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Features …

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Caelan Lipford, the son of Coranne Lipford who is helping to organize the 2004 OACAS conference.

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OACAS, in support of its members, is…

the voice of child welfare in Ontario, dedicated to providing leadership for the achievement of excellence in the protection of children and in the promotion of their well-being within their families and communities.

Message from the Executive Director

With all but two Children's Aid Societies facing deficit situations at the end of January, 2003, the OACAS has been advocating strongly on behalf of its members throughout the winter and spring. At a special meeting of Presidents and Executive Directors called to respond to the financial challenges, resolutions advanced by the Sudbury-Manitoulin CAS were passed unanimously by those present.

These resolutions proposed that OACAS become more visible in the media specifically regarding the funding situation facing Children's Aid Societies, that the OACAS continue to lobby with Ministry of Community, Family, and Children's Services around the deficit positions of agencies and that the OACAS seek a firm and written commitment from MCFCS to review the Funding Framework and its benchmarks by the end of the 2003-2004 fiscal year.

The OACAS Board adopted these resolutions as motions and passed them, along with a strategy for continuing advocacy for funding that will respond to the intent of the resolutions.

OACAS staff met with a number of government representatives to present the urgent concerns of our members. OACAS Board President Jim Carey and I participated in a provincial pre-budget consultation with Minister Ecker; presented to the Standing Committee on Finance and Economics; and met with Minister Elliott. We also provided background information to the *Globe and Mail* and other newspapers for articles on the funding situation. This led to some supportive editorials in newspapers urging increased funding for child welfare.

We have continued to advocate for the long-overdue review of the Funding Framework benchmarks. We believe that MCFCS will wait for the results of the Child Welfare Program Review/Evaluation prior to making announcements on the review of the Funding Framework and benchmarks.

The OACAS Service Plan for 2003-2004 has been developed and is based on the 4 Strategic Directions revised by the Board at its retreat in November 2002, and approved in January 2003.

The revised Strategic Directions are:

1. **Children:** Promote the well-being of children in care and children receiving services from Children's Aid Societies.
2. **Best Practices:** Identify, promote and implement service and organizational Best Practices
3. **Public Commitment:** Influence Public Commitment to addressing social policy affecting children and families
4. **Member Agency Capacity:** Strengthen the capacity of member agencies to fulfill their mandate.

Although work on these financial issues has been pressing, we have also sought

to support the young people involved with CASs. Cathy Dyer, our Youth in Care Network staff person led a successful retreat for eleven youth during March Break this year. Cathy's work in Peer Mentoring and in helping youth in care develop supportive relationships has been very effective and she continues to expand these programs.

We have also applied to the Supreme Court of Canada for intervenor status when the Supreme Court considers the repeal of Section 43 of the Criminal Code. Section 43 is the section of the Code which permits parents and others standing the role of parents (such as teachers) to use reasonable force or corporal punishment against children for purposes of correction. This hearing will convene on June 6th, 2003.

It is clear that advocacy for children and on child welfare issues continues to be essential, and OACAS is proud to be able to represent its members in this important way.

OACAS Conference 2004: Call for Proposals

Our next provincial conference will be held in Toronto from May 30th to June 3rd 2004, and we would like to invite submissions from potential session presenters. The overall conference theme will be "In the Best Interests of the Child."

Do you have a successful program you would like to share with staff from other CASs? Do you have (or will you have) completed research or an outcome study that could help other agencies? Is there an issue or topic that you have developed an effective strategy to deal with? Your experience and expertise may be significantly helpful to others working with families and children.

If you are interested in presenting at the conference, please send us an outline of your proposed session with your contact information. These proposals will be reviewed by our committee and we will get back to you as quickly as possible.

Please note that some sessions originally selected and included in the conference may have to be cancelled if insufficient numbers are registered. We will be asking all those who present at the conference to submit copies of their presentations and/or any handouts well in advance; these will be copied onto a CD and distributed to all conference participants. Presenters also receive free one-day registration for the conference, including one meal, on the day of their session.

Session proposals can be sent by email to:
teresapitman@rogers.com

or faxed to: 416-366-8317 with the heading:
Attention Teresa Pitman

Lessons Learned: The Inquest into the Death of Stephanie Jobin

By John Huether

Introduction:
Between November 18th, 2002 and December 17th, 2002, a Coroner's inquest was held into the death of Stephanie Jobin, a Crown Ward of the Hastings Children's Aid Society. Stephanie, aged 13, had been living at Digs for Kids (DFK), a private group home in Brampton when she died after she stopped breathing during a restraint on June 20th, 1998. The Coroner's inquest was held in order to examine the circumstances surrounding Stephanie's death and to determine what lessons could be learned from them, leading to recommendations for improvements to the service system caring for her. A number of the themes raised in this inquest were also raised in the earlier Coroner's inquests into the deaths of Joshua Durnford and William Edgar held in the summer of 2001. These were described in an article entitled, "Inquests: Joshua Durnford and William Edgar" in The Journal in July 2002 (Volume 45, Number 2).

Although there were unique elements of Stephanie's case, many components of her story are very familiar to Children's Aid Society social workers and other professionals in the field. Therefore there are many lessons to be learned from Stephanie's life and tragic death at several levels: case management, residential program delivery, program licensing, monitoring and quality control and systems management and resource provision.

Stephanie's History

Stephanie Jobin was a child with very special needs which included developmental delays, and pervasive developmental disorder with elements of autism. Her dual diagnosis posed considerable challenges to those who cared for her. She displayed a fun-loving sense of humour and a friendly charm as well as incidents of self-injurious and aggressive behaviour.

Stephanie had been in the care of the Hastings Children's Aid Society since she was 8 years old. She was admitted to care because her mother was no longer able to care for her in her home with limited community supports. Her mother's efforts to obtain support from the Ministry for funding of a voluntary placement through a special needs agreement had been unsuccessful. After a very difficult placement at Heritage House, the Hastings CAS was able to obtain an assessment placement at CPRI in London following considerable advocacy by the Society's Executive Director. This placement, planned for three months, was extended to more than eight months because of the challenge of developing an effective and appropriate behaviour management program for Stephanie and the challenges of finding an appropriate long term placement for Stephanie.

Stephanie's Placement at DFK

After a comprehensive and lengthy search, a decision was made to place Stephanie at DFK, a private group home in Brampton which had experience in dealing with children with special needs and had a vacancy in one of their homes serving such children. There was considerable communication among the Hastings CAS social worker and the staff at CPRI and DFK before, during and shortly after Stephanie was moved to this placement in December of 1995, to ensure that the DFK staff were informed about the behaviour management program developed for Stephanie at CPRI.

Stephanie stayed at the Vodden Residence of DFK up until her tragic death in June of 1998. During almost all of that time she had a single primary worker who had established a positive relationship with her. The worker left DFK in May of 1998 and Stephanie understandably reacted to this important loss. Stephanie was under medical and psychiatric care arranged by DFK and she was receiving medication to help control her behaviour although the results over time were mixed. In January 1997 (after a 9 month waiting period) she was admitted to the School/Day Treatment program at TREAD, a special program offered by Thistletown Regional Centre. In July of 1996, Hastings CAS transferred the case management supervision of Stephanie to Peel CAS while continuing to retain legal guardianship and responsibility for decisions about the funding of the placement.

Throughout Stephanie's stay at DFK there were periods of relative stability and periods in which her behaviour was more difficult to manage. There were regular meetings by the DFK staff with the psychiatrist and case planning meetings at which Stephanie's progress was reviewed by all parties involved in her care. Her behaviour was deteriorating in the three month period before her death and the number of aggressive incidents which required restraint were increasing.

Stephanie's Death

On June 17th, Stephanie returned from a particularly difficult day in school during which she was restrained for a considerable portion of the time that she was there. During the course of the evening, the staff at DFK had increasing difficulty managing Stephanie's behaviour and engaged in the use of restraints, using methods that were not consistent with their training and the policies of DFK. The evidence revealed that Stephanie had been held face down and that a bean bag chair had been used in the course of the restraint. As a result, Stephanie stopped breathing, and emergency services were called. She was taken to the hospital and she passed away at Sick Children's Hospital three days later. The Coroner's jury ruled that the cause of death was "hypoxic-ischemic encephalopathy secondary to cardiopulmonary arrest associated with restraint in the prone position for psychiatric agitation", based upon the medical evidence presented during the inquest.

Ministry Licensing of DFK

In March and April of 1998, a licensing team of the Ministry of Community, Family and Children's Services had conducted a thorough licensing review of the homes run by DFK and had renewed the license for Vodden House. The Ministry had used this process as a training forum for staff who had previously been assigned licensing responsibilities under the Day Nurseries Act and so a number of Program Advisors new to residential programs were working with Program Supervisors experienced in residential licensing to complete the processes for the seven DFK residences.

Involvement of Waterloo F&CS

When the inquest was called, Waterloo F&CS was subpoenaed to testify because they had made use of DFK's services from 1993 until 1997, when they ceased to do so as a result of concerns that they had about the quality of service being provided to the children with special needs that they had placed at DFK. The inquest heard testimony about Waterloo's experiences with DFK and their communication about these issues with the Ministry and with other CASs.

Lessons Learned:

I a) Case Management

A number of valuable lessons about case management emerged from the testimony at the inquest, both from the positive work of the social workers involved as well as the areas the staff identified for improvement. The CAS social worker responsible for the case management of a child's placement in a residential setting is in charge of and ultimately responsible for that placement. It is important that the social worker monitor the fulfillment of the agreed-upon case plan on a regular basis. The individualized behaviour management program, including the use of restraints in accordance with the new regulations, is part of this. When the desired results are not being achieved, there is a need and an obligation to seek additional expertise and support to find an effective plan, regardless of how many professionals are already involved in the case. The case manager needs to ensure that she/he obtains a full picture of the child's progress including the child's perspective. In cases where there may be communication challenges or worker safety issues that may make privacy visits difficult, alternative supports and strategies need to be developed to ensure sensitivity to the child's perspective is obtained and maintained.

b) Case Manager's Monitoring of the Group Home

The worker needs to guard against over-identifying with the residential service staff and the program. It becomes easier to monitor the over-all program or service, if the worker is supervising a number of children in the home. Program elements, organizational dynamics and the 'culture' of the residence all directly impact the care being provided for each child. It is important, therefore, for case

managers to pay continuous attention to the following elements of the residential resource, regardless of the number of children for which a worker is responsible:

1) The frequency of staff turnover and its impact on the children and youth;
2) Signs of disconnectedness or incongruity between the home's policies and commitments and what is actually taking place; for example, are there differences between how a child is disciplined and how the residence describes its approach in its pamphlets or manuals? Or are commitments for individualized treatments or programs kept?
3) Actions by staff which reflect a lack of understanding of the child's plan of care and behaviour management plan or of potential causes of the child's behaviour;
4) The way that medication is being administered and monitored within the home and the staff's awareness and monitoring of side effects of the medication;
5) Effective and clear communication with parents (recognizing both their legal status and history of involvement and interest in their child) needs to be established through good planning and evaluation;
6) The nature and effectiveness of the supervisory and quality assurance processes within the residential program that may affect the nature of the care provided to the child;
7) The behaviour management plan and the use of restraints and the support to staff to ensure that the plan is implemented in accordance with the identified goals and within the context of the new standards and expectations.

The case manager needs to be sensitive to these issues and other similar ones as they affect the children they are supervising. The case manager must also be prepared to raise such problems with the appropriate personnel in the program and to be aware of the organizational dynamics at play within the program.

Having said this, it is recognized that the individual case manager and the placing Children's Aid Society are not responsible for the over-all quality of a residential program. There are very real limitations to the worker's and Society's ability and authority to monitor this, beyond the service to the children they are supervising in a placement.

II Residential Program Delivery

The challenges facing the group homes from which CAS's purchase residential placements were front and centre in the testimony presented at the inquest. The lack of adequate children's mental health and child development residential resources suitable for children with dual diagnosis and other special needs was emphasized by a number of witnesses. Many agreed that a well-supported,

multidisciplinary program with appropriately trained staff would have been a more effective placement for Stephanie but such was not available.

The licensed group homes in this province do the best they can to fill the service void, but they are not well resourced or supported nor are they adequately monitored in terms of adherence to standards of good practice in residential service. The jury heard testimony about high staff turnover, poor levels of compensation, lack of adequate qualifications for staff, inadequate training for staff and inadequate supervisory practices to support and monitor the performance of staff in group homes. In addition, as in the Edgar inquest, the jury heard evidence about the inappropriate use of restraints as a vehicle for behaviour management and the ineffective training and monitoring of staff in the use of approved techniques. Information about the components of good quality residential service was also presented for the jury's consideration. These included:

- The hiring of staff with appropriate qualifications and training;
- The provision of adequate supervision, training and support for staff;
- The provision of adequate compensation for the front-line workers recognizing the difficulty and importance of the role;
- The provision of service to a child in the context of a well-developed plan of care including specific goals and behaviour management strategies;
- Staff recognition, stress management and career enhancing programs;
- The application of good practice standards in the group home policies and practices; and
- The value of interdisciplinary supports and consultations appropriate to the needs of the children and the staff in the program.

III Licensing, and Monitoring of Quality Assurance

The jury heard testimony from the three CASs involved in the inquest and from three Ministry employees: a Program Advisor, a Program Supervisor and the Director of Policy for Children with Special Needs about the nature of the licensing process.

a) Roles

The Ministry of Community, Family and Children's Services is responsible for the licensing of residential programs in accordance with the provisions of the Child and Family Services Act. The regulations and standards lay out a minimum set of expectations for residential services. The Ministry also receives reports of serious occurrences from group homes, but has no mandated or regularized system to evaluate possible patterns of difficulties that these reports may identify. The Ministry does not perceive itself to have a role in ensuring that service providers provide good quality service beyond these requirements. There are no additional standards for good quality

service or for internal quality assurance programs within the residential organization. The Ministry does not require the residential service providers to hire staff with any prescribed training or qualifications.

b) Communication by the Ministry

The Ministry does not share the findings from its licensing reviews with the Children's Aid Societies who use the programs (beyond its official result) nor does it regularly convey the contents of the serious occurrence reports it receives from the group homes to the Children's Aid Societies regularly using these services. The Ministry witnesses stated that it is up to the individual Children's Aid Society to determine whether a group home is providing adequate service and to make its placements accordingly. The Ministry may receive complaints from Children's Aid Societies or parents about a residential program; however, its response will be determined by relevance of the complaints to licensing considerations which do not necessarily include a significant number of quality assurance issues.

c) Communication by the CASs

The jury heard of the decision-making process that Waterloo F&CS used to determine that it would withdraw its children with special needs from DFK on a planned basis over a period of time. Waterloo F&CS did advise the Ministry of its concerns about the quality of service being provided by DFK, but the Ministry could not describe any action it took in response to receiving this information. Although Waterloo F&CS did report a few abuse allegations to Peel CAS during the period of time it had children in DFK, the concerns that led Waterloo to its decision were of a different nature, related to program delivery, staff supervision, staff follow through or lack thereof and organizational communication concerns that affected the quality of care being provided to their children. Given its mandate and the limits of confidentiality, Waterloo did not inform other CASs who had children at DFK of its concerns. In fact, like many CASs that have placements in a variety of group homes that have placements from other CASs, Waterloo did not know which CASs had children in DFK. Communication about child abuse investigations in a group home setting among CASs with children in that group home was also under scrutiny during the inquest.

d) Communication among all Parties

The lack of provision for regular and full communication among CASs and the Ministry about serious occurrences, child abuse investigations, or concerns about program quality in a particular group home program or organization surfaced as a problem that requires improvement. When several Children's Aid Societies make use of a group home resource, it is difficult for the workers from these agencies to be fully aware of what is happening in the overall program. This narrowness of focus combined with the gaps in mandate and communication makes it very difficult to ensure good quality service is being provided.

e) The Use of Restraint

The jury also heard testimony about the use of restraint as a behaviour management technique in caring for children with challenging behaviour and the pertinent policy framework that was in place in 1998 at the time of Stephanie's death and for three years thereafter. The subsequent policy decisions, including the introduction of new regulations which took effect April 1, 2003, with their strengths and limitations were outlined. The new regulations include allowing the use of restraint in accordance with approved methods only in those situations where the safety of the child and/or other children is in jeopardy and alternative strategies have failed to effect a change in the child's behaviour. The use of restraint is to be treated as a serious occurrence. The information sharing and communication issues noted above will have to be addressed if there is to be effective monitoring of restraints in group homes in the future.

The jury heard that the new serious occurrence review of restraints would not necessarily be done in the context of the child's plan of care, nor did the Ministry have a plan to monitor the implementation of this new policy on a provincial basis or to undertake further research. These steps had been recommended by the Edgar jury and an Inter-sectoral Task Force on restraints. Further, the Ministry was not prepared to provide additional funding to the residential programs to cover the costs of implementing the policy.

IV Systems Management and Resource Provision

The jury heard evidence about the paucity of adequate resources for children like Stephanie with developmental challenges and mental health conditions, and for their families. The need for a continuum of community-based services, including in-home support services and effective educational services, parent relief, short and long term residential care with specialized inter-disciplinary professional support services and crisis intervention programs, were identified. The importance of having such services locally and regionally based was also emphasized, as Stephanie, like many children in care, had to be placed at a significant distance from her family's home. The jury was presented evidence about the lack of ready accessibility to such services and the reality of long waiting lists for them. The jury was also made aware of the funding policies of the Ministry related to private group homes, the gaps and limitations of the Ministry's funding for these services and the difficulty CASs have in obtaining sufficient resources to purchase services as a result of the child welfare funding framework.

The inquest was informed of the Ministry's roles of developing legislation, setting policy, establishing regulations and standards, planning services and funding. The Ministry has a systems management responsibility and is accountable for the over-all range of services available to the children of

Ontario and for ensuring that these services are being delivered in accordance with the legislation and Ministry policies and standards. The Ministry also has a role to support and promote relevant research into the improvement of services which it funds and regulates.

The jury received copies of reports and recommendations that had been presented to the Ministry over the last several years urging improvements in the service for children with special needs, including those with dual diagnosis conditions and the limited action that the Ministry had taken to implement these recommendations. These reports included:

- "Voices from Within: Youth Speak Out" published by the Office of the Child Advocate in April 1998;
- The death review report on Stephanie completed by Peel CAS submitted in March, 1999,
- The Coroner's Paediatric Death Review report on Stephanie's death submitted in June 1999.
- Portions of a report of a Committee on Dual Diagnosis Services
- "Peel Region Special Needs Children Profile Review"
- The recommendations of the jury from the Inquest into the death of Joshua Durnford July, 2001;
- The recommendations of the jury from the Inquest into the death of William Edgar, September, 2001.
- The jury was informed that the Ministry was undertaking two reviews which had recently begun. These were: 1) a review of residential resources throughout the province which could result in changes in their availability and funding; and 2) a review of services for children with multiple special needs. Although not much detail about the reviews was provided, there was an indication that CASs would be consulted during the process. It is to be hoped that as reviews progress, improvements for the service system will be identified and implemented.

The Recommendations of the Jury

In preparing for the inquest the three Children's Aid Societies involved, Hastings, Peel, and Waterloo worked co-operatively to review the themes and issues that this case presented and to develop joint recommendations about changes that would improve the system for children like Stephanie for the consideration of the jury. The OACAS provided valuable assistance in this process.

The three Children's Aid Societies involved in this inquest submitted a set of 43 recommendations to the jury. Recommendations were also considered from other parties who participated in the inquest, including Stephanie's father, DFK, and Defence for Children International which received standing on behalf of a group of youth in care who provided their perspective on the issues. This is the first inquest at

which such standing was granted to an organization representing youth in care.

As a result of its review of the evidence presented during the inquest and of the recommendations submitted to it, the jury developed a comprehensive set of 30 recommendations that it believes will improve the service system to children with special needs, particularly the residential component of it. Many of these recommendations were consistent with those submitted by the Children's Aid Societies and are deserving of the support of those of us who are providing service to these children. Highlights of the jury's recommendations include:

- The creation of an integrated continuum of services funded and provided locally and regionally on an entitlement basis, thereby eliminating or significantly reducing waits for service;
- The creation of regionally based centers of expert care for assessment, crisis response, community support and residential care purposes and of an expert forum for special case and behaviour management consultation;
- The strengthening of licensing standards to include mandatory minimum staff qualifications and training requirements, and quality assurance programs and practices that include full information-sharing about licensing findings;
- Effective monitoring of the use of restraint and behaviour management techniques both within residential and day treatment programs through the use of serious occurrence reports on an individual and pattern basis at both the local and provincial levels and through further research;
- Improvements in the training for children's aid society workers supervising children with special needs, for child and youth workers providing residential care and other professionals serving children with a dual diagnosis;
- Policy and legislative steps to ensure that there is full communication and information sharing among Children's Aid Societies and the Ministry about serious occurrences, abuse investigations and other concerns about the quality of service being provided in a residential setting. These changes would include the creation of central data base and/or an independent autonomous regulatory body;
- The review and implementation of the recommendations of the Durnford and Edgar inquests along with the recommendations of other reports that would improve the quality of service provided to children with special needs in residential care.

Conclusion

Stephanie Jobin's death in June of 1998 was a terrible tragedy. Her father has expressed his strong desire that the

recommendations of the jury will be implemented fully so that such a tragedy may be avoided in the future. If these recommendations were fully implemented, a significant and radical improvement of the service system for children with special needs would be the result and the quality of care provided to these children would be greatly improved and their families would be able to obtain the necessary supports in a timely fashion. We hope that the memory of Stephanie will be honoured by the careful and full implementation of the recommendations of this jury.

Children's Aid Societies are encouraged to review the full recommendations of the jury from this inquest with a view to incorporating those recommendations that are within their control into their policies and practices. Most important, all of us in the field of child welfare need to strongly urge the Ministry of Community, Family and Children's Services to provide the support and leadership necessary to address the very real concerns that have been identified through this important inquest process.

About the author:

John Huether retired as Executive Director of the Peel Children's Aid Society in November, 2002. He wishes to acknowledge the support of the staff of the Children's Aid Societies of Hastings, Waterloo and Peel and the OACAS in preparing this article.

Depression and Suicide in Adolescents

Dr. Marshall Korenblum with Teresa Pitman

In the fall of 2002, Dr. Marshall Korenblum, a child psychiatrist with extensive expertise in adolescent depression and suicide, testified as an expert witness during the inquest into the death of Paola Rosales. Paola was a thirteen-year-old girl who had been in foster care under the supervision of the Catholic Children's Aid Society of Toronto; after being charged with assault, she committed suicide while in a detention centre in Milton, Ontario.

Dr. Korenblum testified to a number of points about depression and suicidal tendencies in adolescents that may not be widely known outside the psychiatric community and which could be helpful to child welfare staff, including foster parents and child and youth workers.

The symptoms of depression are often different in adolescents than in adults. Depressed teens:

- May be irritable and angry
- May be "lippy" or "mouthy"
- May withdraw from peers and family
- May have physical symptoms such as headaches and stomachaches or complain of simply "not feeling well"
- May be truant from school and/or have lower grades than previously
- May become aggressive or assault others
- May use drugs, alcohol or promiscuous sex to escape their unhappy emotions
- May run away from home
- May change their eating and sleeping patterns, that is, they may sleep more or less than usual, may eat more or less than previously and may gain or lose weight

Adolescents who are depressed do not typically appear sad or tearful as depressed adults often do.

Teens who are depressed need to be disciplined differently than other teens. The irritability that is a symptom of the problem may make them seem rude and "giving back-talk" but the depressed teen needs lots of flexibility around rules. It may simply be impossible for the young person to get out of bed and do morning chores.

Depressed teens should not be isolated, as this makes the depression worse. Sending a child to be alone in his room for a "time-out," for example, is likely to increase the severity of the depression. A depressed adolescent already feels like he is "bad" and punishments can seem to confirm that feeling. A more appropriate response would be to have a caring adult sit with the child and discuss what happened.

Depression is one of the significant risk factors for suicide, which has increased rapidly in recent years and is now the second commonest cause of death among teens. Canada has the 2nd highest suicide rate among adolescents in the world, and young people who have been in foster care, group care or young offender facilities are at a higher risk than youth in the general population. Other risk factors include:

- Other psychiatric problems
- A family history of depression or suicide
- Drug abuse
- Psycho-social stressors
- A history of previous suicide attempts, especially recent ones

Girls attempt suicide more often than boys, but boys succeed more frequently because they generally choose more lethal methods. A person who has attempted suicide once is 80 to 100 times more likely to die of suicide than a person who has no previous attempts.

While some suicidal people plan the method and prepare, others do not. Even without a plan for suicide, a young person can still be at risk if other factors are there. Teens are frequently impulsive and if angry, sad or frustrated may use any method that is at hand. In Paola's case, she first took a non-lethal overdose of pills, then attempted to slit her wrists, and finally hung herself. Each seemed to be an impulsive act.

The time of highest risk for suicide is when a teen is first admitted into care or taken into custody and during the next 72 hours. A teen coming into care with significant risk factors should be under constant supervision. If the risk factors are unknown, the youth should be constantly supervised until a full assessment can be done.

Many teens who attempt suicide or feel suicidal will alert others. This is a call for help, and if it is ignored the young person may interpret that as a rejection or an indication that people don't care if he lives or dies. At the inquest into Paola's death, for example, it was learned that she not only had two previous suicide attempts, but had drawn pictures at school showing herself dying and completed an intake questionnaire at the detention centre where she repeatedly expressed a desire to die.

Tragically, there is a serious lack of resources for children with mental health problems, with an average waiting list of 12 to 18 months for treatment to begin. Over the past few years, as waiting lists have become longer and fewer outside resources (such as school psychologists and prevention programs) are available, the problems seen by child psychiatrists have become more severe.

The jury at the inquest into Paola Rosales' death made a number of significant recommendations, including these which relate directly to the testimony about her mental health and the care she received:

2. We recommend that the MCFCS develop a mandatory one or two page "passport" to be sent immediately for

each child in the care of a CAS. No child will be accepted for placement without this passport. It should be sent as well to appropriate medical practitioners. A secondary detailed package is to follow within two working days.

The immediate passport should set out, in concise form, information which is vital to the child's health and safety including information pertaining to the child's past history of suicide attempts:

- Current psychiatric diagnoses;
- Any history of suicide or depression;
- Any history of violence and/or AWOL behaviours;
- A list of the child's medications, dates and refills;
- Any known medical conditions or allergies;
- The names and phone numbers of any health professionals who are currently involved in treating the child;
- Family contacts where there are no protection issues

In addition, the passport shall set out the name, phone and fax numbers of the child's assigned worker as well as the phone number for the society's after hours services. The document shall include a list of any family members with whom the child is permitted contact.

8. We recommend that the MCFCS implement a policy requiring all children's aid society workers, all foster parents, all staff employed in youth correctional facilities be required to participate in intensive training in the areas of suicide risk identification, assessment and prevention, behaviour management, and prevention, Young Offenders Act and Mental Health Act.

Foster parents, correctional staff and CAS workers must be tested regularly as to their knowledge of the indicators associated with heightened risk of suicidality.

10. We recommend the federal and provincial Ministries of Health allocate additional resources for:

- The establishment of both inpatient and community-based psychiatric programs for youth.
- The number of applicants for psychiatric residency programs is double the number of positions available. We recommend additional funding to hospitals and universities so as to permit a greater number of adolescent psychiatrists to be trained and qualified in the province.
- In the case of children in the care of a CAS, we recommend the compensation of child psychiatrists for their attendance at case plan or case conference meetings.

14. We recommend that the Ministry of Health prepare amendments to the Mental Health Act to have separate criteria for involuntary admission of adolescents versus adults.

29. Our recommendations for Detention Centres include: Isolation time (whether secure or non-secure) in any

correctional facility to be monitored by staff at all times through either video, audio or direct surveillance.

CAS staff, foster parents, group home staff and staff at correctional facilities will frequently be working with depressed youth, often during times of crisis when the risks increase dramatically. With greater awareness of the signs of depression and risk factors for suicide in adolescents, these young people can be better supported and referred as early as possible for appropriate mental health services.

About the author:

Dr. Korenblum is a child psychiatrist in Toronto, Ontario.

Exploration of a Link: Child and Animal Cruelty in Wellington County, Ontario

by Lisa Anne Zilney and Mary Zilney

This project involves the cross reporting of abuse and neglect cases between Family and Children's Services (FCS) of Wellington County and the Guelph Humane Society (HS) from February 1, 2001 through January 31, 2002. Possible connections between animal and child cruelty in cases brought to the attention of investigative agencies are explored.

The first animal welfare society, the Society for the Prevention of Cruelty to Animals (SPCA), was founded in 1824 in Britain. In Canada, the first SPCA was founded in Montreal in 1869, followed by Ottawa in 1871, and the Ontario SPCA in Toronto in 1873. In 1875, Gerry founded the first child protection agency in the world, the New York Society for the Prevention of Cruelty to Children (SPCC). Prior to the development of child protection organizations, humane societies addressed both the welfare of animals and children, as did the Guelph Humane Society beginning in 1893, with animal cruelty laws commonly used in child protection cases. By 1903, the SPCC focused on child as opposed to animal welfare, splitting into two distinct agencies in the late 1920s (Rutter 1993).

While research on animal abuse is in its infancy, some scholars use testimonies and studies of special populations, such as prisoners or battered women, to purport a relationship between animal cruelty and mass or serial murderers, antisocial characteristics in children, or as an indicator of family violence more generally (Miller & Knutson 1997; Skrapec 1996). Research into the connection between animal and child abuse increased after the inclusion of animal abuse as a symptom of Conduct Disorder among children in the *Diagnostic and Statistical Manual of Mental Disorders* (APA 1987) and the *International Classification of Mental and Behavioural Disorders* (WHO 1996). As well, the National Research Council and the Federal Bureau of Investigation assert that abuse of animals during childhood socializes children to engage in other forms of violence at later stages in the life course (Flynn 1997). This linkage of child abuse and animal abuse is suspected by animal welfare organizations and humane education groups, such as the ASPCA and the Latham Foundation, but has yet to be empirically tested in a methodologically sound project.

In 2000, this project brought together Family and Children's Services (FCS) and the Humane Society (HS) in Wellington County, Ontario, to explore the connection between human and animal cruelty that was once the purview of one agency. Mary Zilney, Family Services Supervisor of the

Wellington FCS and Lorna Ronald, former Executive Director of the Guelph HS, spearheaded the project on which this paper is based.

METHODOLOGY AND FINDINGS

To examine the cross reporting of abuse in both rural and urban areas of Wellington County, intake checklists were completed between February 1, 2001 and January 31, 2002 by both FCS and HS investigators. This checklist required investigators to seek applicable information regarding other species in the home for each new investigation. Half of the form consisted of questions related to children and was to be completed by HS workers. This half included: appropriate clothing; inappropriate living conditions; signs of neglect, presence of injuries; and demonstration of behavioural problems. The other half of the checklist, completed by FSC workers included: physical concern for the animal's well-being; inappropriate living condition; evidence of excrement; presence of injuries; and whether or not the animal exhibited behavioural problems.

Family and Children's Services Findings

During the study period, FCS workers completed 1485 checklists. Fifty percent of the homes had at least one animal companion, and 16 (2.1%) referrals were made to the Guelph Humane Society for more intensive investigation. Rates of neglect or abuse of animals as found by FCS investigators are represented in the table below.

Nature of Concern For the Animal	Number of Incidents	Percent (of all homes with animals present)
Physical Concern for Well-Being	12	1.6%
Inappropriate Living Conditions	73	10.0%
Evidence of Excrement	32	4.3%
Presence of Injuries	4	0.5%
Demonstration of a Behavioural Problem	36	4.8%
Referrals Made to Guelph Humane Society	16	2.1%

Reasons for concern for an animal's well-being included: family residence was a motel; animal perceived as ill; report from a family member of animal abuse; unclean living conditions; confined living space; or tied on a short lead. While 10% of cases involved inappropriate living conditions, a vast majority of investigators failed to expand their specific concerns on the checklist. The absence of appropriate living conditions however, was statistically related to residential location in Wellington County, with 49% of cases occurring in the North section of the

county, 41% in the East, 8% in the West, and 2% in the South. Thus, 1 in 5 homes in the North region of Wellington County that had an animal, failed to provide appropriate living conditions as documented by FCS investigators.

In approximately 5% of cases, the FCS investigator indicated concern with the animal's behavior, including not responding to commands, a history of biting, hyperactive and/or out of control behaviours, or aggressive or fearful behaviours. In fact, in 59% of cases where behavior problems of an animal were reported, the cause for concern was the animal's aggression. While FCS workers noted animal aggressiveness present in 35 homes, in 80% of these instances, the worker did not make a referral to the Humane Society. The HS regularly investigates when a child is living with an animal believed to be demonstrating aggressive behavior.

Of 747 cases investigated by FCS, there were 173 incidents of neglect, injury, behavioural problems, inappropriate living conditions, or concern for the animal's well-being. While there were homes with more than one issue of concern, approximately 20% of homes with an animal companion investigated demonstrated an issue of concern. That one in five homes visited had issues of care evident illustrates the need for, at minimum, educational endeavors regarding appropriate care of animal companions.

Humane Society Findings

During the 12-month period of study, HS workers completed 247 checklists. In 39% of the homes there was at least one child present, and 10 (10.6%) referrals were made to Family and Children's Services. With regard to signs of abuse or neglect, HS investigators reported no instances of inappropriate clothing, poor living conditions, or injuries. In one home the HS worker reported lack of cleanliness as a sign of neglect, and in another, verbal abuse by the child was documented as a behavioural problem. Interestingly, while only 2 of the 94 homes with children present exhibited any indicators of neglect or abuse, 10.6% of all homes visited with a child present were referred to FCS. Thus, HS investigators referred cases wherein suspicion of abuse or neglect occurred, rather than only in demonstrated cases. Conversely, in no case did FCS workers make a referral to the HS without actual evidence of abuse or neglect, and in fact, even in cases where neglect was evident, referrals were frequently absent.

Cross-Substantiated Cases

Though a total of 26 referrals were made cross-agency, not all cases were subsequently substantiated. The relationship between animal and child cruelty can be illuminated by examination of the 7 investigations substantiated by both the Humane Society and Family and Children's Services.

Case 1: Neglect/Substance Abuse
Investigating Agency: The HS determined a woman had vacated her residence, leaving a guinea pig behind that later died of starvation. The HS investigator learned that the woman's children were in foster care.
Agency Referred: An FCS investigation had been ongoing prior to referral and substantiated the children were in need of protection due to maternal substance abuse issues.

Case 2: Neglect/Neglect
Investigating Agency: Complaints were made to the HS regarding a strong odour of urine in an apartment and HS investigation revealed filthy living conditions.
Agency Referred: A referral was made to FCS because children were present in the home and similar neglect concerns were substantiated.

Case 3: Inadequate Supervision/Aggressive Animal
Investigating Agency: FCS identified concerns including lack of supervision, child physical abuse of the animals, animals behaving aggressively toward the children, parental physical abuse of both animals and children, and physical safety issues. FCS did substantiate inadequate supervision by the caregivers and the children were apprehended. The children were made permanent wards of the province on consent.
Agency Referred: Investigation by the HS revealed the dogs were aggressive and territorial, thereby posing a threat to the family and potentially others. Caregivers were unwilling to alter parenting styles and unwilling to surrender the dogs, but the HS did not have substantial cause to remove the canines.

Case 4: Domestic Violence/Neglect
Investigating Agency: FCS verified verbal abuse between the adults in the home, as well as verbal abuse by the male partner toward the children. Investigation revealed the male partner had kicked the canine companion and had since moved out taking custody of the animal.
Agency Referred: The HS could not verify the allegation of physical abuse toward the animal due to lack of evidence, but did verify neglect concerns due to lack of adequate shelter.

Case 5: Domestic Violence, Neglect, Physical Abuse/Neglect
Investigating Agency: FCS investigation substantiated physical and verbal abuse of the female partner and the children, unclean living conditions, nutrition concerns, and a history of transience. During FCS involvement the family fled to a motel leaving their cat in the van.
Agency Referred: HS investigation confirmed unsuitable living conditions for the animal.

Case 6: Parent-Teen Conflict, Teen Behavior Problems/Physical Abuse
Investigating Agency: FCS investigation substantiated serious parent-teen conflict including teen violence toward family, friends and animals, evidenced by the teen kicking the dog in the presence of a FCS worker.

Agency Referred: The HS confirmed physical abuse of the animal by the teen.

Case 7: Emotional Harm/Physical Abuse

Investigating Agency: FCS verified emotional abuse of the child by the mother, and rough handling of the family cat by the child.

Agency Referred: Mother and child admitted to improper handling upon HS investigation.

RESEARCH OUTCOMES

As with any exploratory survey, methodological flaws were encountered that replication could rectify. The main flaws centers on investigator response. To increase investigator response, the survey could be redesigned, and all investigators should be trained in what acts are considered reportable by the other agency. Despite these flaws, there were varied positive outcomes of this project.

Perhaps the most important research outcome was the enhanced partnership between FCS and the HS as evidenced by, but not limited to, improved worker communication. Further, this study helped HS investigators identify their need to develop skills in recognizing child abuse in order to comply with the duty to report as outlined in the Child and Family Services Act (CFSA). No duty to report animal abuse is mandated, and during this project many more animals that may have been deemed at risk of harm and/or in need of protection were not referred to the Humane Society.

While failure to refer was usually the result of worker misperception regarding what acts or omissions were reportable, there were a number of FCS investigators who did not view the project as relevant, felt the project merely added paperwork, and were resistant to address animal welfare issues. Thus, it is suspected that some investigations did not include observation of, or questions about animals in the home, thus resulting in several inaccurate checklists. Since the initiation of this project, FCS and HS added to the required internal orientation training a session on the relationship between animal and human cruelty. Currently, the HS continues to use the checklist to guide potential referrals and FCS is in the process of developing a protocol between FCS and HS to address and clarify the issues related to reporting. The protocol will outline procedures for reporting, thus making the checklist used for this project unnecessary.

The project proved useful in bringing to the attention of the HS, the mandated reporting of potential child abuse or neglect. Already overworked FCS investigators were somewhat burdened by the additional paperwork and examination of animal abuse, viewed in our society as less important in the cycle of domestic violence. Empirically driven research exploring the connections between animal abuse and human violence will clarify the need for both

agencies to support a cross-reporting endeavour. In reuniting historically linked organizations in recognition of a relationship between human and animal violence as espoused by animal welfare organizations and humane education groups, this project reminded of the need for institutional cooperation to aid the quality of relations between children, animals and families.

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References:

APA (American Psychiatric Association). (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd Ed., Rev.). Washington, DC: APA.

Flynn, Clifton P. (1997). Animal abuse in childhood and later support for interpersonal violence in families. Society and Animals, 7 (2), 161-172.

Miller, Karla S., & Knutson, John F. (1997). Reports of severe physical punishment and exposure to animal cruelty by inmates convicted of felonies and by university students. Child Abuse & Neglect, 21 (1), 59-82.

Rutter, Bob. (1993). A century of caring: A history of the Guelph Humane Society. Guelph, Canada: The Guelph Humane Society.

Skrapec, Candice. (1996). The sexual component of serial murder. In Thomas O'Reilly-Fleming (Ed.), Serial & mass murder: Theory, research and policy (pp. 155-180). Toronto, Canadian Scholars Press.

WHO (World Health Organization). (1996). International classification of mental and behavioural disorders (ICD-10). Cambridge: Cambridge University Press.

Extended Care and Maintenance and Termination: When Parents Stop Being Parents

by Gerasimos Dhmhtrios Natis

Termination is a word that is not the least bit comforting or kind. It prompts us to think of an abrupt ending, the cessation of something valued, or some kind of loss. In almost every case, when this word is applied to either our personal or public lives, it has a profound effect. There is no greater example of this than with a child who has grown up in the care of a child welfare agency. For Crown Wards, termination means being thrust into the world, without the support of the child welfare agency, their "parent," and being cut off permanently.

In the Webster's Dictionary, the primary definition of termination is: to end in time or existence. Quite bluntly, the meaning suggests death and finality. This word is often used in the social work vocabulary, and, for the most part, we do not think about how it affects the people we serve. A child who has only known a child welfare agency as his or her primary caregiver already has overwhelming obstacles to overcome. Then, to be told at an age when you are just starting to develop an understanding of yourself and your life's events, that your care agreement will be terminated in seven days, can be the final blow. To Crown Wards, termination means that all the people you have come to know, the building that you have come to see as your home, and your financial support will end. This may seem very hard to imagine, yet it is the way that many of our Crown Wards are treated in Ontario.

Many child welfare agencies have developed transition programs for youth to help prepare them for this step, with varying degrees of success. One preparation for independence program has had remarkable results with youth in care. Green Chimneys Children's Services in New York City took in children who were between sixteen and twenty years old upon admission. Of the youth placed there, three quarters completed high school or got a GED by the time of discharge and more than one quarter went on to further their education at college. Furthermore, seventy-two percent of these clients at Green Chimneys had full time employment at discharge and only two percent relied on social assistance. In this program, the youth found the staff extremely accessible and helpful even after discharge from the program, in terms of giving them further support to help them cope with living on their own. This program did a wonderful job of helping youth to be equipped for adult life, and provides a model for Canadian child welfare agencies to follow if they wish to attain similar positive goals.

Young people in care have a very different life compared to young people

growing up with their own families. These disadvantaged youth need additional support to achieve the same outcomes as more privileged youth. In order for that equitable outcome to occur, children and youth in care need their current resources enhanced. This lends support to the proposal of extended ECM. Children who grow up in care need preparation for independence programs and the support of their social workers and child welfare agencies well into their twenties. If this support is provided, the youth will feel valued and important. In addition, an ECM policy that encompasses all youth in care, not just a few who meet certain criteria, can give these disenfranchised youth the hope of becoming successful adults.

Establishing better policy for youth in care beyond the age of eighteen needs to be a priority of the government. It simply cannot be enough to say there is no funding. That is hypocrisy, plain and simple. We, as a society, cannot be two-faced, saying in one breath that we value these young people and care about them, but in the next breath telling them that they are too old for assistance and must fend for themselves. These youth deserve much more than that.

Researchers suggest the need to extend programming for youth beyond the age of termination so that they will be able to maintain relationships with staff and will be able to continue receiving support. This type of extended programming must not be taken lightly. It cannot be something some agencies do on an individual basis, or only for certain youth, as a token gesture of care. It is not enough for some workers to keep contact with youth as an optional extra that goes beyond their job description – not to belittle or take away from any workers who do that. This type of programming must be a mandatory policy and applied to all youth in care.

Youth in care will need to have more time to achieve the same goals as those not involved in child welfare. All adolescents need to commit themselves to a plan that leads to exploring inner and external worlds, if they wish to make a successful transition to adulthood. This plan must have a series of stages, each with its own set of tasks, with the social worker monitoring the young person's progress. When youth begin to resolve these tasks in late adolescence, it becomes associated with positive career development. Research shows that goals and career choices become integrated into a person's self-concept in adolescence. Therefore, terminating support before youth in care have plans for achieving their adult goals could send them headlong into adulthood with the first of many letdowns. However, by continuing support, we would be nurturing Crown Wards through this process in which they get a head start on their hopes and dreams.

When youth in care who are at the age of termination have the proper resources allocated to them, they are much more likely to be better equipped to face the challenges of daily life. In the U.S.A., agencies found that providing aftercare services such as counseling, financial assistance, employment

services, and educational services was the easiest approach to implementation. As well, these are some of the services most requested by emancipated youth. If these services are easy to administer, desired by those who receive them, and extremely effective, it is clear that they must be implemented.

It is the responsibility of the child welfare professional and the profession of social work to be protesting the social injustice of terminating care. This is stated in the Social Work Code of Ethics, Declaration 10: "I will act to effect change for the overall benefit of humanity." (Canadian Association of Social Workers, 1983) Part of that humanity, of course, includes youth in care. Yet it seems that they are being excluded, as research consistently shows that there are gaps in services for youth, young adults and older adults who left foster care and no longer have access to formal services by child welfare agencies. A study by Nixon and Jones in 2000 supports the idea for more funding for after-care supports. It also recommended that files should be kept open for six months after young people leave care, to allow them to return to the care of the child welfare agency should they change their minds about wanting to leave. This is exactly what is needed to effect the social change that would benefit this vulnerable population and quash the social injustice of termination.

Presently, youth on ECM get an inadequate amount of money. Most of us would agree that the $663 per month they acquire is not enough to pay all of the bills associated with living independently. Extra monies may be given for items such as school-related expenses and transportation but that is not a standard practice. And even when it is given, it is only because the youth relentlessly implored the child welfare agency for reimbursement. It has been proven that youth who are poor are less likely to get the things they need to grow up healthy. Young people on ECM certainly fall into this group, considering their meager income of less than $700 per month. ECM youth can work on a part time basis but they are only allowed to earn a certain amount of money, less than five hundred dollars per month or they will lose their ECM support.

Youth in care are adamant about maintaining contact with those who have been influential in their upbringing. For example, 67% of the youth involved in the Green Chimneys preparation for independence program maintained regular contact with the staff there when they were given the option of doing so after leaving the program. They cherished the continued contact and it allowed them to get practical help and emotional support when problems arose, or when they felt themselves doubting their ability to cope with adulthood. This being the case, it is vital that new policy keeps the door from ever shutting on these young people. They should be given the opportunity to continue contact with their foster parents and foster siblings, their case managers, and the CAS as a whole.

The changes suggested here are neither novel nor radical. The government has long supported family care as the superior form of care. If that is the philosophy strongly supported by the government, then it makes sense for them to be supportive of child welfare agencies doing their best to mimic this kind of care. Family care, which the government sees as being the best kind of care, does not have children bouncing from one home to another, so that they experience living with a host of different parental figures and estranged siblings. It does not expect children to discover for themselves how to be successful adults, with the excuse that it is just too costly to provide that kind of learning. Lastly, it does not put an age limit on when it is time to stop caring. The government needs to follow through on its own mandates and policies, by promoting family care and successful independent living. The cost to former youth in care and to society for failing to do so is too great to allow.

About the author:

This is an extract from the Masters Thesis of McMaster University Graduate Gerasimos (Jim) Natis**.** Copies of the full thesis can be obtained from him by calling 905-549-7196.

Primer: A Sensitivity and Awareness Project

by Jordan Ann Alderman and Michelle Quick

Never underestimate that a small group of thoughtful, committed people can change the world, indeed it's the only thing that ever has.
Margaret Mead

Background

Primer, a sensitivity and awareness presentation, was a pilot project undertaken by the National Youth In Care Network[1]. The National Youth In Care Network exists to voice the concerns of our membership, youth in care, ultimately with the desire to positively effect change within the social work community. Primer was developed and designed as a presentation for current and prospective social service providers in both undergraduate and graduate university programs. Our membership feel current and prospective social workers are not often provided with the tools to work on behalf of youth in care in sympathetic and empathetic ways. A culture of risk assessment and paper work distracts from the "human" side of social services. Through Primer, we hope to effectively "re-humanize" the relationships between youth in care and their social service providers.

Primer was developed in three distinct phases. The first phase included a survey of fifty youth in care from across Canada. The youth respondents were asked to discuss what they believed were the three major challenges faced by youth in care in Canada today. Subsequent National Roundtables hosted by National Youth In Care Network provided further validation to the recurring themes identified by the respondents. The second phase of Primer included an academic literature review of material related to past struggles and challenges faced by youth in care. The issues facing youth in care are, sadly, similar between 1977 and 2001. The third phase of Primer, involving the presentation of the material to social workers and social work students, illustrates the power of personal relationships as an integral component in nurturing resiliency in young people. In addition, enabling and assisting youth to find their voices and become empowered and engaged in the decision-making process will effectively teach young people the skills to become independent adults prepared for their eventual and frequently abrupt emancipation from care.

The National Youth in Care Network provided training for eighteen youth in care from across Ontario to develop their capacity for public speaking and public presentations with the intent of boosting their marketable skills in the labor force. Additionally, youth were

[1] National Youth In Care Network wishes to acknowledge the generous support of the Laidlaw Foundation and the Ontario Trillium Foundation.

afforded the opportunity to meet other young people in and from care who have experienced similar struggles, challenges and successes. The ability to connect and share stories provides a safe place for emotional healing and group bonding to occur in a natural process.

Overall, eleven presentations in 8 schools of social work were completed, while four presentations were completed at conferences and workshops. The overwhelming success of the presentations has been validated through invitations to return to the schools of social work, continued presentations at conferences and the desire to expand across fields/sectors, as well as across Canada. We have secured funding from the Laidlaw Foundation to continue developing the project and designing a plan of expansion for foster parent associations, agencies and group homes.

Snapshot of Primer

Primer does not provide new information about growing up in foster care. However, it does complement a long list of research dedicated to the challenges and struggles faced by youth seeking their place in their communities as equal and contributing members of society. What is different about Primer is that it is a sensitivity and awareness training tool. The National Youth In Care Network would like to encourage increased empathetic interactions between youth in care and their service providers. The National Youth In Care Network sees youth as possessing an abundance of competencies and believes that young people have a role to play in the services they receive. Systemic and bureaucratic change is a slow process. However, by increasing the level of empathy of current and prospective social workers and making them more aware of the distinct needs of youth in care, we are creating a climate whereby change will ultimately come from within.

Common Themes of the Past 25 Years[2]

Respect

In some cases there is a distinct lack of respect for a child's history, culture and experiences. Youth can become objects to be dealt with rather than human beings to be guided and nurtured into adulthood. What is needed is an individualized plan addressing the disparate needs of each child and youth in care.

"Youth are out of control for a reason, they have to understand that the youth needs help and they aren't acting out to be rebellious, like they are acting out because something is hurting them inside." (Youth Respondent, 2001)

Stigma

Youth in care often feel they are constantly defending themselves against the stereotype of "bad children" being asked "what did you do?" To

[2] Who Cares? Young People in Care Speak Out, 1977;To Be On Our Own, National Youth In Care Network, 1988;Report by the Office of Child and Family Service Advocacy, 1992;Pain…Lots of Pain, National Youth In Care Network, 1993; Voices From Within: Youth Speak Out, Advocacy Office, 1998.

assume that youth have done something wrong to be involved in the care system is a pervasive attitude of many in society and of many helping professionals.

"Public opinion, the public needs to know that a youth in care is not a bad person, but just someone who has had a hard life. And workers, they need to have enough time to get to know youth and what they are going through." (Youth Respondent, 2001)

Abuse of Youth in Care

There is indisputable evidence that abuse within the system does occur. While recognizing that many youth have positive experiences in the care system, it cannot remain silent about the further victimization some young people suffer while in the care of the government. In November 2001, youth and adults participated in a roundtable on Violence Within the Care System hosted by the National Youth In Care Network. The comments were chilling. Some youth were denied the right to feel sad and experience grief and loss. Some were medicated into submission in order to follow the orders of the institution. Many developed chemical dependencies upon release into the wider community because they had not been taught how to deal with their feelings and emotions.

"Youth in care get less, from nutritious food and nice clothing to being able to participate in extra-curricular activities." (Youth Respondent, 2001)

"Group home life, power struggles and abuse of all forms."(Youth Respondent, 2001)

Voice

Young people have indicated consistently over twenty-five years of research their desire to be participants in the decisions and processes that affect their lives. A true understanding of youth empowerment and youth rights as defined by the UN Convention of the Rights of the Child[3] is essential to understanding and respecting the experiences and insight youth bring to the process. Furthermore, provincial legislation decrees that children are entitled to be privy to the decisions that affect their lives and provide input into the decision-making process.[4] Given this legislative support, the persistent lack of voice in the decision making process is a surprising issue. Currently, the major struggle reflects the lack of "voice" in the planning for eventual emancipation from government care and the provision of extended care services contingent mainly on academic pursuits.

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[3] ***Article 12*** 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. 2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

[4] R.S.O. 1990, c. C.11, s. 107. *Child and Family Services Act*.

"What is going to happen to me after. So it is going to go-how am I going to make it, deal with this, without that support, without that extra well-being." (Youth Respondent, 2001)

Transiency

Youth in care are often moved frequently and may have little preparation for these moves. In recent years luggage drives have been initiated to alleviate the stresses on young people having to move their belongings in garbage bags. Many factors are involved in these moves, but the reality is that for youth the experience is often traumatic and each move is a time of crisis with potential long-term impact.

"Instead of dealing with problems, they ship us from group home to group home" (Youth Respondent, 2001)

Personal Relationships

A social worker can be the first link to positive personal relationships for a youth growing up in care. It is vital that social service providers work hard to develop and maintain a relationship with children in care. Ultimately a child and youth in care is the responsibility of the social worker acting *in parentis locus* for the government of Canada.

"Good relationship, someone you feel comfortable with, responds, calls you back if you want to talk with them and caring, someone who isn't fake and really seems to care about you and what you are going through." (Youth Respondent, 2001)

Discussion

The National Youth In Care Network has been working with the goal of youth empowerment since our inception. Leaders of the organization have produced articles and books related to the issues of youth based on research from around the world (Raychaba, 1988, 1993). In Primer, the fundamentals of empowering youth are further extolled as a mechanism for enhancing the quality of the interactions between young people and their social service provider while increasing the quality of life for the young person in care.

A major source of youth empowerment includes youth being an integral part of the decision making process. Youth are the experts about their experiences and know what it is they need. However, the ability to express this need may be suppressed, therefore, it is the responsibility of their worker to help make youth comfortable with this process. Social service providers need to be aware of the questions they ask and how they are asked. Are these questions conducive to participatory actions? Workers should encourage the expression of thoughts and opinions as a healthy process that will lead to long-term life skills such as problem solving and goal setting. This is an essential component for young people who need to be taught how to make decisions for themselves appropriately, allowing them to define for themselves a role within society as citizens that benefits them as they emancipate from government systems. It is time to start listening to young people and understand that they do know what they need and that is a

voice, a meaningful voice in the decisions that affect their lives.

Conclusion

The consultation with the membership was an opportunity to engage youth in care members and provide a positive way for youth to have a voice in educating current and prospective social workers. It is essential that social workers provide consistent contact, offer true caring and foster the strengths that exist within each youth. It is through a concerted effort on the part of all front-line workers that the challenges and struggles facing youth in care will not be exacerbated over another twenty-five years.

For more information and to arrange for a full Primer presentation please contact the National Youth In Care Network at (613) 230-8945 or by email to jordan@youthincare.ca.

References

Callahan, Marilyn. (1988). Cited p.37.To Be On Our Own With No Direction From Home. Report on the Special Needs of Youth Leaving the Care of the Child Welfare System. National Youth In Care Network.

Child and Family Services Act. R.S.O. 1990, c. C.11, s. 107.

Child Welfare In Canada. (1994) The Role of Provincial and Territorial Authorities in Cases of Child Abuse. Federal-Provincial Working Group On Child and Family Services Information.

Cicchetti, Dante; Toth, Sheree L. and Rogosch, Fred A. (2001). The Development of Psychological Wellness in Maltreated Children. The Promotion of Wellness in Children and Adolescents. Edited by Dante Cicchetti, Julian Rappaport, Irwin Sandler, and Roger P. Weissberg.

Hilton, Laura J. Voices of Youth. Suggestions for intervention and policy. Children Worldwide. The Family and Child Resilience.

International Catholic Child Bureau/North America. (1992). Building on People's Strengths. Institute Prospectus Child Resilience and the Family.

Jackson, Sonia and Pearl Y. Martin. (1998). Surviving the care system: education and resilience. Journal of Adolescence, Vol 21, 569-583.

Jackson, Sonia; Born, Michael and Jacob, Marie-Noel. (1997). Reflections on risk and resilience in adolescence. Journal of Adolescence, 20, 609-616.

Kelley, Thomas M. (2000). Thought Recognition, Locus of Control, and Adolescent Well-Being. Adolescence. Fall. (Findarticles.com)

Kufeldt, Kathleen; Vachon, Jacques; Simard, Marie. (2000). *Looking After Children in Canada-Final Report*

Losel, Friedrich. Resilience in Childhood and Adolescence. Children Worldwide, the Family and Child Resilience.

Martineau, Sheila. (2000). Resiliency: The Risky Business of Translating Resiliency into Advocacy Practice. Focus on Children and Youth. Vol 5, no. 1.

Miller, Carol T. (2001). A theoretical Perspective on Coping with Stigma. Journal of Social Sciences. Spring. (Findarticles.com)

National Children's Bureau. (1977). *Who Cares? Young people speak out*

National Youth In Care Network. (1996). Into the Hands of Youth-Youth In and From Care Identify Healing Needs.

O'Leary, Virginia E. (1998). Strength in the face of adversity: individual and social thriving. (Thriving: Broadening the Paradigm Beyond Illness to Health). Journal of Social Sciences. Summer. (Findarticles.com)

Osborn, Albert F. Resilience and Intervention Strategies. Children Worldwide. The Family and Child Resilience.

Oyserman, Daphna. (2001). *Stigma: An Insider's View.* Journal of Social Sciences, June. (Findarticles.com)

Raychaba, Brian. (1992). Doing and Being Done To. Voices of Youth.

Raychaba, Brian. (1992). Commentary-"Out of Control": A Youth Perspective on Secure Treatment and Physical Restraint." Journal of Child and Youth Care, Vol 7, No. 1 pages 83-87.

Raychaba, Brian. (1993). Pain…Lots of Pain. Family Violence and Abuse in the lives of Young People in care. National Youth in Care Network.

Raychaba, Brian. (1988). To Be On Our Own With No Direction From Home. Report on the Special Needs of Youth Leaving the Care of the Child Welfare System. National Youth In Care Network.

Rutman, Deborah, Barlow, April; Hubbersty, Carol; Alusik, Daniela, and Brown, Erinn. (2001). Supporting Young People's Transition From Government Care: Research Project. Stage 1 Report. Child, Family and Community Research Unit, University of Victoria & The Victoria Youth In Care Network.

Rutter, Michael. (1988). Pathways from Childhood to Adult Life.

Rutter, Michael. (1987). Psychological Resilience and Protective Mechanisms. American Journal of Orthopsychiatry. 57(3), July.

Smith, Dana K. (2001). *Placement Disruption in Treatment Foster Care.* Journal of Emotional and Behavioral Disorders, Fall. (Findarticles.com)

Snow K. and Finlay, J. (1998) Voices From Within. (1998). Youth in Care In Ontario Speak Out. Office of the Child and Family Service Advocacy.

Steinhauer, Paul. Attachment Disorder.

Tiet, Quyen Q. (1998). Adverse life events and resilience. Journal of the American Academy of Child and Adolescent Psychiatry. November. (Findarticles.com)

UN Convention on the Rights of the Child. Article 12.

Vanistendael, Stefan. Resilience: As old as mankind. Children Worldwide, The Family and Child Resilience.

Wiley, Angela and Rappaport, Julian. (2000). Empowerment, Wellness, and the Politics of Development. The Promotion of Wellness In Children and Adolescents. Edited by Dante Chicchetti, Julian Rappaport, Irwin Sandler, Roger P. Weisberg.

Who Will Teach Me To Learn? Creating Positive School Experiences for Youth In Care. (2001). National Youth In Care Network.

Lucas, We Will Remember

by Moe Brubacher

This article originally appeared in the Guelph Mercury in January, 2003.

Lucas Albert Dolson-Southern
Born November 19, 1991
Deceased January 8, 2003

Lucas Dolson, a child of only eleven years, took his own life last week. His death sent shock waves throughout the community, leaving many unanswered questions. During his short life, Lucas received good care and support from experienced social workers, a loving foster family, his school and church communities, children's mental health agencies and many other professionals. For the past two and a half years, Lucas had been a child in care of Family and Children's Services. But Lucas died in spite of all our best efforts.

Although I never met Lucas personally, I have learned a lot about him. At the funeral service, his mother described him as a special boy with lots of turmoil. All who knew him agree that he was a beautiful child and that he had tremendous potential. The most striking thing about him was his engaging personality. He was bright, ever inquisitive, and he loved to create and build things. I am told that he loved bugs and that he didn't always bring them home in a jar! He played the harmonica. He asked lots of questions.

At the same time, he was a troubled boy. He carried a tremendous burden of emotional pain and he had behavioural difficulties that often got him into trouble. In these ways, he was not unlike other children in foster care. Children in care have a variety of problems, including mental health issues and scars of past family conflict, childhood abuse and neglect.

Since Lucas' death, I have gained a brand new respect for foster families. The kind of care that Lucas' foster family freely gave to him is a beautiful example of unconditional love. His foster parents and their children opened their home and their hearts to Lucas for the past two and a half years. Lucas had become a fully accepted member of the family. The foster family and Lucas' natural families had also developed a tremendous level of respect for one another. The devastation and pain they feel at this time is virtually unbearable.

As we reach out to support them, there are also many other foster families who feel this could just as easily have happened to them. The F&CS Board and staff extend support to them as well. We trust that Lucas' death will inspire more people to open their hearts to help troubled kids rather than turning away for fear of what could happen. As the minister said at Lucas' funeral, "No act of love and kindness is ever incomplete, regardless of the outcome."

This past week, I also came to see the "system" in a new light. The community shares in the huge responsibility of caring for children like Lucas. It is often far too easy to see the service system as a bureaucratic maze of policies, regulations, procedures, meetings, memos, files and reports. In Lucas' case, there are many files that will be reviewed in detail as we search for answers and prepare the necessary reports. However, the real "system" out there consists of some of the most caring people in our community.

I am awestruck by the people who cared for Lucas. During the past few years, Lucas received the best of love and care from them. His foster parents and F&CS worker were consistent, highly skilled and among the best of caregivers. Lucas was also dearly loved by a network of caring people throughout the community, including his school principal and teachers, his Sunday School teacher and members of his church community, and the many other professionals who worked with him.

In his reflections at the funeral, Lucas' step-father told us there are no words to say, only memories that fill our hearts. He said that Lucas had touched the lives of so many people in his short life, spreading angel dust over all of us. His mother described the professionals in Lucas' life as angels.

I believe Lucas knew he was loved. Last year, he won a poster contest for children in F&CS care. His poster pictured how his foster family cares for him and shares food, clothing, toys, computer, ideas, games, love, joy and happiness. Pictures on display at the funeral home showed Lucas involved in many fun family times. Cards on display from the school also demonstrated how Lucas had touched the lives of his classmates.

So why then did Lucas take his own life? This is the one question that can never be answered. As his church minister said, the only answer to this question is, "I don't know why." We do know that Lucas was supported and cared for by the best, and many professionals were in place to help him. Perhaps Lucas made this decision in a moment when he had lost sight of the love and support that surrounded him.

Lucas, I wish I could have gotten to know you. Maybe we could have spent some time together catching bugs and talking about life.
I hope that the life you lived will inspire more unconditional love for troubled children and a better understanding of childhood suicide. May we all learn and

remember the lessons that you came to teach us and thereby truly honour you and the life you lived. May we always cherish the memories we have of you.

Lucas, you will be sorely missed by your parents, your family, your foster family, and all the others who dearly loved you. May all of us be supported in our grief and find the healing that we need. May we also be strong in our commitment to serve and love the vulnerable children in our community.

And now that you are gone, Lucas, may you rest in peace, joy and love.

About the author:

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HELPING CHILDREN WHO LIVE IN TOXIC SITUATIONS

One-day Conference sponsored by
ORTHO (The American Orthopsychiatric Association) & The Sparrow Lake Alliance (Ontario)

Friday, OCT0BER 3, 2003, 9 a.m.- 5:00 p.m., Council Chambers, Metro Hall,
55 John Street (just south of King), Toronto, Ontario

This conference will be of special interest to professionals who work with children: social workers, psychiatrists, psychologists, educators, lawyers, and judges. The presenters are professionals who have extensive experience working with children who live in toxic situations. ORTHO is an international, interdisciplinary group of mental health professionals, with a 50-year history of promoting progressive practice and social advocacy for service users. The Sparrow Lake Alliance (Ontario) is a voluntary coalition of 12 professions, 7 service sectors, that advocates for an environment that is more nurturing to children's development.

Keynote Address: David (Dan) R. Offord, CM, MD
Director, Canadian Centre for the Study of Children at Risk

Workshop Leaders:

Elsa Broder, MD, FRCP(C), Hincks-Dellcrest Centre: *Breaking the cycle: Use of expressive arts*.

Marlinda Freire, MD, FRCP(C), Hospital for Sick Children: *Child survivors of extreme situations (war, displacement).*

June Maresca, LLB, LLM, Lawyer and Mediator, and Hanna McDonough, MSW, RSW, Child Psychiatry Program, Centre for Addiction and Mental Health: *Children involved in protracted chronic conflict between their parents.*

Denise Martyn, PhD Candidate, Director, "Growing Together" (Joint program of the Hincks-Dellcrest Centre & the Dept. of Public Health, Toronto): *Early intervention with parents and children 0-6, living in a high-density, high-risk community.*

Cheryl Milne, LLB, Justice for Children and Youth: *Street-involved Youth.*

Susan Penfold, MB, FRCP(C), Dept. of Psychiatry, UBC: *Children who live with parental violence.*

Nitza Perlman, PhD (Psychology), Director of Children & Youth Division, Surrey Place*: Children with no secure home or attachment figure.*

Ruth Stirtzinger, PhD (Psychology), George Hull Centre:
Treating aggressive children within the school system: An ecological program that partners mental health with education.

James R. Wilkes, MD, FRCP(C), Consultant Psychiatrist, Toronto Catholic CAS; Staff psychiatrist, Shoniker Clinic:
Truth or Consequences: Children who lack knowledge of their history and families.

Early Registration (by Sept. 1st): $90 CDN; Registration (by Oct. 2nd): $100 CDN;

Students: $50 CDN

Registration form available by e-mail at amerortho@aol.com or on the website: www.amerortho.org

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the voice of child welfare in ontario

Calling all youth in care musicians and performers

Are you a singer? Do you like to rap? Do you like to play the piano or guitar or another instrument? Do you dance? Do you do comedy? Do you like performing?

The Ontario Association of Children's Aid Societies (OACAS) is calling for musical/ performing acts by youth in care for the upcoming 2004 Conference in Toronto. The Conference will take place from May 30 to June 3, 2004 and is intended for those who work in/for children's aid societies and youth receiving care from children's aid societies. We are expecting over 1,000 participants (over 100 youth in care) and over 60 workshops. As a highlight of the conference, we are looking for youth to showcase their talent during the Tuesday night of our conference.

Each youth will have up to 20 minutes to perform. If you would like to perform at the conference, please send in a demo audiotape or CD. If you do not have one, send in a description of the act you want to perform at the conference. It is preferable to send in an example of the work you do. You MUST also send in your contact information. Our program committee will review the proposals and get back to you as quickly as possible.

If you are selected to perform, you will receive a free-one day registration for the conference including one meal, on the day of your performance. If you have any questions, call Cathy Dyer at (416) 366-8115 x232

Send your demo tapes/ CDs/ examples/ descriptions to:
Cathy Dyer
Project Leader, Youth in Care Connections
OACAS
75 Front Street E. 2nd Floor
Toronto, ON M5E 1V9