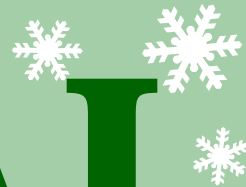
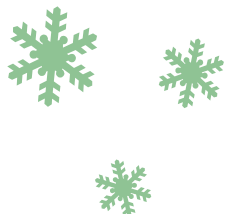


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The voice of child welfare in Ontario



Mackenzie, Roan, and Ceinwyn, grandchildren of Peter Whitely, OACAS Director of Finance and Human Resources.

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Message from the Executive Director



In the last edition I spoke about the Secretariat's two-day regional meetings across Ontario, which were held to discuss their proposed accountability

framework paper, as well as service system management and differential response. OACAS has since submitted a response to the Secretariat's accountability paper, *Achieving a Better Balance*, to provide commentary on the following review mechanisms:

- Service System Management Framework
- Multi-Year Results-Based Planning
- Quality Assurance
- Accreditation
- Services and Financial Data Reviews
- Operational Reviews
- Crown Ward Reviews
- Child Death Reporting and Review
- Client Complaint Reviews

We agree with the Ministry that accountability measures should be mutual, transparent, oriented to outcomes, and integrated within the broad scope of the entire transformation agenda. We also recognize that the process of making improvements to accountability mechanisms is complex, involving many parties with varied roles, responsibilities, and interests. We will continue to work in collaboration with the Secretariat and the Ministry to establish a better balance in accountability measures.

On December 5, 6, 12, and 13, the Standing Committee on Social Policy held public hearings and accepted submissions regarding *Bill 210: An Act to amend the Child and Family Services Act and make complementary amendments to other Acts*. Bill 210

plays an integral role in the implementation of initiatives in the Child Welfare Secretariat's Transformation Agenda. On behalf of OACAS, Kristina Reitmeier, Chief Counsel at the Children's Aid Society of Toronto, and Brenda Nutter, Resources Supervisor at the Children's Aid Society of Northumberland, presented on December 6th in favour of the bill's initiatives. While OACAS supports the underlying philosophy behind Bill 210 with its emphasis on more varied and earlier permanency options for children, alternative dispute resolution options, and increasing openness in adoption, a number of amendments were proposed in our submission to enable the legislation to best meet the needs of Ontario's children and families.

Other presenters included Toronto CAS, Tikinagan C&FS, Durham CAS, Anishinaabe Abinoojii Family Services, and the Office of Child and Family Service Advocacy (representing Youth). January 13 was devoted to presentations by First Nations Groups.

As we begin 2006, it is time again for the *Standing Committee on Finance and Economic Affairs* annual pre-budget consultations. Ontario's Children's Aid Societies have faced enormous funding pressures during recent years and are very concerned about their capacity to continue to deliver the services they are mandated to provide. Our submission aims to provide the Standing Committee with the facts and the context we think are important when considering the budget for child welfare for 2006/2007, and beyond, so that appropriate decisions can be considered to ensure that CAS funding will be rational and sustainable.

We anticipate that 2006 will be a year of significant change as implementation of the transformation agenda accelerates. Despite the challenges that implementation will bring, we look forward to the positive effects that the systemic changes will have on improving service delivery to Ontario's children and families.

Exploring and Comparing Client Perception of Need and Social Worker Perception of Risk: A Key to Improved Intervention in Cases of Child Neglect

By Michael O'Brien

Research summary

Need is a concept which does not garner the same attention it once commanded in human services (Parton, Thorpe & Wattam, 1997). Yet, helping people to meet their needs is the *raison d'être* for social work. Trying to determine and meet needs is an arduous and often overwhelming challenge faced by many child welfare jurisdictions in Western societies. Progress made in securing the safety and wellbeing of children is likely to be only short-lived if sufficient attention is not devoted to the needs of children and parents. The main purpose of the research that will be described is to contribute to the development of an improved framework for assessing and intervening in cases of child neglect in Ontario's child protection system by examining the place that both needs and risks should hold in the delivery of services, and by exploring and comparing client perception of need and child protection worker perception of risk. For an improved framework to emerge, it is proposed that a more client-centred, needs-based approach is required, with needs being elevated to the same prominence as is held by the risk and surveillance orientations.

Embracing a client-centred, needs-based approach essentially means assessing and addressing the needs of children and parents within an ecological context. It involves assessing needs from both professional and client perspectives. It means being committed to the belief that much can be gained by talking to clients about their needs and working in partnership with them to meet those needs. Application of this approach to child protection cases in which child neglect is the issue may be beneficial for several reasons. Child neglect is the largest category of child maltreatment within Ontario's child protection system (Trocmé et al., 2001). It is also the category of child maltreatment about which there is the greatest need for further research (Minty & Pattison, 1994; Nelson,

Saunders, & Landsman, 1993; Wolock & Horowitz, 1984). Research is needed that will enable child protection systems to intervene more effectively in helping families, for whom neglect is a problem, to cope with the debilitating impact of poverty (Lindsey, 1994; Daro, 1988; Fanshel & Shinn, 1978; Boehm, 1964). Improvements in Ontario's response to cases of child neglect are more likely to occur if they are based on increased knowledge about the multiple needs of clients, and the acquisition of a more advanced understanding of how to determine an appropriate emphasis on both needs and risk.

Methodology

Design

The research was an exploratory and descriptive study that used a questionnaire survey to determine client perception of needs. The information obtained from the instrument used to measure client perception of needs was compared with the child protection worker perception of risks detailed in risk assessments about the participants and their children.

Research questions

1. Through the analysis of a needs questionnaire completed by clients and a risk assessment completed by child protection workers, what knowledge can be gained about the areas of highest and lowest need and risk in cases of child neglect in a rural setting, for the purpose of more effective assessment and planning?
2. Through the comparison of a needs questionnaire completed by clients and a risk assessment completed by child protection workers, what knowledge can be gained about the similarities and differences in the perceptions of clients and workers that may be useful in helping to establish agreed upon expectations between clients and

- workers about the objectives of intervention?
3. In cases of child neglect, are child protection clients able to recognize the personal and environmental problems affecting their ability to create a stable and nurturing family life?
 4. What information about parental strengths and resources can be elicited from a survey designed to assess client perception of problems and needs that may be useful to child protection workers who are assessing the risk and protective factors within families?

Sampling frame

The sampling frame for the needs survey included the population of all adult clients at Family and Children's Services of Renfrew County whose cases were open for reasons of child neglect during the period from July to December 2003, or whose cases had recently been closed. The rationale in choosing to examine both open and recently closed cases was based on the supposition that differences in needs and risks might be associated with how long a child protection agency has worked with a client. There were 186 open cases and 63 closed cases that fit the criteria for inclusion in the survey. Only cases where the child neglect concerns were substantiated were included in the study. In determining which cases were considered to involve child neglect, the province of Ontario's Eligibility Spectrum was relied upon (OACAS, 2000). It is a guide used by Ontario's child protection workers in making decisions about the opening of a case. The cases which were coded as child neglect cases were: **harm by omission, emotional harm** (only cases involving a lack of caregiver response), **caregiver with a problem, and care giving skills**. The research was conducted in Renfrew County which is located in eastern Ontario. It has a population of about 100,000, is mostly rural in nature, and has considerable socio-economic problems.

Data collection

The data collection for the needs survey involved the use of another administered questionnaire with either the principal investigator or research assistant available to provide general instructions and assistance when needed. The researchers recorded the responses of the participants.

Response rates

Out of the 249 clients who were eligible to participate, 77 completed the questionnaire. Generally, the reason for nonparticipation was unknown as attempts to solicit participation through both letter and follow-up phone calls often resulted in the researchers being unable to make contact with the potential participant. It is important to note, however, that the demographic and risk data did not point to a difference between respondents and nonrespondents.

Instruments

Two instruments were used; one to measure client perception of needs, and one to measure social worker perception of risks. The instrument used to measure risks as seen by the child protection worker was the Ontario Risk Assessment Model (OACAS, 2000), completed by all child protection agencies in Ontario. The second instrument, the Client Perception of Problems/Needs Scale, which was designed for the research study was adapted from the Ontario Risk Assessment Model. In addition to including most of the problem areas covered in the risk assessment, it included two open-ended questions, and five questions concerning environmental problems. It reflects the view that the needs assessment of a target population should incorporate an assessment of characteristics, problems, and expressed needs (Rubin & Babbie, 2001). The focus of the scale was to ask parents about their problems and needs, and their children's, as they pertain to effective parenting and the promotion of a healthy family life. The scale consists of 25 questions. Each question includes a 4 point Likert scale that allows the respondent to identify problems and needs. Each question also includes a qualitative component wherein the respondent is asked about strengths and resources, and the help needed to deal with each problem.

Key results

As the psychometric properties of the Client Perception of Problems/Needs Scale and the Ontario Risk Assessment Model were unknown, some analysis was required. In exploring the properties of the two scales, the objective was to detect a structure in the relationship between variables by performing a factor analysis, and to evaluate the reliability of the scales by

measuring internal consistency. The size of the sample was considered to be large enough to conduct a preliminary analysis of the psychometric properties. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was used to make that determination. The factor analysis of the problems/needs scale found that three dimensions described the scale's structure: socioeconomic problems impacting on the participant, parent/child interaction and child functioning issues, and the personal problems of the participant. The factor loadings indicated a significant relationship between the indicator items and all the respective factors. The internal consistency of the scale was found to be satisfactory.

The factor analysis of the risk assessment indicated that an eight factor solution best described the structure of the scale. While the factor loadings indicated that there was a relationship among the variables associated with each of the factors, what the factors represented was not evident. From a child protection practitioner perspective, one could see some logic in the manner the variables were sorted into the eight factors, but it remained unclear whether the eight factor solution best describes the structure of the risk assessment scale. Although three of the factors were determined to have satisfactory internal consistency, two of the factors did not, and the remaining three factors were single variables for which it was not possible to measure reliability by testing for internal consistency.

The results were both quantitative and qualitative in nature. There are some salient attributes about the demographic data to report. A substantial majority of the participants were female, with women representing 83.5% of the sample and men representing 13.9%. Those owning homes represented 15.5% of the sample, and those living in public or nonprofit housing represented 26.6%. Social assistance recipients represented 63.3% of the sample. From a socioeconomic perspective, the population in the study had a similar profile to the population of child neglect cases described in the Canadian Incidence Study of Child Abuse and Neglect (Trocmé et al., 2001). The age categories for the children in the study are the same ones used in the Canadian Incidence Study (CIS). The ages of the children were spread across all four age groupings as was the case for the CIS (0 to 3, 4 to 7, 8

to 11, and 12 to 15 years old). Cases had been previously opened, three or more times, for 51.9% of the participants. Repeated openings of child protection cases are a typical pattern and reflect a degree of chronicity of family problems. Table 1 describes the problems and needs identified by the clients who participated in the study. The needs are in a descending order according to the severity of the problems and needs. A 4 point Likert scale was presented to the participants, with a rating of 4 indicating there was an important problem for which there was a need for help from a professional service, 3 indicating they were experiencing an important problem for which they needed help from friends and family, 2 indicating an important problem with which they could cope on their own, and 1 indicating there was no important problem. The mean was calculated for each problem/need by averaging the ratings chosen on the Likert scale. Table 2 outlines the risks identified by child protection workers in the risk assessment portion of the Ontario Risk Assessment Model. The risk assessments are ratings completed by the assigned child protection worker for each of the participants in the study. The risk assessment uses a 5 point Likert scale. A risk rating of 4 is considered to be high risk, a 3 is moderately high risk, a 2 is intermediate risk, a 1 is moderately low risk, and a rating of 0 is low or no risk. Table 3 provides a comparison of how workers and clients saw the highest and lowest needs and risks for the cases studied.

Table 1
Participant Identification of Problems and Needs

	N	Means	Std. Deviation
most important problem affecting parenting	77	2.99	1.22
most important problem affecting family life	77	2.94	1.06
ability to cope with stress	77	2.70	1.11
child's behaviour	77	2.64	1.34
child's mental health	77	2.62	1.42
affordability of recreation and social activities	77	2.36	1.30
affordability of groceries	77	2.26	1.36
physical capacity to care for child	77	2.23	1.38
mental capacity to care for child	77	2.22	1.38
job training	77	2.21	1.32
abuse/neglect of caregiver	77	2.19	1.27
caregiver's expectations of child	77	2.10	1.23
finding a job	77	2.08	1.30
availability of social supports	77	1.97	1.14
affordability and satisfaction with housing	77	1.96	1.33
child's physical health	77	1.96	1.37
family violence	77	1.82	1.23
caregiver's motivation	77	1.70	.96
family identity and interactions	77	1.69	1.04
child's response to caregiver	77	1.57	1.07
alcohol/drug use	77	1.57	1.14
cooperation between client and social worker	77	1.55	1.01
living conditions	77	1.47	.87
severity of abuse/neglect	77	1.43	1.02
caregivers acceptance of child	77	1.35	.86

Table 2
Child Protection Worker Identification of Risks

	N	Means	Std. Deviation
abuse/neglect of caregiver	77	2.40	2.14
ability to cope with stress	77	2.29	1.16
child's vulnerability	77	2.22	1.12
intent and acknowledgement of responsibility	77	2.19	2.35
access to child by perpetrator	77	2.17	1.83
severity of abuse/neglect	77	2.09	2.15
family identity and interactions	77	2.09	1.13
family violence	77	1.97	2.03
availability of social supports	77	1.92	1.51
caregiver's expectations of child	77	1.77	.94
mental/emotional capacity to care for child	77	1.61	1.38
caregiver's motivation	77	1.56	.79
history of abuse/neglect by present caregivers	77	1.55	1.44
alcohol/drug use by caregiver	77	1.49	1.98
child's behaviour	77	1.43	1.24
child's mental health	77	1.36	1.74
child's response to caregiver	77	1.31	1.16
caregiver's cooperation with intervention	77	1.17	1.07
caregiver's acceptance of child	77	.87	1.17
living conditions	77	.82	1.83
physical capacity to care for child	77	.75	1.16
child's physical health and development	77	.49	1.00

Table 3
Comparison of Risks and Needs

	Worker	Client
High Need/Risk	ability to cope with stress	ability to cope with stress
	family interaction	child's behaviour
	abuse/neglect of caregiver	child's mental health
	caregiver's expectations of child	affording recreation/social activities
	availability of social supports	affording groceries
	severity of abuse/neglect	physical capacity to care for child
Low Need/Risk	acceptance of child by parent	cooperation between client and worker
	living conditions	living conditions
	physical capacity to care for child	severity of abuse/neglect
	child's health and development	acceptance of child by parent

The qualitative data served to expand upon what was learned about needs and strengths from the quantitative results. A summary of the qualitative results is as follows:

Needs

Participants expressed a need for both formal and informal help. They described having the following needs related to parenting: to improve their parenting skills; to obtain help with child problems; to access more services and support related to child problems; to obtain help with their own personal problems; and to find help in dealing with Family and Children's Services. The needs they described related to child behaviour included counseling for the child, help with school problems, anger, substance abuse, and delinquency. Participants described having the need for the following attainments related to the problem of stress: learning coping skills; obtaining medical help; developing better support networks; attending counseling; controlling of anger; coping with the impact of medical problems; getting a break from parenting, and; improving self-care. Clients described the following related to affordability of groceries: a need for an increase in social assistance to manage grocery bills; a need to use food banks; a need for more help than is provided through food banks; a need to find a higher paying job; the need for a food bank that is open more often; a need to be able to afford better food, and; a need for help from family. Clients described the following concerning recreation: the need to be able to afford organized sports for their children; the need for transportation to bring their children to activities; a need to be able to afford social activities for themselves and their children, and; a need to be able to afford more recreation for their children.

Strengths and resources

Although the participants were experiencing many stressors, they also provided testimony about numerous coping strategies they used. In response to the questions about stress, social support, and affording groceries, many talked about turning to friends and family. Finally, the numerous, warm, and easily recounted examples given by parents about how they express caring and affection to their children suggest that considerable strengths exist within the participating families in regards to nurturing and

caring. It must be noted that identifying strengths in the areas of nurturing and caring does not suggest that there were no problems in those areas.

Discussion

Findings

1. The participants expressed that the help they needed was greatest in dealing with issues of stress, child behaviour/child mental health issues, and in coping with the impact of socioeconomic disadvantage. This finding is consistent with several other studies in which the views of child protection clients were solicited (Cameron et al., 1992; Packman, 1986; Williams, 1997). Similar themes about client perceptions of needs can be found in a larger body of literature pertaining to the views of clients who have sought counseling (Maluccio, 1979; Mayer & Timms, 1970; Sainsbury, 1975; Westcott, 1995).

Child protection staff identified that the ability to cope with stress, family interaction, a history of abuse/neglect of the caregiver during childhood, caregiver expectations of the child, availability of social supports, and the severity of neglect by the caregiver were the risk factors about which they were most concerned for the 77 participants. A subsequent analysis of all child protection cases open at Family and Children's Services in July 2004 (n=295) found the same risk factors were the areas of highest concern for the agency's staff. The findings of the child neglect study has provided Renfrew County Family and Children's Services with the ability to target the planning of its services in the direction of developing strategies to reduce the areas of highest risk.

2. The staff at Family and Children's Services, as well as the child protection system in Ontario, are strongly oriented to the identification and reduction of risk. It is difficult to draw conclusions about harm, and risk of harm, based solely on the data presented. Nevertheless, some observations can be made that may be useful in creating a better balance between the addressing of risk and needs. On an aggregate basis, the risk assessment put most of the risk factors at or below the

intermediate level of risk. It is instructive to focus on the variables most related to understanding how neglect might be affecting the children in the sample (see Table 2). The risk factor concerning neglect and risk of neglect had a mean rating of 1.61, slightly below the intermediate level of risk. Child behaviour was 1.43, the mental and emotional development of the child was 1.16, and the child's response to the caregiver was 1.31. The parent's acceptance of the child was rated at .87, less than a moderately low level of risk. Thus, the key variables related to long-term consequences that might occur due to neglect seem to indicate the possibility of mild to moderate harm. There were high-risk parents in the sample. Some of their children were in the care of the child protection system. However, few higher risk cases were found, and no cases in which the case recording indicated a child had been harmed were discovered.

What observations or conclusions can be drawn from those findings? The risk factors indicate a number of children in those families will not likely reach their potential. The risk factors concerning the parents indicate that they will struggle with being effective parents. The results do not depict a scenario that demonstrates the necessity of investigation and surveillance as the primary response to the problems of the families in the sample. The findings raise questions about the wisdom of relying so heavily on an orientation that emphasizes risk reduction at the expense of engaging and supporting families, and they are compatible with a differential response to child maltreatment.

In jurisdictions where a differential response is used, many cases are not channeled into the traditional investigative child protection response. They are channeled into a voluntary family assessment and support response, which is more focused on addressing needs while maintaining vigilance about child safety. Only cases screened as high-risk are given the investigative/surveillance response. The profile that has emerged from the study of child neglect cases at Family and Children's Services of Renfrew County is compatible with a differential response in that

there were few high-risk cases, as well as a strong indication that most clients had needs for which they desired help from professional services. The findings of this study are also consistent with the findings of the Canadian Incidence Study on the issue of risk in cases of child neglect. The profile that emerged from that study was one in which physical harm to children rarely occurred in cases of child neglect (Trocmé et al., 2001).

3. Significant findings emerged about the differences and similarities in the perceptions of clients and child protection workers. As already noted, neither workers nor participants felt that the emotional acceptance of the child by the parent was a significant concern. Such a low rating of concern by child protection staff about the variable in the risk assessment that deals with issues of nurturing and attachment was one of the most surprising findings in the study.

In cases of neglect, the literature often refers to inconsistent and limited emotional availability of the parent towards the child (Polansky, 1981; English, 1999). How should the low rating be interpreted? Various interpretations are possible: it may be that acceptance of the child is not a large issue for the subjects of the study; it may be that child protection workers require more training in the assessment of the affective interaction that parents have with their children; or lastly, it may be that limitations in the design of the risk assessment scale diminish its ability to accurately capture the affective interaction between the parent and child. Undoubtedly, it is a finding that speaks to the need for more research about the nature of the parent-child relationship in the families studied, particularly to explore both the healthy and problematic aspects of the relationships.

Another area of similarity was the item about cooperation between client and social worker, about which it was found that workers and participants expressed low levels of concern. Fine and Palmer (2003), in their review of the literature about the views of child protection clients, found that clients often had positive feelings about their relationship with child protection workers, but negative feelings about the child protection system.

One would not have anticipated that child protection workers would have rated client cooperation with intervention as a relatively low concern. However, the finding was not entirely unexpected as it is not unusual for child protection workers to be successful in engaging clients in the helping process.

Another similarity was that neither workers nor clients found living conditions to be a significant problem. For the most part, in the course of interviewing, the principal investigator and the research assistant did not see physical living conditions that appeared to be unsafe or unsanitary, but rather were often both simple and basic.

The final strong similarity was the mutual concern about the impact of stress on the participants. In summary, the responses to the variables related to stress, acceptance of the child, cooperation, and living conditions provide some insights about areas of common ground. Historical abuse of the caregiver as a child, caregiver expectations of children, the mental health of the parent, and the need for social support were also matters about which both workers and participants expressed significant concerns.

Several substantial differences surfaced that warrant discussion. Clients rated the harm they had caused to their children as very low, but workers placed that variable as one of the highest risk factors. As well, workers rated the health of the parent and the child as two of the lowest risk factors, whereas participants rated those variables (especially their own physical health) as higher areas of concern. The most substantial differences in perspective pertain to the issues of parents harming their children. One saw a sharp difference of opinion between workers and clients. Most clients did not feel they had been harmful to their children; this suggests that social workers will require considerable sophistication in their intervention to deal with the concerns they have about children being harmed, or at risk of harm, due to neglect.

4. The analysis of the data demonstrated that the participants were able to recognize problems and

needs. Magura and Moses (1986), who developed instruments for child protection workers to assess child wellbeing, and for parents to evaluate the outcome of intervention, found that the clients reported problems at least as frequently as the workers. They reported that workers and clients identified many of the same problems. In this study, child protection workers identified some of the same problems. However, marked differences existed in how workers and clients viewed the highest areas of need and/or risk. It is not necessary that the different perspectives automatically become an impediment to successful intervention. The literature emphasizes the desirability of using more than one method to assess needs (Bradshaw, 1972; Clifford, 1998; Farmer & Owen, 1995; Gabor et al., 1998). Having both a professional assessment, and an assessment from the client's perspective provides additional information to the practitioner that can be helpful in formulating a mutually agreed upon set of service objectives, and in better understanding the needs of children and parents.

5. The qualitative data was gathered with the intention of providing a more in-depth understanding of the views of clients. Their responses served to underscore and elaborate on both the nature and severity of their concerns about stress, their efforts to be effective parents, and the difficulties in coping with the impact of not enough money to meet essential needs. The qualitative data also served to expose various strengths and resources that were not readily apparent. The qualitative data reinforced the importance of refining the ability to gather information about strengths and protective factors.

Conclusion

If the child protection system in Ontario is to move beyond risk reduction and towards the enhancement of protective factors, then innovation in learning about needs and addressing needs is required. The results from this study provide knowledge that can assist in the creation a framework for cases of child neglect that is mindful of both risks and needs. As we move towards achieving a better understanding of needs as we have done with risks, the resiliency research should

be called upon to play a pivotal role in the evolution of our child protection system in Ontario. Some of the key messages from that research emphasize the importance of strengthening the caring ability of parents, helping the child to develop a sense of competence, promoting good adjustment to school, and facilitating a social support network (Rutter, 1979). The research that has been presented illustrates some of the facets of the caring ability of the participants, demonstrates the importance to them of promoting competence in their children, and reveals something about the nature of their social support, and how they use it. The challenge and cost of promoting those protective factors, while at the same time reducing risk factors, is huge. The cost of not making a commitment to meeting the needs of the children with whom we come into contact with is much greater.

About the Author

Michael O'Brien is the Director of Quality Assurance and Research at Family and Children's Services of Renfrew County.

References

- Boehm, B. (1964). The community and the social agency define neglect. *Child Welfare*, November, 453-464.
- Bradshaw, J. (1972). The concept of social need. *New Society*, March 30, 640-643.
- Cameron, G., Hayward, K., & Mamatis, D. (1992). *Mutual aid and child welfare: The parent mutual aid organizations in child welfare demonstration project*. Waterloo, Ontario: Wilfrid Laurier University, Centre for Social Welfare Studies.
- Clifford, D. (1998). *Social assessment- Theory and practice*. Aldershot, U.K.: Ashgate Publishing.
- Daro, D. (1999). *Confronting child abuse: Research for effective program design*. New York: Free Press.
- English, D. (1999) Evaluation and risk assessment of neglect. in Dubowitz, H. (ed). *Neglected Children: Research, Practice and Policy*. Thousand Oaks, California: Sage Publications.
- Fanshel, D. and Shinn, E.B. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.
- Farmer, E. & Owens, M. (1995). *Child protection practice: Private risks and public remedies*. London: HMSO.
- Fine, M., Palmer, S., & Coady, N. (2001). *Service participant voices in child welfare, children's mental health, and psychotherapy*. Waterloo, Ontario: Wilfrid Laurier University.
- Gabor P., Unrau, Y., Grinell, R. (1998). *Evaluation for social workers*. Massachusetts: Allyn and Bacon.
- Jones, E.E., & Harris, V.A. (1967). The attribution of attitudes. *Journal of Experimental Social Psychology*, 3, 1-24.
- Keebler, J. (2003). *A comparison of major textbooks and recording guidelines 1975-2002*. Unpublished manuscript.
- Lindsey, D.(1994). *The welfare of children*. Oxford: Oxford University Press.
- Magura, S. & Moses, B.S. (1986). *Outcome measures for child welfare services*. Washington, DC: Child Welfare League of America, Inc.
- Maluccio, A. (1979). *Learning from clients: Interpersonal helping as viewed by clients and social workers*. New York: Free Press.
- Mayer, J.E. & Timms, N. (1970). *The client speaks: Working class impressions of casework*. London: Routledge.
- Minty, B. & Pattison, G. (1993). The nature of child neglect. *British Journal of Social Work*, #24, 733-747.
- Nelson, K.E., Saunders, E.J. & Landsman, M.J. (1993). Chronic child neglect in perspective. *Social Work*, vol. 38, #6, 661-671.
- OACAS. (1997). *Eligibility Spectrum*, Toronto: Ontario Association of Children's Aid Societies.
- Packman, J. (1986). *Who needs child care- Social work decisions about children*. Oxford: Basil Blackwell Ltd.
- Parton, N., Thorpe, D., and Wattam, C. (1997). *Child protection-Risk and the moral order*. London: Macmillan Press Ltd.
- Polansky, N. (1981). *Damaged parents- An anatomy of child neglect*, Chicago: University of Chicago Press.
- Rubin, A. & Babbie, E. (2001) *Research methods for social work*, Belmont, California: Wadsworth/Thomson Learning.
- Rutter, M.(1979). Protective factors in children's responses to stress and disadvantage. in J.S. Bruner and A. Garten (eds), *Primary Prevention of Psychopathology* (Vol. 3, pp. 49-74). Hanover, NH: University Press of New England.
- Sainsbury, E. (1975). *Social Work with Families*. London: Routledge & Kegan Paul.
- Trocme, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., McKenzie, B. (2001). *Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report*. Ottawa, Ontario: Minister of Public Works and Government Services Canada.
- Westcott, H. (1995) Perceptions of child protection casework: Views from children, parents and practitioners. in C. Cluke and M. Davies (eds). *Participation and Empowerment in Child Protection*. London: Pittman Publishing.
- Williams, M. (1997). *Parents, children and social workers*. Aldershot: Ashgate Publishing Company.
- Wolock, I. & Horowitz, B. (1984). *Child maltreatment as a social problem: The neglect of neglect*. Ottawa: National Clearinghouse on Family Violence.

Finally, an Ontario Adoption Disclosure Law to be Proud of!

By Philip Burge

Ontario legislators have finally passed a progressive piece of adoption disclosure legislation which will help countless thousands of Ontarians. The favourable vote occurred on Tuesday October 25th, 2005 yet passage of the proposed bill was never a sure thing.

The day before the vote, the Ontario legislature held its final debate about the perceived effects of the proposed Adoption Disclosure Bill 183. Legislators and spectators heard compelling arguments from many quarters about why such a bill is crucial and long overdue. Over the past fifteen years, Ontario has witnessed many political debates regarding five previously proposed adoption disclosure bills tabled, but not one bill had been passed during this time. Ontario lagged considerably behind three other provinces and many international jurisdictions with respect to opening up adoption disclosure laws.

And yet those at the legislature also witnessed the same old tired litany of arguments against the bill lobbed by a few detractors. Perhaps most controversial for the Privacy Commissioner and some legislators is the lack of a disclosure veto. In some province's laws this type of veto exists. It is a mechanism which allows adoptees or birth parents who do not wish their name to be released under any circumstances to the corresponding party, to merely request the veto and have their wishes respected. Such vetoes hardly promote a balance of interests.

Clearly, anyone who supports such a regressive veto concept does not recognize that every adult has a right to know their original birth names and

that of their biological parents, a right enshrined in the United Nations Convention on the Rights of the Child which is formally supported by the Canadian and Ontario governments. Nor do detractors accept that the no-contact veto provision included in Bill 183 is a sufficient deterrent to unwanted contact. The no-contact veto can be invoked by an adult adoptee or birth parent to indicate their disinterest in being contacted by the other party. Bill 183 includes the threat of a hefty \$50,000 fine to anyone who ignores a no-contact veto. Many supporters of Bill 183, like myself, are actually insulted by either the inclusion of a fine provision or merely its overblown size.

Nevertheless, while formal debate on the controversial adoption-disclosure legislation has ended, let's hope that we can finally learn from the real experiences of countries who have had similarly progressive adoption disclosure laws for decades and reported no negative consequences. Since, to be sure, in Ontario, falling behind in adoption disclosure legislation has not come without costly impacts.

As a result, many adult adoptees have been denied and, until the bill comes into effect in year 2007, will continue to be denied access to their personal information or potentially lifesaving health information, and birth parents have been denied information about their adult offspring.

Furthermore, the Ontario government has failed to provide, in a timely fashion, even the minimal adoption disclosure rights and services, which have been in place for decades in Ontario.

Adult adoptees applying for government led active searches for identifying information such as their original birth names or their actual birth parents have waited as long as seven years for services from the government operated Adoption Disclosure Registry. Almost 60,000 adult adoptees or birth parents currently wait for information or a search to begin. The registry has been the subject of frequent investigations and criticisms by the Ombudsman of Ontario. Currently the waiting period remains over three years for active searches.

I support the progressive adoption disclosure measures contained in Bill 183, which has now been voted on, passed, and begins a long wait for proclamation.

I recognize and respect that a few Ontarians have advocated for the status quo, and argued against Bill 183 because of perceived potential negative impacts. However, research evidence from many countries with similar legislation to Bill 183, such as Australia, England and Scotland, and a few American states such as Alabama, Tennessee and Oregon, clearly refutes such concerns. I believe Bill 183 with its no-contact veto and other protective measures, will adequately address privacy concerns that a very small minority of adoptees or birth parents may wish to see in place.

Indeed the potential positive influences of this bill will likely be substantial and immediate. As noted, thousands of adult adoptees are now on lengthy waiting lists for information.

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Launching Family Group Conferencing: Maintaining Model Integrity

By Jeanette Schmid and Darlene Sykes

The word is spreading: Family Group Conferencing (FGC) is an effective means of engaging family networks in joint decision making with child welfare professionals and other service providers, and of keeping children safe. Apart from New Zealand where conferencing originated, programs exist in such countries as Australia, the Scandinavian countries, Holland, Israel, the United Kingdom and the USA (AHA website¹).

The idea has also caught on in Canada. Three pilot programs were run in Newfoundland in 1995/6. The oldest programs are the Toronto Family Group Conferencing Project (which services the city, but is also used by Peel CAS) and the Dauphin Friendship Centre in Manitoba, both launched in 1998. In recent years, British Columbia has succeeded in developing a solid conferencing service, and a number of projects have been set up in Alberta. Ma Mawi Wi Chi Itata in Winnipeg and a project run by Joan Glode in Nova Scotia have integrated the New Zealand model with native practices and traditions. Other Ontario initiatives include that managed by Brant and London CASs and fledgling programs in Algoma and Simcoe County CASs. An increasing number of agencies in this province have participated in training and are planning to launch FGC approaches.

The model coming from New Zealand involves a preparation phase followed by the conference. The conference begins with an information giving session, followed by a family private time, and is concluded with a discussion of and decision regarding the proposed plan. Internationally, adaptations have been made at each site to suit the local conditions and culture (Merkel-Holguin, 2004). The range of current adaptations to the founding model appears to provide

a cornucopia of choices to those who are considering establishing an FGC project. We review some of these options and offer a rationale regarding which path to follow, suggesting some caution. Adaptations can lead to model drift with the spirit of the approach being lost in the process.

Model variations

Initiatives have been baptized not only as Family Group Conferencing, but also include Family Decision Making, Family Group Decision Making, Community Conferencing and Family Conferencing to name a few. It is not only the nomenclature that changes from program to program. Differences occur in the manner in which preparation is done and the conference itself is implemented. The role of the coordinator and the qualifications required are not consistent across projects. The location of the project in the broader child welfare context also alters from one situation to another.

i. Differences regarding the conference process

a. Preparation

The New Zealand model includes a thorough preparation phase where the conference coordinator typically meets conference invitees (including service providers and family members) face to face to adequately orient them to the conference. Where distance prohibits direct contact, telephonic and written communication is utilized. The Toronto and Brant projects² spend on average 25 hours in preparing participants. Family invitees are usually seen at their homes, unless they prefer to meet elsewhere. Clearly this is an intense process. Thorough preparation is seen

¹See www.fgdm.org

²The Toronto FGC project has the following research data that can be accessed from the researcher, Dr Cuning at scunning@georgehull.on.ca: An evaluation of the 1st three years done by Drs Meredith, Mandell & Sullivan as well as annual data that summarizes trends. A long term outcomes research project is currently underway. The Brant CAS project has compiled a document based on Client Satisfaction Questionnaires and data base, for further information contact Marilee.Sherry@cas.gov.on.ca

as key to a successful conference. Some of the earliest New Zealand research showed that preparation and the coordinator's ability had the greatest impact on the outcome of FGC (Merkel-Holguin, u.d.).

Yet some programs attempt short cuts in this area by limiting preparation to telephone contact. Coordinators need to be briefed by workers face-to-face so that the current concerns, strengths, and bottom lines can be appropriately explored. Most family members need at least an hour with the coordinator to hear about the process and what issues have been flagged by the professionals, to identify who they feel should attend the conference, and to be prepared for the day. It is likely that attempting to do this work by phone constrains the information sharing process as the trust building process is curtailed. Prospective participants may not ask all the questions they need to, or express the concerns they have. It is also harder to establish effective safety plans as it normally takes time for family members to express their worries, and to discuss potential options that will allow them to feel physically and emotionally safe in the conference.

In the original model, the coordinator is expected to contact everyone that is part of the family network. In the Toronto and Brant programs this has ranged from a handful to as many as thirty or forty family members and friends being invited. The preparation period usually extends over about four to six weeks. In some programs, coordinators are asked to complete the preparation phase within a few days, or to speak to only the nucleus of the family circle. Such a truncated process does not allow for a widening of the circle, and prohibits the inclusion of a range of voices and perspectives which will enhance the decision making.

b. The Conference process

The beginning phase of the conference is intended as an information sharing session of how the family became involved with the child welfare system. At the inception of the FGC model in New Zealand, another family involvement approach in Oregon, the Family Unity Model, was being implemented. The way information was shared in the Family Unity Model framework was for family members to share their strengths and concerns of the presenting situation, complimented by the service providers (Merkel-

Holguin, u.d.). This adaptation is based on the premise that families should have authorship over as many aspects of the process as possible. However, such a discussion shifts much of the potential family deliberations from the private forum to a place where it is witnessed and most likely, directed by professionals, thus undermining the family's sense of competence. We have also observed that family members may need the first phase to do some "posturing" and take a position against the child welfare agency. Families may be very angry about the actions taken by professionals and will want to challenge this. Engaging the family network in identifying strengths and concerns at this point places them in a situation where they have to appear cooperative, and cannot "act out" negative feelings.

There are American projects that do not regard the family private time as sacrosanct, allowing professionals to participate in the development of the plan (Merkel-Holguin & Wilmot, 2005). This inevitably erodes the family's voice in the decision making process, reinforcing the power of the service providers at the expense of the family's expertise.

ii. The role of the coordinator

In the model developed in New Zealand, the coordinator is responsible for conference preparation and for facilitating the first and third phases of the conference. In some projects, the role of the coordinator has been divided into two: the coordinator takes the responsibility for the preparation, and a facilitator manages the conference (University of Minnesota, 2002). The intention is to ensure that the facilitator is neutral and not invested in the plan, as it is assumed that the coordinator may have become inducted into the family's view during the preparation. Unfortunately, having a facilitator introduces another professional into the process, and undermines the trust that has been built with the coordinator. It also could compromise safety for participants because the facilitator may not be aware of all the safety issues and what safety plans have been developed with individual family members. What families need for a successful conference is a coordinator who is fair and who has built trust and a relationship with family members during the preparation phase.

iii. Coordinator qualifications

The trend is for coordinators to be drawn from social work backgrounds, however, projects in the United Kingdom and Sweden, for example, have specifically avoided recruiting social workers. Instead they have hired community members coming from all walks of life who have “people skills.” These individuals are less likely to be co-opted into a child welfare view of the situation and are more able to maintain the in-between space between the family and professionals (Nixon, Merkel-Holguin, Sivak, & Gunderson, 2000).

Coordinator independence, neutrality, fairness, a non-judgmental approach, sensitivity to the family’s culture, and strong core FGC values are critical qualities of any coordinator (Burford & Hudson, 2000).

iv. The project structure

Conferencing programs have been set up in a great range of contexts. In the New Zealand situation, the conference coordinator is drawn from the ministry delivering welfare services. This model is quite popular in that child welfare agencies/ministries are able to maintain control over the program. For coordinators in this situation, it can be a challenge to remain neutral and to be perceived as unbiased and fair while working in the same environment as child welfare colleagues. Also, there is the danger that coordinators could be asked to adapt the model to suit child welfare needs at the expense of meeting family needs.

Another alternative is seen in the example of Brant CAS, where the coordinator is employed as a private contractor who operates off-site, increasing neutrality and reducing bias. Some child welfare agencies have contracted other community organizations to carry out the coordination function as in the Dauphin Friendship Centre model, allowing for arms-length involvement.

The Toronto FGC project is built on a community partnership that includes both child welfare and children’s mental health agencies. The program coordinator is responsible to the Steering Committee and is located at a children’s mental health site. The coordinator is not only working from an independent base, but also has the support of the collective as a whole, rather than the child welfare agency alone. More

recently, the project itself has hired fee-for-service conference coordinators. Also, staff members have been made available by partner agencies for part-time coordination.

An example of another collaboration is seen in the pilot projects run in Newfoundland in 1995/6 (Burford & Pennel, 1995) where steering committees included representatives from the university, the police, probation, the welfare ministry, and women’s groups. In addition to facilitating coordinator neutrality, collective projects allow for greater community buy-in and thus a broader sharing of resources. Community initiatives help dilute the control held by the child welfare agency and the pay offs are significant. Referrals are not only reliant on the child protection workers, but may be prompted by service providers in other agencies. The financial burden can be shared across the member agencies. The participating organizations are also more likely to find ways of making their services available to families that have been conferenced. In the same way that an FGC is stronger when the whole family “orchestra” is present, collaboration allows for a diversity of thinking, which ultimately strengthens the program.

Choosing a model

Model motivators

The differences between conferencing projects are motivated by a range of factors. One driver is an attempt to follow conferencing principles, and to try and enhance the family group’s voice. The temptation for all professionals, including the coordinator, to be central to the process is great. In these situations, the conferencing team needs to regularly interrogate whether their adjustments to the model have indeed increased the family network’s participation and ownership of the process, or whether the change has inadvertently reinforced the dominance of the service providers.

Another significant reason that explains model adaptations is resource constraints. In many situations, there are inadequate finances, and choices are made based on cost, rather than being informed by the conference philosophy. Regrettably, choices that are primarily influenced by financial considerations tend to result in model drift. Coordinators are expected to

deliver the same product (i.e., a process which results in a solid plan to address a child's need for safety and wellbeing) within shorter time frames. This is simply not possible. An analogy would be attempting to bake a cake in less than the required time. Coordinators are expected to do preparation by phone, and are not given the logistical resources necessary for a good conference (e.g. long distance transport costs for family members, child care, and food). This is akin to baking a cake without the necessary ingredients. Coordinators are also expected to host conferences on child welfare premises. This can be compared to placing the cake in the breeze and expecting it to bake: child welfare is hostile territory for many families.

Merkel-Holguin & Wilmot (2005) express their concern about core changes to the original Family Group Conference model leading to a watering down of the effectiveness of conferencing. It may be useful for agencies planning a program to go back to the basics, and to review both the foundational principles of conferencing, and the methods by which success can be identified.

Key values and philosophy

It should be remembered that the inspiration for conferencing is drawn from the Maori people who value a collective, "ensembled" identity (Love, 2002), reciprocity, and mutual decision making. In this cultural context, children are seen as belonging to the community, and families are understood as including not only the nuclear family, but extended relatives as well. Conferencing is thus built on the notion of "widening the circle" by including immediate family, kith, and kin (Burford & Pennell, 1995). There is a clear bias toward the collective. It is further assumed that children, where possible, should live within the family network, as they are more likely to have a sense of belonging and place with relatives than with stranger caregivers.

The Maoris wanted a child welfare system that was not only responsive to their culture, but recognized the importance of families as partners. In conferencing, the family's expertise is seen as necessary to complement that of the service providers (Connolly & McKenzie, 1999). Family systems are seen as having strengths and competencies. The words and actions of service

providers should reinforce these abilities, rather than create dominance and potential oppression of families. Family members are thus invited into the process as partners. They are expected to be the authors of the plan that is developed, and are not brought in simply as 'consultants' or individuals who rubberstamp the service providers' plan.

In the spirit of partnership, conferencing recognizes that family circles have the right to accurate, detailed information from the service providers, which outlines what they see as the issues the family group needs to address and the strengths that can be built upon (Smith, 1996). The family network will supplement these perspectives with their own knowledge, and perhaps even challenge them.

Identifying success

In considering model development, it is useful to identify how success will be measured in a conference. There are a series of key indicators:

- The family network agrees to come together to jointly develop a plan for the child.
- The family group is able to propose a plan for the child's future. Should the family as a whole decide that the child needs to be adopted out, the conference is still deemed a success.
- The child welfare team is assured that the plan is good enough to address the needs for safety and wellbeing that have been identified.
- The family group feels that they have been heard throughout the conferencing process.
- It is a cost effective process in the long term.

Regarding cost, conferences appear expensive in the short-term. There is the cost of the coordinator, plus the time the child welfare team and others need to invest in the process. The referring worker will have spent an hour briefing the coordinator, and will, with his or her supervisor, spend an average of five hours at the conference. There are the logistical costs noted earlier, as well as costs for the venue and for translation and interpretation if these are needed. In both the Toronto and Brant FGC Programs, logistical costs average \$500. However, when these costs are compared to every day a child does not need to be in foster care because they are living with family, it is clear that conferencing is extremely cost-effective.

Conferencing also leads to savings regarding court, as joint agreements avoid lengthy trials and allow for speedy resolution.

Conclusion

Before embarking on a Family Group Conferencing Project, agencies need to examine the value assumptions that are being made, and the outcomes that are expected. Truly working in partnership with families and their community would require a community-based service where the coordinator is independent and has sufficient community resources. If the FGC service is going to be child-welfare-based, the agency must seriously grapple with the key principles and ensure they are adopting these concepts, doing everything possible to ensure it is a family-driven, strengths-based model. Offering a program that is coordinated or facilitated by someone who also carries other child protection duties does not change the power dynamic and compromises neutrality, fairness, and independence. The coordinator must be given permission and be comfortable with challenging the child welfare agency and holding it accountable to the conferencing values; this is less likely to happen if the coordinator is indoctrinated within the agency's hierarchy.

Family Group Conferencing is one approach amongst many to engaging families. In shifting to an environment that offers families a greater role in decision making, three fundamental principles need to be held in the forefront. Firstly, in order for families to trust the process, a person who is positioned for fairness and independence is needed as the facilitator. Secondly, the bias towards collective family decision making needs to be maintained. Thirdly, adequate time needs to be invested in preparation. Anything less will lead to the core principles being diluted and serious model drift with the central issue of power being overlooked.

About the Authors

Jeanette Schmid was the program coordinator at the Toronto Family Group Conferencing Project for 6 years, and is now a contract conference coordinator. Darlene Sykes was the program coordinator at the Brant CAS for three years, and is now a private contractor with a number of other child welfare agencies in the province providing

training and coordination services. Both authors were involved from the early stages of the respective projects. The views represented are their own, and do not necessarily reflect those of the Toronto or Brant projects.

References

- Burford, G., & Pennel, J. (1995). Family Group Decision Making: New roles for "old" partners in resolving family violence: Implementation Report. Canada: Memorial University of Newfoundland.
- Burford, G. & Hudson, J. (Eds.) (2000). *Family Group Conferencing: New Directions in Community-Centered Child & Family Practice*. New York: Aldine de Gruyter.
- Connolly, M. & McKenzie, M (1999). *Effective Participatory Practice: Family Group Conferencing in Child Protection*. New York: Aldine de Gruyter
- Love, C. (2002). Maori Perspectives on Collaboration and Colonization in Contemporary Aotearoa/New Zealand. Paper presented as "Child and Family Welfare Policies and Practices Policy and Partnerships Conference", Wilfred Laurier University, Canada.
- Merkel-Holguin, L. (u.d). What is FGDM? Retrieved 1 November, 2005 from www.fgdm.org
- Merkel-Holguin, L. (2004). Sharing power with the people: Family Group Conferencing as a democratic experiment. *Journal of Sociology and Social Welfare*, 31 (1), pp 155+.
- Merkel-Holguin, L., & Wilmot, L. (2005). Analyzing Family Involvement Approaches. In Pennell, J., & Anderson, G. (EDS.). (2005). *Widening the circle: The practice and evaluation of family group conferencing with children, youths, and their families*. Washington, DC: NASW Press.
- Nixon, P., Merkel-Holguin, L., Sivak, P. & Gunderson, K. (2000). How can Family Group Conferencing become family driven: some dilemmas and possibilities. *Protecting Children*, 16, (3), 22-33.
- Smith, D. (1996). Family Group Conferencing: The process. Presented at "Under construction: Building a better future for Colorado's Children and Families". 1-4 October 1996.
- Waldfoegel, J. (1998). Rethinking the paradigm for child protection. *Protecting Children from Abuse and Neglect*, 8(1), 104-119.

Emotional Maltreatment of Children and Child Welfare Intervention: A Position Paper for Peel Children's Aid

By Bryan Shone, MSW, and Henry Parada, PHD

Introduction

The purpose of this document is to explore child emotional maltreatment as defined within the mandate of child protection. In doing so, some of the characteristics of this form of child maltreatment and the roles and responsibilities of the children's aid society (CAS) as a child protection agency will be explored as they pertain to emotional maltreatment. Furthermore, the expectations of other professionals in their "duty to report" suspected incidents of emotional abuse (Ontario Association of Children's Aid Societies, 2000; Ontario Ministry of Community and Social Services, 1999, 1999a, 2000) will be discussed.

Emotional maltreatment is a form of child abuse that has only recently been expanded upon within the literature of child maltreatment and abuse. There is no current consensus among researchers regarding the definition of emotional maltreatment and, as such, some authors separate definitions of psychological and emotional abuse (Daniel, Wassell, and Gilligan 1999; Barnett, Miller-Perrin, and Perrin, 1997). Emotional maltreatment involves **repetitive, atypical, and inappropriate** responses toward children by a caregiver (O'Hagan, 1995).

Trocmé, Phaneuf, Scarth, Fallon, and McLaurin (2003) reported in their study of child maltreatment across Canada that twenty five percent of all substantiated investigations were classified as emotional maltreatment (Trocmé et al., 2003). Trocmé, et al., also indicated that assessing emotional maltreatment is difficult because it "often does not involve a specific incident or visible injury" (Trocmé, Macklaurin, Fallon, Daciuk, Billingsley, Tourigny, Mayer, Wright, Barter, Durford, Hornick, Sullivan, and McKenzie, 2001) and the effect is perceived over time.

Defining emotional abuse and neglect

Emotional abuse is difficult to define and detect due to its multifaceted nature but is generally assessed based

on societal and community norms and by professionals who determine whether a particular situation or act is psychologically damaging (Latimer, 1998). Any definition of emotional or psychological abuse depends strongly on its social and cultural context. "We must accommodate cultural and ethnic difference when defining emotional maltreatment" and be aware that psychological or emotional abuse is reflective of rejection or impairment of what has culturally been valued as psychologically important. However, we must not minimize or ignore cases in which emotional abuse is suspected out of a respect for a particular culture (Garbarino, 1998).

Psychological and emotional abuse can be defined as consisting "of acts of omission and commission by a caregiver which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging. Such acts are committed by individuals... in a position of power that render the child vulnerable... [affecting] the behavioural, affective, or physical functioning of the child" (Hart, 1987 et al., 1987 quoted in Chamberland, Laporte, Lavergne, Malo, Tourigny, Mayer, and Heli, 2003) and the resilience of the of that child to the actions of the caregiver (Mandleco, 2000).

Several authors (Brassard, 2000; Chamberland, 2003; Garbarino, 1998; Health Canada, 1996) have ascertained that psychological maltreatment hinders a child's development and social abilities and can manifest itself in five ways:

- **Rejecting:** the caregiver fails to acknowledge the child and fulfill basic emotional needs. This is expressed when caregivers repeatedly communicate to the children that they are 'useless or inferior' and their feelings and thoughts are devalued or worthless.
- **Isolating:** the caregiver prohibits the experience of social norms such as friendship building, and begins a pattern that leads the child to feel isolated

in the world. This would include the caregiver confining the child or placing unreasonable limitations on the child's freedom of movement within his/her environment, and placing unreasonable restrictions on the child's social interactions with others (Brassard & Hart, 2000; Health Canada, 1996; Ontario Association of Children's Aid Societies, 2000).

- **Ignoring:** the adult may be physically present but fails to respond to the child's need for emotional stimulation.
- **Terrorizing/Spurning:** the adult verbally and non-verbally abuses the child, frightens the child through bullying and intimidation, and creates a world for the child that is terrifying. Examples of this behaviour include caregivers belittling, degrading, shaming, or ridiculing the child for showing emotions (Brassard & Hart, 2000; Health Canada, 1996; Ontario Association of Children's Aid Societies, 2000).
- **Corrupting:** the adult exposes the child to inappropriate behaviours, reinforces patterns of defiance, and makes the child unfit for normal social experience. Corrupting also includes encouragement of developmentally inappropriate behaviours such as parentification or infantilization (Brassard & Hart, 2000; Chamberland et al., 2003; Garbarino, 1998; Health Canada, 1996).

Emotional maltreatment and the effects of family violence

Although all children who witness violence inside and outside of their home are emotionally impacted, not all of them reach the same level of psychological or emotional negative response. There are several factors which influence the extent to which an individual child may be adversely affected by witnessing violence. Exposure to domestic violence at an early developmental stage in life can diminish a child's ability to form solid attachments with his or her caregivers, as well as others within the community. This is especially true to the child's developmental stage before the age of eight, when children are more likely to perceive violence within the home to be their fault, harbor feelings of guilt, and are continuing to form attachments with their caregivers. At older ages

children are at a later stage of development and may become more adept at externalizing the violence, often referred to as resilience (Tomison, 1997).

There is evidence, however, to suggest that children of all ages may be adversely affected as a result of domestic violence (Tomison, 1997; Zuskin, 2000). Extreme custody and access conflicts between separated or divorced parents can also contribute to child emotional maltreatment when children are placed in the middle of the disputes or are encouraged by their caregivers to align with one parent over another. The obstruction of access visits may constitute a form of emotional maltreatment in some cases, especially when combined with criticism of the other parent, since this may have the effect of isolating the child from one parent (Barnett et al., 1997; Leonoff & Montague, 1996; Shaffer & Bala, 2003; Zuskin, 2000).

The effects of emotional maltreatment on children

Although there has been very little research conducted on the long-term effects of psychological maltreatment, the existing literature reveals that adults who suffered psychological maltreatment as children have psychological difficulties later in life. Young adults who were psychologically mistreated as children tend to suffer more depression, lowered self-esteem and an external attribution style (Barnett et al., 1997). In their study of past psychological abuse and quality of current relationships, Varia & Abidin (1999) hypothesize that the psychological consequences from emotional maltreatment as a child creates deflated perceptions of trust and love which often results in difficulty forming and maintaining healthy and positive relationships in adulthood.

The impact of child resilience upon emotional maltreatment

The resilience of a child has a direct correlation to the impact of emotional maltreatment. Resilience has been defined as a child's "tendency to spring back, rebound ...and involves the capacity to respond and endure, or develop and master in spite of life stressor or adversity" (Mandleco, 2000: 99). Literature on resilience indicates that although children and youth may have been subjected to high level of stress and/or

risk factors present in emotional abuse, **these events do not automatically translate to emotional or psychological symptoms of distress.** Studies that “assess risk and outcomes...have clearly demonstrated that ... most children exposed to risk [emotional abuse] do not go on to negative outcomes instead... [children] are able to overcome developmental hazards and adversity without apparent negative outcome” (Smith & Carlson, 1997: 236).

The presence of protective factors that defend children from the impact of emotional maltreatment are also closely correlated to strong resilience (Smith, 1997: 236-240). Factors that affect resilience in children have been organized as internal and external factors which include:

- Biological factors such as general health, genetic predisposition and “gender,” and age.
- Psychological factors such as cognitive capacity and a child’s internal coping abilities.
- Attachment to direct family members such as parents, grandparents, or home environment.
- Significant relationships in the community such as other adults, school, social services, church, and positive peer groups (Mandleco, 2000).

The role of child protection and emotional maltreatment

During child welfare reform in Ontario in 1998, several changes were made to the way in which child protection workers and other professionals responded to the protection of children. In 1997, The Panel on Protecting Vulnerable Children made numerous recommendations for amendments to the then current *Child and Family Services Act*. These recommendations included the expansion of the definition of child maltreatment to include serious forms of developmental or emotional harm, or the risk of such harm towards children. The recommendations recognized that these grounds could result from mental, emotional or developmental conditions, age and/or history of harmful acts against the child by caregivers (Hatton, 1998). The Panel also recommended the introduction of neglect, emotional abuse, and the witnessing of family violence as grounds for finding children in need of protection.

Assessment and child welfare intervention of emotional maltreatment

There are two aspects that are assessed when determining the need for a child welfare investigation related to the emotional maltreatment of a child. The first aspect relates to a caregiver actively causing his or her child to be emotionally harmed. The second aspect relates to a child exhibiting behaviour indicative of emotional harm and the parent is then unable or unwilling to pursue services or treatment which might alleviate or prevent further harm (Ontario Risk Assessment Model, 2000).

The Ontario Risk Assessment Model (2000) defines these acts of omission or commission on the part of the caregiver as a **repeated pattern of behaviours or an extreme incident(s)**.

Emotional maltreatment can range from extremely severe to not severe when being assessed by child welfare professionals. Child protection workers will intervene only in cases that are considered to be **extremely or moderately severe**. Child protection workers will rate a case as being **extremely severe** when the “the [child’s] emotional harm results from the caregiver’s action or inaction, and/or inadequate caregiver response” (Ontario Association of Children’s Aid Societies, 2000: 43). The protection worker in this case will assess that a child has been emotionally harmed because there is “demonstrated **serious** anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development...and the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child” (Ontario Association of Children’s Aid Societies, 2000: 43).

Another situation when child protection workers will assess an **extremely severe** case of child emotional abuse is when “the child’s caregiver does not provide, or refuses to consent to, services or treatment to remedy or alleviate the effects of emotional maltreatment as evidenced by the child exhibiting severe anxiety, depression, withdrawal, self-destructive behaviour or delays in development, or the caregiver

plays a very passive role in finding and carrying out the treatment” (Ontario Association of Children’s Aid Societies, 2000: 43).

Child protection workers may also intervene when a case has been assessed to be **moderately severe**. The Ontario Risk Assessment Model determines that a case is moderately severe when there is a “risk that the child is likely to be emotionally harmed resulting from the caregiver’s repeated actions or inaction, and/or inadequate caregiver response” (Ontario Association of Children’s Aid Societies, 2000: 43). The child protection worker will observe if the child is showing the same symptoms described above taking into account both the frequency and seriousness of the caregiver’s actions.

What distinguishes extremely severe from moderately severe is the timing of the emotional abuse. In the cases classified as extremely severe, the emotional harm or abuse has occurred or continues to occur as evidenced by the extreme behavior of the emotionally maltreated child. In moderately severe cases, on the other hand, the worker needs to assess if there is likelihood in the future that the child may be emotionally harmed due to parents’ past pattern of behaviours toward the child (Ontario Association of Children’s Aid Societies, 2000), an assessment which is much more difficult to determine.

The role of other professionals dealing with emotional maltreatment

While the reporting of suspected forms of emotional and psychological abuse to a children’s aid society is an important responsibility of professionals and others in the community, it is also important to be extremely careful not to “pathologize” the process of family interactions as emotionally harmful to a child. A great number of families are experiencing stressors that may affect their ability to provide what someone might consider an adequate amount of emotional support to their children at a particular moment in time.

It is important to take into consideration both your own understanding of class (reflected in socioeconomic status), race, ethnicity, family organization, and religion, and how those values affect

the way in which you define the incidence of emotional maltreatment. What is your knowledge of different cultural, religious and racial parental practices? How do you integrate these factors and balance them when assessing the possibility of a child’s emotional abuse?

Even if children may have experienced some form of emotional maltreatment in the past, it should not automatically be assumed that child is “damaged” for life. It is important to remember the resilience factors that help children to overcome trauma and that emotional maltreatment is not directly related to negative outcomes (Smith, 1997).

The difficulties in assessing emotional/psychological abuse affect the action a CAS will take in particular cases. For example, a CAS does not automatically get involved in cases where parents are involved in “custody and access” difficulties unless the animosity is so severe that children are caught between both parents and start experiencing self-destructive behaviours, serious anxiety, or other characteristics of emotional abuse. If children are experiencing educational or emotional problems, it does not automatically indicate that emotional abuse has occurred. Sometimes the CAS will intervene when the parents show a form of over-involvement or if parents are “placing unreasonable limitations or restrictions on social interactions with peers or adults in the community” (Ontario Association of Children’s Aid Societies, 2000: 42). Parents must show a **pattern of refusal or unwillingness** to allow the child to attend school because they assign to the child responsibilities beyond expectations, such as taking care of younger siblings on a full-time basis.

When a CAS becomes involved, the child protection worker will assess what kind of services community systems have provided to assist the parents and the child to overcome the difficulties. The children’s aid society will remain involved to ensure the child is safe and his or her needs are met only when caregivers are not willing to meet the emotional needs of the child.

The CAS will intervene in cases when the emotional abuse allegations have been assessed by the Children’s Aid Society to be **serious or severe with clearly observable behaviours such as anxiety or**

depression. In moderately severe cases, CASs can intervene if there are clearly observable behaviours such as anxiety or depression, which may lead to emotional harm in the future. Other systems (education, mental health) that have responsibilities to ensure emotional maltreatment does not occur, may have attempted to work with parents and other caregivers to facilitate some form of solution to address educational and behavioral concerns with parents.

Conclusion

The responsibility of child welfare professionals and the community in general to become more aware and sensitive to emotional maltreatment as a form child abuse has increased in Ontario since the introduction of the child welfare reform. The literature is extensive and at times contradictory in its definition of emotional maltreatment, which only increases the complexity of identifying this form of abuse. Furthermore, a child's resilience may also reduce the risk associated with various forms of emotional maltreatment (Mandleco, 2000), thus reducing the impact of a caregiver's behaviour towards the child.

The purpose of this position paper is to clarify the mandate of the children's aid society in terms of response to emotional maltreatment, and to clarify the intervention that the children's aid society provides in cases of emotional maltreatment where it has been assessed as extremely or moderately severe.

What characterizes emotional maltreatment is the repetitive, atypical, and inappropriate responses toward children. The CAS will intervene when there is a repeated pattern of behaviours or an extreme incident(s) on the part of the caregivers toward the children (Ontario Risk Assessment Model, 2000). Although children and youth may have been subjected to a high level of stress and/or risk factors which may be present in emotional abuse, the children's experience of the events does not automatically translate into emotional or psychological symptoms of distress.

The main goal of this document is to remind professionals about the importance of keeping a balanced approach to what could be considered

emotional maltreatment as opposed to variance in family interactions. It is important to be in tune with the possibility of emotional maltreatment, but it is also important not to pathologize those family interactions that may be different from mainstream families. There should be no doubt that child protection workers will intervene in cases when there is a clear pattern of behaviours on the part of the caregivers that has caused the child to express serious emotional turmoil.

A copy of the entire position paper on emotional maltreatment is available at www.peelcas.org

References

- Barnett, O., Miller-Perrin, C., Perrin, R. (1997). *Family Violence Across the Lifespan*. Thousand Oaks: Sage Publications.
- Brassard, M., Hart, S. (2000). What is Psychological Maltreatment? In H. Dubowitz, Depanfilis, D. (Ed.), *Handbook for Child Protection Practice* (pp. 23-27). Thousand Oaks: Sage Publications Inc.
- Chamberland, C., Laporte, L., Lavergne, C., Malo, C., Tourigny, M., Mayer, M., Heli, S. (2003). Psychological Maltreatment of Children Reported to Youth Protection Services: Initial Results from the Quebec Incident Study. In Kufeldt, K., & McKenzie, B. (Ed.), *Child Welfare: Connecting Research, Policy and Practice* (pp. 53-66). Waterloo: Wilfrid Laurier University Press.
- Daniel, K., Wassell, S., Gilligan, R. (1999). *Child Development for Child Care and Protection Workers*. London: Jessica Kingsley.
- Doyle, C. (1997). Emotional Abuse of Children: Issues for Intervention. *Child Abuse Review*, 6(5), 330-342.
- Garbarino, J. (1998). Psychological Maltreatment is not an Ancillary Issue. *Brown University Child & Adolescent Behaviour Letter*, 14(8), 2-5.
- Hart, S., Germain, R., Brassard, M. (1987). The Challenge: to Better Understand and Combat Psychological Maltreatment of Children and Youth. In Brassard, M., Germain, R., Hart, S. (Ed.), *Psychological Maltreatment of Children and Youth* (pp. 3-24). New York: Pergamon Press.
- Hatton, J. (1998). *Protecting Vulnerable Children: Report of the Panel of Experts on Child Protection*. Unpublished manuscript.
- Health Canada. (1996). *Emotional Abuse. Information from the National Clearinghouse on Family Violence*. Unpublished manuscript, Ottawa.
- Hick, S. (2002). *Social Work in Canada: An Introduction* (1 ed.). Toronto: Thompson Educational Publishing.
- Latimer, J. (1998). The Consequences of Child Maltreatment: Reference Guide for Health Practitioners. *Health Canada*.
- Leonoff, A., Montague, R. (1996). *Guide to Custody and Access Assessments*. Toronto: Carswell.

- Mandleco, B., Peery, G. (2000). An Organizational Framework for Conceptualizing Resilience in Children. *Journal of Child and Adolescent Psychiatric Nursing* 13(3), 99-111.
- O'Hagan, K. (1995). Emotional and Psychological Abuse: Problems of Definition. *Child Abuse and Neglect*, 19, 449-461.
- Ontario Association of Children's Aid Societies. (2000). *Ontario Child Welfare Eligibility Spectrum*. Toronto: Ontario Association of Children's Aid Societies.
- Ontario Ministry of Community and Social Services. (1999). Implementation of Ontario's Risk Assessment System. *Journal of the OACAS*, 41(3), 33-34.
- Ontario Ministry of Community and Social Services. (1999a). *The Risk Assessment Model (Revised)*. Toronto: Ministry of Community and Social Services.
- Ontario Ministry of Community and Social Services. (2000). *Child and Family Services Act*. Toronto: Queen Park Press.
- Rimer, P., Prager, B. (1998). *Reaching Out: Working Together to Identify and Respond To Child Victims of Abuse*. Toronto: International Thomson Publishing.
- Shaffer, M., Bala, N. (2003). Wife Abuse, Child Custody and Access in Canada. In Geffner, R., Spurling, R., Zellner, J. (Ed.), *The Effects of Intimate Partner Violence on Children* (pp. 253-276). New York: The Haworth Press, Inc.
- Smith, C., Carlson, B. (1997). Stress, Coping, and Resilience in Children and Youth. *Social Service Review* (June 1997), 231-256.
- Tomison, A., Tucci, J. (1997). Emotional Abuse: The Hidden Form of Maltreatment. *Issues in Child Abuse Prevention*, 8(Spring 1997), 2-28.
- Trocme, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., McKenzie, B. (2001). *Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa: Ministry of Health.
- Trocme, N., Phaneuf, G., Scarth, S., Fallon, B., MacLaurin, B. (2003). The Canadian Incidence Study of Reported Child Abuse and Neglect: Methodology and Major Findings. In Kufeldt, K., McKenzie, B. (Ed.), *Child Welfare: Connecting Research, Policy and Practice* (pp. 13-26). Waterloo: Wilfrid Laurier University Press.
- Varia, R., Abidin, R. (1999). The Minimizing Style: Perceptions of Psychological Abuse and Quality of Past and Current Relationships. *Child Abuse and Neglect*, 23(11), 1041-1055.
- Zuskin, R. (2000). In What Circumstances Is a Child Who Witnesses Violence Experiencing Psychological Maltreatment? In H. Dubowitz, Depanfilis, D. (Ed.), *Handbook for Child Protection Practice* (pp. 220-223). Thousand Oaks: Sage Publications.

Notable Quotes

“Ensuring that all parents have the opportunity to reflect on their parenting needs and to feel encouraged and empowered to seek assistance before abusive behaviors occur requires more focused and deliberate planning.”

— Community Partnerships for Protecting Children Initiative Evaluation Report by the Chapin Hall Center for Children at the University of Chicago.

This initiative's core objectives are to reduce the likelihood children will experience child abuse and neglect and, for those children who are abused, to reduce the likelihood of subsequent maltreatment and serious injury. The report is available at www.chapinhall.org.

Child Welfare Concerns of the Hamilton Roma Community

By Christine A. Walsh PhD, RSW, and Jackie Berger BA.

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Introduction

This paper describes the Roma Project, a research collaboration between academic researchers and the Catholic Children's Aid Society of Hamilton (CCAS) to assess the needs of recent Roma immigrants in order to increase service delivery effectiveness. The research was informed by principles of participatory action research (Healy, 2001) employing maximum engagement of the Roma community. The relationship between research and practice was enlarged through the participation of members from diverse service sectors including health, education, social services, religious, immigration and policing.

Background

Roma migration

Since 1999, there has been increasing settlement in Hamilton of large numbers of Roma families from Hungary seeking refugee status. More than 300 Roma families have been referred to the CCAS of Hamilton for child protection reasons. The CCAS, along with the police and various social agencies, became concerned about the Roma population's difficulties with the child protection, youth justice, and criminal justice systems, and the apparent inability of these systems to provide effective services to the Roma community. It was determined that a needs assessment of the Hungarian Roma of Hamilton would be conducted from the perspectives of members of the Roma community and service providers from each of the diverse sectors. The aim of the needs assessment was to inform service delivery in health, social services, religious, immigration and policing sectors. A review of the conditions of Roma in Central and Eastern Europe was conducted as a basis of the needs assessment (*see sidebar: "Roma in Central and Eastern Europe"*).

Method

The Roma Project employed focus group and key informant interview techniques to assess needs of the Roma community from their own and service providers' perspectives. The study received ethics approval from the Institutional Review Board

Roma in Central and Eastern Europe

Roma comprise Europe's largest minority, numbering from 7 to 8 million (Brearley, 2001). They are identified as a "continuum of more or less related subgroups with complex, flexible, and multilevel identities, with sometimes strangely overlapping and confusing subgroup names" (Petrova, 2003, p. 114). Since their migration from India some time before 1000 A.D., they have been the "target of racial discrimination and outright genocide" (Puxon, 1987, p.1) and are currently "among the most hated, misunderstood, and mistreated of all people" (Goldston, 2002, p. 147). According to Petrova (2003), the Roma have endured unparalleled rates of racially based discrimination, marginalization, and exclusion from many aspects of mainstream life in Europe. This has meant that Roma living in Central or Eastern Europe have experienced disparity within education, health, income, and criminal justice domains. Roma children have been segregated into "special schools" where they are deemed "retarded" or "mentally deficient" and are thus denied basic opportunities for economic advancement (Goldston, 2002). The United Nations Development Programme (UNDP) (2002) found that the exclusion of Roma children was a consequence of poverty, their involvement in income generation, and replication of "ghetto culture." In 2005, the UNDP reported that in all countries surveyed excluding the

Czech Republic, fewer than two out of ten Roma have completed primary education.

The limited information available suggests that the health needs of the Roma are considerable, with a lower health status than that of the non-Roma population, with few exceptions (Zeman, Depken, & Senchina, 2003). They also have poorer access to health care services and uptake of preventative care. Particularly noteworthy are conditions associated with poverty, poor hygiene, and inadequate living conditions (Hajioff & McKee, 2000; Koupilova, Epstein, Holcik, Hajioff, & McKee, 2000). Roma children suffer from the effects of poverty with increased rates of vitamin deficiencies (Dejmek et al., 2002) and higher rates of infectious diseases, injuries, poisonings, and burns (Ginter, Krajcovicova-Kudlackova, Kacala, Kovacic, & Valachovicova, 2001). The average life expectancy of the Romani population is approximately ten years less than the majority. Culture and mental health conditions are also more pervasive (Petrova, 2003). Roma children carry an excess burden of morbidity and mortality compared to their non-Roma counterparts, with a four-fold increase in mortality (Braham, 1993), a two-fold increase in prematurity (Joubert, 1991), higher rates of congenital malformations attributed to consanguinity (Martinez-Frais & Bermejo, 1992), and higher rates of genetic disorders (Kalaydjieva, Gresham, & Calafell, 2001).

A survey of more than 5,000 Roma found rates of unemployment in excess of 40 percent in Bulgaria, the Czech Republic, Hungary, Romania and Slovakia (UNDP, 2002). When

at Sheridan College for Applied Arts and Technology in February 2004.

Sample

Purposive sampling of the Roma community and service providers was used to identify participants who were subsequently interviewed between April and October of 2004. Four sectors of the Roma community were involved in the project. The Vlach group members consisted of two self-identified leaders, a group of four women, and a group of four men. Three clients, two of whom were women, of the CCAS were recruited. A meeting was held with a leader and eight members of the Romungro group (five men and three women) and an interview was conducted with a leader of the Roma Community and Advocacy Centre in Toronto. Eleven service agencies from diverse sectors participated, with a total of 60 individuals interviewed. Participating agencies included the CCAS of Hamilton (n=8); Citizenship and Immigration Canada (n=3); Hamilton Police Services (n=5); Hamilton-Wentworth Catholic District School Board (n=8); Hamilton-Wentworth District School Board (n=6); key informants from Hungarian Heritage Language Instruction (n=1); North Hamilton Community Health Centre (n=2); Ontario Works (n=10); Public Health and Community Services (n=3); Settlement and Integration Services Organization (n=11); and St. Joseph's Healthcare Hamilton-Maternity Ward (n=3).

Discussion

Roma participants

According to the Roma, the family and the children are the "most

important things." One member volunteered that the Roma had never been involved in "incest and pedophilia" and that if "if it happened, the Roma would ostracize and condemn those men."

The Roma disagreed with the sanctions against the use of corporal punishment. As one participant stated, "I won't withhold spanking, and I'm not saying that I beat her up all the time. He added, pointing to his daughter, "look at her, how content she is." Another father added that it was common in Hungary to use physical discipline: "I'm not saying that the parents beat their children senseless, but spanking is certainly allowed, even accepted." Another client added, "the law [in Canada] is very child oriented, it's completely on the child's side and they [the children and the schools] abuse it." One participant stated that the difference in opinion between the Roma and the CCAS regarding the use of physical discipline resulted in the Roma being "very afraid" of the CCAS.

Participants expressed differences of opinion regarding the degree to which the CCAS in Hamilton were involved in the Roma community. A member suggested that there was a low level of involvement as illustrated by the following comment.

If we look at the numbers between 1998 to the present day of how many Roma families had involvement with the Children's Aid—they apprehended children or there was a lack of basic needs, there was no food at home or inadequate parenting, or children that have been beaten—if we look at these numbers, honestly, maybe

1 in 10,000 had any trouble.

Another participant expressed confusion regarding the role of the CCAS and described child protective services as intrusive and disruptive. He stated that the CCAS “gets involved way too much with the lives of families. Just from what I heard from the one or two families whose children were apprehended, it was unnecessary. It shouldn’t have happened.”

Few participants could identify a role for the CCAS in assisting with parenting issues. However, another member suggested that because of the general perception among Roma that apprehensions occurred for no apparent reason, information sessions should be provided by the CCAS to outline the rights of the Roma and then describe the supports available from the agency.

In discussing the role of the child protection agency, a Roma man suggested that the agency should advocate for children in the immigration process.

It’s commonly known that Canada protects the children. It’s time to do something about them. If they don’t look at us adults, at least do it for the children. Words are not enough. This puts the children in emotional confusion. These children already fit in to here, learned the language. When he goes home he is going to face serious problems. That’s how they become criminals.

One participant identified confusion about the status of children who were placed in care when their families were deported.

I don’t know who it was, the Canadian government or the

Children’s Aid, it happened that somebody couldn’t take their Canadian born child with them to Hungary. I don’t get it. I don’t understand what the Canadian government has to do with my biological child? Besides that, he’s born here.

Service providers

Many service providers commented that the Roma appeared to be very family-focused with “an incredible capacity for love of that child.” Focus group members identified hygiene, supervision, school attendance, lack of parenting skills and inability to provide basic needs as concerns for Roma children and their families. For example, one service provider identified that she was concerned about “Roma parents being unable to provide for their children in terms of standards of living we have here.” She added that “there are very few accommodations in the home; you walk in to an apartment, very stark.” Participants from the educational sector noted issues concerning poor school attendance. Expectations were also voiced for adequate care that they were teaching children within the school setting that were not being met at home.

We were talking about impressing on the kids what the basic needs are. You know, you are entitled to a clean home, a good home, supervision, somebody to do your laundry, somebody to cook your meals as you are growing up and mature and that type of thing—somebody to help you with your homework, somebody to get you to school on time—all the basics. They go home and it doesn’t happen. And they come back to say, “You are telling us one thing, but it’s not happening, it’s not the

available, employment was often in the informal sector. Roma reported experiencing labour market discrimination and had low skill and education levels. Roma, in general, are primarily reliant on state support for their survival. According to the UNDP (2005) survey, three to five times more Roma live below the poverty line than do the comparison majority populations who are living in close proximity. In violation of international antidiscriminatory laws, Roma are routinely denied access to housing or live in segregated housing that often lacks natural gas, water, wastewater treatment and adequate living space.

Roma in Central or Eastern Europe are at risk for racially motivated violence and are disproportionately subjected to eviction, abusive police raids for identity checks and police harassment (Petrova, 2003). Roma are over-represented in crime statistics, most notably petty stealing which is more often reported and vigorously investigated. Petty crimes are also significantly associated with high levels of poverty. Roma are especially likely to receive discriminatory treatment in the judicial process, with longer periods of pretrial detention and cases that are more likely to reach the courtroom, result in conviction, and more likely to receive longer prison terms when convicted (Helsinki Human Rights Watch Report, 1996).

truth.” And obviously the truth for them is at home, because that’s where they are living.

Another participant suggested that “the older kids have a lot of responsibility for the younger ones, and that’s a cultural thing too. This is not unusual for other cultures as well.” Many of the difficulties raised were attributed to differences in mainstream and Roma culture. As one service provider noted, “There is a difference in standards and values and they don’t necessarily put the same emphasis on what we consider to be basic needs; they consider something else. Basically, as long as the kids are alive and being fed, they are fine.”

Other service providers offered contrasting opinions. One participant, for example, commented “the kids that I personally have served, I mean, a few were quite overweight and not eating nutritiously, but they were generally clean.” Another added that it was her opinion that Roma “care for their children very well. They say they provide, and I know this isn’t everything, but the home is nicely furnished and the kids seem well cared for.” An informant stated that “of all the families I have dealt with in the last three years, the majority [of Roma] care for their kids very well.”

High rates of family violence were identified as problematic by a number of service providers: “There is a lot of family violence in the home. So certainly a lot of child protection concerns were identified by staff that had been threatened with violence.” Others however, did not consider violence as a problem. For example, members of the police sector stated that they “have encountered a number of circumstances where parents have physically disciplined their children with the use of weapons, which the families accept as a form of discipline.” He acknowledged that it was “very important to educate people, to ensure that they don’t do that in Canada.” Another service provider explained that sanctions against corporal punishment were difficult for many immigrants including the Roma to understand. She suggested that the use of physical punishment was “normal” within many cultures. She also offered the opinion that in Canada “children actually very often use the system against the parents.” Another member commented on the difficulty immigrants experienced with the apprehension of children.

In all communities they think that when it comes to apprehension of children, it is difficult, especially for people who are from different countries, different cultures, different world-views, whatever you want to call it. It’s because your natural right is being infringed...in any culture it cannot be understood how an external institution can come and grab your kids and take them away; that is a horrible trauma. Double for people who come from different countries, where this doesn’t exist. There is nobody that can take the child away.

Another participant from the child welfare sector noted adverse consequences of apprehension included loss of language and culture and that “Roma children are staying in limbo, by remaining in care for longer periods of time because of the difficulties encountered in making the necessary changes.”

As a result of differences in culture and world views, a service provider suggested that immigrant communities needed more time and education to become acculturated to Canadian child rearing practices.

They need a little bit more time. They need a little bit more patience, they need explanations. They need to be told. You cannot go into the house and say: “Leave your husband and you can keep your kids.” When they say “I don’t have anywhere to go,” you have to tell them, “Then we are going to take the kids.” You need to take the time to explain to the woman: “Listen, you are in danger, the children are in danger, let’s sit down and talk.” This is very important, let’s give her time to understand the consequences of staying with an abusive man or partner. Time, patience—they make a difference; it’s a different approach.

In contrast, a member from the child protection sector stated that “we left children in the home longer trying to compensate for cultural differences, but the medical and personal care community criticized us for leaving children in those homes longer.”

Members of the service sector suggested that the CCAS should take a more active role in assisting immigrant communities.

I think that if the Children’s Aid has a demand for you to get some skills, the Children’s Aid should be prepared to help. If the Children’s Aid demands that your fridge has more appropriate food, then Children’s Aid should be prepared to give some kind of

assistance. If the Children's Aid wants you to go for counseling, they should be able to pay for the counseling. If Children's Aid wants you to go for therapy with your husband, they should pay for the therapy. They cannot just demand and expect somebody from a totally different culture to come up with all these. It's not fair.

Members of the service community highlighted the needs for greater integration and coordination of services for immigrant communities.

The problem with the agencies is that they sort of dismember a person. The CCAS is only there for child protection; the rest is your problem. No, I am a whole person. I belong to a community; I have my values, my language. I have my needs as a whole person. So if you want me to change—because it's an attitude change on both sides, right?—you have to understand me as a whole person, not as just dismembered pieces of my whole being. That's how I see the agencies work, "I'm sorry we are not going to help you. Our main concern is child protection. This is your problem."

Recommendations

Participants from the Roma community and service sector provided several recommendations to increase the effectiveness of service delivery within the child welfare sector:

- Increased levels of comprehensive coordination of services for recent immigrants was identified as a key recommendation.
- Participants suggested that education about the role of child welfare and the Canadian laws was critical for potential immigrants or refugees in the early stages of the immigration process. Child welfare workers need education regarding the history, culture, and needs of recent immigrants. Education for immigrants and members of the child welfare sector should be facilitated by cultural interpreters and members of the immigrant community whenever possible.
- Child welfare agencies should support the long-term goals of the immigrant community for settlement and integration.

The CCAS is in the process of implementing these recommendations within an organizational change

initiative to develop new policy and responses to the overall needs of the new immigrant communities in Hamilton.

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References

- Braham M. (1993). *The untouchables: a survey of Roma people of central and eastern Europe*. Geneva: UNHCR, 1993.
- Brearley, M. (2001). The persecution of Gypsies in Europe. *American Behavioural Scientist*, 45(4), 588-599.
- Csepeli, G., & Simon, D. (2004). Construction of Roma Identity in Eastern and Central Europe: Perception and self-identification. *Journal of Ethnic and Migration Studies*, 30(1), 129-150.
- Dejmek, J., Ginter, E., Solansky, I., Podrazilova, K., Stavkova, Z., Benes, I., & Sram, R.. J. (2002). Vitamin C, E and A levels in maternal and fetal blood for Czech and Gypsy ethnic groups in the Czech Republic. *International Journal for Vitamin and Nutrition Research*, 72(3), 183-190.
- Ginter, E., Krajcovicova-Kudlackova, M., Kacala, O., Kovacic, V., & Valachovicova, M. (2001). Health status of Romanies (Gypsies) in the Slovak Republic and in the neighbouring countries. *Bratislavske lekarske listy*, 102(10), 479-484.
- Goldston, J. A. (2002). Roma rights, Roma Wrongs. *Foreign Affairs*, 81(2), 146-163.
- Hajioff, S., & McKee, M. (2000). The health of the Roma people: A review of the published literature. *Journal of Epidemiology and Community Health*, 54(11), 864-869.
- Healy, K. (2001). Participatory action research and social work: A critical appraisal. *International Social Work*, 44(1), 93-105.
- Helsinki Human Rights Watch Report. (1996). *Rights denied: The Roma of Hungary*. Helsinki, Finland: Author.
- ICMPD. (2001). Current Roma migration from the EU Candidate States—The scope and features of Roma irregular movements, the reactions of host countries and the effects on Candidate EU states.

- Joubert, K. (1991). Size at birth and some sociodemographic factors in Gypsies in Hungary. *Journal of Biosocial Science*, 23, 39-47.
- Kalaydjieva, L., Gresham, D., Calafell, F. (2001). Genetic studies of the Roma (Gypsies): A review. *BMC Medical Genetics*, 1, 2-5. Epub 2001 Apr 2.
- Koupilova, I., Epstein, H., Holcik, J., Hajioff, S., & McKee, M. (2001). Health needs of the Roma population in the Czech and Slovak Republics. *Social Science and Medicine*, 53(9), 1191-1204.
- Martinez-Frias, M. & Bermejo, E. (1992). Prevalence of congenital anomaly syndromes in a Spanish Gypsy population. *Journal of Medical Genetics*, 29, 483-486.
- Petrova, D. (2003). The Roma: Between myth and the future. *Social Research*, 70(1), 111-161.
- Puxon, G. (1987). *Roma: Europe's Gypsies*. London: Minority Rights Group.
- Tanner, A. (2005). The Roma of Eastern Europe: Still searching for inclusion. *Migration Policy Institute*. Retrieved August 13, 2005 from <http://www.migrationinformation.org/Feature/display.cfm?id=308>
- Trocmé, N. (2005). Collaborative research in child welfare: Stepping up to a higher standard. *Ontario Association of Children's Aid Societies Journal*, 49(1), 4.
- UNDP. (2002). *Avoiding the Dependency Trap: The Roma in Central and Eastern Europe*. A Regional Human Development Report on the Roma Minority in Central and Eastern Europe. Bratislava: UNDP Regional Bureau for Europe and the Commonwealth of Independent States.
- UNDP. (2005). *Faces of Poverty, Faces of Hope. Vulnerability profiles of Roma population in Decade of Roma Inclusion countries*. Bratislava: UNDP Regional Bureau for Europe and the Commonwealth of Independent States.
- Wekerle, C., Leung, E., Wall, A., Waechter, R., MacMillan, H., Boyle, M. & Trocmé, N. (2005). Academic-agency partnerships in practice: The MAP study. *Ontario Association of Children's Aid Societies Journal*, 49(1), 26-34.
- Zeman, C. L., Depken, D. E., & Senchina, D. S. (2003). Roma health issues: A review of the literature and discussion. *Ethnicity & Health*, 3, 223-249.

Continued from page 11

Once Bill 183 is proclaimed, these adult adoptees and thousands more birth parents who currently have no right to active searches, and the numerous supportive family members of all those directly involved, may see closure to their searches for personal information. In some cases, there may even be fresh new positive relationships among adults based on mutual consent.

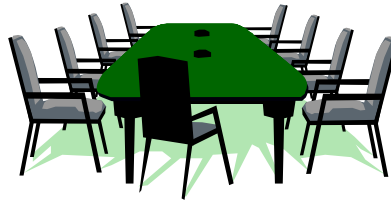
For those readers primarily interested in saving tax payer's money, the expensive Adoption Disclosure Registry could soon be massively downsized or closed following the bill's proclamation.

Research evidence from other jurisdictions and Canada, along with the chorus of loud voices of not only adult adoptees, but organized groups of birth parents, proves that Bill 183 was needed now more than ever. Indeed, a coalition of Canadian academics who have conducted research in this area have also expressed their support for Bill 183 and the balance it will strike.

Ontario legislators of every political party have finally seized this historic opportunity to recognize the rights of adult adoptees to their own personal information, and the wishes of many birth parents to learn about the offspring they relinquished decades ago. All Ontarians should be proud of this important step forward.

Philip Burge is an assistant professor of Psychiatry at Queen's University and a social worker.

This bill was also supported by the following Canadian university experts who are members of the Coalition of Academics for Ontario Adoption Disclosure Bill 183: **Nicholas Bala**, Law, Queen's University; **Karen Balcom**, History and Women's Studies, McMaster University; **Kerry Daly**, Family Relations and Applied Nutrition, University of Guelph; **Karen Dubinsky**, History, Queen's University; **Michael Grand**, Psychology, National Adoption Study of Canada, University of Guelph; **Veronica Strong-Boag**, Educational Studies and Women's Studies, University of British Columbia; **Richard Sullivan**, Social Work & Family Studies, University of British Columbia, and; **Anne Westhues**, Social Work, Wilfred Laurier University.



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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.