terms of women's caring for the elderly or disabled. The literature on kinship care whether it is done deliberately or not does not see kinship care through a theoretical lens. Societal and organizational expectations on women caring for kin is lacking in the literature. Keeping this in mind, this study will attempt to expand our knowledge of whether or not women's caring work in situations of kinship care is heading toward de-valued and oppressive work. Using a feminist and social constructionist approach this research hopes to give voice to the experiences of four women caring for kin, in terms of the obstacles they face and their ability to overcome those obstacles despite the pressure to conform to dominant social and organizational values about women's caring work. In using a feminist framework, my goal is to pull apart and examine their stories in such a way that it is "returning the gaze".

## CHAPTER 3

### Methodology

#### Design

In order to explore the experiences of kin caregivers I chose a qualitative design based on feminist research methodology. As indicated previously the literature is limited in terms of kin caregivers' personal experiences and next to non-existent in terms of women's caring work in kinship care through a theoretical lens. Using a feminist approach will enable the research to make visible the experiences of female kin caregivers and attempt to understand those experiences in their own terms (Mauthner & Doucet, 1998).

I am particularly interested in exploring the experiences of female kin caregivers in terms of their caring work and the obstacles they face while working with a child welfare agency. Keeping this in mind, the research will provide an analysis of the power imbalances these women face in terms of societal and organizational structures that disempower and devalue their caring work. I am interested in exploring the possibility that kin caregivers are the "next oppressed population" given the fact kinship care remains in its developmental stage in child welfare in Ontario.

The participants will also be encouraged to consider how societal and organizational structures have created barriers to their caring work. It is hoped the findings of the study will accurately reflect their voices of experiences as female kin



caregivers in terms of their ability to break down these barriers or least navigate around them.

### **Sampling**

The participants for the study, using a purposive sample, consisted of four female kin caregivers who are actively working with a local children's aid society (CAS).

Purposive sampling deliberately includes those elements of interest to the researcher. It includes elements that are directly relevant to the problem being studied (Marlow, 1993). The selection of respondents is based on specific characteristics that guide the research and enhance the meaning of research findings (Lincoln & Guba, 1985).

After an Ethics Review process at McMaster University approved the study, I contacted a Director at the CAS and asked if they would support the research study. Once confirmation of interest was confirmed, I met directly with the Director to further explain the study. Copies of the study information letter and informed consent form were given to the Director. The Director then met with the team of service supervisors to explain the research study. I then e-mailed a descriptive information sheet to supervisors and social workers at the agency (See Appendix A). Recruitment involved the social workers contacting prospective participants from their own caseload and using a script provided (see Appendix B), explained the study and asked if they would be interested in having their names submitted to the staff liaison in order that a central list of potential participants is developed. The staff liaison then selected four names and e-mailed me the information in which to contact them to get their approval to participate in the study.

Due to the small sample size, there was a risk that any participant may be identified by their worker after the completed study was presented. However the larger central list of potential participants was kept and managed by a staff liaison that had no direct involvement with the potential participants. The risk was mitigated because workers familiar with the potential participants would not know who from the larger pool was selected by the agency liaison and offered an opportunity to take part in the study.

I contacted the selected four kin caregivers directly by phone to further explain the study and receive their consent to participate. Individual interviews were arranged on terms that provided the participants maximum comfort. All participants selected their own homes for the interview site.

All of the four participants were white females and ranging from lower-middle class to middle class in socio-economic status. They ranged in age from their 20's to over 60 years.

### **Data Collection**

Individual semi-structured interview lasting between one to two hours were held with each participant. These interviews were audiotaped and transcribed. Potential risks were discussed through the Information for Participants Letter (See Appendix C) and the Consent Form (see Appendix D) was then explained and signed by the participants before the interviews took place.

The interviews began with asking respondents for some demographic data with respect to themselves and their family (see Appendix E). For example, they were asked how they were related to the kin child(ren) in their care, their marital status, socio-

economic status, religion and ethnicity. These details were important because these variables may influence patterns of kin caregivers' perceptions and expectations in their caring work. For instance, if the kin caregiver is a grandmother, she may feel a different obligation in relation to her caring than a second cousin. Because of such influences, gathering demographics was crucial in considering the transferability of findings.

The questions during the interview were open-ended with the participants encouraged to express freely their experiences. The respondents were asked to provide a narrative of their experiences as kin caregivers and their experiences with working with the CAS. Areas that were explored through the narrative included their familial situation before becoming a kin caregiver, what circumstances lead them to become kin caregivers, whether they approached the CAS asking to be considered as caregivers or whether the CAS approached them. An interview guide was used for these questions (see Appendix E). Respondents were then asked specific questions with respect to their perception of what tasks they need to carry out in their care for kin children and their work with CAS. Was it congruent? What roles do they consider is theirs with respect to their function? Other areas that were explored were their relationship with birth parents, and the CAS worker, and their perceptions of the services they have received from the agency.

### **Data Analysis**

Gilligan's analysis (1982) of the development of men's and women's resolutions of moral conflicts concluded that women develop a mode of thinking that is "contextual and narrative" and their understanding is based on the individual in the context of their relationship with others. This way of thinking is contrasted with men's, which is seen as

focusing on autonomy and separation from others. Feminist research approaches include the researcher and participant exploring the topic together, each contributing to the process. Davis (1986) claims the researcher and participant can work in different ways to explore truth that they mutually create and define. This research has also explored how societies in which we live is socially constructed and can profoundly affect the way we think, including the way we think about different groups. Discourse analysis focuses on ways in which all analysis is embedded in the researcher's biographical and historical location (Warren, 1988). A great deal of emphasis in discourse analysis has been placed on how women have been marginalized (Keller, 1985).

In order to accurately interpret and reflect the participants' responses in the study, data analysis began during the interview to ensure accuracy. A "member checking" process also took place to help ensure trustworthiness. This involved participants if they wished, receiving a one week period in which to receive and review the transcripts of the interviews so that their feedback about the accuracy and representation of their comments can be gathered.

In the analysis, I paid attention to words, text and their meaning in the context of kin caregivers' experiences and how policy orientation of a child welfare agency structures the kin caregivers' roles and caregiving practices. The objective is to perhaps uncover some injustices and change policies and practices to re-position the female kin caregiver on a more esteemed level in the child welfare system. With female kin caregivers more empowered, they will be more able to strive for and seek better services for children in their care. This will ultimately lead to better outcomes for these children.

In keeping with feminist research, I was conscious of the power imbalance between myself and the participants. In all research situations, the fact that one group of people is able to conduct research on another group in itself an indication of power differences (Patai, 1992; Stanfield II, 1993). Coupled with the fact that I locate myself in the research as student researcher but also realistically a senior manager in a child welfare agency only widened the power differential between researcher and participant. I had to locate myself as an outsider in order to make the research as transparent as possible. For example, I have a responsibility to outline the risks the participants may face during their involvement with the study. However I have to locate myself in this study as a woman and as a caregiver of children as well. This mitigates the balance to some degree but I have to always be conscious of my location throughout this study.

I have used the critical social science approach in my methodology to not just understand kin caregivers' conception of their role but understand the reason they perceive these roles. Were kin caregivers perception of them constructed long before they even decided to care for their kin? Does the social construction of women's caring work help to marginalize kin caregiver's place in the hierarchy of the child welfare system with social workers near the top followed by foster parents and then perhaps kin caregivers? I also had to be cognizant of the participants' possibility of limiting their answers for fear of retribution from the child welfare agency that is monitoring their caring work.

## CHAPTER 4

### Findings and Discussion

This chapter will provide an overview of the research participants' responses to the questions used to guide this study, as well as an analysis of these findings.

Participants were asked to discuss their experiences as a kin caregiver while working at the same time with the Children's Aid Society. Interview questions focused primarily on their roles, their experiences and the pressures they face as a kin caregiver.

The findings are presented as themes. Three major themes emerged from the analysis: surveillance, a lack of choice leading to powerlessness, and resignation. A surrounding theme is the social construct of maternal duty and how this duty inter-relates with the other themes and eventually leads to oppression for the female kin caregiver.

#### Demographic Data

Much is said in the literature of the profile of the kin caregiver as indicated in the literature review. The demographic data of this small sample is similar to that already written. It is important to note that in the recruitment process, the call for participants indicated both male and female caregivers. The pool of names given back to the researcher was all females. Even if these female kin caregivers had husbands or male partners, it was the female caregiver that was identified as the participant willing to be interviewed. All interviews except for one had only the female kin caregiver present. In one interview, both male and female caregivers initially participated but the male

participant left the interview to do something else in the home. It was clear the responsibility of participating in this study on caregiving was with the females.

The profile of the participants is as follows:

	<b>June</b>	<b>Francesca</b>	<b>Linda</b>	<b>Margaret</b>
<b>Gender</b>	<b>Female</b>	<b>Female</b>	<b>Female</b>	<b>Female</b>
<b>Age Range</b>	<b>61-70</b>	<b>31-40</b>	<b>21-30</b>	<b>61-70</b>
<b>Relationship to Child</b>	<b>Paternal grandmother</b>	<b>Neighbour</b>	<b>Paternal aunt</b>	<b>Maternal grandmother</b>
<b>Length of time caring</b>	<b>6 years</b>	<b>1 year</b>	<b>20 months</b>	<b>9 months</b>
<b>Employment</b>	<b>Semi-retired</b>	<b>Employed</b>	<b>Employed</b>	<b>Unemployed outside the home</b>
<b>Marital Status</b>	<b>Married</b>	<b>Married</b>	<b>Single</b>	<b>Married</b>
<b>Who approached who to care?</b>	<b>Children's Aid Society approached</b>	<b>Children's Aid Society approached</b>	<b>Approached Children's Aid Society</b>	<b>Children's Aid Society approached</b>

The profile of this small sample is indicative of the larger studies of the profiles of kin caregiver, namely the large percentage of kin caregivers are grandmothers followed by aunts. Although this was not included in the table, all participants were white, Canadian or Western European and middle class.

## Surveillance

### The Home Study

There's people out there who I'm sure they're beating and beating their kids and here we are doing everything right and raising them by the book and we're being drilled as a family you see what I mean? And even the fact that for 6 months Annie was here and it was no big deal. The minute I applied for the income part of it is when everybody cared. I'm thinking for 6 months I could have abused and I could have hit her, I could have hurt her...I could have been for 6 months nobody really cared but the minute I now need financial aid now everything came out and I found that to be...I mean I never had to deal with any of that before....

Francesca spoke of her experiences in trying to obtain financial assistance from the child welfare agency. She firmly believes that the home study process was only enacted by the

Society when she voiced her demands for financial assistance. She speaks of doing everything right “raising them by the book”, a very interesting term to use implying a very technical and governmental way of parenting children. Yet the surveillance, the gaze to qualify and even *punish* only began when she demanded she be compensated for caring. The concept of punishment in Francesca’s situation needs explanation.

Foucault described modern power as requiring “minimum expenditure for the maximum return”, and its central organizing principle is that of discipline. (1972-1977). The kinship care home study, an examination into whether or not kin are suitable to care fits with this description of modern power. Aspects of power are carried over into the modern period but functions as ruses, disguising and legitimating the emerging discourse of disciplinary power (Deveax, 1994). Foucault describes surveillance as a “normalizing gaze” in order to make possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them (Foucault, 1979). The theme of power and surveillance by use of the home study emerged in the women’s experiences in the early times of kin caregiving. When asked about the early times of caring for kin, all participants relayed the stress and pressures faced when meeting with the child welfare worker to determine their suitability, *to qualify*.

What is critical to note from these women’s stories was how the gaze and surveillance originated. Francesca for instance clearly described the origin of the gaze, to qualify, to classify and to punish was when she requested financial support to care for the kin child. The home study, the examination by the child welfare agency in her situation only commenced when this occurred.



Francesca talked of her fears of retribution when she requested financial assistance:

I didn't qualify at first and this and that and then I couldn't get any of the back pay because I hadn't applied for it. There was a bit of friction back and forth so then I'm thinking ok if I threaten them and say you know we need this for the child then I have to deal with ...can I live with it that they might take her away. My husband kept saying to me they're going to put her in a group home.....

The child was not removed but the surveillance began after this exchange. What is also significant is that Francesca didn't "qualify at first for monies" but the qualifications for having the child in her home was not in question for the first "free" 6 months of caring.

Above is Foucault description of the gaze but in layperson's terms, the definition of the word gaze is important as well. "To look fixedly, an intent look with fixed attention" (Oxford 1995). This definition fits quite accurately with most of the participants' experiences from the onset of their caring work with kin. This normalized gaze usually began in their own homes. Three participants talked of their experiences with this initial gaze. Francesca specifically talked of how the home study process affected her and her family:

You know what, it's got to the point now it's no different, I mean at first I think I was a little worried about all the questions, my kids being questioned by the social worker, my kids being uncomfortable, it was just the hard part of you know me being drilled and questioned and you know uncomfortable and there's my kids are scared...that part of it kind of bothered me at first putting the kids through all that and even though now my oldest doesn't like the idea that she's being questioned.

It is worth noting the language she used when describing the home study process. It was the second time she used the term "drilled: specifically "me being drilled" It conjures up images not of gentle probing but assertive or even aggressive interrogation". It can speak to the power imbalance between the CAS worker and the kin caregiver and the process of

discipline and punishment. The gaze is not of a subdued nature but of a forceful nature from this participant's perspective.

This participant also perceives this home study as a process of allowing an individual who does not have her own specific knowledge of caring but has the power from the bureaucratic organization to question her about caring:

I found it hard and it sort of sounds mean but having these young students come out of university and come in and give you a lecture when you don't think you have the experience...I mean we had this 20 year old telling you what's right, what's wrong and how to do it and I thought what right do you have to come into my home and question my children and question my parenting skills when you're coming off university.

But with this indignation comes an underlying fear. She wants to clarify that she does not intend to be mean about the child welfare worker. As well, she speaks of her experiences in readying her family for the home study, again fearing what the consequences may be during this surveillance. When speaking of how she prepared her children for the child welfare worker's home visit she stated:

...and I have to sort of say to them (the children) you know what just be honest, like be yourself I mean really we have nothing to hide and just be open as you guys can be.

This participant felt the need to, *had to*, prepare and perhaps even coach her children for the home visit. Her comment of having nothing to hide appears to speak of her perception of the home study process as an evaluation and judgment of her and how she cares for her own family. But along with the preparation comes an element of self doubt, does she have anything to hide? Will this judging gaze "turn up something" that she herself has not realized but will be judged negatively? She clearly does not want any consequences to her own family as a result of this home study. The participant's self doubt and her

assurance to the researcher that she is capable continues in her story about the home study:

I think that to me was the hardest thing coming into my home and you know checking on these children....I mean everything's okay....

Francesca's feelings support Koskela's claim (2000) that being under surveillance, while a bodily experience, is also an *emotional event*. Surveillance as an emotional experience evokes a variety of feelings: the objects watched can feel guilty without a reason, embarrassed or uneasy, shameful, irritated, fearful; also secured and safe. While Koskela's claim was in relation to video surveillance, I believe the same theory applies during the home study between the child welfare worker and the kin caregiver. Kin caregivers with their emotional experience of being under surveillance can also be ambivalent or mutable, especially when one is unsure how they are being watched and to what extent.

Another participant, Linda, had a similar experience of the professional gaze assessing her capabilities as a kin caregiver. However the difference in her story is one of a longitudinal observational gaze. The process for her was not just a home visit and answering questions but having to prove her worth by visiting her kin who had initially been placed in a foster home over a period of time:

You know just a lot of meetings and paperwork to sign. He (the child) was in the foster home for 11 months. About mid June I started going over there daily for an hour...and a couple of hours at a time, getting to know him at his home, his foster home. So those 6 weeks of, each visit would get a little longer and then after a few weeks I'd take him out of the foster home for a couple of hours.

This participant's home study started in a Society's foster home, being supervised until such time, the organization felt she was capable of caring for her kin for short periods of

time. The surveillance was an ongoing monitoring of her capabilities of caring, despite the fact she cares for her own child in her home.

Another participant, June, had a similar experience as described her contact with her grandson when he was placed in foster care and before she became an “approved caregiver”:

When she (the mother) moved there I guess some how Children’s Aid got involved again or something and we were allowed actually to take John on the weekends for a day or 2 every weekend, every other weekend I think it was....

The initial gaze or surveillance in this situation was similar to Linda’s experiences in that the examination was not only the home study but also one of observation of relative and child. This participant’s use of the term “allowed” is significant. In my interview with June, she used this word several times. Before she was “qualified” she needed permission to see her own grandson. Before the child was taken into agency care, she, as a grandmother, would visit and take her grandson into her home at any time. Only when the surveillance began was permission granted to have access with her own kin.

### **The Monitoring Gaze**

The panopticon, a mechanism of surveillance is interwoven with the home study to create a combination of disciplinary techniques within the kinship care system.

After the kin caregiver is “approved” to care for their kin, the surveillance does not stop, rather an ongoing monitoring for licensing purposes and to continually be assured that kin children are properly cared for begins. All participants talked of their ongoing work with the child welfare agency and expressed many examples of having frequent contact with their workers and in particular, when decisions have had to be made.

One participant, June, in explaining how she encouraged her grandson to go to a mall with a friend stated:

Well, you know you could go to the mall and you know maybe with a friend and either go to a show there or you know go to the food court....its just something that we've actually found that he's old enough that he can do that cause Amanda (CAS worker) at one point said no he wasn't old enough but now that he is 12 he's allowed to....

This is the second time June has used the word "allowed" in her dialogue about working with the child welfare agency. Again the use of the word "allowed" is a critical word implying the power of the Society to even regulate and approve a normalized everyday situation such as children attending a shopping mall. Combine this with the fact that this participant is a grandmother who had already raised her children and one can see the powerful institutional hold over kin caregivers in caring for their kin . June also stated:

You know, some of their rules have changed and to the better like, there was a time when John wasn't allowed to go any place with his father unless it was supervised and that was hard.

Again the use of language is important here; the kin caregiver speaks of actual rules that must be followed by the Society despite the fact the caregiver is caring for her own family. In this case the monitoring resulted in a relaxation of the rules due to the ongoing surveillance and that the outcome of that surveillance being favourable to the kin caregiver in allowing more freedom. She speaks of how the change in rules is for the better meaning the previous rules were not considered desirable but powerless for her to change.

It is also critical to point out most participants did not identify this as a visible disciplinary gaze. A central principle of panopticon is that power should be visible but at the same time unverifiable. As well, the panoptic gaze became a metaphor for the subtle but

powerful ways in which institutionally and individually modern humans supervise one another and more significantly begin to supervise themselves through the internalization of that gaze (Devine, 1999). Kin caregivers in this study did not verbalize that they felt they were being under surveillance or intense monitoring, but their stories present the image that they are supervising themselves in the decision they themselves feel they are making on their own. Francesca talks of the “trust” the Society has for her in caring for the kin child:

The social workers knew that she was here and it was fine with them, which you know was good because they probably trusted me enough but at this point, there was nothing, no big deal. I mean they asked if we were okay or they'd come to do a visit once in a while but they never asked me if I needed anything or I needed help or anything.

Another participant, Margaret was under the impression that because she had planned to care for her kin for a relatively short period the Society had left her alone:

Maybe because I said it's only for one year they're not doing anything else or less leaving everything up to me. I mean it's nice that they trust me enough that you know.

Linda, having successfully supervised herself through the monitoring gaze explains her feelings when the worker was not calling her as regularly as she had been now that the adoption of her nephew was complete:

Yes, so when my worker called me to ask if you could contact me she goes “I know I said I'd never call”. And I said I don't mind like you've been a big help it's not, I think it's just the idea of its all over its not that they were a thorn in my side. Sometimes I hadn't heard from her in like 4 weeks and I ask, “why hasn't she called me?”

### **Kinship Caregivers as Surveyors**

What is also notable in the data were the instances of a more complex system of surveillance and that is kin caregivers themselves monitoring the biological parent for the

child welfare agency. One participant (June) talked of having to supervise access between the parent and the child. Another caregiver (Francesca) spoke of taking the kin child to visit her father in a chronic care facility and speaking to the worker about her perception of his progress. Another participant, (Margaret) spoke of how she reported to her worker the failed attempts of the mother to exercise access between her and her child. The statement below is a powerful one in that the caregiver placed herself in a position of relative power with the biological parent:

Like I make the decisions but I inform Cathy everything that goes on, when Jennifer (the mother) doesn't show up to get him and she's (Jennifer) is not too pleased with me. She says "you don't tell them the good things. I said you don't do any good things. Give me some good things to talk about and I'll do it.

In child welfare cases, the client is being watched and monitored by workers who in turn are being monitored by their own supervisor who is watched by a Director of Service. The concept of kinship care adds another monitoring device through the kin caregivers themselves that child welfare agencies did not have previously. The traditional foster parents who normally do not have contact with biological parents-the clients-does not have that ability to do so. This leads to a significant impact on the relations between biological parents and kin caregivers and could change how a case is managed in terms of service to the parent.

The monitoring gaze is not returned to the child welfare agency by the kin caregivers but instead is virtually returned or deflected to the biological parent. In any event the Society receives valuable information and data from their own surveillance, the surveillance and monitoring of the kin caregivers themselves and also the surveillance of the biological parent by her own family.

### **Maternal Duty and the Lack of Choice**

Well, she (the mother) left him here, just simply dropped him off for a week and then I never heard from her for ages and the Children's Aid just walked in one day while he was here. Now they, I don't know how it happened but the Children's Aid just asked if I'd look after him.

Interviewer: Did he ever leave here to go into foster care or did he stay here?

Margaret: No, he just stayed here.

Women have no choice but to be carers; they are defined as "naturally" caring. Therefore the culture of caring, disguised as "natural" virtue and duty, is a form of oppression for women because it is non-optional, unrecognized and unrewarded labour that limits women's choices and opportunities (Scheyett, 1990, p. 34).

Every woman in this study gave instances of having either little or no choice but to care for kin. There were some instances where participants felt the child welfare system gave them little choice but to care for their kin such as Margaret's experience. Her description of the child welfare agency walking in one day implies an authoritative visit by the organization, unannounced resulting in a lack of preparation of the caregiver. The use of the word "just" in several instances in the dialogue implies little choice for this woman. She describes no real discussion with the agency in terms of her true willingness to care for her kin indefinitely.

Another participant, June described how she began caring for her grandson:

I guess the last time the kids were taken away, the last time John was taken away, Children's Aid phoned us and asked us how we would feel about having him come to live with us. In fact they wanted him and Tanya, his sister who just turned 10 actually, if we'd take both of them. And of course you know like at my age I never really thought that would even happen but I was afraid that if I didn't



take John that I might lose him altogether cause if he got adopted out we may never see him again and I couldn't let that happen.

The fear of losing her grandson forever to the child welfare system gave this woman no choice but to act. She describes John as being "taken away" by the Society; an image of governmental authority and permanence. John may have been taken away from his biological parent but this participant associated it with also being taken away from her and the biological family. She states that the ultimate reason she agreed to care was to avoid the adoption of her grandson, an event that would prevent her from ever seeing or having a relationship with him again. Her choice was to say no or agree to preserve the relationship and survival of the family. Therefore the choice for this grandmother was nil. Women and men are socialized to believe that it is woman relatives' role to be the caretaker and if she does not assume this role, she is a bad mother, daughter, or even daughter-in-law (Dinerman, 1992, p. 88). It could also mean she is a bad grandmother.

Linda, a single mother, experienced the same dilemma in her decision to care for her nephew:

He just sort of was here and I did everything I was you know what I thought I should be able to do for him. So that was a big part of it was giving him the family that he deserves you know that he was born into and not just letting him drift out somewhere. You know like I knew that if I didn't succeed in adopting him for whatever reason he would go to a good family I mean the Children's Aid Society is really really thorough in whom they adopt out but it was very important to me to be that family for him.

Thornton (1987) supports Linda's sense of obligation to become a caregiver for a related child, in this case a nephew when her brother was suddenly killed in a car accident. She is somewhat contradictory in her statement, first believing that if she didn't provide caregiving, her nephew would drift out somewhere, a word she used that could imply an aimless deviation off course, but at the same time she believed the child welfare system

would find him a good home. That was not sufficient for this woman; it would be her to provide a family for the child as a sense of personal commitment to the child and family.

Yet another participant, Francesca speaks about the lack of choice she experienced when the child, a non-related kin (daughter's friend) came into her care:

Like, I never looked into it, I've never been...its not a thing I was looking to do, it's not something I was looking for an extra other job or other. I wasn't looking for anything it just, poor child ended up in my lap because my daughter brought her home and has been here ever since. She's been here for 6 months.

This participant repeated several times that she was not looking to care for another child.

It was not something she ever anticipated or considered. But even more noteworthy is the way she described the experience in a very maternal and symbolic manner. The term "poor child ending in her lap" brings images of a baby/young child being comforted and held close to a women's body.

### **Lack of Choice—Familial or Maternal Sense of Duty**

Really, I just believe that every child needs a mother, biological or not, and if his mother wasn't going to be able to have the opportunity to be that mom for him then my whole goal was to do that for him. So when given, provide him with all his essentials needs and more. I want this baby, he belongs to my family but it extends out to my father who is my grandfather, my other siblings who are his aunts and uncles and the cousins that he has through all of these siblings and through the rest of my extended families. (Linda)

Most of the participants told their story in terms of experiencing little choice in terms of their own socially constructed obligation as women who care for and care about individuals in society. They did not name it as whether or not they had a choice but as a natural duty to care:

Being Portuguese or being European I think that we have a family....I come from a really strong family and a very strong mom and dad, we don't have any, we don't come from broken homes I mean I'm lucky so far...we're always together, to me would be obvious and I don't think I did anything that anybody, I mean I

look at it there's a child that needed a home and needed a bed and needed feeding. (Francesca)

The grandchildren, we help with the grandchildren and now it's the great grandchildren you know. My daughter out west has taken a little boy already, he's 14 so she's looking after him now and she's going for full custody. (Margaret)

As stated earlier, this apparent lack of choice or sense of familial duty makes kin caregivers, who are mainly women ripe for exploitation and oppression. Women as kin caregivers may be on their way to being exploited as a result of their natural instinct to care and feel valued. And it is not just the caregivers who realize their motivation in caring for kin. Beeman and Boisen's study (1999) on Child Welfare professional's attitudes toward kinship care found that most respondents (83.4%) believed that kin caregivers were motivated by familial obligations and expectations (p. 321). The reason most often given by workers for kin choosing to care was family responsibility" or to keep the family together" (68.8 % of respondents).

The participants supported Hooper Briar and Ryan's (1986) claim that despite pressures to promote equal rights for men and women, women seldom have a choice about assuming caregiving roles for dependant family members. In these women's stories the dependant family member was the kin child. "Someone has to do it". Moreover, women have been socially conscripted by moral and social norms to carry out that role.

### **Lack of Choice from Feelings of Guilt**

You know when my kids were little and they were younger he (the father) had more patience. He was the kind of guy that would roll around the carpet for hours with the kids so he was really good when they were young. I should have done that but you know what? I wasn't. This might sound mean but I'm not that newborn mom you know. I was more like, okay they've had their feeding, they've been changed, had a bath, put them down. When they get to the age of 2 and they've got personality and they've got character and they're causing trouble I love them I think, you know they...but before that....I think now being women

(her teenage daughter and her best friend who is the kin child), being at this stage of life, its more like I think mom conversations with the girls. My husband and I always joke “Now it’s your (Francesca’s) turn.”

Francesca was reflecting back on her own experiences as a young mother and it is significant to note that her own feelings of guilt that could have influenced choice or lack of in caring for the child in her home. These are some very powerful indications of how Francesca may feel in terms of her perceived inadequacies as a mother when her children were infants and toddlers. Although she never verbalized it directly that she wants to make up for either lost time as a young mother or wanting to “make amends” by caring for kin, her reflections indicates that this is what she wants to do.

Guilt is a powerful force in women and motherhood in particular. The literature speaks to how the social construction of motherhood has lead to mother blaming in terms of a family that is in crisis or is dysfunctional (Swift, 1991, 1995; Ursel, 1992; McCollum & Russell, 1992; Holten, 1990). These influences and the language involved create and sustain our inherent biases and assumptions about motherhood. As a result the dominant discourse is that mothers are largely responsible for the emotional and physical health of the family and that family dysfunction or maltreatment of children is considered a failure of the individual mother. Fathers on the other hand, in child welfare are far less mentioned in case files and when mentioned it is usually to exonerate them or praise them for successful outcomes of basic child caring tasks. In child welfare, fathers or male partners of the women are considered many times as mitigating factors which imply the mother herself is presenting the risk. Blaming woman for the entire ills of a family will ultimately lead to feelings of guilt and powerlessness.

The participants' accounts of their stories had various threads of guilt throughout their statements that could have also ultimately lead them to feeling little choice but to care. Margaret, for example, laments what she could have done more to help her granddaughter, who is the mother, through her life's difficulties:

Because when he was with his mother, he was going to school and getting beat up and how he jumped fences away from these kids. I think oh my God, I knew nothing about this. No, I don't think, I don't think Jennifer's going to smarten up I really don't and I don't know. I think I should have been at Jennifer long before like getting mad at her. I think I just ignored a lot of things thinking she'll come around but you know it's not going to happen.

Margaret, who is within the 61 to 70 years of age range, is torn with respect to her belief that she is only temporarily caring for her great grandson in the hopes her granddaughter will succeed but underneath believes Jennifer is on her way to failing in the eyes of the child welfare agency. If that occurs Margaret knows she will have to make a heart-wrenching decision on what happens to her grandson despite her own struggles in caring for him.

Yes, I told them I would keep him for a year, but it's a lot of work. I can't go out; I need sitters all the time, I...its just too much right now. My health isn't that good, I've had an operation lately and I don't know your time isn't your own. But I don't know if it comes to a foster home I don't know if I can let him go. He's afraid of going into fostering. He's always saying I love you nana, I love you nana like it's just overly...you know. I think he's afraid of going into foster care. I don't want to think about that.

Even if the time comes, where she may "choose" to care for her great grandson for a longer period or perhaps indefinitely, the above emotionally charged claim indicates that it may not have been a choice at all.

**Lack of Choice and Feelings of Powerlessness**

Interviewer: So you are being paid from....

Margaret: From the welfare, two hundred and something a month.

Interviewer: Foster allowance?

Margaret: Yes, I guess that's what you call it.

Interviewer: Is the agency paying you anything?

Margaret: The Children's Aid?

Interviewer: Yes.

Margaret: No. And the welfare's cut me off 3 times. Jennifer never, apparently spelled the child's name right on his birth certificate and the welfare keeps phoning me saying they need his birth certificate. Well, Jennifer's got to get it or I don't get the money...

If women do not have any choices by virtue of their gender and the social construction of motherhood and caring, whether they identify it in those terms or not will eventually feel and have experiences of powerlessness. The participants' accounts in this study lay claim to this theory.

The main themes the data provided was in terms of financial costs and pressures kin caregivers faced. The lack of knowledge about the resources the child welfare agency can provide with respect to their caring work was also evident in the women's' stories. All participants claimed they did not know about all the services the child welfare agency can provide in terms of financial support and respite. All participants at one point or another during their respective interviews answered basic questions about services with "I don't know". For example, two participants, Francesca and Linda did not know if their monthly per diem rate to provide care was the same rate as agency foster parents.

Margaret, who gets minimal financial support because her great grandson is not in Society care but placed with Margaret under a Court Ordered Supervision Order spoke of her frustration in trying to resolve a financial issue with the Hamilton Region, typically

known as “the welfare dept.” Despite the new term of Foster Allowance, Margaret continues to call it welfare, and she speaks about it with contempt in her voice. It was not difficult to surmise that Margaret hates to be forced to work with the welfare system, a system in her generation that was demeaning and shameful.

June, spoke briefly of the frustrations of court and how much it cost her personally to be able to care for her grandson. Keep in mind this was not a custody/access dispute where two parents both want custody of a child. The biological mother and father both wanted the child placed with June and her family. The patriarchal court system itself continued to grant adjournments and delays in the proceedings.

The pressures that we faced mostly we were going to Court and having to go all the way to Hamilton every time we had to go to court. It cost us a lot of money to get him. A lot of money. Thousands of dollars.

Knowledge is power and there is power in numbers, yet not all participants knew of any other kin caregivers in the child welfare system to be able to draw on support from one another. One participant, Linda, still keeps in touch with her nephew’s former foster parent. At the child welfare agency they work with, there are approximately 50 kin caregivers currently caring for kin. Yet it was evident that these four participants, as a group of kin caregivers are very isolated from each other. This was clearly evident when all participants talked of feeling powerless in being able to get a break from caring for their kin. Just as women caring for a sick or elderly relative often speaks of this burden, kin caregivers in this study clearly stated they needed a break and do not get one.

So before Paul came home I had no kids Fridays and Saturdays my son would be at his fathers. I could go out with the girls you know whatever, if I wanted to go out and not come home I could you know but now it’s a matter of babysitters, getting home on time, paying the babysitter. I hate calling myself a single mom because my son’s father is involved with my son and that was one of the fears bringing Paul home was now suddenly I do have to do it all on my own. (Linda)

But you know sometimes on a Saturday I kind of wish I'd have some time to myself you know what I mean. I have a week and I only work a day and a half but you know it's just a little different. Like now I don't really have a life in some ways you know. (June)

Like I don't get to do...the things that I use to. Like it's...how can I put it? It just holds you back. Lots of times I want to go places, take off somewhere up North on a Friday but now its school, like we can't keep him out of school. I can't go out; I need sitters all the time. (Margaret)

And I said to the aunt, I says you know what, how about we help each other out on weekends maybe come and get her and you know what do it until summertime and maybe in the summer maybe Annie will spend the summer with you. But I haven't heard from her. (Francesca)

In Margaret's case if the child she was caring for had been in Society care she would have qualified for respite on some weekends. However since the child is in her care she does not. It speaks to the organization structure and policies of the child welfare organization, a system that is not able to provide tangible hands on assistance unless the child is under the sole control of the state. Foucault's theory of discipline and punishment could also be referenced here. In order for Margaret to obtain the help she needs she would have to relinquish her care and custody of her kin and placed him in the custody of the state. Only then would she be eligible for a regular per diem rate, respite care and additional supportive services. Another participant, June, whose kin child she is caring for is in fact qualified as he is a Crown ward of the Society, did not know anything about getting respite for herself from the child care agency.

### **From Powerlessness to Resignation and Oppression**

In Aronson and Neysmith's study on home care workers (1996), the workers' accounts of their work did not correspond with formal, practically focused accounts of



their jobs, (p. 67) and that their work at times seeped out of its formally defined boundaries into more informal personal ties and activities. Aronson and Neysmith claimed that not being officially compensated for such time and effort, home care workers found themselves in an exploited position. However, could it have also been a sense of resignation to the situation they found themselves in and related to their socially constructed maternal duty?

In my study I found parallels to this sense of resignation in kin caregivers caring for kin and working with a child welfare agency. All participants in their accounts had elements of resignation to the practices of the child welfare agency and their perceived notion that they were expected to go “above and beyond the call of duty”. One participant, Margaret, in describing the financial assistance given to her by the agency stated:

Well maybe they think that’s enough. I don’t know our heating bill and like different things and we buy him toys and his lunches at school, his school uniform...like it doesn’t really cover expenses if you enter everything into it. I guess they think that’s enough. I never said nothing.

The participant twice stated that the agency “must think” the financial obligations is enough but clearly there is doubt in her words that she does not think it is. However she claims she did not say anything implying that she either felt it was a useless exercise in pursuing further assistance or it would not be favourable if she voiced her objection to the lack of adequate resources.

Francesca, in a similar situation described what she felt she had to do for her kin child’s Grade 8 graduation:

So those kind of things for graduation...it’s an expense that I don’t expect them to pay me cause I know if they were to give me finances for it they’d give me the minimal...I mean what they gave me for grad would have just done her hair.

This participant then gave a very interesting analogy to Cinderella, the exploited and oppressed step-sister in the children's fairy tale:

I mean I'm sure you are aware of what the system's giving us, I mean the big adjustment for me was we try to give our kids everything and things we didn't have, we're all guilty of that. I mean the money they would have given me would never have bought anything close to what my daughter was wearing so what I had to do was make sure that they were basically at the same level so that she didn't feel like going in...and I would say like Cinderella but we didn't want her going in that she was the other daughter...

Graham (1983) calls it a "labour of love" and describes it as caregiving that is not easily reallocated, even when money is not the issue. Duty, love and the uninformed expectations of others bind many women to their tasks without ever questioning whether the workload is just or even reasonable. This was evident in three of the four participants.

Two of the participants did not only questioned the child welfare agency in terms of what they felt they needed to care but what the women did receive from the society was almost heralded as something that they perhaps didn't even deserve or that they should be even thankful with what they were given.

Researcher: Do you get the same per diem rate as a regular foster parent?

June: I don't know, I think so. Yes. ...we didn't know, in fact we didn't get anything for a while when we first got him. We didn't know anything about that. We didn't know we would get paid which was you know bonus when they paid us.

Later in the interview, June talks about the access arrangements between her kin child and his step-sibling:

She's been wonderful (CAS worker). And you know we just started to get, like the new worker is so new so you know but anytime we wanted to make a, you know a visit with John and Tanya or whatever like Mary would say well you know if you want to phone Tanya's foster parents and set up a date she says phone me with it and we'll see what we can do with the drive you know and all that. They've always been great that way I never complain.

While it is positive that the kin caregiver feels supported by her worker, you must look deeper into what she is really saying. This accolade for the CAS worker is because her kin child is able to visit his own blood relative, his sister. Granted, it would appear transportation may be provided but it is also the “all that” that must be cleared by the child welfare agency and the kin caregiver is grateful for such a normal activity such as a visit among siblings, one who is cared for by his own relative.

Margaret speaks of her financial situation as also inadequate and displayed some insight into her own status as a relative caring for her own kin, yet again does not feel she can voice her concern to the agency:

So two hundred and something a month isn't a whole lot. Well, I guess I'm the great granny I should pay. But I've never said nothing but I don't think that's fair I don't.

But financial resources isn't the only situation in which participants felt resigned and even heartened by the fact that the agency considered them capable of caring for their kin. In the home study process, Linda speaks fondly of her experiences in working the child welfare agency:

No, they (the CAS) gave me a lot of help but nothing financial, I really, they handled my case so well. I mean they were very supportive in the fact that they almost favoured me, I felt because I was family and because I wanted to care for Paul.

Linda felt most impressed with the fact that she was met with partiality and approval from the child welfare agency over anyone else as opposed to looking at this as her right as a relation to the child to become involved and raise him in the absence of her deceased brother.

### **The Commitment and Sacrifice of Female Kin Caregivers**

And I went and visited him, I took pictures of him and went over to my dad's house and I put them on the table. He looks and I said "That's your grandson and he's coming home." That's the first time he saw him, he didn't even meet him at this point, he just saw pictures of him. And he looked and went "Is that who I think it is?" Because you can see my brother in his face. It was huge emotional.

Linda's story was about a meeting with her father who is grieving the sudden loss of his son. At this meeting, she showed her father pictures of Paul, his grandson he had not seen before and who will now be cared for by Linda.

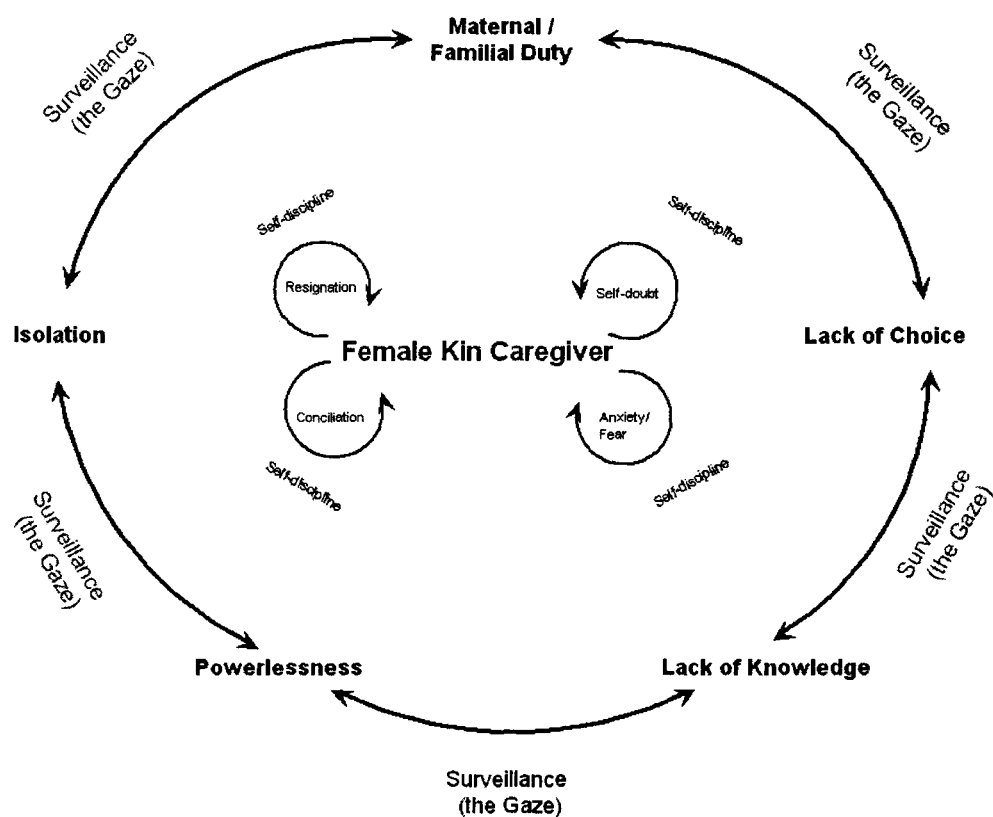
All of the participants spoke directly or non-directly of the sacrifice that they have experienced in terms of their commitment to care. All spoke of poignant moments in their journey in caring. Margaret spoke lovingly of her great grandson's public speaking assignment where he wrote about his "old gramps chair" an ancient chair in their living room where the kin child would often sit with his great grandmother. Francesca spoke of how she went into her kin child's birth home to collect personal items belonging to Annie's mother who had passed away years ago.

And I say to Annie, one day if I'm not here, you've got family, you've got roots. So I took from the home albums, the pictures and things like that, her mom's jewelry for Annie...

What has been seen in this study is that women had been given little or no choice but to be the caregivers of society, without much social support or reward no matter what financial or personal sacrifices were involved. The fundamental reward for them is maintaining the integrity and the survival of the family based on the construct of caring for and caring about, no matter what personal sacrifices is involved. As Scheyett (1990) states, women have no choice but to be carers; they are defined as naturally caring. Furthermore for women, caring means caring for others, caring for self is not included in

this function and is viewed as selfish (p. 34). It was evident in this study that all participants provide that sense of selfless caring for their kin. The danger is how this selfless act could be used to their disadvantage by government and organizational structures leading to oppression for women in the kin caregiving group.

Parallels can be drawn between the data and Bentham's panopticon. Below is a theoretical diagram (Figure 1) of a panopticon in which female kin caregivers find themselves:



Female kin caregivers find themselves closed in and bound by the social constructions of maternal and familial duty. Feeling a lack of choice about providing care, lacking knowledge about their options and the ways the system works, feeds into their powerlessness. Isolated from each other with no formal or informal kin caregiver

network connections, each finds themselves in individual “cells” under surveillance in terms of their caring work and unable to return the gaze. Figure 1, therefore, represents a single cell in the panopticon of kinship care, yet pinned against the edges of this socially constructed arrangement are multitudes of kin caregivers and their own experiences all isolated from each other yet all impacted by the same societal and political conditions. These broader variables feed into and interact with the kin caregiver on a personal level and become their personal events as they develop self-doubt, anxiety and fear, conciliation and resignation in a manner that results in their self discipline.

The focal structural component to their experiences is the enactment of a process of surveillance by the child welfare system even though their parenting has never been identified as a concern. This supports what Hannah, (1997) stated in that the basic logic of the Panopticon operates to maintain normality among the already normal. The issue of gender and panoptic surveillance was evident in that all participants experience an initial and continued monitoring gaze from the organization. Their existing status gave little room to question it and the gaze was not returned, leaving their concerns unspoken and unresolved. There was also strong indication from the data that this gaze was more penetrating if the kin caregiver was being financially compensated by the child welfare agency.

What was notable in the data was that in the panopticon, the gaze was not returned by the kin caregiver, but their gaze was *re-directed* to the biological parent, usually the mother. The panopticon has enabled the child welfare system to have a “two-tier” surveillance system whereby the surveillance of the kin caregiver and the resulting self-discipline has provided additional surveillance of the parent, the CAS client.

The female kin caregiver is not punished physically as a result of her gender and the roles that she plays but instead is simply separated, and thus alienated from other female kin caregivers and watched. Not knowing whether or when they are on view, kin caregivers ultimately internalize the notions of the surveyor. They discipline themselves by ultimately learning from the home study process that they had no choice but to participate, what the societal and organizational systems wants to see and how they must present in their caring work. The home study is a result of the production of discourse that is selected, organized and redistributed according to a certain number of procedures. Discourse plays an important role in this social coercion and that disciplining knowledge is articulated through its own proprietary language (Warschauer, 1995). Ultimately the caregivers appropriated the language of the child welfare system and refined their own language to meet the agency's expectations, such as Linda speaking about how "her case" was well managed, when June speaks of "supervised access between her grandson and his father, and how Felicia spoke of not being "not qualified" at first for financial assistance.

Figure 1 demonstrates how lack of knowledge leads to powerlessness. Lack of knowledge means lack of power and it was clear not all participants had the full knowledge of what they can ask for in terms of services and financial support. The amount of knowledge varied between the participants but not all knew the full range of options. This in turn leads to feelings of powerlessness with an overall feeling of being isolated from one another as a distinct population.

In Figure 1, the outside depiction of the surveillance represents the broader societal expectations of women and their caring work. This surveillance leads to a

monitoring gaze that is invisible or at least subtle yet triggered personal emotional events of self-doubt, fear and eventually conciliation. What was notable in the data and illustrated above is with these emotional experiences, the socially constructed nature of their maternal and familial duty combined with their low status as women and “quasi” clients resulted in feelings of powerlessness leading to resignation to their lack of power in learning more about their rights as caregivers. This left them unable or unwilling to demand for the most part, what they needed for themselves and their kin. The interaction between the broader societal expectations that have been socially constructed and women’s own socially constructed norms about caring leads them into the panopticon. This endangers them to be the next oppressed population in society.

And finally just as Foucault (1979) describes, everyone can be caught up in the disciplinary gaze of the institution:

The Panopticon may even provide an apparatus for supervising its own mechanisms. In this central tower, the director may spy on all the employees that he has under his orders...and it will even be possible to observe the director himself. An inspector arriving unexpectedly at the centre of the Panopticon will be able to judge at a glance, without anything being concealed from him, how the entire establishment is functioning (p. 204).

In the child welfare system, the Ministry of Children and Families would build the Panoptic tower essentially with the child welfare system inadvertently finding themselves as the spies. The inspector would be the Ministry, coming in at audit time to ensure Ministry standards are met with respect to kin caregivers and their caring work.



## CHAPTER 5

### Conclusion

The full time care, protection and nurturing of children by kin have traditionally been a private family decision about how best to meet the needs of children. This is part of the history of most cultures around the world. However kinship care in Ontario has been moving away from the private and into the public in the last several years. With the province looking at a standardized kinship care model, the public concept and the accompanying socially constructed language will become entrenched in the world of child language in a short time.

What hasn't emerged is the female kin caregivers' voice in terms of what they need to provide alternate care for their kin.

In terms of video surveillance, the literature states that visual appearance forms the basis for prejudice. Surveillance is used to exclude "suspicious youths", the homeless, political activists, people of colour, or sexual minorities (Norris and Armstrong, 1999; Fopp, 2002). Norris and Armstrong (1999) found in their research that black people were twice as likely to be surveilled for no apparent reason than white. There are parallels here in terms of the surveillant practices of women, mothers and female kin caregivers. Due to their gender and the social construction of maternal blame, the system believes they need to be monitored terms of how they parent their own kin. This in turn creates a perception or appearance that kin caring does not reflect a high social value.

What was also evident in the data was the isolated nature of all participants. None of the participants could identify another female (or male) kin caregiver to share their stories and experiences and to obtain support from one who also cares for kin. The closest example was one participant who initially kept in touch with her kin child's previous foster parent. None of the participants attended any training or support groups for kin caregivers. There was no network identified for themselves in terms of support and guidance in navigating through the child welfare system.

This isolation is notable and parallels client isolation from one another in individual and child welfare casework. Mayer and Timms (1970) in their study claim individual casework typically keeps clients separated from one another and as a result, client grievances are apt to remain privatized and unexpressed. In contrast, clients who find themselves in group settings such as hospitals, for example, do interact more closely and should they become dissatisfied with the services offered they are apt to become knowledgeable of each other's attitudes and in turn unite and demand changes.

The panopticon provides the structural isolation of kin caregivers, each in their own "cell" and unaware of what the experiences are of others in their group. Resignation can quickly set in when one believes they are alone in demanding what they need and wondering what the ramifications may be if one does voice discontent or injustice.

### **Implications for Practice**

The findings of this study offer valuable theoretical insight in terms of female kin caregivers and their caring work. These findings have implications for child welfare practice and the emerging model of kinship care in Ontario. For instance, workers should

be aware of the emotional experience kin caregivers go through during the home study process. Kin caregivers should be allowed and encouraged to safely express any anxiety, stress or fear that they may have during the probing of their personal life and the lives of their families.

Kin caregivers and their family should be empowered to identify their support and intervention needs with the child protection worker. A model that is currently being presented as part of the Child Welfare Transformation (2005) is family group conferencing. With this approach, intervention plans are developed through a case conferencing process that brings together extended family and other potential community supports. However, one must be aware that even in this model, there is a power imbalance between the child welfare worker and the family including the kin caregiver and this must always be addressed.

Differential assessments between foster parents and kin parents must take into account the experiences of the kin caregivers and the need for flexibility when determining eligibility. Many of the licensing standards for foster parents (ie. two children to a bedroom) would not be able to be met with kin caregivers, especially new immigrant families. Anglo-Saxon, Euro-centric standards of the home environment must change or be revised to ensure all kin caregivers of every culture be “eligible” to care for their kin while working with a child welfare agency.

Work through the Regional Kinship Care committees and the Ontario Association of Children’s Aid Societies must continue in order to acquire subsidized guardianship for kin children and their care providers. This subsidy needs to be outside the child welfare

system in order to decrease the amount of surveillance in kin homes by the child welfare organization.

All participants in all the interviews expressed a need for an occasional break. Most expressed periods of exhaustion and decreased personal individual times with friends and family. Respite care without judgment is critical in maintaining and perhaps saving a kin placement from breaking down.

With respects to training, Scannapeico and Hegar (1999) suggest that the child welfare worker may want to identify areas of training needs for the families and try to find resources that meet that need. In keeping with the assurance that kin caregivers' voices are heard, they, themselves must identify for the worker what they feel they need in terms of support and knowledge building. The word training for me is a negative one; it implies that kin caregivers need to "learn how to parent" just as a social worker needs to learn how to do their job. Yet, the majority of kin caregivers are parents themselves, who has raised or is raising their own children with no identified concern. I would prefer Support and Networking groups where topics of interest are presented from time to time based on relevance and consent. The critical factor is the ability for kin caregivers to come together to share common experiences and develop a stronger voice within the child welfare system. Only then will they be able or feel more comfortable to identify and voice any injustices and make the necessary demands for service for themselves and their kin.

By way of societal expectations, the child welfare system in Ontario has inadvertently placed themselves in the centre of the panopticon, becoming the surveyors of kin caregivers who are primarily female. As kinship care becomes an integral part of

child welfare, we must be careful not to entrench this operation. Social workers and administrators in child welfare must break down the building of a panopticon to ensure kin caregivers are given a voice in their caring work. If there is to be a gaze then it must be a reciprocal one--one that identifies and sees disservice and injustices to kin families with intent for resolution without judgment.

And finally and perhaps most important is the need to be cognizant of the ever present danger that kinship care, similar to foster care in the past, may be seen as a panacea for the ills of child welfare. Therefore kinship care cannot be viewed as the sole intervention for every problem. If this occurs, our socially constructed ways may look to place blame where it has placed blame before, the female caregiver.

Similar to motherhood we need to continually deconstruct any ideology of kin caregiving to make it a less privileged entity. We must view female kin caregivers as a construct of family life but not the universal dominant discourse it may become. This construct will, if not averted, continually chase kin caregivers into their elder years. Siegel (1999), a 75 year old retired feminist psychotherapist, discussed how attributing blame to mothers and female care providers is part of the more generalized women blaming that maintains the patriarchy. "The easy scapegoating of mothers and of all women serves to deflect responsibility from the male dominated institutions that fail adequately to serve children and families." (p. 5).

As social workers we have a responsibility to respond to this statement as well as the rest of the issues discussed in this study. Mother and women blaming has an everlasting effect on women long after their primary care-taking days are supposed to be over. As Siegal so poignantly states:

Old mothers have been blamed when we no longer have the energy to be as helpful and available as we used to be, when we could not protect our loved ones from violence or poverty, when our best efforts and our love were not sufficient to make up for the evils of an unfair society.

Social constructionists and feminists urge us to look in the mirror of our own attitudes and lives outside the child welfare institution and continually strive to explore the concept of power and oppression. This must be done in order to ensure the model for kinship care doesn't re-produce the inequalities of women and their caring work.

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**APPENDIX A****To CAS supervisors and child protection staff:**

First let me thank you for your willingness to assist me with my research project that will further my goal in completing the M.S.W. Program at McMaster University.

The purpose of this study is to learn more about kin caregivers' experiences in caring for their kin while at the same time working with a child welfare agency. As you are well aware, kinship care is an ever-growing concept in child welfare today. Research supports the need "to promote the use of family (and kin) as a source of care provision for children/youth, whether that is foster care or an alternative to care." (Stoner, 2003) As well, the OACAS and the Ministry's goal is to develop a consistent provincial kinship framework/model in Ontario.

The study I will be conducting will ask kinship caregivers themselves how they perceive their role and specifically what pressures they face as a kin caregiver working with the CAS. During my interviews with them questions that will be asked of kin caregivers include the following:

What circumstances led you to become a kin caregiver? In your own words, describe your kin caring role. What recommendations or ideas do you have to ensure best possible service to you and the children in your care?

The methodology for this study includes the following:

- Participants will be interviewed by me and these semi-structured interviews will last between one to two hours.
- The respondents will be asked to provide a narrative of their experiences as kin caregivers and their experiences working with CAS.
- The participants names will be kept confidential and I do not need to know who their specific worker is. Rad Millar will be the liaison for the agency and she will be collecting from you the names of potential participants.
- Kin caregivers for the study can be ones who have children in the care of the Society or out-of-care.
- The name of the child welfare agency will not be mentioned in the study due to the small sample size.

**I am requesting that workers with kin caregivers on their caseloads do the following:**

- Contact the potential kin caregiver *either by phone or during a home visit* to explain briefly, what the study is about and ask if they can forward their name and telephone number to me. *Attached is a script workers can use making the request.*
- If the kin caregivers agree, workers will submit their names to **R.M** who has agreed to be the liaison person at your agency.
- Once I get a pool of names, I will randomly contact participants to explain further the study and request their participation in the study.
- All participants will be kept confidential unless protection concerns of children are identified. If that occurs, I will report to Intake Services as I do not need to know who their worker is. I will hand out a full information letter and consent form when I meet with the willing participants.

**I will need the names of potential participants submitted by February 21<sup>st</sup>.**

Thanks so much for your assistance. It is greatly appreciated. As well, your agency may benefit from the study as I have offered to present these findings to your agency at the completion of this study.

**Sincerely,**

**Sandra May  
MSW student  
McMaster University  
January 24, 2005**



**APPENDIX B****Script - Kin Caregivers Study**

“Hello, this is \_\_\_\_\_ and I’m calling with regards to a research study concerning kin caregivers, their families and the CAS.

This study is being conducted by Sandra May, an MSW student at McMaster University who is a social worker employed with another local child welfare agency. This is an independent study however and does not involve this agency.

Sandra May is interested in hearing about the experiences of kin caregivers working with the agency and she hopes that this learning will help CASs improve services to both kin caregivers and the kin children in their care.

The reason I am calling is to ask you whether I can forward your name and telephone number to Sandra. My giving your name to Sandra does not oblige you to anything. Sandra is looking for the names of a number of kin caregivers who are interested in finding out more about taking part. If I gave your number to Sandra May, she would contact you to explain the study in more detail and she will answer any questions you have about the study. If then you wanted to take part, she would put your name with those of others wanting to take part and then select from this list a small number to interview.

If you did take part in the study, Sandra May would arrange a time for an interview. The interview would be held in a location of your choice, whether at your home, the CAS office or another location. The interview would take about one hour.

Your participation will be confidential. If you agree to participate, you at any point during the study can withdraw at any time. If you decide not to participate, this will have no effect on your access to ongoing services at the CAS.

Are you interested in hearing more about the project? Can I give your name to Sandra May?

## **APPENDIX C**

### **Information for Participants**

#### **Research Title**

Role Conceptions of Kinship Care Givegivers Working with a Child Welfare Agency

#### **Investigator**

Sandra May  
McMaster University, School of Social Work

#### **Supervisor**

Dr. Gary Dumbrill  
McMaster University, School of Social Work

#### **Request to Participate in Research**

This letter gives you information you about and requests your taking part in research that I am conducting into kin caregiver's experiences of fostering a family member.

#### **Background and Information**

Kinship care programs are becoming more popular in Ontario. These are programs where a Children's Aid Society (CAS) asks a child's relative to become the child's foster parent. Kinship care is a relatively new idea and although CASs knows lots about ways to working with foster parents, not so much is known about ways of working with kin caregivers.

This study examines kin care giving by asking kin caregivers to share their opinions and views about this work and responsibility and it asks kin caregivers about the supports they think are needed to ensure this type of care arrangement is successful.

#### **Request for your Participation**

As a kin caregiver, you are being asked to consider participating in the study. If you take part, you will be asked to meet with me for an interview of approximately one to two hours in duration. This interview will be audiotaped so that I do not miss anything you say and transcribed. Your interview can take place at a location of your convenience such as your home, an office etc. During the interview, you will be asked questions in

regards to your experiences providing care to kin children. For example, I will ask you some information about your background, what roles of kin caregiving that you strongly agree with or disagree with and what kinds of pressures you have felt when you try to meet your expectations as a kin caregiver.

Some of the issues about your experiences and your involvement with the CAS may be upsetting to you to talk about. If this occurs, you can contact me at the phone number below and I will provide you with a referral for counseling assistance. You have the right to withdraw your participation in this study at any time and if you choose to withdraw, all information that you have provided will be destroyed. If you decide to no longer participate in the study this will not affect your access to ongoing services of the CAS.

Your participation in this study will be confidential. This means I will not be permitted to discuss anything that a particular person has said without that person's permission. It also means I will not be advising your CAS worker of your participation. However, since I am only interviewing a few people, there is a chance your stories may be identifiable to your worker. Also, there are some situations, however in which by law I will not be able to keep the information that you provide me confidential: disclosure of child abuse or maltreatment, threats by people to harm themselves or others.

During the study, you will also have the opportunity, if you wish, to read the typed transcript of your interview in order to edit any information you may feel is inaccurate or not reflective of what you meant to say. You can also identify any comments that you may be concerned would be too identifying to your worker. These comments you identified at your request will be removed from the study. Once the final draft of the study is completed, you will have the opportunity, if you wish, to read this final draft in order to give me your feedback.

All audiotaped interviews and other information will be stored in a locked filing cabinet at McMaster University or in a locked cabinet in my home. No identifying information will be included in any written reports and all identifying information will be removed from the interview material and field notes.

Study findings will be presented to the Hamilton CAS to which I am employed and hopefully improve services to families who are involved in kinship care. I am in a senior management position at Hamilton Children's Aid Society and it is my hope that I can present a stronger voice in presenting any recommendations in terms of best practices and policies in terms of kinship care placements.

If you have any questions during your participation in this study please do not hesitate to contact me so I can answer your questions. You can reach me at 905-541-5598. I also have a professor from McMaster University guiding me through this research. You can reach him, Gary Dumbrill at (905) 525-9140 Ext. 23791. If at the end of the study you would like a report about the findings, you may contact me and I would be glad to provide that to you.

This research study has been approved by the McMaster Research Ethics Board. Should you have any questions about your participation in the research, you may contact the Board at (905) 525- 9140 Ex. 24765.

Sincerely,

Sandra May, MSW student  
McMaster University

(Date)

**APPENDIX D****Kinship Caregivers Study****Participant Informed Consent Form**

I agree to take part in this study of kin caregiver's experiences caring for kin children while working with the Hamilton Children's Aid Society. I have been fully informed about this study and I understand its purpose. I understand that Sandra May is the principle investigator of this study, and her actions in this capacity are being supervised by Gary Dumbrill (Faculty member of the McMaster School of Social Work).

I am willing to take part in one interview that will last approximately one to one and a half hours and am agreeable to having this interview audiotaped and transcribed. I understand that I may decline to answer any particular questions. I have read the Caregiver Information Letter and I understand its purpose is to aid in enhancing the manner in which kin caregivers and their families experience the services of the CAS in such matters. I understand that there is a risk that I may become upset about the interview experience, however, if this were to happen, I can call Sandra May who will provide me with a referral for counseling assistance.

I understand that my participation in this study will be confidential. This means the researcher will not be permitted to discuss anything that a particular person has said without that person's permission. It also means the researcher, Sandra May and her supervisor Gary Dumbrill will not be advising my CAS worker of my participation.

I have been informed and I understand that there are some situations, however, in which by law the researcher Sandra May will not be able to keep the information that I provide her confidential: disclosure of child abuse or maltreatment, threats by people to harm themselves or others.

I have been informed that I will also have the opportunity, if I wish, to read the typed transcript of my interview in order to edit any information I may feel is inaccurate or not reflective of what I meant to say. I can also identify any comments that I may be concerned would be too identifying to my worker. These

comments I identify at my request will be removed from the study. Once the final draft of the study is completed, I will have the opportunity, if I wish, to read this final draft in order to give you some feedback.

I have been informed that all the audiotapes will be stored in a locked filing cabinet at McMaster University and when they are being analyzed off site they will be kept in a locked filing cabinet in the researcher's home-office. The tapes will be destroyed after the completion of the study and all transcripts will not have my name on them or identify me and will also be destroyed.

Participant Signature

Dated:

Witness Signature:

Dated:

## APPENDIX E

### Interview Guide

Using an interview guide, a semi-structured interview will be conducted. This will involve interviewing the sample of kin caregivers using in depth open-ended questions about their experiences as a kin caregiver, working with the child welfare agency and how they perceive their role in their caring work.

*Ask Participants the Following Questions:*

- Demographics including
  - marital status,
  - employment status
  - gender
  - age (will be given the following ranges: 20-29 yrs of age, 30-39 yrs of age, 40-49 yrs etc.
  - length of time the kin children have been placed with them
  - and their relation to the children in their care
- What was your role in the extended family before you became a kin caregiver?
- What circumstances led you to become a kin caregiver?
- Where you approached by the CAS to become a kin caregiver or did you approach the CAS first?
- In your own words, please describe your kin care-giving role.
- What roles do you strongly agree with?
- What roles, if any, do you disagree with?
- What kinds of pressures do you experience in terms of your efforts to meet your expectations and to do your caring work?
- To what extent do you believe are the agency's roles and expectations with respect to you as a kin caregiver and the children in your care?

